

PLEASE NOTE TIME OF MEETING

Municipal Buildings, Greenock PA15 1LY

Ref: SL/AI

Date: 25 October 2018

A meeting of the Inverclyde Integration Joint Board will be held on Tuesday 6 November 2018 at 2pm within Board Room 1, Municipal Buildings, Greenock.

Gerard Malone
Head of Legal and Property Services

BUSINESS		Page
1.	Apologies, Substitutions and Declarations of Interest	
<u>Item for Action:</u>		
2.	Membership of the Inverclyde Integration Joint Board Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
<u>Items for Noting:</u>		
3.	Learning Disability (LD) Redesign – Progress Report, November 2018 Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership NB There will also be a presentation on this item	p
4.	LIAM – ‘Let’s Introduce Anxiety Management’ for Children and Young People Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
<u>Items for Action:</u>		
5.	Minute of Meeting of Inverclyde Integration Joint Board of 11 September 2018	p
6.	Rolling Action List	p
7.	Financial Monitoring Report 2018/19 – Period to 31 August 2018, Period 5 Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
8.	Update on Implementation of Primary Care Improvement Plan and New General Medical Services (GMS) Contract 2018 Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
9.	Inverclyde HSCP 2018/19 Winter Plan Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p

10.	Carers (Scotland) Act 2016 – October 2018 Update Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
<u>Items for Noting:</u>		
11.	Inspection of Residential Services Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
12.	Advice Service Biennial Report 2016/2018 Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
13.	Greenock Health and Care Centre Progress Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
14.	Chief Officer's Report Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
The documentation relative to the following item has been treated as exempt information in terms of the Local Government (Scotland) Act 1973 as amended, the nature of the exempt information being that set out in paragraphs 6 and 9 of Part I of Schedule 7(A) of the Act.		
15.	Governance of HSCP Commissioned External Organisations Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on matters relating to the HSCP governance process for externally commissioned Social Care Services	p

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

The papers for meetings of the IJB Audit Committee can be viewed/downloaded at <https://www.inverclyde.gov.uk/meetings/committees/59>

The papers for meetings of Inverclyde Council's Health & Social Care Committee can be viewed/downloaded at <https://www.inverclyde.gov.uk/meetings/committees/49>

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

Report To:	Inverclyde Integration Joint Board	Date:	6 November 2018
Report By:	Louise Long, Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	Report No:	VP/LP/110/18
Contact Officer:	Vicky Pollock	Contact No:	01475 712180
Subject:	Membership of the Inverclyde Integration Joint Board		

1.0 PURPOSE

1.1 The purpose of this report is to advise the Inverclyde Integration Joint Board (“IJB”) of changes to its voting and non-voting membership arrangements and to confirm the re-appointment of members to the IJB.

2.0 SUMMARY

2.1 The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 (“the 2014 Order”) sets out the arrangements for the membership of all Integration Joint Boards, including members’ term of office.

2.2 Inverclyde Council recently agreed changes to membership of its committees and outside bodies which has resulted in a change in the voting members nominated by Inverclyde Council to sit on the IJB.

2.3 The Greater Glasgow and Clyde NHS Board (“the NHS Board”) has also advised of a change to the non-voting professional advisory membership representing the NHS Board.

2.4 This report sets out the revised voting and non-voting arrangements for the IJB and recommends the re-appointment of a number of members for a further term of office.

3.0 RECOMMENDATIONS

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

- (1) notes the appointment by Inverclyde Council of Councillor Elizabeth Robertson as a voting member of the Inverclyde Integration Joint Board to replace Councillor Jim MacLeod;
- (2) notes that Councillor John Crowther has been confirmed as the proxy member for Councillor Elizabeth Robertson, for meetings of the Integration Joint Board;
- (3) notes the appointment by the Greater Glasgow & Clyde NHS Board of Dr David Raeside as the Registered Medical Practitioner who is not a registered GP non-voting member of the Inverclyde Integration Joint Board to replace Dr Chris Jones;
- (4) confirms the re-appointment of the four voting members representing the Greater Glasgow & Clyde NHS Board;
- (5) confirms the re-appointment for a further term of the following non-voting professional advisory members:-
 - Dr Hector Macdonald
 - Dr Deirdre McCormick

- Dr David Raeside
- (6) agrees the re-appointment of the non-voting stakeholder representative members set out in Appendix 1 Section C of this report; and
 - (7) agrees the re-appointment of the additional non-voting members set out in Appendix 1 Section D of this report.

Louise Long
Corporate Director (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

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

5.0 VOTING MEMBERSHIP

- 5.1 In terms of the Integration Scheme, Inverclyde Council is required to appoint four Elected Members as voting members of the IJB.
- 5.2 Inverclyde Council, on 27 September 2018, agreed revised membership arrangements for the IJB. As a result, Inverclyde Council has nominated a new voting member, Councillor Elizabeth Robertson to replace Councillor Jim MacLeod. Councillor John Crowther has been nominated as Councillor Robertson’s named proxy in the event that she is unable to attend a meeting of the IJB.

6.0 NON-VOTING MEMBERSHIP

- 6.1 The NHS Board has advised that Dr David Raeside will become a member of the IJB as the non-voting member representing non-GP registered medical practitioners. Dr Raeside replaces Dr Chris Jones as Chief Medical Officer.

7.0 RE-APPOINTMENT OF VOTING AND NON-VOTING MEMBERS

- 7.1 The Order and the IJB Standing Orders also set out when members’ terms of office expire and the process for re-appointment.
- 7.2 The length of term of office of each member varies depending upon the category of member. For example, the Chief Social Work Officer, the Chief Officer and the Chief Financial Officer remain members of the IJB for as long as they hold office. Further, any member who has been appointed in place of a member who has resigned is appointed only for the unexpired term of the member they replaced.
- 7.3 The majority of members of IJB, both voting and non-voting, with the exception of the Chief Officer, Chief Social Work Officer and Chief Financial Officer as mentioned above, and the voting members nominated by Inverclyde Council, have reached the end of their term of office.
- 7.4 The Order and the IJB Standing Orders state that at the expiry of a member’s term of office, the member may be re-appointed for a further term provided that he/she remains eligible and is not otherwise disqualified from appointment.
- 7.5 It is therefore proposed to re-appoint those members who have reached the end of their term of office for a further term of up to two years.

8.0 PROPOSALS

- 8.1 It is proposed that the IJB agree the revised IJB voting and non-voting membership arrangements as set out in Appendix 1 Section A and Section B.

It is also proposed that the IJB note the NHS Board’s agreement to the re-appointment of the Greater Glasgow & Clyde NHS Board voting members, set out in Appendix 1 Section A and the non-voting professional advisory members set out in Appendix 1 Section B (with the exception of the Chief Officer, Chief Social Work Officer and Chief Finance Officer).

The re-appointment of the following non-voting members is also proposed:-

- the non-voting stakeholder representative members set out at Appendix 1 Section C; and
- the additional non-voting members set out at Appendix 1 Section D.

The length of term of office of these members to be up to two years.

9.0 IMPLICATIONS

Finance

9.1 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

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

Human Resources

9.3 None.

Equalities

9.4 There are no equality issues within this report.

9.4.1 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.

9.4.2 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	None

characteristics across HSCP services is reduced if not eliminated.	
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

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

National Wellbeing Outcomes

9.6 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

10.0 CONSULTATIONS

10.1 The Corporate Director (Chief Officer) and the Head of Board Administration of the Greater

Glasgow & Clyde NHS Board have been consulted in the preparation of this report.

11.0 BACKGROUND PAPERS

11.1 N/A

Inverclyde Integration Joint Board Membership as at November 2018

SECTION A. VOTING MEMBERS		
		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 John Crowther
Greater Glasgow and Clyde NHS Board	Mr Simon Carr (Chair) Dr Donald Lyons Mr Alan Cowan Ms Dorothy McErlean	
SECTION B. NON-VOTING PROFESSIONAL ADVISORY MEMBERS		
Chief Officer of the IJB	Louise Long	
Chief Social Worker of Inverclyde Council	Sharon McAlees	
Chief Finance Officer	Lesley Aird	
Registered Medical Practitioner who is a registered GP	Inverclyde Health & Social Care Partnership Clinical Director Dr Hector MacDonald	
Registered Nurse	Professional Nurse Advisor Dr Deirdre McCormick	
Registered Medical Practitioner who is not a registered GP	Chief Medical Officer Dr David Raeside	
SECTION C. NON-VOTING STAKEHOLDER REPRESENTATIVE MEMBERS		
A staff representative (Council)	Ms Robyn Garcha	Proxy – Drew White
A staff representative (NHS Board)	Ms Diana McCrone	
A third sector representative	Mr Ian Bruce Manager CVS and Chief Executive Inverclyde Third Sector Interface	

A service user	Mr Hamish MacLeod Inverclyde Health and Social Care Partnership Advisory Group	Proxy - Ms Margaret Telfer
A carer representative	Ms Christina Boyd	
SECTION D. ADDITIONAL NON-VOTING MEMBERS		
Representative of Inverclyde Housing Association Forum	Ms Sandra McLeod, Director of Housing & Customer Services, River Clyde Homes	

Report To: Inverclyde Integration Joint Board **Date:** 6 November 2018

Report By: Louise Long
Corporate Director, (Chief Officer)
Inverclyde Health and Social Care
Partnership (HSCP) **Report No:**
IJB/52/2018/AS

Contact Officer: Allen Stevenson, Head of Service,
Health and Community Care
Inverclyde Health and Social Care
Partnership (HSCP) **Contact No:**
01475 715283

Subject: LEARNING DISABILITY (LD) REDESIGN – PROGRESS
REPORT NOVEMBER 2018

1.0 PURPOSE

- 1.1 The purpose of this report is to provide the Integration Joint Board members with an update in relation to the progress of Inverclyde HSCP's Learning Disability Redesign.

2.0 SUMMARY

- 2.1 The Strategic Review of Services for Adults with Learning Disabilities in Inverclyde was signed off by the Integration Joint Board in December 2016. Thereafter, a presentation was given to IJB members at the Development Session on 20th November 2017 and further reports were presented in August 2017, January 2018 and May 2018.
- 2.2 The May 2018 report provided details of additional estates work required to meet essential care needs of the service users to support the closure of the McPherson Centre and the merge into the Fitzgerald Centre.
- 2.3 The IJB approved additional funding of £70,000 to meet these requirements.
- 2.4 This report provides IJB members with a progress update and identifies the immediate priorities of the Inverclyde HSCP Learning Disability Redesign.

3.0 RECOMMENDATIONS

- 3.1 The Integration Joint Board is asked to note that the decommissioning of the McPherson Centre and interim move to the Fitzgerald Centre on September 28th 2018 went ahead as scheduled.
- 3.2 The Integration Joint Board is asked to note that the Health and Social Care Committee on 23 August declared the properties at Golf Road, Gourock and the McPherson Centre, Gourock (when vacated in September 2018) surplus to requirements and requested the Environment & Regeneration Committee to consider the marketing and disposal of the properties
- 3.3 The Integration Joint Board is asked to note the ongoing appraisal work in the identification of potential sites within Inverclyde suitable for a community based resource hub for people with a learning disability.

3.4 The Integration Joint Board is asked to note the priorities in order to progress the redesign.

Louise Long
Corporate Director (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

4.1 Merging of Services

Approval to decommission the McPherson Centre was granted in January 2018. The closure of the McPherson Centre went ahead as scheduled on 28th September 2018. This involved a phased approach by the service to work with service users, carers and staff around visits, transport and staffing arrangements in preparation for the merge.

Work within the Fitzgerald Centre to upgrade personal care facilities, storage and sensory areas has been undertaken with minimal disruption to staff and service users and has come in on the scheduled timeline.

4.2 Options Appraisal

The longer term plan remains for a new build or refurbishment of an existing building to design a bespoke Day & Social Community Hub. The vacant Registrar's Office on West Stewart Street, Greenock was previously considered as a potential option. However, more detailed scoping found that the layout could not be suitably configured to meet the service requirements.

In April 2018 a refreshed long list of 28 different sites identified across Gourock, Greenock and Port Glasgow was drawn up. Taking account of the size, location and constraints of the sites, we have a shortlist of nine sites requiring further options appraisal work to evaluate their potential. At present there are no existing buildings available for refurbishment, it is likely to be new build with associated costs.

4.3 Estates

A number of properties historically used by the service are being decommissioned. Flats at Lynedoch Street and Hope Street are vacant and have been released back to the relevant RSLs. Golf Road (vacated June 2018) and McPherson Centre (September 2018) are Council-owned buildings which when vacated will be sold. Capital receipts raised from this will be reinvested for a new build/refurbished property.

4.4 Communication and Engagement

The programme of positive engagement continues with people with learning disabilities, carers, families, staff, provider organisations and other interested stakeholders across the wider community. In collaboration with The Advisory Group (TAG) and Your Voice, information has been disseminated, particularly at key milestones through Core Communications Briefings, face-to-face meetings with different groups and a number of opportunities to meet with Senior Management.

Where the views of service users, carers, staff and the wider community are sought to inform the progress of the redesign, a range of methodologies including small focus groups for service users, small focus groups for carers and the wider community, questionnaires and online consultation has been available to ensure a wide range of participation.

5.0 IMPLICATIONS

FINANCE

5.1 Financial Implications:

One off Costs

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

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments

LEGAL

5.2 There are no legal issues within this report.

HUMAN RESOURCES

5.3 There are no human resources issues within this report.

EQUALITIES

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	Equalities and rights for people with learning disabilities are central to the development of the Learning Disability Redesign. This supports the Keys to Life National Strategy.
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.	Ongoing engagement with people with learning disabilities, their families and carers is central to the redesign, will help to ensure that the positive impact is maximised and any potential negative impacts are mitigated
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.	This is supported through the Community Learning Disability Team across the HSCP and partner organisations.
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	None

5.4 Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
X	NO – An Equality Impact Assessment will be undertaken with service users, carers and other stakeholders as full details of the future redesign emerges.

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

5.5 There are no governance issues within this report.

NATIONAL WELLBEING OUTCOMES

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

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

6.0 CONSULTATION

6.1 This report has been prepared by the Chief Officer, Inverclyde Health and Social Care Partnership (HSCP) after due consultation with relevant senior officers in the HSCP and partners, and a full programme of ongoing engagement and consultation with service users, carers, the public, staff and providers.

7.0 LIST OF BACKGROUND PAPERS

7.1 Inverclyde HSCP Adult Learning Disability Strategic Review 2016-2020.

Report To:	Inverclyde Integration Joint Board	Date: 6 November 2018
Report By:	Louise Long Corporate Director, (Chief Officer) Inverclyde Health & Social Care Partnership	Report No: IJB/55/2018/SMcA
Contact Officer:	Sharon McAlees Head of Children's Services & Criminal Justice	Contact No: 01475 715282
Subject:	LIAM – 'Let's Introduce Anxiety Management' for Children and Young People	

1.0 PURPOSE

- 1.1 The purpose of this report is to advise the Integration Joint Board about planned work to be carried out following training by the Inverclyde school nursing team to support children and young people aged 8 years to 18 years in low intensity anxiety management. The programme 'Let's Introduce Anxiety Management' (LIAM) is a cognitive behavioural therapy (CBT) informed intervention for mild to moderate anxiety. The programme has been developed by NHS Education for Scotland in conjunction with Professor Paul Stallard.
- 1.2 This integrated programme has also been offered to other partners with Education Services and Barnardo's joining the training and will be part of an Implementation Plan for a wider system approach.

2.0 SUMMARY

- 2.1 Anxiety disorders are among the most common mental health difficulties experienced by children and young people, with an estimated prevalence of 12% per year. Anxiety issues are often under-recognised and under- treated (CAMHS Matrix, 2015).
- 2.2 LIAM develops practitioner skills in the delivery of a Cognitive Behaviour Therapy (CBT) informed approach. CBT has the most robust evidence base of interventions for children and young people experiencing difficulties with anxiety. Research suggests CBT has an approximate 50 – 60% success rate (CAMHS Matrix, 2015).
- 2.3 The LIAM training includes an on-line module and 2 day face-to-face direct learning delivered by the NES funded NHS GG&C Early Intervention Pilot Project team) which introduces CBT-informed techniques that can be used during 6-8, 1-1 sessions with the child or young person. Follow up skills coaching and case review sessions will be provided by the NHS GGC Early Intervention to support staff to develop the required skills and ensure the intervention is delivered safely and effectively. Clear links have been established with CAMHS Inverclyde and Inverclyde Psychological Services are also involved in supporting the implementation.
- 2.4 Inverclyde HSCP will be the first pilot site within NHS GG&C. We believe that this may

be the only site in Scotland where LIAM will be implemented as a multi-agency approach across an entire local authority including practitioners from Health, Barnardo's and Education.

- 2.5 The training took place jointly with Barnardo's staff and the school nursing team on 21st and 29th August 2018. Skills coaching sessions are in place to further support and develop staff who will be implementing LIAM one-to-one sessions with children and young people. The plan is to roll out the programme across Port Glasgow Campus from November 2018 then roll out to other areas following preliminary evaluations.

3.0 RECOMMENDATIONS

- 3.1 The Integration Board is asked to note the plans currently in place and approve the direction of travel set out in the report. There is an intention to update the Board following training, further planning and roll out.
- 3.2 The Integration Board is asked to note that this will support areas of the Scottish Government mental health strategy 2017-2027 recommendations and the NHSGGC 5 year mental health strategy around prevention.

**Louise Long
(Corporate Director), Chief Officer
Inverclyde HSCP**

4.0 BACKGROUND

- 4.1 Across Scotland, the number of referrals to Child and Adolescent Mental Health Services (CAMHS) has been increasing. Recommendations have been made for services to be made available for children and young people who experience a mental health problem that does not meet the requirement for a Tier 3 CAMHS level of intervention (Scottish Government, June 2018).
- 4.2 Funding has been made available by NHS Education for Scotland (NES) to develop the 'Training in Psychological Skills – Early Intervention for Children' (TIPS-EIC) project across all Scottish Health boards. This is being led by CAMHS Psychologists.
- 4.3 The aim of the TIPS-EIC project is to enhance psychologically informed skills in the existing children's workforce to promote early intervention for mild mental health difficulties and ultimately reduce pressure at Tier 3 CAMHS level. The implementation of the LIAM package is one aspect of the NES TIPS-EIC project.
- 4.4 The LIAM package has been developed using an implementation science model. It therefore includes ongoing skills coaching sessions for all practitioners delivering the package to ensure that they are able to consolidate and utilise skills gained through the 2-day training course.
- 4.5 Difficulties with anxiety are common and research suggests that over the course of childhood, approximately 10-11% of all children and young people experience difficulties considered as an anxiety disorder (CAMHS Matrix, 2005).
- 4.6 Research suggests that anxiety disorders in children and young people are under – recognised and under-treated. For example, in a sample of 8 to 17 year olds 72% of those with an anxiety disorder did not receive any treatment (CAMHS Matrix, 2005).
- 4.7 LIAM is an evidence-based intervention delivered across 6-8 hourly sessions at Tier 2 level. The intervention is suitable for children and young people aged 8-18 years old. Currently there are few evidence based interventions to support children and young people who may be experiencing impairment and distress. These children may be seen by GPs or be referred to CAMHS.
- 4.8 Currently within Inverclyde HSCP, children and young people can access psychological interventions including CBT from Inverclyde CAMHS if their difficulties are considered to be moderate or severe in nature. LIAM will provide access to a psychological intervention for children and young people experiencing mild or moderate difficulties with anxiety. This will therefore widen access to psychological therapy and allow for earlier intervention.
- 4.9 There will be regular planned referral and case review discussions to ensure delivery of a quality service, appropriate referral and, where necessary, transfer from the tier 2 intervention to other supports and services such as tier 3 CAMHS.
- 4.10 With appropriate informed consent from families, routine outcome measures will be collected from children, young people and parents/carers throughout the implementation of LIAM. This, along with basic demographic data, will allow for a local evaluation of the LIAM pilot within Inverclyde by the NHS GGC Early Intervention Pilot Project Team. In addition, this will contribute to a national evaluation of LIAM across Scotland led by NES and reported to the Scottish Government.

5.0 IMPLICATIONS

5.1 FINANCE

This is currently contained within the existing budget

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 programme is designed and supported by NES. The project is in line with many aspects of the Scottish Government's Mental Health Strategy 2017 – 2027. There appear to be no legal issues evident within the programme.

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?

There are no equalities issues evident within the programme.

	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.

- 5.4.1 How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	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 understands the needs of people with different protected characteristic and promote diversity in the work that they do.	None
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	None

Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	None
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CLINICAL OR CARE GOVERNANCE IMPLICATIONS

- 5.5 The programme is supported fully by NES/ NHS GG&C Early Intervention Pilot Project.

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

- 5.6 “The NHS GG&C Early Intervention Pilot Project team will provide ongoing skills coaching and case review sessions for those delivering LIAM in addition to their existing clinical and/or line management supervision. The NHS GG&C Early Intervention Pilot Project team are responsible for the advice and guidance they provide relating to the LIAM intervention, however clinical governance and responsibility for the case overall will remain with the service.”

5.7 NATIONAL WELLBEING OUTCOMES

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

The programme will support children and young people with anxiety issues at tier 2 level. The programme includes methods and values found within GIRFEC and the ‘Children and Young People (Scotland) Act. The programme uses evidence and experience which should support the wellbeing of children and young people across Inverclyde.

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

6.0 CONSULTATION

- 6.1 The report has been prepared by the Chief Officer of Inverclyde Health and Social

Care Partnership (HSCP) after due consideration with relevant senior officers in the HSCP.

7.0 BACKGROUND PAPERS

7.1 Let's Introduce Anxiety Management for Children and Young People (LIAM).

7.2 LIAM Anticipated Time Commitment for Staff

7.3 Early Intervention Pilot Project Quarterly Report June 2018

8.0 REFERENCES

8.1 Rejected Referrals to Child and Adolescent Mental Health Services (CAMHS): A Qualitative and Quantitative Audit, *Scottish Government*, June 2018:
<https://www.gov.scot/Resource/0053/00537523.pdf>

The Matrix A Guide to Delivering Evidence-Based Psychological Therapies in Scotland, *NHS Education for Scotland*, 2015:
https://www.nes.scot.nhs.uk/media/3405552/matrix_-_children_youngpeopletablesfinal_2015.pdf

Let's Introduce Anxiety Management for Children and Young People (LIAM)

Introduction

Anxiety disorders are among the most common mental health difficulty experienced by children and young people (CYP), with an estimated prevalence of 12% per year. In fact, over the course of childhood approximately 10-11% of all CYP experience anxiety disorders. Anxiety disorders in CYP, while common, are very likely to be under-recognised and under-treated. In a sample of 8 to 17 year-olds, 72% of those with an anxiety disorder, that was causing impairment, did not receive any treatment, and in this respect they fair worse than children with behaviour problems, or those with depression. Amongst those who are recognised, cognitive behavioural therapy (CBT) is the treatment of choice, with an approximate 50-60% success rate (CAMHS MATRIX, 2015).

LIAM aims to increase access to an evidence-based intervention for mild to moderate anxiety presentations in CYP. To that end, LIAM develops practitioner skills in the delivery of a Cognitive Behaviour Therapy-informed approach. It was designed by NHS Education for Scotland along with Professor Paul Stallard, from the University of Bath, who is an internationally renowned expert in the treatment of anxiety in CYP. It is suited to a range of professionals who work with CYP, e.g., School Nurses, Teachers, Pastoral Care / Guidance Teachers, Social Workers...

The tiered training package has the following components:

- An online anxiety e-learning module which should be completed first
 - This module is useful for all people who work with CYP even if they do not undertake any further training in anxiety management
- A one-day training workshop that aims to raise awareness in staff in CYP's services about anxiety
- A second day of training which introduces the CBT-informed techniques that can be used during six one-to-one sessions with CYP to help them to learn how to manage their anxiety
- For those who complete the online module and both days of training there will be follow-up coaching sessions aimed to give on-the-job support to help develop the CBT-informed skills with CYP

Intended learning Outcomes

By the end of the full training (module + two-day training + coaching) the learner should:

1. Have knowledge about the nature of anxiety in CYP from a CBT perspective
2. Understand the importance of watchful waiting to ensure any intervention is warranted
3. Be able to deliver a six-session CBT-informed intervention to CYP with the support of a LIAM coach

Please note the training does not provide staff with the skills and competencies to be a Cognitive Behaviour Therapist.

Assessment

All learners must complete the e-learning module. The training days are intended to raise awareness about anxiety in CYP and about CBT-informed approaches. To deliver the six-session CBT-informed approach to CYP, practitioners must engage in the follow-up coaching with a LIAM coach. Coaching sessions will focus on adherence to the manualised treatment protocol and will make use of CYP's outcomes on standardised questionnaire measures to gauge the impact of interventions.

Further information is available from:

For more information about how to access LIAM training in your area, please contact:

NES Early Intervention with Children project

Programme Director: Dr Suzy O'Connor

Contact details: suzy.oconnor@nes.scot.nhs.uk

Programme Director for Early Intervention

NHS Education for Scotland

2 Central Quay, 89 Hydepark Street

Glasgow, G3 8BW.

Local LIAM trainer / coach (*Please insert details*):

Name Dr Rona Craig,

NHS GG&C Early Intervention Pilot Project

Templeton Business Centre

4th Floor, 62 Templeton Street

Glasgow, G40 1DA

Email Rona.Craig2@ggc.scot.nhs.uk, **Team Email:** EarlyIntervention.Camhs@ggc.scot.nhs.uk

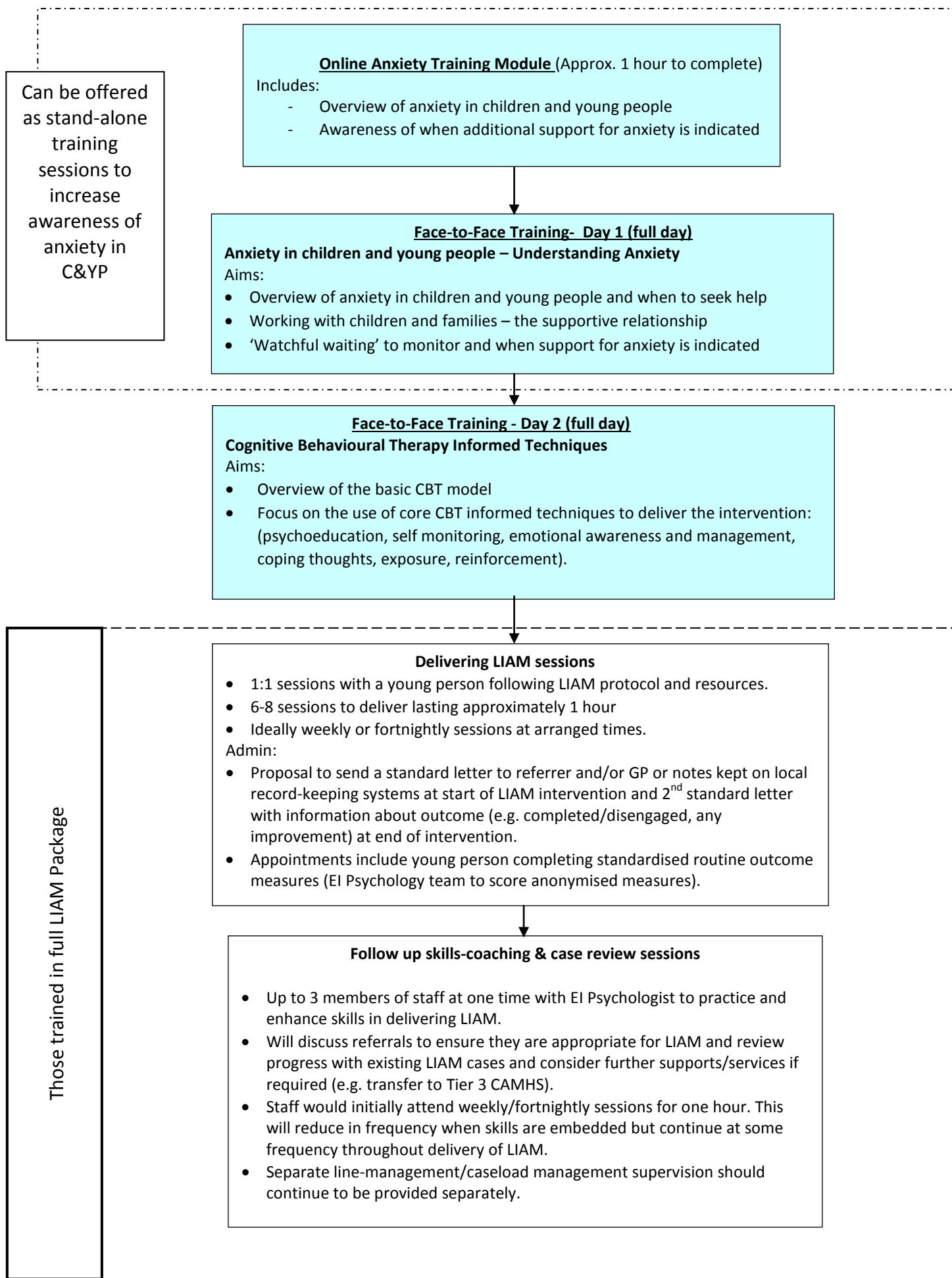
Contact Phone Number: 0141 277 7526

Reference:

CAMHS MATRIX (2015):

[http://www.nes.scot.nhs.uk/media/3405552/matrix -
_children_youngpeopletablesfinal_2015.pdf](http://www.nes.scot.nhs.uk/media/3405552/matrix_-_children_youngpeopletablesfinal_2015.pdf)

**‘Let’s Introduce Anxiety Management’ (LIAM) – Low-Intensity Anxiety Management Package
Anticipated Time Commitment for Staff**



Can be offered as stand-alone training sessions to increase awareness of anxiety in C&YP

Online Anxiety Training Module (Approx. 1 hour to complete)
Includes:

- Overview of anxiety in children and young people
- Awareness of when additional support for anxiety is indicated

Face-to-Face Training- Day 1 (full day)
Anxiety in children and young people – Understanding Anxiety
 Aims:

- Overview of anxiety in children and young people and when to seek help
- Working with children and families – the supportive relationship
- ‘Watchful waiting’ to monitor and when support for anxiety is indicated

Face-to-Face Training - Day 2 (full day)
Cognitive Behavioural Therapy Informed Techniques
 Aims:

- Overview of the basic CBT model
- Focus on the use of core CBT informed techniques to deliver the intervention: (psychoeducation, self monitoring, emotional awareness and management, coping thoughts, exposure, reinforcement).

Those trained in full LIAM Package

Delivering LIAM sessions

- 1:1 sessions with a young person following LIAM protocol and resources.
- 6-8 sessions to deliver lasting approximately 1 hour
- Ideally weekly or fortnightly sessions at arranged times.

 Admin:

- Proposal to send a standard letter to referrer and/or GP or notes kept on local record-keeping systems at start of LIAM intervention and 2nd standard letter with information about outcome (e.g. completed/disengaged, any improvement) at end of intervention.
- Appointments include young person completing standardised routine outcome measures (EI Psychology team to score anonymised measures).

Follow up skills-coaching & case review sessions

- Up to 3 members of staff at one time with EI Psychologist to practice and enhance skills in delivering LIAM.
- Will discuss referrals to ensure they are appropriate for LIAM and review progress with existing LIAM cases and consider further supports/services if required (e.g. transfer to Tier 3 CAMHS).
- Staff would initially attend weekly/fortnightly sessions for one hour. This will reduce in frequency when skills are embedded but continue at some frequency throughout delivery of LIAM.
- Separate line-management/caseload management supervision should continue to be provided separately.

EARLY INTERVENTION PILOT PROJECT QUARTERLY REPORT (JUNE 2018)



INTRODUCTION

Welcome to the first Early Intervention Pilot Project Quarterly Report. This report outlines the background to the project across Scotland and the specific aims within the Greater Glasgow & Clyde area (GG&C). It also provides information on the current team members and the work undertaken and planned so far.

PROJECT BACKGROUND & CONTEXT



Funding has been made available through NHS Education for Scotland (NES) for psychology time to develop the project across 11 Health Boards in Scotland. The overall aim of the project is to enhance psychologically informed skills in the existing children's workforce, to reduce the pressure at tier 3 CAMHS and promote early intervention. By working with and providing training to interagency colleagues, we hope to increase access to psychologically informed approaches for children and young people who have a mental health difficulty identified, but do not meet threshold for CAMHS. For our purposes, the children's workforce includes a wide range of professionals who work with children and young people and who would have a role in supporting their mental health (e.g. education staff, social work, school nursing, third sector staff).

The project is in line with many aspects of the Scottish Government's Mental Health Strategy 2017-2027. Each Health Board may take slightly different approach to the project, depending on local services and need. Within NES, the project work stream is called 'TIPS-EIC' (Training in Psychological Skills – Early Intervention Children). This project also links in with other NES work-streams such as Trauma, CBT Training and Psychology of Parenting Project (PoPP).

GG&C EARLY INTERVENTION PILOT PROJECT AIMS



Given the size of the team and the overall project remit, there are no plans to see individual families. However, we are really keen to explore ideas with colleagues in CAMHS and other agencies about how we can creatively achieve our aims and be as helpful as we possibly can be.

We are at the early stages of setting up the team and working out which projects and training we will trial. Our intention is to set up different projects across GG&C and we have presented our pilot projects in this report.

We are currently trying to identify areas where we might be able to support the wider children's workforce in terms of knowledge, skills or confidence about children and young people's mental health. Our remit is to be a resource to all agencies within the children's workforce in the GG&C area. We would prefer that our input is led by the needs of the children's workforce and are therefore encouraging CAMHS services and our colleagues in other agencies to contact us with ideas.

As this is a very new project and we are a small team, we have not yet been able to contact all of the agencies that we are keen to work with across the GG&C area. We would encourage you to contact us if you have any ideas of how we could link up. For example, if there are any specific training needs or existing projects around child and adolescent mental health that our input may complement. Similarly, please feel free to distribute this newsletter to other colleagues or agencies that you think may be interested.

CURRENT STAFFING

We are a small team of CAMHS psychologists comprised of the following staff:

Dr Clare Roberts, Consultant Clinical Psychologist (0.1 WTE)

Dr Rona Craig, Principal Clinical Psychologist (1 WTE)

Jo Storrar, Child & Adolescent Therapist (0.6 WTE)

Gillian Bickerstaff, Child & Adolescent Therapist (1 WTE)

We are also currently recruiting for another Clinical Psychologist (1 WTE) to join the team as well.

CONTACT DETAILS

We are based on the 4th floor in Templeton Business Centre, 62 Templeton Street, Glasgow, G40 1DA. Please feel free to pop in for a cuppa or a chat if you are ever nearby! If you need to contact us, we can be reached at **0141 277 7526** or by email: earlyintervention.camhs@ggc.scot.nhs.uk For NHS GG&C staff you can find us on the global address list individually or email us all by finding "CAMHS Early Intervention".



CURRENT PILOT WORK WITHIN GG&C

Let's Introduce Anxiety Management (LIAM) Training –Inverclyde

The LIAM package consists of training in awareness of anxiety in children and young people and a cognitive behavioural therapy (CBT) informed intervention for mild anxiety symptoms. This was designed by NES in conjunction with Professor Paul Stallard, Consultant Clinical Psychologist.

LIAM is a tiered package with an accompanying implementation science-based protocol. Here is a brief outline of the training:

- Short online e-learning module on childhood anxiety: completion of this is prerequisite for attendance at the training.
- Day 1: To develop knowledge of anxiety in children and young people, the nature of watchful waiting and when further input is indicated (this can be delivered as a standalone day).
- Day 2: Describes the 6-8 session intervention which contains CBT informed strategies help with feelings of anxiety.
- Ongoing skills coaching sessions to support skill development and management of governance & risk issues.



Our team has now been trained as trainers in the LIAM package. As a pilot, we hope to run a LIAM training with a group of multi-agency practitioners in Inverclyde including school nursing, Barnardo's and education. These practitioners would then deliver LIAM on a one-to-one basis with children and young people aged 8-18 years. We are hoping to deliver training to the first group of Inverclyde practitioners in August 2018. Following completion of both training days, we would then provide ongoing skills coaching to support them throughout the implementation phase.

In some of the other Scottish Health Boards where there is a lesser resource due to health board size, delivering LIAM training and the ongoing coaching is the entirety of the Early Intervention TIPS-EIC project.

Redirected Referrals – South CAMHS

In South Glasgow CAMHS we are currently undertaking a redirected referrals pilot project. For referrals that do not meet criteria for CAMHS, we are writing therapeutic letters to families. This is a validating letter, acknowledging the concerns outlined, but it also includes detailed information on services and organisations available within the area and how to contact them. The letters contain written information and leaflets as well as suggested websites, online resources and apps. We are trying to promote existing projects such as Ayemind and SafeSpot by signposting families to these where appropriate. Double copies of all letters are being sent to families with the suggestion of giving a copy to school, nursery and health visiting staff, encouraging an open dialogue. Links have been made with Barry Syme, City Principal Psychologist in Glasgow City Psychological Service who plans to inform all Head Teachers in the local area of this project.

This pilot is also allowing us to identify any patterns or themes to the redirected referrals which may help inform our work in future.

Library Project – Glasgow City

We have established links with Glasgow Libraries who have kindly agreed to stock a core selection of recommended self-help texts books in 32 community libraries and 29 secondary school libraries across the Glasgow City boundary. We are currently exploring which resources would be most



helpful and may contact your team for recommendations. We envisage the books within the community libraries will be focused on common mental health difficulties such as anxiety and low mood and also some parenting-focused texts. The books within secondary schools may be similar but include common issues relating to this age group such as exam stress. Each library will have a fuller range of titles available on their catalogue but we hope having a core resource in every library will be helpful.

We plan to circulate the core list of resources once it has been agreed. This means CAMHS staff and other professionals can direct families they are working with to relevant texts at their local or school library, confident in the knowledge the library will stock those specific books. We are in the process of developing a joint leaflet with Glasgow Library Services including details of all the titles.

EARLY INTERVENTION LINK PERSON FOR NHS GG&C CAMHS

To ensure strong links between this project and CAMHS, we are suggesting a “link” person from our team be assigned to each of the CAMHS teams as follows:

NORTH CAMHS	Jo Storrar
EAST CAMHS	Gillian Bickerstaff
SOUTH CAMHS	Rona Craig
WEST CAMHS	Rona Craig (until further recruitment)
RENFREWSHIRE CAMHS	Jo Storrar
EAST RENFREWSHIRE CAMHS	Gillian Bickerstaff
INVERCLYDE CAMHS	Rona Craig
WEST DUMBARTONSHIRE CAMHS	Gillian Bickerstaff (until further recruitment)

We plan to keep the CAMHS teams informed of any relevant 3rd sector services or resources we come across that may be useful. The link clinician will be in touch soon to introduce themselves and would be happy to attend a team meeting if this would be helpful.

LINKS WITH OTHER AGENCY COLLEAGUES

Within the project to date we have been busy developing links with colleagues in agencies out with CAMHS. This includes Glasgow City Psychological Services (Educational Psychology) and NHS Health Improvement. We are considering whether we might be able to join up with both agencies to contribute to their existing training packages such as the 'What's the Harm' self-harm training package. We have been in contact with some state and private schools, however hope to have links with more schools in the future.

We have also been in touch with a range of agencies and professionals such as: NHS Health Scotland; Sports Scotland; Place2Be School Mental Health Champions in Glasgow City and Glasgow City Central Parenting Team. We look forward to continuing to discuss how we might be able to work together.

FUTURE PLANS

Despite being a small resource, we are keen to be as helpful as possible to our colleagues in CAMHS and other agencies across GG&C. We plan to send quarterly newsletters to all our colleagues to keep them updated on our work but also encourage them to get in touch with any ideas they may have. Our newsletters will accompany our quarterly reports.

Early Intervention Pilot Project

Phone: 0141 277 7526

Email: earlyintervention.camhs@ggc.scot.nhs.uk



If you do not wish to receive any future updates from our team, please let us know by emailing: earlyintervention.camhs@ggc.scot.nhs.uk

INVERCLYDE INTEGRATION JOINT BOARD – 11 SEPTEMBER 2018

Inverclyde Integration Joint Board

Tuesday 11 September 2018 at 2pm

Present: Councillors J Clocherty, E Robertson (for J MacLeod), L Quinn and L Rebecchi, Mr S Carr, Dr D Lyons, Mr A Cowan, Ms D McErlean, Dr H MacDonald, Ms D McCormick, Dr C Jones, Ms L Long, Ms S McAlees, Ms L Aird, Mr D White, Ms D McCrone, Mr H MacLeod, Mr I Bruce and Ms C Boyd.

Chair: Mr Carr presided.

In attendance: Ms D Gillespie, Head of Mental Health, Addictions & Homelessness, Mr A Stevenson, Head of Health & Community Care, Ms A Hunter, Service Manager (Inequalities, Migration & Strategic Housing), Ms F Houlihan (Project Manager, Specialist Children's Services), Ms V Pollock (for Head of Legal & Property Services) and Ms S Lang (Legal & Property Services).

In attendance also: Mr T Yule, Audit Scotland.

50 **Apologies, Substitutions and Declarations of Interest** 50

Apologies for absence were intimated on behalf of Councillor J MacLeod, with Councillor E Robertson substituting, and Ms S McLeod.

Dr Lyons declared an interest in Agenda Item 14 (Five Year Mental Health Strategy).

51 **Non-Voting Membership of the Inverclyde Integration Joint Board** 51

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership advising the Board of a change in its non-voting membership arrangements.

(Dr Jones entered the meeting during consideration of this item of business).

Decided:

- (1) that the resignation of Ms Margaret Telfer as the service user representative non-voting member of Inverclyde Integration Joint Board be noted;
- (2) that the appointment of Mr Hamish MacLeod as the service user representative non-voting member be agreed; and
- (3) that it be noted that Ms Margaret Telfer has been confirmed as the proxy member for Mr Hamish MacLeod for meetings of the Board.

52 **Annual Report to IJB and Controller of Audit for Financial Year Ended 31 March 2018** 52

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership appending the Annual Report and Auditors' Letter to the Inverclyde Integration Joint Board (IJB) for the financial year ended 31 March 2018 which had been prepared by the IJB's external auditors, Audit Scotland.

Mr T Yule of Audit Scotland was present and spoke in relation to the report.

(Councillor Rebecchi entered the meeting during consideration of this item of business).

INVERCLYDE INTEGRATION JOINT BOARD – 11 SEPTEMBER 2018

Decided:

- (1) that the contents of the Annual Report to the IJB and Controller of Audit for the financial year ended 31 March 2018 be endorsed;
- (2) that the Chair, Chief Officer and Chief Financial Officer be authorised to accept and sign the final 2017/18 Accounts on behalf of the IJB; and
- (3) that the Board endorse the letter of representation in Appendix 2 of the Annual Report and approve the signing of this by the Chief Financial Officer.

53 NHS Greater Glasgow & Clyde Oral Health Directorate Report: Inverclyde HSCP 2018 53

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership (1) on the publication of the NHS Greater Glasgow & Clyde Oral Health Directorate Report: Inverclyde HSCP (2018) and (2) providing an update on developments relating to some of the aligned work which will be delivered by Inverclyde HSCP.

Decided:

- (1) that the contents of the report be noted;
- (2) that the further recommendations as detailed in Section 6 of the report be agreed; and
- (3) that further update reports, particularly in relation to the operational responsibilities for the HSCP, be submitted to the Board and that further information and clarification in relation to the postcode statistics provided in the report be circulated to Members.

54 Moving Forward Together – NHS Greater Glasgow & Clyde Transformation Strategy 54

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on the development of NHS Greater Glasgow & Clyde's transformation strategy, 'Moving Forward Together'.

Dr Jennifer Armstrong, NHS Greater Glasgow & Clyde was present and made a presentation to the Board on the key principles of the strategy, the vision and blueprint for transformation and the next steps for the programme.

The Board was adjourned due to a fire alarm at 2.50pm and re-convened at 3.10pm with Ms Long returning at 3.15pm.

During the course of discussion on the item concerns were expressed by Members regarding a number of issues including:

- (a) the future provision at Inverclyde Royal Hospital, particularly the implications for the Accident and Emergency Service provided there;
- (b) travel arrangements and accessibility of services;
- (c) aftercare arrangements;
- (d) communications and community consultation;
- (e) collaboration with the third sector.

Decided: that a response be made to the report taking account of the comments made by Members.

INVERCLYDE INTEGRATION JOINT BOARD – 11 SEPTEMBER 2018

- 55 Review of Sandyford Sexual Health Services 55**
- There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership (1) advising the Integration Joint Board of the recent review of Sandyford Sexual Health Services and (2) providing an update on developments pertaining to some of the aligned work that will be delivered locally. Ms Rhoda MacLeod, Head of Service, Sandyford and Ms Jennifer Schofield, Service Manager, were present and spoke in relation to the report and relevant issues. During the course of discussion on the item, concerns were expressed regarding the possible implications of the proposed 3 tier model for services in Inverclyde.
- Decided:**
- (1) that the contents of the report be noted;
 - (2) that it be agreed to engage with the Sexual Health Implementation Group (SHLIG) through the Chief Officer to ensure that the implications for the Inverclyde area are minimised; and
 - (3) that a further progress report be submitted to the Integration Joint Board outlining the direction of travel which is considered fit for local purpose.
- 56 NHS Greater Glasgow & Clyde Musculoskeletal (MSK) Physiotherapy Annual Report 2017/18 for Inverclyde Health & Social Care Partnership 56**
- There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing a summary of the NHS Greater Glasgow & Clyde Musculoskeletal (MSK) Physiotherapy Service Annual Report 2017/18 for Inverclyde Health & Social Care Partnership. Ms Janice Miller, Head of Service, MSK Services, NHS Greater Glasgow & Clyde was present and spoke in relation to the report. (Councillors Clocherty and Rebecchi left the meeting during consideration of this item of business).
- Decided:** that the position in respect of the MSK Service, hosted by West Dunbartonshire HSCP, with 6% of Inverclyde patients exceeding the four week waiting time be noted.
- 57 Minute of Meeting of Inverclyde Integration Joint Board of 15 May 2018 57**
- There was submitted minute of the Inverclyde Integration Joint Board of 15 May 2018. (Dr Jones left the meeting during consideration of this item of business).
- Decided:** that the minute be agreed.
- 58 Minute of Meeting of Inverclyde Integration Joint Board of 18 June 2018 58**
- There was submitted minute of the Inverclyde Integration Joint Board of 18 June 2018.
- Decided:** that the minute be agreed.
- 59 Rolling Action List 59**
- There was submitted a rolling action list of items arising from previous decisions of the Integration Joint Board.

INVERCLYDE INTEGRATION JOINT BOARD – 11 SEPTEMBER 2018

Decided:

- (1) that the rolling action list be noted; and
- (2) that consideration be given to removing completed actions from the rolling action list;

Councillor Clocherty and Dr Jones returned to the meeting at this juncture.

60 Financial Monitoring Report 2018/19 – Period to 30 June 2018, Period 3 60

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership on the Revenue and Capital Budgets, other Income Streams and Earmarked Reserves position for the current year as at Period 3 to 30 June 2018.

Decided:

- (1) that the Period 3 position for 2018/19 as set out in Appendices 1 to 3 of the report be noted;
- (2) that the proposed budget realignments and virements as set out in Appendix 4 be approved and that Officers be authorised to issue revised Directions to the Council and/or Health Board as required on the basis of the revised figures set out in Appendix 5;
- (3) that the planned use of the Transformation Fund as set out in Appendix 6 be noted;
- (4) that the current Capital position as set out in Appendix 7 be noted; and
- (5) that the current Earmarked Reserves position as set out in Appendix 8 be noted.

61 Inverclyde Community Justice Partnership Annual Report 2017/18 61

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership appending the Inverclyde Community Justice Partnership Annual Report 2017/18.

During the course of discussion on this item, comments were made regarding the style of the text and language used, the background colour of the case studies and the lack of a commentary in respect of the Alcohol and Drugs Partnership performance information.

Decided: that the Inverclyde Community Justice Partnership Annual Report 2017/18 be approved for submission to Community Justice Scotland, taking account of the comments set out above.

62 LIAM – ‘Let’s Introduce Anxiety Management’ for Children and Young People 62

Decided: that consideration of this item be continued to the next meeting of the Board.

63 Five Year Mental Health Strategy 63

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership (1) on the developments for implementation of the Mental Health Strategy within Inverclyde, (2) advising of new Mental Health monies available and (3) seeking approval for the use of these monies.

INVERCLYDE INTEGRATION JOINT BOARD – 11 SEPTEMBER 2018

There were circulated to the Board, copies of a financial return to the Scottish Government.

Dr Lyons declared a non-financial interest in this item as a member of the Mental Health Tribunal for Scotland. He also formed the view that the nature of his interest and of the item of business did not preclude his continued presence in the meeting or his participation in the decision-making process.

Decided:

(1) that the report be noted and the proposals outlined in the accompanying Action 15 Plan for Inverclyde be agreed, subject to inclusion of a reference to engagement with the third sector;

(2) that the Chief Officer be authorised to prepare a further plan for submission in September 2018 and to engage with other HSCPs in the preparation of this plan; and

(3) that it be agreed that the Action 15 Plan and Strategy Implementation Plan for Inverclyde be submitted to the next meeting of the Board.

64 Upgrade Requirements of the Joint Equipment Store 64

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership advising of the requirement to upgrade the decontamination areas of the Joint Equipment Store to conform to best practice and health and safety requirements.

Decided: that approval be given to funding for the decontamination works required at the Joint Equipment Store as set out in the report.

65 HSCP Annual Complaints Report 2017 - 2018 65

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership on the annual performance of health and statutory Social Work complaints within Inverclyde Health & Social Care Partnership.

Decided:

(1) that the annual performance of the Inverclyde HSCP integrated complaints procedure be noted; and

(2) that the complaints annual report be noted alongside the new IJB complaint handling procedures report.

66 Minute of Meeting of IJB Audit Committee of 20 March 2018 66

There was submitted minute of the Inverclyde Integration Joint Board (IJB) Audit Committee of 20 March 2018.

Decided: that the minute be noted.

67 Advice Service Biennial Report 2016/18 67

Decided: that consideration of this item be continued to the next meeting of the Board.

68 Learning Disability (LD) Redesign – Progress Report, August 2018 68

Decided: that consideration of this item be continued to the next meeting of the Board.

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

69 Governance of HSCP Commissioned External Organisations

69

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on matters relating to the HSCP governance process for externally commissioned Social Care Services.

Decided:

- (1) that the Board note the governance report for the period 20 March to 20 July 2018; and
- (2) that Members acknowledge that Officers regard the control mechanisms in place through the governance meetings as sufficiently robust to ensure ongoing quality and safety and the fostering of a commissioning culture of continuous improvement.

INVERCLYDE INTEGRATION JOINT BOARD

ROLLING ACTION LIST

Meeting Date and Minute Reference	Action	Responsible Officer	Timescale	Progress/Update/Outcome	Status
30 January 2018 (Para 9(2))	Report to be submitted defining criteria used for selecting performance exceptions data as part of the Annual Performance review	Helen Watson	July 2018	Report to be amended for next performance report	In progress
20 March 2018 (Para 20(2))	Carers (Scotland) Act 2016 – Report to be submitted to May/June 2018 meeting providing (a) case studies to illustrate impact/risk levels in connection with eligibility criteria threshold and (b) Communication Strategy proposals	Allen Stevenson	November 2018	Update report to November 2018 IJB	Complete
20 March 2018 (Para 20(3))	Carers (Scotland) Act 2016 – Further update report to be submitted to October 2018 meeting	Allen Stevenson	November 2018	Update report to November 2018 IJB	Complete
15 May 2018 (Para 35(2))	Early Action Systems Change Fund Project – Progress (in 6 months' time)	Sharon McAlees	November 2018	Update report to November 2018 IJB	In progress
15 May 2018 (Para 36(5))	Enhancing Children's Wellbeing – Support for Inverclyde GIRFEC Pathway – Update Report	Sharon McAlees	January 2019	Report to January 2019 IJB	In progress
15 May 2018 (Para 37(4))	Out of Hours GP Service – (After Summer Recess)	Helen Watson	November 2018	Workshops have taken place and new pathways developed. Update report to	In progress

Meeting Date and Minute Reference	Action	Responsible Officer	Timescale	Progress/Update/Outcome	Status
				January 2019 IJB	
15 May 2018 (Para 37(5))	GMS Contract Implementation – Update Report (November 2018 meeting)	Allen Stevenson	November 2018	Report to November 2018 IJB	Complete
15 May 2018 (Para 38(3))	Learning Disability Day Services Estate Configuration - Update Report (After Summer Recess)	Allen Stevenson	September 2018	Report to September IJB 2018	Complete
11 September 2018 (Para 53(3))	Oral Health – Further Update Reports, particularly regarding operational responsibilities for HSCP				
11 September 2018 (Para 55(3))	Sandyford Sexual Health Services – Update on Direction of Travel				
11 September 2018 (Para 63(3))	Mental Health Strategy Action 15 Plan and Strategy Implementation Plan (November 2018 meeting)				

Report To: Inverclyde Integration Joint Board **Date:** 6 November 2018

Report By: Louise Long **Report No:** IJB/57/2018/LA
Corporate Director, (Chief Officer)
Inverclyde Health & Social Care
Partnership

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

Subject: FINANCIAL MONITORING REPORT 2018/19 – PERIOD TO 31
AUGUST 2018, PERIOD 5

1.0 PURPOSE

- 1.1 The purpose of this report is to advise the Inverclyde Integration Joint Board (IJB) of the Revenue and Capital Budgets, other Income Streams and Earmarked Reserves position for the current year as at Period 5 to 31 August 2018.

2.0 SUMMARY

- 2.1 This report outlines the financial position at Period 5 to the end of August 2018. The current year-end operating projection for the Partnership is a projected underspend of £0.080m. In addition, the IJB is expected to utilise a net £2.537m of its Earmarked Reserves in year on previously agreed projects and spend, including the impact of any transfers to/from reserves as a result of anticipated over and underspends.
- 2.2 At Period 5, there was additional funding of £330,000 added to the budget for the living wage and a budget reduction of £62,000 for welfare reform funding returned to the Council. There is a projected underspend of £0.080m on Social Care Services. The main elements of the underspend are detailed within this report and attached appendices.
- 2.3 While Health services are currently projected to be in line with the overall Health budget, there are some issues to note:
- Mental Health Inpatients
As per previous reports, the IJB inherited a budget pressure related to mental health inpatient services due to the high levels of special observations required in that area. Work has been ongoing locally to minimise this pressure. In addition, Mental Health provision across Greater Glasgow & Clyde (GG&C) is under review and it is anticipated that this, together with local work, will address this budget pressure for this and future years.
 - Prescribing
2017/18 showed unprecedented pressures in relation to Prescribing budgets linked to short supply issues. At that time, the risk share arrangement was in place for all IJBs within GG&C with the Health Board covering the final overspend. While the IJB has invested additional monies into prescribing, it remains an area of potential financial risk going forward.

- Delays in Filling of Vacancies

New procedures brought in at the Health Board are causing significant delays in the filling of a number of health vacancies. This is causing some operational difficulties and may result in an unplanned underspend for the IJB by the yearend.

- 2.4 The Corporate Director (Chief Officer) and Heads of Service will continue to work to mitigate any projected budget pressures and keep the overall IJB budget in balance for the remainder of the year. It is proposed that any overspend in 2018/19 would be funded by the IJB through Reserves and any overall underspend will be carried to Reserves.
- 2.5 The report outlines the current projected spend for the Transformation Fund, Integrated Care Fund and Delayed Discharges money.
- 2.6 The assets used by the IJB and related capital budgets are held by the Council and Health Board. Planned capital spend in relation to Partnership activity is budgeted as £1.364m for 2018/19 with an actual spend to the end of August of £0.072m.
- 2.7 The IJB holds a number of Earmarked Reserves; these are managed in line with the IJB Reserves Policy. The total Earmarked Reserves available at the start of 2018/19 were £5.796m. To date at Period 5, £1.024m has been spent.
- 2.8 The Mental Health Action 15 plan templates, as discussed at the last meeting and submitted to Scottish Government in October, are enclosed for information at Appendix 10.

3.0 RECOMMENDATIONS

- 3.1 It is recommended that the Integration Joint Board:
 1. Notes the Period 5 position for 2018/19 (Appendices 1-3) and requests that the Chief Officer raises the matter of the operational and unplanned financial impacts resulting from the new recruitment procedure;
 2. Approves the proposed budget realignments and virement (Appendix 4) and authorises officers to issue revised directions to the Council and/or Health Board as required on the basis of the revised figures enclosed (Appendix 5);
 3. Notes the planned use of the Transformation Fund (Appendix 6);
 4. Notes the planned use of the Integrated Care Fund and Delayed Discharge monies (Appendix 7)
 5. Notes the current capital position (Appendix 8);
 6. Notes the current Earmarked Reserves position (Appendix 9).
 7. Notes the Mental Health Action 15 plan summary (Appendix 10)

Louise Long
Corporate Director (Chief Officer)

Lesley Aird
Chief Financial Officer

4.0 BACKGROUND

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

4.2 The IJB Budget for 2018/19 was set on 18 June 2018. The table below summarises the agreed budget and funding together with the projected operating outturn at 31 August:

	Revised Budget 2018/19 £000	Projected Outturn £000	Projected Over/(Under) Spend £000
Social Work Services	64,761	64,681	(80)
Health Services	67,793	67,793	0
Set Aside	16,439	16,439	0
HSCP NET EXPENDITURE	148,993	148,913	(80)
FUNDED BY			
Transfer from / (to) Reserves	0	(80)	(80)
NHS Contribution to the IJB	100,931	100,931	0
Council Contribution to the IJB	47,795	47,795	0
HSCP OPERATING SURPLUS/(DEFICIT)	148,726	148,646	(80)
Planned Use of Reserves	(2,537)	(2,537)	
Annual Accounts CIES Position	(2,804)	(2,804)	(80)

5.0 SOCIAL WORK SERVICES

5.1 At Period 5, there was additional funding of £330,000 added to the budget for the living wage and a budget reduction of £62,000 for welfare reform funding returned to the Council. The Social Work services revised budget after virements and budget adjustments is £64.761m. The projected outturn at 31 August 2018 is a £0.080m underspend.

5.2 The Social Work budget includes agreed savings of £1.555m. It is anticipated that this will be delivered in full during the year and there is a projected over-recovery at Period 5 of £0.269m which relates to Residential and Nursing beds.

Appendix 2 contains details of the Social Work outturn position. The main variances are detailed below with further detail provided in Appendix 2A.

Underspends are due to:

- A projected underspend of £76,000 within internal homecare due to vacancies, which are partially offsetting the increased costs of external homecare below,
- A projected underspend of £80,000 within Learning Disabilities and £70,000 within Addictions employee costs due to over-achievement of turnover target,
- Projected underspends on client care packages in Day Services £60,000 and Learning Disabilities £51,000 due to changes in care packages,
- Projected over-recovery of £43,000 on Physical and Sensory service user income based on current income to date,
- A one-off income from an external provider of £110,000.

Offset by:

- A projected overspend in external homecare of £205,000 possibly due to increased hours as more people are cared for in their own homes. This is an increase of £143,000 since the last meeting and relates to increases in the number of client

- packages,
- A projected overspend in Older People respite of £120,000,
- Projected overspends in other employee costs of £94,000 due to turnover targets not being met.

6.0 HEALTH SERVICES

6.1 The Health services revised budget is £67.793m, plus £16.439m for the indicative Set Aside budget. The projected outturn as at Period 5 is in line with that budget.

6.2 The total budget pressure for Health was £0.657m which is being funded by savings.

6.3 Mental Health Inpatients

When it was originally established, the IJB inherited a significant budget pressure related to mental health inpatient services due to the high levels of special observations required in that area. Work has been ongoing locally to minimise this pressure. In addition, Mental Health provision across GG&C is under review and it is anticipated that this, together with local work, will address this budget pressure for this and future years.

6.4 At Period 5, the year to date overspend on Mental Health is £0.159m.

6.5 The service has successfully addressed elements of the historic overspend. This budget will be closely monitored throughout the year and work will be done to ensure that the underlying budget is sufficient for core service delivery going forward.

6.6 Prescribing

There was a risk sharing arrangement in place in respect of Prescribing budgets across all six Health & Social Care Partnerships last financial year which has now ended. 2017/18 showed unprecedented pressures in relation to Prescribing budgets linked to short supply issues. The risk share arrangement in place at that time meant that the Health Board underwrote any overall overspends. Going forward, the IJB will be liable for the full costs. To mitigate the risk associated with this, the IJB agreed as part of its 2018/19 budget to invest additional monies into prescribing. However, due to the volatile, externally influenced nature of prescribing costs, this remains an area of potential financial risk going forward.

6.7 It is too early in the year to attempt to meaningfully predict the final outturn on such a volatile budget area. It is however hoped that the overall position at year-end will be an underspend on prescribing with the balance used to create a smoothing reserve to cover in-year pressures in future years linked to short supply etc. This will be closely monitored throughout the year.

6.8 Delays in Filling of Vacancies

New GG&C procedures around recruitment and backfilling of vacancies were brought in earlier this year at the Health Board linked to the Financial Improvement Plan (FIP) work. These new procedures are in addition to the existing local protocol which has been in place since the IJB was formed whereby all vacancies carefully scrutinised by officers and signed off by the Head of Service and Chief Officer before permission is granted to recruit.

Key issues:

- The new measures are designed to save money for the Health Board but any saving in Partnership staffing stays with the Partnerships
- To date the new measures have not resulted in any posts being removed, as the existing local process already captures any posts suitable for redesign, removal or reduction
- The additional GG&C procedures are causing significant delays in the filling of a number of local health vacancies. Many of these are being covered by additional overtime, agency or bank staff, others leave gaps in the service

- The process has not generated any permanent saving for Inverclyde but may over time create an unplanned non recurring in year turnover saving.
- The delays are putting a strain on our services and on the staff in the teams affected with no long term benefit for the IJB.

It is proposed that the Chief Officer is asked to raise the matter formally with the Health Board to seek an early resolution that retains the good financial and operational controls already in place and ensures operational stability.

6.9 Set Aside

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

Work is ongoing detailing the Set Aside position within GG&C for each HSCP. Activity data is now available in almost real time and will be converted to “bed days” over the next few weeks. Budgets are being worked up based on this data. Further updates will be brought to the IJB as available.

7.0 VIREMENT AND OTHER BUDGET MOVEMENTS

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

8.0 TRANSFORMATION FUND, INTEGRATED CARE FUND AND DELAYED DISCHARGE

8.1 Transformation Fund

The Transformation Fund was set up at the end of 2018/19. Spend against the plan is done on a bids basis through the Transformation Board. Appendix 6 details the current agreed commitments against the fund. At Period 5 there is £0.385m committed and £0.898m still available from the fund. Proposals with a total value in excess of £0.100m will require the prior approval of the IJB.

8.2 Integrated Care Fund (ICF) and Delayed Discharge Funding (DD)

Appendix 7 details the current budget, projected outturn and actual spend to date for these funds.

9.0 CURRENT CAPITAL POSITION - nil Variance

9.1 The Social Work capital budget, which is funded by Inverclyde Council, is £2.320m over the life of the projects with £1.364m projected to be spent in 2018/19, comprising:

- £1.043m for the replacement of Crosshill Children’s Home,
- £0.033m for the installation of the Hillend Sprinkler System,

- £0.125m for the interim upgrade of the Fitzgerald Centre,
- £0.105m for the alterations to the Wellpark Centre,
- £0.058m for projects complete on site.

There is projected slippage of £520,000 (38.12%) being reported due to the delays and cost reductions experienced in the procurement of the Crosshill replacement project. Expenditure equates to 8.5% of the revised budget.

9.2 Crosshill Children's Home:

- The former Neil Street Children's Home is in use as temporary decant accommodation for the Crosshill residents who were decanted earlier this year.
- The demolition of the existing Crosshill building is complete.
- Planning approval has been granted for the new building and first stage building warrant has been approved.
- Tenders have been returned, assessed and the Letter of Acceptance (LOA) has been issued.
- A Pre-start meeting with the Contractor has been arranged for Thursday 13 September with the works commencing on site as soon as possible but subject to receipt of the Performance Bond and Targeted Recruitment and Training agreement.
- The Contract Period is 39 calendar weeks.
- The revised expenditure projection within Appendix 4 reflects the delay experienced to date in the procurement process as previously reported and the tender return position.

9.3 Neil Street Children's Home replacement (Cardross):

As previously reported to Committee, it should be noted that additional funding may be required in connection with the project and the extended contract period. This remains subject to resolution of the extension of time claim and agreement of the final account for the project, negotiations on which are ongoing.

9.4 Hillend Centre Sprinkler System: Works were certified complete on 4th June.

9.5 Fitzgerald Centre Interim Upgrade:

- The works involve partial refurbishment and upgrading including personal care areas of the building to facilitate the transfer of the McPherson Centre users.
- The works are being undertaken in phases to minimise disruption to the existing Centre. Phases 1 and 2 are complete with the final works in progress.

9.6 Wellpark Centre Internal Alterations:

- The works involve the remodelling of part ground and first floors to facilitate the co-location of Drugs Team staff and the Alcohol Services supporting the development of a fully integrated Addictions Service.
- The Service has agreed to have the works undertaken in one phase and to decant staff to provide vacant possession of the building for the works.
- Building warrant application has been submitted.
- Target programme is commencement in October 2018 to complete December 2018 subject to statutory approvals.

10.0 EARMARKED RESERVES

10.1 The IJB holds a number of Earmarked Reserves; these are managed in line with the IJB Reserves Policy. The total Earmarked Reserves available at the start of 2018/19 were £5.796m. To date at Period 5, £1.024m has been spent. The projected movement in reserves for the year is net spend of £2.537m.

11.0 STATUTORY ACCOUNTS COMPREHENSIVE INCOME AND EXPENDITURE STATEMENT (CIES)

11.1 As part of a prior year audit of the IJBs statutory accounts, Audit Scotland noted that the IJB's budget monitoring reports did not clearly set out the anticipated year-end position in relation to the receipt or use of reserves in-year and in particular their impact on the CIES surplus or deficit position within the Statutory Accounts.

11.2 The creation and use of reserves during the year, while not impacting the operating position, will impact the year-end CIES outturn. For 2018/19, it is anticipated that as a portion of the brought forward £5.796m and any new Earmarked Reserves are used, the CIES will reflect a deficit. At Period 5, that CIES deficit is projected to be the same as the projected movement in reserves detailed in Paragraph 10.1 above and Appendix 9.

12.0 MENTAL HEALTH: ACTION 15 MONIES

12.1 Appendix 10 shows the planned Action 15 spend as discussed at the last IJB meeting and submitted to Scottish Government on 5th October. The Scottish Government templates show spend in detail for the current year and in summarised format over the next 4 years. The plan has been developed to cover a range of local and GG&C wide projects, making best use of the additional funding provided each year.

13.0 IMPLICATIONS

13.1 FINANCE

All financial implications are discussed in detail within the report above.

One off Costs

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

Annually Recurring Costs / (Savings)

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

LEGAL

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

HUMAN RESOURCES

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

EQUALITIES

13.4 There are no equality issues within this report.

Has an Equality Impact Assessment been carried out?

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

13.5 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

12.6 **CLINICAL OR CARE GOVERNANCE IMPLICATIONS**

There are no governance issues within this report.

13.7 **NATIONAL WELLBEING OUTCOMES**

How does this report support delivery of the National Wellbeing Outcomes

There are no National Wellbeing Outcomes implications within this report.

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

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

14.0 CONSULTATION

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

15.0 BACKGROUND PAPERS

15.1 None.

INVERCLYDE HSCP**REVENUE BUDGET 2018/19 PROJECTED POSITION****PERIOD 5: 1 April 2018 - 31 August 2018**

SUBJECTIVE ANALYSIS	Budget 2018/19 £000	Revised Budget 2018/19 £000	Projected Out-turn 2018/19 £000	Projected Over/(Under) Spend £000	Percentage Variance
Employee Costs	48,830	48,605	48,518	(89)	-0.2%
Property Costs	1,217	1,118	1,116	(1)	-0.1%
Supplies & Services	68,368	70,457	70,463	5	0.0%
Prescribing	18,946	18,484	18,484	0	0.0%
Income	(6,686)	(6,109)	(6,105)	5	-0.1%
HSCP NET DIRECT EXPENDITURE	130,675	132,554	132,475	(80)	-0.4%
Set Aside	16,439	16,439	16,439	0	0.0%
HSCP NET TOTAL EXPENDITURE	147,114	148,993	148,914	(80)	-0.1%

OBJECTIVE ANALYSIS	Budget 2018/19 £000	Revised Budget 2018/19 £000	Projected Out-turn 2018/19 £000	Projected Over/(Under) Spend £000	Percentage Variance
Strategy & Support Services	2,470	2,529	2,528	(1)	-0.0%
Older Persons	28,348	27,423	27,653	229	0.8%
Learning Disabilities	10,584	11,444	11,268	(176)	-1.5%
Mental Health - Communities	6,028	6,589	6,479	(110)	-1.7%
Mental Health - Inpatient Services	8,341	8,341	8,341	0	0.0%
Children & Families	12,860	12,804	12,838	34	0.3%
Physical & Sensory	2,646	2,821	2,819	(2)	-0.1%
Addiction / Substance Misuse	3,438	3,912	3,852	(60)	-1.5%
Assessment & Care Management / Health & Community Care	7,560	8,120	8,120	(0)	-0.0%
Support / Management / Admin	4,018	4,582	4,575	(7)	-0.2%
Criminal Justice / Prison Service **	0	0	0	0	0.0%
Homelessness	789	801	815	14	1.7%
Family Health Services	21,686	23,571	23,571	0	0.0%
Prescribing	19,163	18,484	18,484	0	0.0%
Change Fund	1,133	1,133	1,133	0	0.0%
Unidentified Savings	627	0	0	0	0.0%
Unallocated Funds	984	0	0	0	0.0%
HSCP NET DIRECT EXPENDITURE	130,675	132,554	132,475	(80)	-0.1%
Set Aside	16,439	16,439	16,439	0	0.0%
HSCP NET TOTAL EXPENDITURE	147,114	148,993	148,914	(80)	-0.1%
FUNDED BY					
NHS Contribution to the IJB	82,880	84,492	84,492	0	0.0%
NHS Contribution for Set Aside and Hosted Services	16,439	16,439	16,439	0	0.0%
Council Contribution to the IJB	47,795	48,062	48,062	0	0.0%
Transfer from / (to) Reserves	0	0	(80)	(80)	0.0%
HSCP NET INCOME	147,114	148,993	148,914	(80)	-0.1%
HSCP OPERATING SURPLUS/(DEFICIT)	0	0	0	0	0.0%
Anticipated movement in reserves ***	(2,847)	(2,537)	(2,537)		
HSCP ANNUAL ACCOUNTS REPORTING SURPLUS/(DEFICIT)	(2,847)	(2,537)	(2,537)		

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

*** See Reserves Analysis for full breakdown

SOCIAL CARE**REVENUE BUDGET PROJECTED POSITION 2018/19****PERIOD 5: 1 April 2018 - 31 August 2018**

2017/18 Actual £000	SUBJECTIVE ANALYSIS	Budget 2018/19 £000	Revised Budget 2018/19 £000	Projected Out-turn 2018/19 £000	Projected Over/(Under) Spend £000	Percentage Variance
	SOCIAL CARE					
27,279	Employee Costs	26,461	27,330	27,242	(89)	-0.3%
1,130	Property costs	1,212	1,112	1,111	(1)	-0.1%
1,042	Supplies and Services	811	906	953	48	5.2%
371	Transport and Plant	380	380	396	16	4.2%
1,140	Administration Costs	739	809	820	11	1.4%
37,553	Payments to Other Bodies	39,002	39,451	39,382	(69)	-0.2%
(16,201)	Resource Transfer	(15,739)	(16,699)	(16,699)	0	0.0%
(6,828)	Income	(5,071)	(5,227)	(5,222)	5	-0.1%
45,486	SOCIAL CARE NET EXPENDITURE	47,795	48,062	47,983	(80)	-0.2%

2017/18 Actual £000	OBJECTIVE ANALYSIS	Budget 2018/19 £000	Revised Budget 2018/19 £000	Projected Out-turn 2018/19 £000	Projected Over/(Under) Spend £000	Percentage Variance
	SOCIAL CARE					
1,860	Strategy & Support Services	1,785	1,838	1,837	(1)	-0.1%
26,868	Older Persons	28,348	27,423	27,653	229	0.8%
10,161	Learning Disabilities	10,130	10,990	10,814	(176)	-1.6%
3,542	Mental Health	2,934	3,495	3,385	(110)	-3.1%
10,088	Children & Families	10,377	10,155	10,189	34	0.3%
2,659	Physical & Sensory	2,646	2,821	2,819	(2)	-0.1%
1,706	Addiction / Substance Misuse	1,603	1,796	1,736	(60)	-3.3%
2,079	Business Support	2,250	3,194	3,187	(7)	-0.2%
1,796	Assessment & Care Management	1,688	2,248	2,248	(0)	0.0%
(38)	Criminal Justice / Scottish Prison Service	0	0	0	0	0.0%
(16,201)	Resource Transfer	(15,739)	(16,699)	(16,699)	0	0.0%
	Unallocated Funds	984	0	0	0	0.0%
966	Homelessness	789	801	815	14	1.7%
45,486	SOCIAL CARE NET EXPENDITURE	47,795	48,062	47,983	(80)	-0.2%

2017/18 Actual £000	COUNCIL CONTRIBUTION TO THE IJB	Budget 2018/19 £000	Revised Budget 2018/19 £000	Projected Out-turn 2018/19 £000	Projected Over/(Under) Spend £000	Percentage Variance
47,321	Council Contribution to the IJB	47,795	48,062	48,062	0	0.0%

SOCIAL CARE**PERIOD 5: 1 April 2018 - 31 August 2018**

Extract from report to the Health & Social Care Committee

Children & Families: Projected £34,000 (0.33%) overspend

The projected overspend is £46,000 less than last reported to Committee and is due to additional turnover. Employee costs are projecting an overspend of £34,000. There are projected overspends in residential accommodation of £82,000 where there is a requirement for certain staffing levels, are partially offset by additional turnover in other areas. Staffing in residential accommodation is a continuing pressure area.

Any over/ underspends on adoption, fostering, kinship and children's external residential accommodation are transferred from/ to the Earmarked Reserve at the end of the year. These costs are not included in the above figures. The balance on the reserve is £880,000. At period 5 there is a projected net overspend of £122,000 on children's external residential accommodation, adoption, fostering and kinship.

A new Earmarked Reserve has been set up for 2018/19 as a smoothing reserve in relation to continuing care placements. The opening balance on this reserve is £500,000. This will be utilised in conjunction with the residential accommodation element of the adoption, fostering, kinship and children's external residential accommodation Earmarked Reserve. There are currently £187,000 of costs projected to be spent against this Earmarked Reserve in 2018/19.

Older People: Projected £206,000 (0.84%) overspend

The projected overspend is £283,000 more than previously reported and comprises of:

A projected underspend on homecare employee costs of £36,000, an increase in spend of £102,000 since last reported to Committee mainly due to one-off backdated atypical allowances being paid and a slight reduction in turnover savings,

Projected overspends totalling £30,000 within employee costs in other Older People services due to turnover targets not yet being met,

A projected overspend on external homecare of £205,000, an increase in spend of £143,000 since period 3 report to Committee. This relates to increases in the number of client packages. The overspend is partially offset by an underspend in employee costs as mentioned above,

A projected overspend of £121,000 on respite services. This is currently being reviewed.

A projected underspend of £60,000 on day services on current client numbers, a decrease in spend of £20,000 since last reported to Committee.

A projected overspend of £20,000 within residential nursing payments to health, which is an increase in spend of £5,000 since period 3 report to Committee and based on current spend to date and prior year out-turn.

Any over / underspends on residential & nursing accommodation are transferred from /to the Ear Marked Reserve at the end of the year. These costs are not included in the above figures. The balance on the reserve is £496,000. At period 5 there is a projected underspend of £269,000 on residential & nursing accommodation which would be transferred to the Earmarked Reserve at the end of the year if it continues.

Learning Disabilities: £176,000 (2.38%) underspend

The projected underspend is £186,000 more than previously reported and comprises of:

A projected underspend of £80,000 on employee costs which is a decrease in spend of £90,000 since last reported due to additional turnover savings,

A £81,000 projected underspend on client commitments since last reported due to changes to packages.

Physical & Sensory: Projected £2,000 (0.09%) underspend

The projected underspend is £31,000 more than previously reported and includes:

A £28,000 overspend on employee costs due to turnover target not yet being met, an increase in spend of £2,000 since last reported,

A projected overspend of £13,000 on client package costs due to changes in packages,

A projected over-recovery of £44,000 in service user income for homecare since last reported based on actual income being received.

Assessment & Care Management: Projected £23,000 (1.09%) overspend

The projected overspend is £11,000 more than period 3 report to Committee and includes a £23,000 projected overspend in external transport costs for transport to respite and hospital.

Mental Health: Projected £110,000 (9.38%) underspend

The projected underspend is £10,000 more than period 3 report to Committee and the movement relates to additional underspends within employee costs. The underspend is due to one off income of £110,000 from an external provider.

Addictions: Projected £60,000 (6.19%) underspend

The projected underspend is £5,000 less than previously reported to Committee. The underspend mainly relates to additional turnover on employee costs of £70,000.

HEALTH**REVENUE BUDGET PROJECTED POSITION 2018/19****PERIOD 5: 1 April 2018 - 31 August 2018**

2017/18 Actual £000	SUBJECTIVE ANALYSIS	Budget 2018/19 £000	Revised Budget 2018/19 £000	Projected Out-turn 2018/19 £000	Projected Over/(Under) Spend £000	Percentage Variance
	HEALTH					
21,647	Employee Costs	22,369	21,276	21,276	0	0.0%
2	Property	5	5	5	0	0.0%
4,596	Supplies & Services	5,750	5,339	5,339	0	0.0%
23,731	Family Health Services (net)	21,686	23,571	23,571	0	0.0%
18,817	Prescribing (net)	18,946	18,484	18,484	0	0.0%
16,201	Resource Transfer	15,739	16,699	16,699	0	0.0%
(1,865)	Income	(1,615)	(883)	(883)	0	0.0%
83,129	HEALTH NET DIRECT EXPENDITURE	82,880	84,492	84,492	0	0.0%
16,439	Set Aside	16,439	16,439	16,439	0	0.0%
99,568	HEALTH NET DIRECT EXPENDITURE	99,319	100,931	100,931	0	0.0%

2017/18 Actual £000	OBJECTIVE ANALYSIS	Budget 2018/19 £000	Revised Budget 2018/19 £000	Projected Out-turn 2018/19 £000	Projected Over/(Under) Spend £000	Percentage Variance
	HEALTH					
2,898	Children & Families	2,483	2,649	2,649	0	0.0%
5,976	Health & Community Care	5,872	5,872	5,872	0	0.0%
1,728	Management & Admin	1,768	1,388	1,388	0	0.0%
492	Learning Disabilities	454	454	454	0	0.0%
1,683	Addictions	1,835	2,116	2,116	0	0.0%
2,263	Mental Health - Communities	3,094	3,094	3,094	0	0.0%
9,338	Mental Health - Inpatient Services	8,341	8,341	8,341	0	0.0%
731	Strategy & Support Services	685	691	691	0	0.0%
1,236	Change Fund	1,133	1,133	1,133	0	0.0%
21,766	Family Health Services	21,686	23,571	23,571	0	0.0%
18,817	Prescribing	19,163	18,484	18,484	0	0.0%
	Unallocated Funds/(Savings)	627	0	0	0	0.0%
16,201	Resource Transfer	15,739	16,699	16,699	0	0.0%
83,129	HEALTH NET DIRECT EXPENDITURE	82,880	84,492	84,492	0	0.0%
16,439	Set Aside	16,439	16,439	16,439	0	0.0%
99,568	HEALTH NET DIRECT EXPENDITURE	99,319	100,931	100,931	0	0.0%

2017/18 Actual £000	HEALTH CONTRIBUTION TO THE IJB	Budget 2018/19 £000	Revised Budget 2018/19 £000	Projected Out-turn 2018/19 £000	Projected Over/(Under) Spend £000	Percentage Variance
99,568	NHS Contribution to the IJB	99,319	100,931	100,931	0	0.0%

Budget Movements 2018/19

Appendix 4

Inverclyde HSCP Service	Approved Budget		Movements			Revised Budget 2018/19 £000
	2018/19 £000	Inflation £000	Virement £000	Supplementary Budgets £000	Transfers (to)/ from Earmarked Reserves £000	
Children & Families	12,860	0	(56)	0	0	12,804
Criminal Justice	0	0	0	0	0	0
Older Persons	28,348	0	(1,691)	766	0	27,423
Learning Disabilities	10,584	0	860	0	0	11,444
Physical & Sensory	2,646	0	175	0	0	2,821
Assessment & Care Management/ Health & Community Care	7,560	0	560	0	0	8,120
Mental Health - Communities	6,028	0	561	0	0	6,589
Mental Health - In Patient Services	8,341	0	0	0	0	8,341
Addiction / Substance Misuse	3,438	0	193	281	0	3,912
Homelessness	789	0	12	0	0	801
Strategy & Support Services	2,470	0	53	6	0	2,529
Management, Admin & Business Support	4,018	0	564	0	0	4,582
Family Health Services	21,686	0	379	1,506	0	23,571
Prescribing	19,163	0	0	(679)	0	18,484
Change Fund	1,133	0	0	0	0	1,133
Resource Transfer	0	0	0	0	0	0
Unallocated Funds/(Savings) *	1,611	0	(1,611)	0	0	0
Totals	130,675	0	0	1,879	0	132,554

* Unallocated Funds are budget pressure monies agreed as part of the budget which at the time of setting had not been applied across services eg pay award etc

Virement Analysis

	<u>Increase</u> <u>Budget</u> <u>£000</u>	<u>(Decrease)</u> <u>Budget</u> <u>£000</u>
<u>Reallocation of Unallocated Funds to Individual Services</u>		
Children & Families	180	
Older Persons - initial budget overstated, not in line with prior year figures, now realigned to correct services		(1,300)
Learning Disabilities	599	
Physical & Sensory	156	
Assessment & Care Management/ Health & Community Care	547	
Mental Health - Communities	561	
Addiction / Substance Misuse	193	
Homelessness	12	
Strategy & Support Services	85	
Management, Admin & Business Support	199	
Family Health Services	379	
Unallocated Funds/(Savings) *		(1,611)
<u>Social Care Budget Corrections/Tidy Ups</u>		
Children & Families	44	
Older People		(5)
Learning Disabilities		(19)
Physical & Sensory	19	
Assessment & Care Management/ Health & Community Care	5	
Mental Health - Communities		
Strategy & Support Services		(44)
Management, Admin & Business Support		
<u>Social Care - Reallocation of Resource Transfer Income across budgets</u>		
Residential Nursing	79	
Strategy & Support Services	35	
Business Support		(114)
<u>Continuing Care Funding reallocation across services</u>		
Learning Disabilities - Payments to Other Bodies	280	
Children & Families - Payments to Other Bodies		(280)
	3,373	(3,373)

Supplementary Budget Movement Detail

£000

£000

Older People		766
Resource Transfer uplift	498	
Living Wage Increases and Welfare Reform Funding returning to Council Corporate	268	
Additions		281
ADP Inverclyde new funding	281	
Planning & Health Improvement		5
Syrian Refugee funding	5	
Prescribing		(679)
Prescribing Income budget transfer and budget pressure contra entry	(837)	
GP Prescribing Crosscharge 2018/19	158	
Family Health Services		1,506
Uplift to confirmed 2018/19 budget	1,506	
		1,879

INVERCLYDE INTEGRATION JOINT BOARD

DIRECTION

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

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

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

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

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

Associated Budget:

SUBJECTIVE ANALYSIS	Budget 2018/19 £000
SOCIAL CARE	
Employee Costs	27,330
Property costs	1,112
Supplies and Services	906
Transport and Plant	380
Administration Costs	809
Payments to Other Bodies	39,451
Income (incl Resource Transfer)	(21,926)
SOCIAL CARE NET EXPENDITURE	48,062

OBJECTIVE ANALYSIS	Budget 2018/19 £000
SOCIAL CARE	
Strategy & Support Services	1,838
Older Persons	27,423
Learning Disabilities	10,990
Mental Health	3,495
Children & Families	10,155
Physical & Sensory	2,821
Addiction / Substance Misuse	1,796
Business Support	3,194
Assessment & Care Management	2,248
Criminal Justice / Scottish Prison	0
Change Fund	0
Homelessness	801
Unallocated Budget Changes	0
Resource Transfer	(16,699)
SOCIAL CARE NET EXPENDITURE	48,062

This direction is effective from 6 November 2018.

INVERCLYDE INTEGRATION JOINT BOARD

DIRECTION

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

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

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

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

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

Associated Budget:

SUBJECTIVE ANALYSIS	Budget 2018/19 £000
HEALTH	
Employee Costs	21,276
Property costs	5
Supplies and Services	5,339
Family Health Services (net)	23,571
Prescribing (net)	18,484
Resources Transfer	16,699
Unidentified Savings	0
Income	(883)
HEALTH NET DIRECT EXPENDITURE	84,492
Set Aside	16,439
NET EXPENDITURE INCLUDING SCF	100,931

OBJECTIVE ANALYSIS	Budget 2018/19 £000
HEALTH	
Children & Families	2,649
Health & Community Care	5,872
Management & Admin	1,388
Learning Disabilities	454
Addictions	2,116
Mental Health - Communities	3,094
Mental Health - Inpatient Services	8,341
Strategy & Support Services	691
Change Fund	1,133
Family Health Services	23,571
Prescribing	18,484
Unallocated Funds/(Savings)	0
Resource Transfer	16,699
HEALTH NET DIRECT EXPENDITURE	84,492
Set Aside	16,439
NET EXPENDITURE INCLUDING SCF	100,931

This direction is effective from 6 November 2018.

INVERCLYDE HSCP
INTEGRATED CARE FUND & DELAYED DISCHARGE BUDGET 2018/19
PERIOD 5: 1 April 2018 - 31 August 2018

Integrated Care Fund (ICF)				
By Organisation	Revised Budget	Projected outturn	Variance	YTD Actuals
HSCP Council	894,330	894,330	0	56,662
HSCP Council Third Sector	180,000	180,000	0	180,000
HSCP Health	155,720	155,720	0	0
Acute	95,000	95,000	0	0
	1,325,050	1,325,050	0	236,662

Delayed Discharge (DD)				
Summary of allocations	Revised Budget	Projected outturn	Variance	YTD Actuals
Council	796,030	796,030	0	91,650
Health	144,300	144,300	0	
Acute	50,000	50,000	0	
	990,330	990,330	0	91,650

INVERCLYDE HSCP - CAPITAL BUDGET 2018/19**PERIOD 5: 1 April 2018 - 31 August 2018**

<u>Project Name</u>	<u>Est Total Cost £000</u>	<u>Actual to 31/3/18 £000</u>	<u>Approved Budget 2018/19 £000</u>	<u>Revised Est 2017/18 £000</u>	<u>Actual YTD £000</u>	<u>Est 2019/20 £000</u>	<u>Est 2020/21 £000</u>	<u>Future Years £000</u>
SOCIAL CARE								
Crosshill Children's Home Replacement	1,914	154	1,043	523	55	943	294	0
Hillend Sprinkler	46	13	33	33	16	0	0	0
Fitzgerald Centre interim upgrade	140	0	125	125	0	15	0	0
Wellpark Centre internal alterations	115	0	105	105	0	10	0	0
Completed on site	105	47	58	58	1	0	0	0
Social Care Total	2,320	214	1,364	844	72	968	294	0
HEALTH								
Health Total	0	0	0	0	0	0	0	0
Grand Total HSCP	2,320	214	1,364	844	72	968	294	0

EARMARKED RESERVES POSITION STATEMENT

APPENDIX 9

INVERCLYDE HSCP

PERIOD 5: 1 April 2018 - 31 August 2018

Project	Lead Officer/ Responsible Manager	b/f	Fund	New	Total	YTD Actual	Projected	Amount to be	Lead Officer Update
		Funding	Realloc	Funding	Funding		Spend	Earmarked for	
		2017/18	2018/19	2018/19	2018/19	2018/19	2018/19	2019/20	
		£000	£000	£000	£000	£000	£000	& Beyond	
								£000	
Self Directed Support	Alan Brown	43			43		43	0	This supports the continuing promotion of SDS
Growth Fund - Loan	Helen Watson	26			26		1	25	Loans administered on behalf of DWP by the credit union and the Council has responsibility for paying any unpaid debt. This requires to be kept until all loans are repaid and no debts exist.
Default Write Off								50	The Integrated Care Fund funding has been allocated to a number of projects, including reablement, housing and third sector & community capacity projects.
Integrated Care Fund	Allen Stevenson	49		335	384	237	334	76	Delayed Discharge funding has been allocated to specific projects, including overnight home support and out of hours support. Carry forward is two posts which are one year until June 19.
Delayed Discharge	Allen Stevenson	462			462	91	386	0	Council's contribution to a three year post hosted by East Renfrewshire Council on behalf of Inverclyde, Renfrewshire and East Renfrewshire Councils.
Veterans Officer Funding	Helen Watson	15			15		15	0	Post for one year to address changes in Community Justice
CJA Preparatory Work	Sharon McAlees	69			69	22	69	0	Balance of funding to be used for case management system. Costs will be incurred over a 3 year period - this is the final year of the project
Welfare Reform - CHCP	Andrina Hunter	22			22		22	0	One year post from October 18 to progress replacement client information system for SWIFT plus upgrade costs.
Swift Replacement Programme	Helen Watson	76			76		76	9	Two year post to develop the learning disability services integration agenda.
LD - Integrated Team Leader	Allen Stevenson	66			66	22	57	176	Funding for two posts for two years and one off spend in 18/19 on community engagement to address the LD service review.
LD Review	Alan Best		329		329	95	153	699	To address new continuing care legislation & to address issues arising from inspection. Carry forward is funding for two year post.
Continuing Care	Sharon McAlees	152	111	500	763		64	0	Funding for two posts in 18/19 to carry out service reviews. Posts are being interviewed September 18.
Service Reviews	Louise Long	264	(172)		92		92	0	To deliver dementia friendly strategy
Dementia Friendly Properties	Deborah Gillepsie	0		100	100		100	460	This is a smoothing reserve build up by underspends in volatile budgets to offset overspends in those budgets in future years
C&F Adoption, Fostering Residential Budget Smoothing	Sharon McAlees	1,112	(232)		880	89	420		

Project	Lead Officer/ Responsible Manager	b/f	Fund	New	Total	YTD Actual	Projected	Amount to be	Lead Officer Update
		Funding	Realloc	Funding	Funding	Funding	Spend	Earmarked for	
		2017/18	2018/19	2018/19	2018/19	2018/19	2018/19	2019/20	
		£000	£000	£000	£000	£000	£000	& Beyond	
								£000	
Residential & Nursing Placements	Allen Stevenson	496			496		0	496	This is a smoothing reserve build up by underspends in volatile budgets to offset overspends in those budgets in future years
Contribution to Partner Capital Projects	Lesley Aird	340	232		572		572	0	Funding to support capital projects linked to HSCP service delivery: Fitzgerald, Wellpark, PGHC & Crosshill
Primary Care Support	Allen Stevenson	468			468	468	468	0	New Ways and other Primary Care Improvement funds carried forward for use in 2018/19
Prescribing	Lesley Aird	310			310		0	310	This is a smoothing reserve build up by underspends in volatile budgets to offset overspends in those budgets in future years
Mental Health Transformation	Louise Long	310			310		0	310	Anticipated that this will be required to fund in year budget pressures and additional one off costs linked to MH service redesign. Funding will be allocated from the fund on a bids basis controlled through the Transformation Board
Patient/Client Coordinator Role 2 yr FT	Helen Watson	55	(55)		0		0	0	Post holder left during 2017/18 and is not being replaced. EMR rolled into Transformation Fund Budget
Transformation Fund	Louise Long	1,461	(213)		1,248		600	648	Funding will be allocated for transformation projects on a bids basis controlled through the Transformation Board
TOTAL		5,796	0	935	6,732	1,024	3,472	3,260	

b/f Funding 5,796
 Earmark to be carried forward 3,260
 Projected Movement in Reserves **(2,537)**

Funding Reallocations

Capital - Agreed through previous IJB papers to fund £0.232m for Crosshill Childrens Home from the Adoption & Fostering EMR

Service Reviews - Realigning Service Review and Transformation Fund (TF) Budgets in line with previous papers re the LD Review £0.329m for LD Review (£0.172m Service Reviews + £0.157m TF)

Continuing Care - transfer of £0.111m from Transformation Fund to Service to Continuing Care Fund

Patient/Client Coordinator role FT 2 years - post fell vacant - project being delivered elsewhere, rmainig funding rolled into Transformation Fund £0.055m

INVERCLYDE HSCP - MENTAL HEALTH ACTION 15 PLAN

Plan as submitted to Scottish Government 05/10/2018

Action 15 Mental Health Workforce Funding - Expenditure Forecast 2018-19

Expenditure Category (choose from drop down list):	Brief Description of Funded Activities:	Total Costs 2018-19
	LOCAL ACTIVITIES/PROJECTS	
Staff Costs (new workforce)	Extend access to Psychiatric Liaison Service within A&E & Acute hospital care	23.0
Staff Costs (new workforce)	Investment in Primary Care Mental Health pathways	23.0
Staff Costs (new workforce)	Prevention & Recovery development	23.0
	INVERCLYDE SHARE OF GG&C WIDE ACTIVITIES & PROJECTS	
	Prevention and Early Intervention	
Staff Costs (new workforce)	Computerised CBT Service	0.0
	<i>Collection Prevention Programme</i>	
Training costs	- Mental Health and Suicide Prevention Training	1.6
Staff Costs (new workforce)	- Digital Support	2.2
Staff Costs (new workforce)	Bipolar Hub	0.0
Staff Costs (new workforce)	Dementia - Young Onset Dementia	1.1
	Productivity	
	<i>Unscheduled Care</i>	
Staff Costs (new workforce)	- Adult Liaison services to Acute Hospitals	6.2
Staff Costs (new workforce)	- Out of Hours CPNs	0.0
Staff Costs (new workforce)	Police Custody	0.0
Staff Costs (new workforce)	Borderline Personality Disorder	24.2
Planning / Project Mgmt / Mgmt support	Project Management Support	2.1
	Recovery	
Staff Costs (new workforce)	Recovery Peer support workers	8.1
Staff Costs (new workforce)	Psychological Interventions in Prisons	9.7
Total Expenditure		124.2

Planned Spend over 4 Years

Financial Year	A&Es	Custody Suites	GP Practices	Prisons	Other Settings / Other	Total Planned Expenditure
2018-19	29.2	0.0	23.0	9.7	62.2	124.2
2019-20	77.0	8.8	48.0	18.5	112.3	264.6
2020-21	104.1	11.2	49.0	25.9	138.1	328.2
2021-22	116.9	13.3	51.0	26.7	175.7	383.6
Total Expenditure	327	33	171	81	488	1,101

Planned additional WTE over 4 Years

Financial Year	A&Es	Custody Suites	GP Practices	Prisons	Other Settings	Total
2018-19	1.1	0.0	1.0	0.2	1.2	3.5
2019-20	0.2	0.1	0.0	0.2	1.2	1.8
2020-21	0.3	0.1	0.0	0.2	1.2	1.8
2021-22	0.3	0.1	0.0	0.2	1.3	1.9
Total WTE	1.9	0.3	1.0	0.8	4.9	8.9

Workforce planning locally and GG&C wide is still under development so these figures will change as the detailed workforce requirements are identified

These figures do not include any additional skills development WTEs

Report To: Inverclyde Integration Joint Board **Date:** 6 November 2018

Report By: Louise Long
Corporate Director, (Chief Officer)
Inverclyde Health and Social Care
Partnership (HSCP) **Report No:**
IJB/53/2018/AS

Contact Officer: Allen Stevenson **Contact No:** 01475 715283
Head of Service: Health and
Community Care, Inverclyde
Health and Social Care
Partnership (HSCP)

Subject: **UPDATE ON IMPLEMENTATION OF PRIMARY CARE
IMPROVEMENT PLAN AND NEW GENERAL MEDICAL
SERVICES (GMS) CONTRACT 2018**

1.0 PURPOSE

- 1.1 The purpose of this report is to update the Integration Joint Board on the implementation of the new GMS Contract and the associated Primary Care Improvement Plan.
- 1.2 The report outlines the development and implementation of the plan and the associated finances.

2.0 SUMMARY

- 2.1 The new GMS Contract is one of the biggest ever changes to the way primary care services are delivered in Scotland and includes changes to GP reimbursement, responsibility for premises and the development of a wider multi-disciplinary team to support the GP as the Expert Medical Generalist.
- 2.2 The responsibility for developing the multi-disciplinary team lies with the HSCP through the delivery of an agreed Memorandum of Understanding (MOU) supported by a Primary Care Improvement Plan (PCIP) and associated budget. The IJB had early sight of the PCIP in May, prior to sign off by the GP Sub-Committee.
- 2.3 There are challenges around the finances released by the Scottish Government to enable Inverclyde HSCP to sustain the legacy of New Ways. The Primary Care Division plan to release funding for delivery of the MOU incrementally from 2018/19 – 2021/22. Essentially, as Inverclyde HSCP has already developed the multi-disciplinary team ahead of the rest of Scotland, we are in year 3 of implementation but are receiving year 1 funding.
- 2.4 Such is the demand in primary care that many local GP practices are relying on the multi-disciplinary team we already have in place to sustain an adequate level of service. Finances permitting, the vision is to maintain current multi-disciplinary team levels with a view to increasing these in later years.

3.0 RECOMMENDATIONS

- 3.1 That the Integration Joint Board notes the progress made in implementing the Primary

Care Improvement Plan as part of the new GMS Contract

- 3.2 That the Integration Joint Board authorises the Chief Officer to finalise discussion with Scottish Government to secure additional one off funding to implement our PCIP as planned, as described at 5.1 of this report.

Louise Long
Corporate Director, (Chief Officer)
Inverclyde HSCP

4. BACKGROUND

- 4.1 The new General Medical Services (GMS) Contract 2018-2021 was implemented in Scotland on 1st April 2018. The contract aims to transform the role of the General Practitioner by improving being a GP, providing income security, reducing workload, reducing risk and improving patient outcomes and experience.
- 4.2 A Memorandum of Understanding (MOU) has been agreed between the Scottish Government, British Medical Association, Integration Authorities and NHS Boards. This MOU will cover an initial 3 year period 1 April 2018 to 31 March 2021 and sets out the key aspects relevant to facilitating the commissioning of Primary Care Services and service redesign to support the role of the GP as the expert medical generalist. A Primary Care Improvement Fund (PCIF) has been made available to IJBs to support this and will be released incrementally from 2018/19 to 2021/22.
- 4.3 The MOU requires the development of a HSCP Primary Care Improvement Plan (PCIP) developed in partnership with GPs and other key stakeholders. This process is co-ordinated within NHSGG&C by a Primary Care Programme Board chaired by the Chief Officer responsible for Primary Care and consists of representatives from each HSCP and each involved service area. Inverclyde HSCP has developed a PCIP which was agreed by the GP Sub-Committee in August. The Integration Joint Board saw a draft of this plan in May and the final agreed plan is appended with this report.
- 4.4 Key Priority areas for the PCIP are:
1. The Vaccination Transformation Programme (VTP).
 2. Pharmacotherapy Services.
 3. Community Treatment and Care Services.
 4. Urgent Care (Advanced Practitioners).
 5. Additional Professional Roles (Physiotherapy & Mental Health Professionals).
 6. Community Links Worker (CLW).

4.4.1 Progress on Priority Areas

The Vaccination Transformation Programme (VTP)

The VTP aims to transfer responsibility for routine vaccination across a number of clinical indications including seasonal vaccination programmes and routine childhood vaccinations. This programme is managed by a project board within NHSGG&C who are currently scoping requirements and making recommendations for future delivery outside of general practice.

Inverclyde HSCP is already delivering routine childhood vaccinations via a clinic based model with all GP practices having shifted childhood vaccinations. Uptake rates of childhood vaccines are now higher than in the previous model. This model will be managed centrally within NHSGG&C and requires some additional funding for nursing posts. There is also a requirement to contribute to the NHSGG&C Project Manager post overseeing the whole VTP.

Costs for the VTP will rise incrementally as vaccination programmes shift, there is currently an estimate of between £4-5 million to deliver the whole of this programme across NHSGG&C and these costs are taken into account in our projections.

4.4.2 Pharmacotherapy Services

Inverclyde HSCP has had additional prescribing support pharmacists based within practices, over and above those traditionally available, since April 2016. There is good evidence to show both the shift in GP workload and the increase in patient safety.

In January 2018, engagement with GPs evidenced their desire to maintain the current

level of prescribing support and at January IJB it was agreed to utilise New Ways reserves to maintain this. Continuing this level of pharmacy input currently represents the biggest area of spend within the Primary Care Improvement Fund.

4.4.3 Community Treatment & Care Services

There is an expectation that the scope and availability of Community Treatment & Care Services will expand. Inverclyde HSCP completed a review of Community Treatment Room services during 2017 and the recommendations from this are currently being implemented, including additional capacity for phlebotomy and extending coverage to those practices which do not routinely utilise treatment room services. A pilot treatment room model has been tested within Kilmacolm and we are currently considering the evidence from this in order to deliver a permanent, sustainable service going forward.

4.4.4 Urgent Care (Advanced Practitioners)

Inverclyde currently has two models of responding to unscheduled primary care by way of Specialist Paramedics (still in pilot format funded by SAS) and Advanced Nurse Practitioners (ANP) undertaking home visits on behalf of GPs. Whilst not completely comparable, both have evidenced significant impact on GP workload. It is our intention to continue to roll out the ANP model to cover all practices by the end of 2021 where workforce allows.

SAS continue to pilot different models across Scotland and are currently promoting a rotational model for Specialist paramedics who would work across primary care, triage in SAS control rooms and home visits for SAS where a 999 crew is not required. There is little appetite across NHSGG&C for this model and it is unlikely that Inverclyde HSCP will commission SAS to deliver within primary care when the current pilot ends in June 2019. We will however continue to consider the opportunities available for primary care through SAS over the medium and longer term as funding increases.

4.4.5 Additional Professional Roles (Physiotherapy & Mental Health Professionals)

There are currently seven practices in Inverclyde benefitting from the addition of Advanced Physiotherapists offering a more appropriate alternative to people with musculoskeletal conditions. Our plan will be to offer these to all practices as funding allows.

The aspirations of the new contract align closely with Action 15 of the Mental Health Strategy and as such a working group is considering how best to develop this area. It is recognised that 2018/19 is a scoping and planning phase considering how best to support distress and recovery in particular. No funding is allocated during this year.

4.4.6 Community Links Worker

The Community Links Workers (CLWs) are employed by CVS Inverclyde and funded through the PCIF. Evidence to date shows the complexity of the individuals they are supporting and includes issues related to housing, mental health, benefits, debt, domestic violence. The Minister for Mental Health recently visited to meet with two CLWs and a service user and was very impressed with the support available and how this clearly links with the Mental Health Strategy. It is not intended to increase the number of staff but to roll out the current staff to cover all practices and to move towards a commissioning process for this service.

4.5 Other key elements of the new contract include reducing the risk of owning GP premises through sustainability loans and transitioning privately leased premises to NHS Board leasing arrangements. The Primary Care team in Inverclyde HSCP is working with individual practices and the NHS board to support interested practices.

4.6 Evidence from GPs suggests that our supportive approach and the building of the

multi-disciplinary team in Inverclyde, allowing extra capacity, is making a real difference both to workload, patient safety and governance. There are currently some significant risks which are unique to Inverclyde due to the advanced stage of implementation. Many of our additional staff have been on secondments or temporary posts within the area and as recruitment opportunities open up across other HSCPs we are seeing experienced staff moving to other areas. GP practices are also choosing to employ a wider range of staff, often on a higher salary, and again we are experiencing a movement of staff to be directly employed by practices. Recruitment and retention will remain one of the most significant challenges.

5.0 FINANCE

5.1 Financial Implications:

Due to the success of the New Ways project Inverclyde is ahead of other HSCPs in relation to some PCIP deliverables. This means that for some areas of key investment, such as Pharmacology, Inverclyde is already providing a service which is in excess of the initial start up funding. Rather than pull back on our current services the IJB was able to fund this gap in year 1 from carried forward New Ways monies held within IJB Reserves.

By year 3 the PCIP funding will catch up with where Inverclyde is now but that means for Year 2 and part of Year 3 Inverclyde is underfunded for the currently planned service.

There are options available to us:

Option 1- Pull back, reduce current service levels to bring them in line with available funding or charge for the additional services provided. If we reduce the service, this would mean we would lose the momentum of the current programme and services currently in place and delivering.

If GPs wish to keep the current service levels they would have to contribute to funding for this directly and through supporting the work on delivering Prescribing savings through regular reviews with Pharmacy services.

Option 2 - Seek additional one off funding from the Scottish Government through PCIP overall project slippage for 2019/20 and 2020/21 to realign our funding to our current service. This is our preferred option.

We have made some initial contact with Scottish Government officers to confirm whether this might be an option and have had positive feedback so far. Approval is sought to pursue this formally with the Scottish Government.

Spend against current Primary Care Improvement Fund allocation

Financial Year	Total Budget	Total Planned Expenditure	Funds still to be allocated/ (Funding Gap)
2018-19	755	1,031	(276)
2019-20	907	1,266	(359)
2020-21	1,815	1,904	(89)
2021-22	2,557	2,116	441
Total Expenditure	6,034	6,318	

Breakdown by MOU item

Vaccination Transformation Programme	Pharmacotherapy	Community Treatment and Care Services	Urgent care (advanced practitioners)	Additional Professional roles	Community link workers	Other
38	463	15	70	192	242	11
112	491	35	85	199	277	69
175	519	36	430	397	277	70
332	545	36	443	412	277	71
657	2,018	121	1,028	1,200	1,073	220

We are required to report directly to the Primary Care Division on spend and the trajectory of staff wte. This was done in October 2018.

6.0 IMPLICATIONS

LEGAL

6.1 There are no legal issues within this report.

HUMAN RESOURCES

6.2 Recruitment, retention, training and education will be significant factors over the next 3 years. Wherever appropriate and agreed at the NHSGG&C Primary Care Programme Board, recruitment will be done centrally for the board area. This has been the case for Pharmacy and Physiotherapy.

EQUALITIES

6.3 There are no equality issues within this report. Has an Equality Impact Assessment been carried out? No.

7.0 CLINICAL OR CARE GOVERNANCE IMPLICATIONS

7.1 The HSCP will take responsibility for clinical and care governance around any services delivered via any Memorandum of Understanding.

8.0 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

9.0 CONSULTATION

9.1 This report has been prepared by the Chief Officer, Inverclyde Health and Social Care Partnership (HSCP) after due consultation with:

- Local General Practitioners and their teams.
- Primary Care Implementation Group (previously New Ways Governance Group).
- Service Managers and Professional Leads.

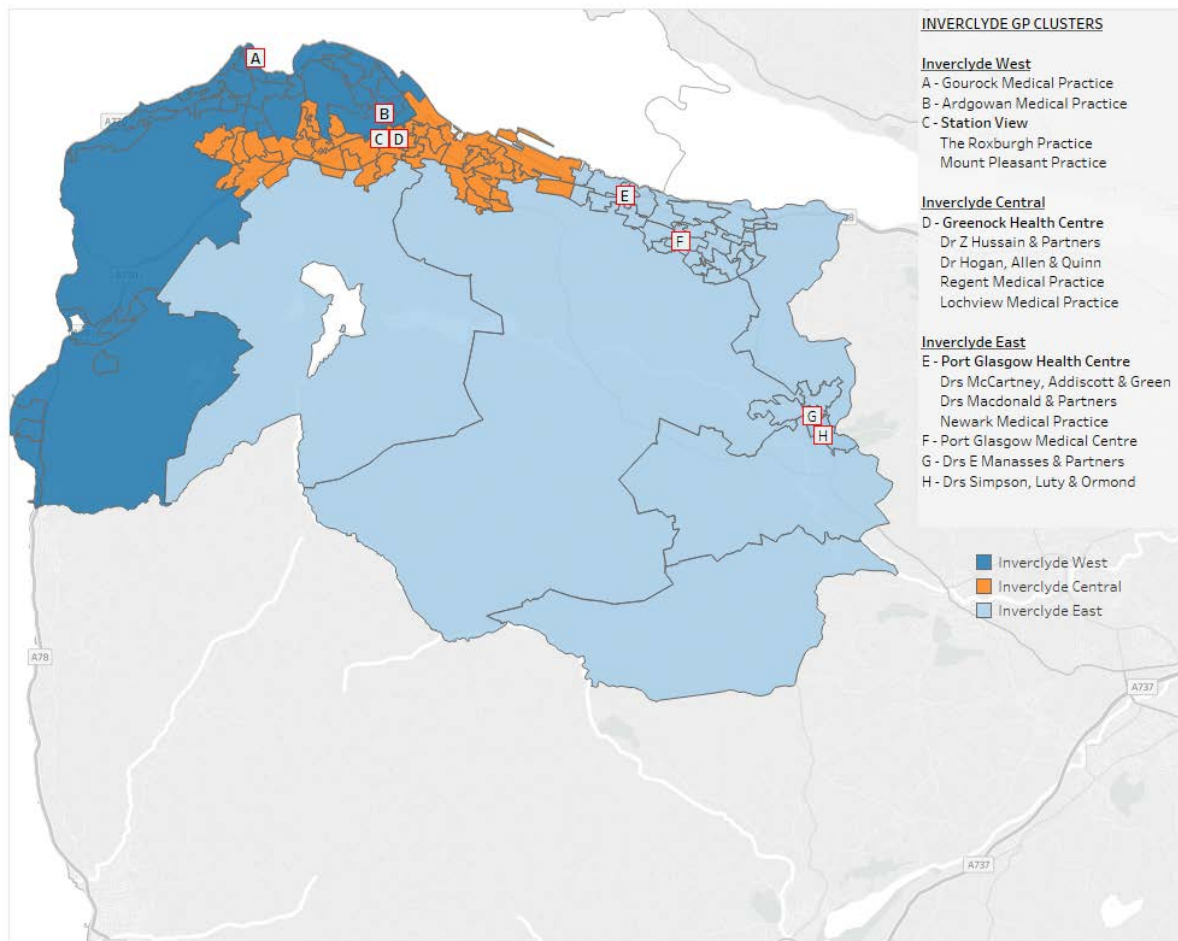
10.0 LIST OF BACKGROUND PAPERS

10.1 Inverclyde HSCP Primary Care Improvement Plan.



**INVERCLYDE HEALTH AND SOCIAL CARE PARTNERSHIP
PRIMARY CARE IMPROVEMENT PLAN 2018-2022
Version 3.1 21.08.18**

A	Local context
	<p>Inverclyde Health and Social Care Partnership has a long standing, well established relationship with the primary care contractors throughout the locality.</p> <p>General Practice in Inverclyde is made up of fourteen Practices covering Kilmacolm, Port Glasgow, Greenock, Gourock and their surrounding areas. There have been a number of changes to general practice in Inverclyde in the last few years including a merger and a practice closure. The merger in 2016 resulted in the formation of the largest single practice in the area.</p> <p>The fourteen practices cover a population of 81,354 patients. Whilst the overall practice population has been falling since 2010 (down 4.5%) the number of patients on the lists who are over the age of 65 has steadily increased. In 2010 17% of the practice lists were aged 65 and above but by 2017 this had increased to 20%. The current average list size is 5800, the sizes of practices in Inverclyde range from 2,873 to 10,434 patients. The average list size for Scotland is 6000 patients.</p> <p>There are 68 General Practitioners in Inverclyde (headcount) with 6 of these being doctors in training. The overall number of GPs has not varied greatly over the last five years however in line with other areas across Scotland, there are particular challenges recruiting new GPs when vacancies arise.</p> <p><u>Inverclyde GP Clusters</u></p> <p>GP clusters were introduced in Scotland with the 2016/17 GMS agreement between the Scottish GP Committee and the Scottish Government. GP clusters bring together individual practices to collaborate on quality improvement projects for the benefit of patients. Each practice now has a Practice Quality Lead (PQL) and each cluster a Cluster Quality Lead (CQL).</p>



In Inverclyde there are 3 clusters that align with our planning localities: Inverclyde East, Inverclyde Central, and Inverclyde West. The East cluster is comprised of 6 practices with a total population of 23,608. Central cluster has 4 practices and a total population of 28,509. West cluster has 4 practices and a total population of 29,237. The clusters in Inverclyde were established early due to the *New Ways of Working* pilot and have been in operation for around 2 years with good evidence of successful working in the clusters. Clusters communicate regularly through meetings or online tools and also provide feedback on activity and projects to the HSCP at a scheduled quarterly meeting. Quality Improvement work in one cluster has included reviewing and improving identification of Sepsis and using cluster money to support the on-going development of this project. Innovative ways of communicating across a cluster have been supported using Trello, a web based project management app.

The health and socio-economic circumstances of Inverclyde are well documented in the HSCP Strategic Plan and Health Needs Assessment however there are some key factors impacting on the delivery of primary care locally.

Deprivation

7 of the 14 practices in Inverclyde have practice lists where more than half of the patients live in places that are in the 20% most deprived in Scotland. Patients in the most deprived areas often present to general practice with multiple complex health and social care needs and the impact of deprivation and inequalities on mental and physical health is well documented.

Mental Health, alcohol and problem drug use

Residents of Inverclyde report poor levels of emotional wellbeing and quality of life and referral rates to the Primary Care Mental Health Team (per 1,000 pop of over 18) are higher than elsewhere in NHSGG&C. There is a strong association between mental illness and alcohol misuse with the rate (per 10,000 pop) of discharges from hospital for an alcohol related condition being higher in Inverclyde than the rest of NHSGG&C and the rate of male discharges being three times higher than that of females. The majority of alcohol related deaths in NHSGG&C occur in the most deprived groups with rates (per 100,000 pop) in Inverclyde higher than those of Scotland.

Rates of antidepressant drug prescribing are widely used as an indicator of the overall mental health of the population with a clear SIMD quintile gradient being evident in rates (per 10,000 pop) of prescribing. This gradient is also seen in the rate (per 10,000 pop) of discharges from psychiatric hospital which is higher in Inverclyde than the rest of NHSGG&C, again with males being higher than females. Rates (per 100,000 pop) of suicide in males are more than three times higher in Inverclyde than females with the overall rate being the highest in NHSGG&C.

Prevalence rates (per pop 15-64) of problem drug use are higher than the cumulative Scottish rate with males aged 15-24 and 25-34 having the highest prevalence. Drug related hospital stays and deaths are the third highest in Scotland (per 100,000 pop).

There is growing evidence around the impact of Adverse Childhood Events (ACEs) such as trauma or neglect on child development and the risk of mental illness or substance abuse. Given the stark deprivation, inequalities and drug and alcohol misuse in Inverclyde, children and young people are at significant risk of ACEs and the subsequent consequences.

Disease prevalence

Data based on the Quality Outcomes Framework (QOF) shows that the majority of practices in Inverclyde have higher prevalence rates for asthma, CHD, CKD, COPD, depression, diabetes, hypertension, and stroke than the NHS Greater Glasgow & Clyde and Scotland averages. This indicates that practices in Inverclyde treat more patients with multiple co-morbidities, problems, and needs than other areas.

Older People

All except one of Inverclyde's practices has a higher number of older people than the Scottish (17.8%) and NHSGG&C average (19.5%). In some areas such as Kilmacolm this is as high as 26.4%. Age increases co-morbidity and the number of potentially frail and housebound patients. Estimated rates of dementia are higher than the NHSGG&C average.

There are 16 residential and nursing homes in Inverclyde accounting for around 640 available beds, some of which will be occupied by privately funded individuals and others supported by HSCP funding. Not all practices participated in the Care Home Local Enhanced Service (LES) and a number of practices have withdrawn over the past year. The approach to supporting care homes across Inverclyde will require review to consider the best practice approach.

Primary Care Activity

As part of the *New Ways* pilot, Inverclyde HSCP has carried out a quarterly week of care audit since mid- 2016, to get an impression of activity in practices. From the analysis of this data we

	<p>estimate that 6,300 consultations take place in primary care in Inverclyde on a weekly basis.</p> <ul style="list-style-type: none"> • 50% of the weekly presentations are acute presentations • 22% involve long-term conditions • 6% mental health • 22% other issues including administration, immunisations and injections, and advice and review appointments. • Approximately 4% (about 250) of the total consultations are home visits (This increases in winter). <p>This data has enabled us to analyse and assess the impact of the pilot projects and shows that work has shifted from GPs to other professions.</p>
B	Aims and priorities
	<p><i>HSCP Primary Care Improvement Plans will enable the development of the expert medical generalist role through a reduction in current GP and practice workload. By the end of the three year plans, every practice in GGC should be supported by expanded teams of board employed health professionals providing care and support to patients.</i></p> <p>Inverclyde Health and Social Care Partnership will create a Primary Care Improvement Plan (PCIP) that will enable the development of the role of the GP moving forward into the expert medical generalist. The agreement that PCIPs should reflect the 4th year of funding as set out in the allocation letter, while noting the specific contractual commitments which must be met by April 2021 is noted. The plan will be approved by the GP Sub Committee of the Area Medical Committee (AMC) with implementation overseen by the Local Medical Committee (LMC). The new GP role will be achieved by embedding multi-disciplinary primary care staff to work alongside and support GPs and practice staff to reduce GP practice workload and improve patient care.</p> <p>No practice will be disadvantaged with all practices having access to the new model which will be extended to both 17C and 17J Practices, allowing the general practitioner to fulfil their new role of leading a wide range of clinical professionals, working as an expert medical generalist and senior clinical decision maker within multi-disciplinary community teams.</p> <p>Additional staff will be either NHSGG&C Board, Inverclyde Council or Third Sector employed professionals who will form part of a transformational service redesign over the next three years further developing the multi-disciplinary team to support general practice. The HSCP will work with the employing partners and staff partnership in the co-ordination of recruitment of staff and potential re-design of existing roles. Staffing appointments will be consistent across NHSGG&C in terms of grading, and role descriptors.</p> <p>The consultation will remain the foundation of general practice where the values of compassion, empathy and kindness combine with expert scientific medical knowledge to the benefit of patient care and mental and physical health. The key contribution of GPs in this role will be in:</p> <ul style="list-style-type: none"> • Undifferentiated presentations

	<ul style="list-style-type: none"> • Complex care in the community • Whole system quality improvement and clinical leadership <p>The 2018 Scottish GMS contract is intended to allow GPs to deliver the four Cs in a sustainable and consistent manner in the future.</p> <ul style="list-style-type: none"> • Contact – accessible care for individuals and communities • Comprehensiveness – holistic care of people - physical and mental health • Continuity – long term continuity of care enabling an effective therapeutic relationship • Co-ordination – overseeing care from a range of service providers <p>Priorities</p> <p>The Initial plan will be available by July 2018 with priority for year 1 focusing on locally tested approaches and evidence where there has been a positive impact on GP workload. Years 2 and 3 will be used to continue to define models and approaches in areas where this is not yet fully developed.</p> <p>This includes:</p> <ul style="list-style-type: none"> • Pharmacotherapy services • Additional Professional Roles • Urgent Care • Community Links Worker (CLW) • The Vaccination Transformation Programme (VTP) • Community Treatment and Care Services • Additional Professional Roles Community (with a focus on Clinical Mental Health Professionals) <p>There is a commitment to sustainability of services however the extent and pace of change to deliver the changes to ways of working over the three years (2018/21) will be determined largely by workforce availability, training, competency and capability and the availability of resources through the Primary Care Fund.</p> <p>Delivery of the Primary Care Improvement Plan will be supported by the Primary Care Team/Innovation team.</p>
C	<p>Engagement process</p> <p>Inverclyde Health and Social Care Partnership’s three year Primary Care Improvement Plan has been developed through learning from the <i>New Ways</i> pilot and robust existing engagement mechanisms. The individuals involved in the draft of this Implementation Plan include our Primary Care Innovation Lead, Primary Care Project Manager, Senior Information Analyst and Primary Care Support Coordinator with support from the Primary Care Implementation Group (formerly New Ways Governance group).</p> <p>Specific and focussed engagement has, and will continue to be through:</p> <ul style="list-style-type: none"> • Clinical Director • New Ways Core Group • Primary Care Implementation Group (includes staff partnership rep) • GP Sub Committee of the AMC

	<ul style="list-style-type: none"> • GP Forum • PQL/CQL meetings • Practice Nurse Forum • Profession and care group specific management and leadership structures (nursing, AHP, Mental Health service etc) at both local and board level • Local Community Pharmacy, Optometry and Dentistry forums • NHSGG&C Primary Care Programme Board <p>In partnership with <i>Your Voice Community Care Forum</i> and <i>The Alliance</i> we will also engage the public, staff and local partners on changes to Primary Care at a series of events focusing on the new GP Contract, localities and NHSGG&C <i>Moving Forward Together</i> programme. It is anticipated that this will take place during spring and early summer. We will also develop a communication and implementation plan.</p>
D	<p>Delivery of MOU commitments</p> <p>There are 6 priority areas:</p> <ol style="list-style-type: none"> (1) <i>The Vaccination Transformation Programme (VTP)</i> (2) <i>Pharmacotherapy Services</i> (3) <i>Community Treatment and Care Services</i> (4) <i>Urgent Care (advanced practitioners)</i> (5) <i>Additional Professional Roles</i> (6) <i>Community Links Worker (CLW)</i> <p>(1) <i>The Vaccination Transformation Programme (VTP)</i></p> <p>Scottish Government announced a three year (2017-2020) Vaccination Transformation Programme (VTP) in early 2017, with the aim of ensuring the health of the Scottish public through the modernisation of the delivery of vaccinations, empowering local decision making and supporting the transformation of the role of the General Practitioner. There is an existing GGC wide co-ordinated approach for the Vaccination Transformation Programme (VTP) with phased implementation of the programme to be fully complete by April 2021.</p> <p><u>Scope</u></p> <p>The scope of the VTP includes all NHS vaccination programmes:</p> <ul style="list-style-type: none"> • Routine childhood immunisation programme delivered by GP practices both with and without support from NHS Board/HSCP employed staff • School immunisation programmes, both in primary and secondary schools delivered by HSCP employed staff • Adult immunisation programmes, primarily delivered by practices without NHS Board support • Travel immunisation and advice, primarily delivered by GP practices <p>Inverclyde HSCP has already moved to a 'corporate clinic' model of delivering childhood immunisations and school immunisation teams hosted by Glasgow are in place. The move towards delivery of adult immunisations will be developed by the VTP Board of which</p>

Inverclyde Clinical Director is a member and it is anticipated that the delivery of this will be in year 2 and 3 of the plan. During 2018 the VTP board will agree the future management arrangements for childhood immunisations and scope each vaccination programme for adults, pregnant women and travel advice & vaccination.

(2) Pharmacotherapy Services

Inverclyde HSCP has had the benefit of additional funding since 2016 allowing a significant increase in the local Prescribing Support Team to enable the development of a new model of working based within each General Practice. 8wte Prescribing Support Pharmacists (PSPs) band 7 and 2wte Prescribing Support Technicians (PSTs) band 5 were added to the existing Team of 4wte PSPs band 8a and 2wte PSTs to test new models of care. Feedback highlights the increased patient safety aspects of these additional practice based Pharmacists and quantitative data shows the significant reductions in GP time spent on prescribing related activity. The initial model delivered from 2016 – 2018 has been based on allocation of staff through practice bids for the use of Pharmacy Transformation Funding however moving in to 2018/19 we will review these allocations to ensure a population/ list size approach and to ensure that moving forward, we are able to deliver a more standardised service taking in to account individual practice needs. As resources allow and with GP agreement, the model will provide cover for leave in practices without reducing the total whole time equivalent across the HSCP. There are also a number of local priorities which include ensuring adherence to prescribing indicators, support to care homes, analgesic reviews and disease specific focussed work in support of primary care.

Due to staff turnover and maternity leave, as at June 2018 the local Prescribing Team resource includes 3.36wte PSP band 8a, 6.52wte PSP band 7, and 4wte PST. The model to allocate pharmacy staff to practices on a fair shares basis was agreed via GP Forum, and is currently made up of 0.2wte PSP per 5000 list size for traditional prescribing support work and HSCP priorities, and 0.4wte PSP per 5000 list size for new pharmacotherapy activities such as medicines reconciliation and acute requests, plus 0.2wte PST per 5000 list size. Continuing on from the pilot arrangements, the two elements of the service are combined to allow flexibility in practice and to better allow clinical supervision and support, with the balance of practice priorities for both elements of the service agreed and defined at individual GP practice level. We will continue to engage with GPs via GP Forum on the model and outcomes as additional resource becomes available, with the additional staffing establishment remaining employed and deployed to Inverclyde by the PPSU at this time.

We will explore opportunities to use the skills of the Pharmacists where evidence suggest these can be most beneficial, for example through specialist clinics.

At the time of writing we await confirmation of changes to the funding stream surrounding Pharmacy First. The expectation is for this funding to be removed from the overall PCIF monies and due to this, Pharmacy First is acknowledged in this plan with the ring-fenced money identified. Any spend on Pharmacy First will be discussed at GP Forum and agreed with GP sub-committee.

(3) Community Treatment and Care Services

The Community Nursing Service provides a Community Treatment Room service in Port Glasgow, Greenock and Gourrock Health Centres. A review of the service was undertaken in the latter part of 2017 and the recommendations are now being implemented. GPs were represented on the

review group. These recommendations are aimed at ensuring the ability to meet future primary care service demand by making the best use of current resources including a separate phlebotomy service within the Treatment Room, better management of on the day- walk in appointments and standardising hours to GP practice opening where these do not already exist. Engagement with primary care around this is on-going and includes regular updates and discussion at GP forum and practice manager's meetings. 2018/19 will see the initial development of a stand- alone phlebotomy service. Further development is expected across the lifetime of the plan.

(4) Urgent Care (advanced practitioners)

Two models have been tested in Inverclyde since July 2017: Specialist Paramedics (2 practices West & Central cluster) and Advanced Nurse Practitioners (East cluster), responding to unscheduled care home visits at a rate of around 40%. There is strong GP support for an ANP in every practice to be prioritised and we will do this in year 1 and 2 according to the availability of appropriately trained nurses locally (2 local trainees will qualify in 2018 and we have identified potential trainees), and the ability to recruit. Further testing of the pilot with Scottish Ambulance Service will take place in year 1 providing additional time for SAS and the HSCP/ Primary Care to reflect on any future model which may involve a multi-disciplinary team approach rather than a single profession specific approach.

ANPs will be employed by NHSGG&C on the agreed ANP Job Description, managed by Inverclyde HSCP Community Nursing Service and available to support all practices.

(5) Additional Professional Roles

MSK

Inverclyde New Ways of Working provided an opportunity to develop and test a model to use an Advanced Practice Physiotherapist (APP) within the GP practice as first point of contact for patients presenting with MSK conditions. The APP role has been shown to offer a safe, cost effective alternative to the GP and brings additional patient and organisational benefits including improved self- management, and a reduction in prescribing, imaging and orthopaedic referrals.

Delivery of the current model will continue in year 1 of the Primary Care Implementation Plan whilst discussions take place with the hosting HSCP (West Dunbartonshire) around the recruitment of future staff and how the model links to, and impacts on, mainstream MSK services and how these are delivered.

The ability to deliver on commitments for Urgent Care and Additional Professional Roles depends not only on the availability of trained staff but also the ability to offer long term/ permanent contracts in line with funding associated with the MOU commitments.

Community Clinical Mental Health Professionals

There has been recent development of the Primary Care Mental Health Team however no specific tests of change supported by the Primary Care Mental Health Fund in Inverclyde. The Head of Mental Health, Addictions and Homelessness is a member of the Primary Care Implementation Group and in year 1 we will work with primary care to identify any opportunities for development. This will be supported by Action 15 of the National Mental Health Strategy 2017-2027 and the launch of the new NHSGG&C 5 year Adult Mental Health Strategy which have a clear focus on Primary Care, distress and recovery. Recurring funding is available in support of

the objective to introduce an additional 800 mental health workers nationally and local planning will integrate with developments in primary care. The involvement of the third sector will be crucial in supporting improved outcomes and developing a wider range of support and it is expected that there will be a broad range of roles including peer and support workers.

(6) Community Links Worker (CLW)

During an early implementation, 6 wte Community Link Workers (CLWs) were recruited in late 2017, employed initially by CVS Inverclyde on behalf of the HSCP.

The Community Links Workers support people to live well through strengthening connections between community resources and primary care. Individuals are assisted to identify issues and personal outcomes then supported to overcome any barriers to addressing these, linking with local and national support services and activities. Community Links Workers support the GP practice team to become better equipped to match these local and national support services to the needs of individuals attending for health care. They will also build relationships and processes between the GP practice and community resources, statutory organisations, other health services and voluntary organisations.

This complements our existing Community Connector model in place since summer 2016. Feedback from GPs is positive and it is evident that the CLWs are working with some very complex cases. Early data shows that 33% of individuals seen reported finance/ benefits issues and 33% Social Isolation. During year 1 we will continue to analyse emerging data, establishing the model and strengthening the relationship with the Community Connectors in order to evidence any further roll out in subsequent years. There is good evidence to show the significant benefit of Welfare Rights workers based within primary care, embedded in practices. The idea of a mixed model approach will be explored.

Nationally, the CLW model has been delivered in areas of greatest deprivation however we will explore the possibility of extending the links worker approach to parts of Inverclyde with higher levels of older people who may be most at risk of social isolation.

Management and Leadership

Management of the extended MDTs will be through a combination of local arrangements (Senior Nurse, Lead Nurse- Treatment Rooms) and board/ hosted structures (existing hosted arrangements, PPSU) and third sector (CVS Inverclyde- CLWs) with local/ practice arrangements for direction of work as agreed. Professional advice, leadership and clinical supervision will be available as per NHSGG&C policies. GPs will provide clinical leadership to the extended MDT as per the role outlined in the new contract.

E Existing transformation activity

Primary Care Improvement and implementing the new GP Contract is just one element of developing health and care services in Inverclyde HSCP. These include improving access to services and in particular improving digital access and online self- assessment for services.

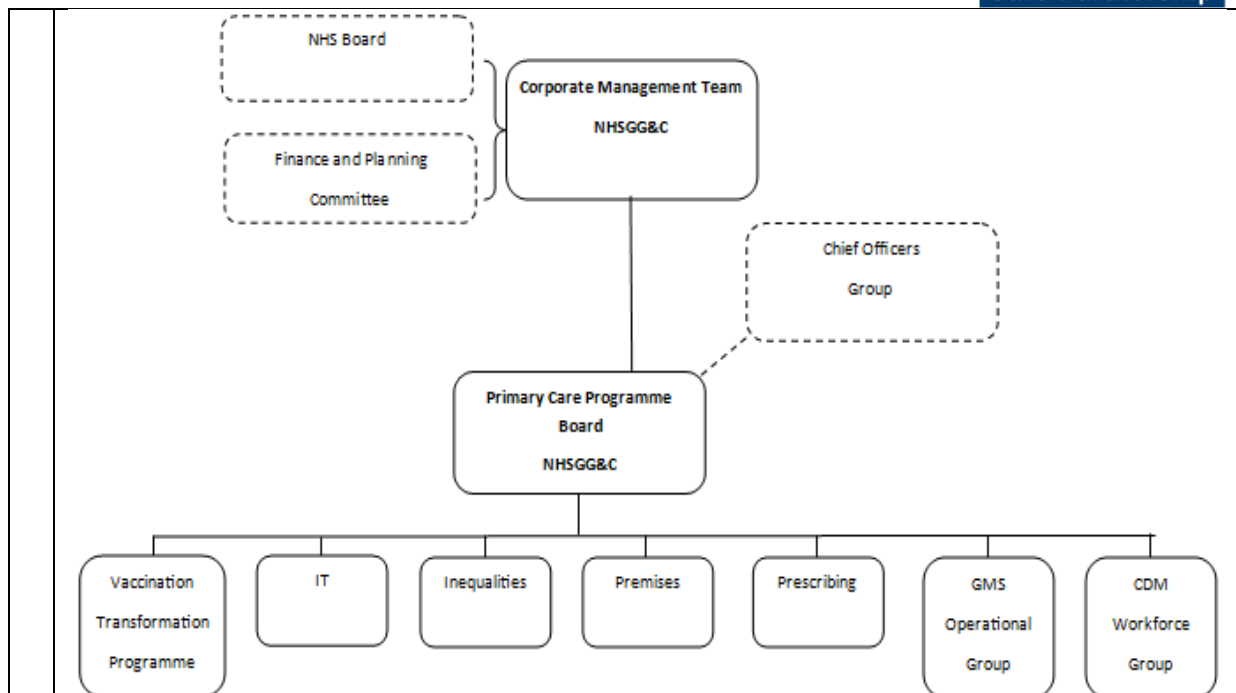
We recognise that in order to deliver on the outcomes of the new GP contract, a culture change in how primary care services are used is required. Building on the theme of *Working Better Together*, in 2016 we successfully engaged Pharmacists, Optometrists and Dentists alongside GPs and the wider practice teams to better understand roles and the range of support which could

	<p>be offered as a first point of contact in primary care. This led to our established culture change campaign <i>Choose the Right Service</i> which has been widely publicised using a variety of printed and social media and is beginning to be evaluated. We have plans to continue this campaign across the lifetime of the plan utilising a number of avenues and will link this to our work around unscheduled care.</p> <p>Crucial to this is investing time in training staff in General Practice on appropriate care navigation to provide them with the confidence and tools to signpost patients appropriately. We recognise this is an on-going process and despite being unsuccessful in the HIS practice administration collaborative, we will use every opportunity to learn from those who are participating in order to continue to support the development of the practice teams.</p> <p>A further element of support to administration and business processes within practices is workflow optimisation. Support to improve workflow includes developing processes, training, troubleshooting and collating data. Based on evidence and experience elsewhere this has been successfully implemented in one local practice with support from the Primary Care Support Co-ordinator who has developed protocols and processes in partnership with the practice. These are now available for all practices to utilise.</p>
F	Additional Content
	<p>Community Pharmacy, Optometry and Dentistry</p> <p>We have long established links with all our primary care contractors and hold profession specific educational and information forums throughout the year. As noted in Section E, we have engaged with these professional groups throughout the life of our New Ways pilot particularly around culture change and have recently circulated a survey to understand the impact of Choose the Right Service on their practices. This will inform any future engagement.</p> <p>All 16 Inverclyde Community Pharmacies have piloted the extended Minor Ailments Scheme on behalf of Scottish Government and we await the evaluation report.</p> <p>Interface with Acute Services</p> <p>We have a planning manager from Clyde acute on our Primary Care Implementation group who will advise on how best to engage as required, particularly where any change could or may be perceived as having an impact on acute services. Regular updates are also provided to our Strategic Planning Group and Integrated Joint Board. We have worked with our colleagues to raise awareness on specific projects, for example where ANPs are using existing referral pathways for acute assessment.</p> <p>When benchmarked against similar partnerships, Inverclyde HSCP has higher levels of Emergency Department attendance and has the highest rate per 1,000 population (371.4) of all partnerships in NHSGG&C with 40.6% of these being Flow 1- minor injury and illness. More interrogation is required to determine the reasons for this however as the majority of these attendances do not result in an admission it is likely that alternative care pathways (health, social or third sector) could be more appropriate for a proportion of these.</p> <p>Community Services</p> <p>Many of our services already work in a practice aligned or a locality aligned way. As services develop we will engage with partners to determine the best way to deploy staff for example within a single practice or across a cluster as appropriate. The development of a team approach</p>

	<p>will be fundamental. In addition to ANPs working to support unscheduled care, the Community Learning Disability Nurse Team Lead is undertaking this additional training and will use this extended role to support primary care, in particular access to primary care for residents in Quarriers village.</p> <p>Mental Health</p> <p>The draft NHS GG&C 5 year Adult Mental Health Strategy and Inverclyde’s approach to Recovery has an impact across all service areas and is recognised as one of the key commissioning strategies within the HSCP strategic plan. The concept of Recovery includes connectedness, hope & optimism, identity, empowerment & meaning, none of which can be achieved through the support of statutory services alone. Community Link Workers will have a large part to play in this as will the HSCP in enabling the commissioning of services which deliver outcomes for individuals requiring this support.</p>
G	<p>Inequalities</p> <p>As highlighted in Section A, Inverclyde has high levels of deprivation and associated physical and mental ill health. There are areas of high primary and secondary care service use and some areas have high populations of more affluent and older people. Evidence suggests that poor socio-economic circumstances affect opportunities for good health and access to services. The potential reduction of GP workload may allow practices to configure their services that will best meet the needs of those individuals with the most complex conditions and co-morbidities. There is the potential to deliver a range of services differently including mental health and addictions services within primary care which allow improved access. The relationships built across the wider multi-disciplinary team including health, social care, children & families services, housing, third sector and others will be the lever with which to address the health inequalities of local populations.</p> <p>Cluster working is one aspect of this, improving local population health through an emphasis on better intelligence supported by LIST Analysts. Agreed quality improvement projects will focus on improving outcomes for individuals and subsequently communities.</p> <p>The National Primary Care Outcomes are described below in the context of wider national outcomes. Population health, inequalities and care close to home are explicit across all of these.</p>

NATIONAL OUTCOMES				
Our children have the best start in life and are ready to succeed	We live longer, healthier lives	Our people are able to maintain their independence as they get older	Our public services are high quality, continually improving, efficient and responsive	
We start well	We live well	We age well	We die well	
PRIMARY CARE VISION				
Our vision is of general practice and primary care at the heart of the healthcare system. People who need care will be more informed and empowered, will access the right professional at the right time and will remain at or near home wherever possible. Multidisciplinary teams will deliver care in communities and be involved in the strategic planning of our services.				
HSCP OUTCOMES		<i>People can look after own health</i>	<i>Live at home or homely setting</i>	<i>Positive Experience of Services</i>
<i>Services mitigate inequalities</i>	<i>Carers supported to improve health</i>	<i>People using services safe from harm</i>	<i>Engaged Workforce Improving Care</i>	<i>Services Improve quality of life</i>
PRIMARY CARE OUTCOMES				
<i>We are more informed and empowered when using primary care</i>		<i>Our primary care services better contribute to improving population health</i>		<i>Our experience as patients in primary care is enhanced</i>
<i>Our primary care workforce is expanded, more integrated and better co-ordinated with community and secondary care</i>		<i>Our primary care Infrastructure – physical and digital – is improved</i>		<i>Primary care better addresses health inequalities</i>
Services will be developed with a focus on equality, ensuring fair and equitable access across Inverclyde and where appropriate an EQIA will be undertaken.				
H	Enablers			
<p>Work has been underway for some time to develop Inverclyde’s People Plan which embraces all local partners involved in supporting health and care, including third and independent sector. Workforce to support the transformation of Primary care will be a crucial element of this moving forward. Learning from <i>New Ways</i> has identified the type and number of staff required to deliver the tested services. This has been used to design our future commitments and also shared across NHS GG&C and wider. For each staff group, discussions with appropriate service managers and professional leads will continue in order to plan at a local team level. This includes the Practice Nurse Support & Development Team.</p> <p>Appropriate accommodation is crucial to delivering primary care and to establishing good team working. Space within existing premises is at a premium and we have already experienced the challenges of placing new staff into practices. IT and remote access in particular can be a challenge. During year one we will work with practices to identify practical support and one-off spend which frees up space or better utilises existing space to accommodate new roles and team members. Planning for the new Greenock Health Centre is underway and takes into account a potential increase in HSCP employed staff working predominantly within practices but who will also require agile working space and the ability to access recording systems remotely as well as meet with line managers.</p> <p>Inverclyde’s Participation in the NHS GG&C Primary Care Programme Board will allow discussion of particular themes around IT which can be addressed by the IT sub group.</p>				

I	<p>Implementation</p> <p>Inverclyde Governance Arrangement</p> <p>Development and Implementation of the Primary care Improvement Plan will be overseen by the Primary care Implementation Group (formerly New Ways Governance group) reporting directly to the Integration Joint board.</p> <pre> graph TD IJBoard["Inverclyde HSCP Integration Joint Board"] SPGroup["Strategic Planning Group"] HSCC["Health & Social Care Committee"] PCIG["Primary Care Implementation Group"] GPSubCom["GP Sub Committee"] IJBoard --- SPGroup IJBoard --- HSCC IJBoard --- PCIG SPGroup -.- PCIG HSCC -.- PCIG PCIG -.- GPSubCom </pre> <p>NHS Greater Glasgow & Clyde Structure</p> <p>Inverclyde HSCP is represented on the NHSGG&C Primary Care Programme Board which aims to</p> <ul style="list-style-type: none"> • Ensure delivery of contractual changes in line with new contract agreement • Enable sharing of good practice and consistent approaches to PCIPs where appropriate
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The programme board has a number of sub groups and interfaces with a wide-range of associated groups and forums.

Inverclyde Approach

The Innovation & Primary Care Team will lead the primary care teams through the management of change, re-design and develop a workforce that will position quality improvement at the forefront in delivering improvements in the safety, effectiveness and quality of care and treatment.

Moving forward, this team will:

- Support progression of the GP role as expert medical generalist ensuring a refocus of activity is applied within practices, as workload shifts.
- Ensure allocation of new staff and resources are agreed at GP forum.
- Continue to work with LMC colleagues to ensure the plan achieves the desired outcomes for General practitioners.
- Support the delivery of improved patient care by achieving the principles of contact, comprehensiveness, continuity and co-ordination of care.
- Support the re-design of services and embedding of multi-disciplinary primary care teams to create a more manageable GP workload and release GP capacity to improve care for those patients with more complex needs.
- Identify and disseminate the contribution of 'non-traditional' multi-disciplinary team members such as third sector (Community Links Workers and others) and support these to become embedded within the practice team.
- Engage with NHS GG&C Board in the financial aspects of the contract to support the introduction of the new funding model and investment.
- Engage with NHS GG&C Board to improve the infrastructure and reduce risk for General Practice.
- Encourage peer led discussions and value driven approach to quality improvement to

	<p>create better health in our communities and improve access for our patients.</p> <ul style="list-style-type: none"> • Ensure that all local Practices will benefit from additional support and no exclusions are made. <p>The Primary Care Team/Innovation Team will work with the Continuous Professional Development Group (CPD) continuing to:</p> <ul style="list-style-type: none"> • Engage with our established Clusters through discussions with our Cluster Quality Leads (CQL) and Practice Quality Leads (PQL); utilising established forums to provide a platform for further embedding the cluster model across Inverclyde. (GP forum, Practice Managers Forum, Practice Nurse Forum, CQL/PQL meeting, CPD group and other contractor forums). • Support Practice Managers in developing the interface between their practice and the extended multi-disciplinary team. • Work with Practice Nursing colleagues in the development and enhancement of their roles within General Practice. • Support the reception workforce in the new care navigation role to help with the re-direction of patients and the changing role of front line staff in Practice. • Continue to develop and enhance a primary care multi-disciplinary workforce in delivery of the new contract. • Continue to educate and inform our population of alternative services/professionals to attending a GP through our culture change work and Choose the Right Service campaign. • Commit to working collaboratively with neighbouring Health and Social Care Partnerships and with our advisory structures and representative bodies in sharing learning, experiences and gain feedback.
J	Funding profile
	<p>It was agreed by Inverclyde Integration Joint Board on 30th January 2018 that residual PCTF/ <i>New Ways</i> funding will be used during 2018/19 to support the implementation of the PCIP. Any additional funding during year 1 would be used initially to support the roll out of priorities identified through GP engagement alongside the enhanced community treatment and care services including phlebotomy. Other areas will be prioritised in Year 2 and 3.</p> <p>Inverclyde will receive funding of £754,813 in 2018/19 on an NRAC basis with £126,908 of this being baseline funding for Pharmacy in practices and going directly to NHSGG&C board. The remainder will be released to Integration Authorities as 70% in June 2018 and 30% in November 2018 dependant on each area showing their ability to spend the total funding in year.</p> <p>Whilst we will endeavour to fulfil this aspiration, the ability to do so will depend largely on the ability to recruit and retain appropriately qualified staff or to support the training and mentorship of staff to reach the required level of practice.</p> <p>There may be other sources of associated funding which become available across the lifetime of this plan such as that associated with strategy implementation or transformation funds.</p>

	2018/19
	£000
Vaccinations Transfer Programme	38
Pharmacotherapy	463
Community Treatment and Care Services	15
Urgent care (advanced practitioners)	70
Additional Professional roles	192
Community link workers	242
Other	11
TOTAL PLANNED SPEND	1,031
FUNDING	
Scottish Government - PCIP	755
Brought Forward New Ways	277
(Over)/Under Spend	0
K	Evaluation and outcomes
	<p>Key success indicators over the life of the plan will be agreed with primary care. Measurement of that success will rely in part on the supply of the necessary information. Inverclyde, in conjunction with the List Analyst has developed systems to collect data around local tests of change and the week of care audit and we recognise that we will not require this level of data moving forward. Wherever possible data collection will be electronic and we will agree the approach to any data collection with GPs, this will include a review of the current week of care audit in order to ascertain any information which would still be useful for GPs to collect. Any resources that may be required to evidence workload reduction will be kept to a minimum.</p> <p>A. Workload shift for GPs Workload shift for other practice staff Continual measurement over the life of the plan using week of care data and SPIRE in comparison with activity data from other professionals (ANP, Pharmacy etc.) Additional evidence which shows the freeing of GP time</p> <p>B. Primary care is an attractive area of work for all healthcare professionals Wellbeing scores/survey responses throughout the period of the plan. Track if there are any changes across the 3 year implementation Recruitment & retention of GPs No of GP sessions available in Inverclyde</p> <p>C. Effective integration of additional healthcare professionals within the practice team. How will we know they are working effectively? This may include: Activity Data. MDT meetings and minutes. Multi-disciplinary quality improvement projects – common goals. Progress and achievements of working documented.</p>

	<p>Examples and case studies of positive collaboration/relationships and how they benefit patients. Utilise similar qualitative questionnaires to current Clinical Effectiveness evaluation of <i>New Ways</i>. Complaint reviews/ incident recording.</p> <p>D. Patients have access to the right professional at the right time Self- reporting/ questionnaire. Waiting times for appointments/ assessment/ review. Impact of re-direction/ culture change eg. Choose the Right Service, potential decrease of A&E attendance for minor illness/ injury Week of care audit</p> <p>E. The vaccination transformation plan will result in vaccinations being removed from practice workload Evidence of shift that will rely on activity data. Track progress in years 1,2 and 3. Monitor uptake rates to ensure no deterioration.</p> <p>F. Community links workers are successfully embedded in practices, providing an alternative point of contact for patients with financial, social, or personal issues and helping them to engage with organisations that can help them Evaluation based on the principles established by the Scottish Government as part of the link worker programme using quantitative (collected by EMIS template) and in particular qualitative data such as case studies and self- reporting.</p> <p>G. MSK Physiotherapy Continue to monitor activity, workload shift and progress of current tests of change. Percentage of MSK cases seen by APP rather than GP.</p> <p>H. Urgent care Maximising home visits undertaken by ANPs. Continue to monitor activity, workload shift and progress of additional members of staff when they roll-out.</p> <p>I. Pharmacy GP time released- Activity data, workload shift</p> <p>J. Improving Health and Inequalities Population and practice data- disease prevalence, use of secondary care, key health outcome indicators.</p>

Report To: Inverclyde Integration Joint Board **Date:** 6 November 2018

Report By: Louise Long
Corporate Director, (Chief Officer)
Inverclyde Health and Social Care
Partnership (HSCP) **Report No:** IJB/61/2018/HW

Contact Officer: Helen Watson
Head of Strategy and Support
Services
Inverclyde Health and Social Care
Partnership **Contact No:** 01475 715285

Subject: INVERCLYDE HSCP 2018/19 WINTER PLAN

1.0 PURPOSE

- 1.1 The purpose of this report is to present the Inverclyde IJB with the arrangements for Winter Planning for 2018/2019.

2.0 SUMMARY

- 2.1 The 2018/19 Plan has been developed in accordance with Scottish Government guidance, and to feed into the NHS Greater Glasgow and Clyde Health Board Winter Plan with a requirement for us to submit our local Winter Plan to the Scottish Government Health Directorate by the end of October 2018. This Report identifies the key priorities in the development of the Inverclyde Winter Plan for 2018/19.

3.0 RECOMMENDATIONS

- 3.1 The IJB is asked to note the collaborative work of the HSCP and NHS Greater Glasgow and Clyde Health Board (NHSGGC) acute sector.
- 3.2 The IJB is asked to approve the Inverclyde HSCP Winter Plan 2018/19, for submission to the Scottish Government.
- 3.3 The IJB is asked to note that the Transformation Board has agreed to fund winter planning and unscheduled care activities in anticipation of winter monies being released.

Louise Long
Corporate Director, (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

- 4.1 Preparation for winter is captured in the Board's Winter Plan. The document is designed to provide assurance to the Board and the Scottish Government that effective arrangements are in place to respond to the projected level of demand over the winter months.
- 4.2 The plan is the product of continuing joint work between the Acute Division and the six Health and Social Care Partnerships, under the remit of the Unscheduled Care Steering Group. It builds on learning from the challenges of last winter and will benefit from a range of collaborative initiatives to improvement in governance, processes, and patient pathways across the Acute Division and Health and Social Care Partnerships.
- 4.3 To continue to improve winter planning across Health and Social Care, NHS Scotland have asked for local systems to lodge a draft of their local winter plans for 2018/19 with the Scottish Government by the end of October.
- 4.4 The Winter Plan recognises that additional acute bed capacity and measures in community and primary care will be required to deliver care during the winter period. Effective delivery of Unscheduled Care within the established performance parameters will require robust governance, effective processes and integrated responses from across primary, community and acute services.
- 4.5 Since 2015 Inverclyde HSCP has worked with providers to develop and implement a Winter Plan to cover seasonal pressures on the Acute and Community services. There is an established Plan covering communication, workforce, demand on services and contingency which is reviewed each year taking on board lessons learnt from previous years to ensure we have the optimum level of service across Inverclyde.

5.0 WINTER PLAN REVIEW 2017/18

- 5.1 The winter plan review was reported to the IJB in May of this year. It is acknowledged that last winter provided exceptional challenges to the Health and Social Care system. As well as the adverse weather that we experienced in March, there was a high level of respiratory illness across the general population and high rates of acuity amongst the frailer members of our community.
- 5.2 There was a great deal of pressure on Inverclyde Royal Hospital in terms of presentations and length of stay due to patients being unwell and not fit for discharge. This led to subsequent pressures on the community services when discharge became appropriate. We experienced an increase in number of referrals for community services between November and February. The Inverclyde Winter Plan does cover the movement of staff when required to cover discharges and this was required for Assessment and Care Management where members of the Home 1st team covered discharge arrangements.
- 5.3 The second largest contributor to the pressure on the service was staff absence which was peaking at around 20% across community services. This was mitigated in part by the number of frail service users in hospital and use of the step-up model for people who were unable to stay at home but did not require hospital admission.
- 5.4 There was a recognised issue around patient flow and the need to work with the Scottish Ambulance Service and NHS 24 to get the right balance between prioritising access to hospital and discharge support to minimise ambulance turnaround problems and crowding in A & E due to bed availability problems linked to time of day and overall discharge support. Inverclyde was able to sustain a high level of performance minimising unnecessary hospital admissions and facilitating timely and safe discharges.
- 5.5 The Scottish Government requested a review of local arrangements and Inverclyde HSCP contributed to this by reviewing the Home 1st plan to ensure seasonal pressures are

responded to appropriately.

6.0 PREPARATION FOR WINTER 2018/19

- 6.1 The Scottish Government has requested that this year's allocation of £2m to Health Board and Integration Joint Boards should be specially targeted to deliver;
- Demanding local improvement trajectories for weekend discharge rates to be agreed by the end of November
 - Earlier in the day discharges, against local improvement trajectories
 - Adequate festive staffing cover, across acute, primary and social care settings, to ensure that discharges can be maintained at required rates. This should include clinical staff, pharmacists, AHP's, auxiliary and domestic staff.
- 6.2 The preparations have drawn on lessons learnt from last winter, a continued focus on unscheduled care, the Board's corporate objectives to deliver the Emergency Care A&E standard and to achieve a 10% reduction in emergency admissions through a whole system programme of improvement. There has also been a focus on improving discharge rates earlier in the day and at weekends.
- 6.3 Our services were significantly challenged last winter with an early surge in demand in December, the severe weather conditions of the 'Beast from the East' and late presentation of high rates of Flu in March. Demand over the summer months, particularly within A&E and the assessment units has been high with attendances rates sustained at increased levels compared to last year
- 6.4 The Winter Plan has been developed under the oversight of the Unscheduled Care Steering Group with cross system ownership from across the Acute Division and HSCPs. (Appendix 1).
- 6.5 We are confident that continuity arrangements have been fully tested this year. Similar plans are in place to manage and mitigate against key disruptive risks including the impact of severe weather.
- 6.6 This plan reflects the progressive improvement in governance, processes, and patient pathways across the Acute Division and HSCPs. The aim is to deliver safe, effective care across all our services for patients requiring emergency healthcare, whilst maintaining planned care.

Key lessons from the last winter have been actioned including;

- We schedule the 'Winter Plan Operational Group' at regular times with our data pack being produced weekly all year round- not just throughout the winter period.
- Weekly winter plan operational group meetings now held at the hospital.
- Increased team resources at Home First, Discharge Team and Homecare in reach at the hospital. Funding to increase out of hour weekend discharges including tuck in and commissioning of two residential beds including step up and respite.

7.0 IMPLICATIONS

7.1 FINANCE

Scottish Government has agreed to release Winter Contingency money earlier than in previous years. Inverclyde HSCP has produced a plan for targeting increased resources at the key locus of pressure include Home Care, Assessment capacity and in reach support to IRH.

7.2 Financial Implications:

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

7.3 Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments

LEGAL

7.4 There are no legal implications from this report

HUMAN RESOURCES

7.5 There are no human resource implications from this report

EQUALITIES

7.6 Has an Equality Impact Assessment been carried out?

	YES
X	NO

7.7 Neither the Review nor the Plan introduce new policy, therefore there is no requirement to produce an Equalities Impact Assessment.

7.8 CLINICAL OR CARE GOVERNANCE IMPLICATIONS

There are no clinical or care governance implications, although the Clinical and Care Governance Executive Group will oversee the implementation of the Plan.

7.9 NATIONAL WELLBEING OUTCOMES

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

The Inverclyde HSCP meets the delivery of the National Well-being outcomes.

7.9.1 **People are able to look after and improve their own health and wellbeing and live in good health for longer.**

The review of the HSCP winter plan 2017/2018 promotes service users' independence, resilience and use of support networks and communities as assets to support better outcomes and discharge as soon as the service user is medically fit to do so. This flows through to the planned priorities for 2018/19.

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

The Winter Planning process is based on the promotion of support and independence.

7.9.3 People who use health and social care services have positive experiences of those services, and have their dignity respected.

The winter planning process is centred on the wellbeing and dignity of service users. The overarching outcomes from the winter plan review are to build on success, identify issues and take action to ensure good health, make use of alternative ways to prevent unnecessary hospital admissions and delay discharge which can be distressing and disorienting for service users.

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

The winter planning process ensures that service users admitted to hospital are provided with a quality service which effectively supports the transition from admission of service users to their planned date of discharge.

7.9.5 Health and social care services contribute to reducing health inequalities.

The review of the winter plan informs and identifies improvements to reducing the health inequalities of service users by ensuring a robust and quality health and care system which is responsive to the population of Inverclyde as well as being sensitive to individual service users' needs.

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

The winter planning process is designed to ensure engagement and communication with carers and service users to ensure their important input is taken on board and is a valuable asset to the wellbeing and recovery of their relative, friend or loved one.

7.9.7 People using health and social care services are safe from harm.

The winter planning process ensures the most vulnerable people in our communities are provided with the assessed support they need to maintain independence and to live in good health at home for longer. The focus on infection control also contributes to reducing the harm that can be caused through healthcare acquired infection or cross-contamination.

7.9.8 People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

The winter plan and review process is designed to ensure adequate and sufficient information to enable staff to engage and provide the right information at the right time to the population of Inverclyde. We have also committed to accelerating our efforts to improve staff uptake of flu vaccination.

7.9.9 Resources are used effectively in the provision of Health and Social Care.

The preventative elements of the winter plan will help to reduce the need for more expensive interventions that might be required in circumstances where the preventative stage has been missed or applied too late.

8.0 CONSULTATION

8.1 This document has been developed by the HSCP, in collaboration with key stakeholders including Community Planning Partners, Acute Sector colleagues, and local GPs.

9.0 LIST OF BACKGROUND PAPERS

9.1 Appendix 1



**HSCP Winter Planning Work Plan 2018/17
Home 1st**

**Alan Brown, Service Manager
Updated 17/09/2018**

Key Issues	Status & Issues	Task	Lead	Progress
Ensure community services are available when required	Clear Service Pathways are in Place Process of referral and response is timely	Established Direct Access Point for referrals to Community Out Of Hours pathway finalised	AB	in place
	Ensure up to date information re access to service is available	Update information sheet with 2 main contact numbers <ul style="list-style-type: none"> • Office Hours (ACM 01475 715010) • Out with Office Hours (DN OOH) Information supplied to partners of community based services		30/11/2018
	Operational Discharge Meeting is attended by key operational individuals including community Leads who assist in planning discharge of complex cases	Report into WPDP (Winter Plan Data Pack) Include discussion of HC packages including restarts Information around hospital admissions utilising Dash Board Need to check if home care info is being communicated to wards on	AB	in place



	Homecare has a fast flexible service to respond to referrals and discharge on an enablement model Include weekend discharge	Identify potential pressure on service Advise of HC service over Winter/Holidays Referral Process for discharge prior to Festive period	JA	31/10/2018
		Increase capacity for Weekend discharge to Homecare Packages Weekend and OOH discharge Team, increase Tuck in & cover annual leave and bank holidays		30/11/2018
	The Community Nursing service and Homecare service provide a service 24 hours, 365 days per year inclusive of bank public holidays.	These teams, in partnership with Acute and Out of Hours services, will support safe and effective hospital discharges during weekends and holidays.		In place
Focussed recovery from periods of limited cover	HSCP Rotas over winter period to be confirmed	Based on previous years CACM/ Duty cover IRH in terms of back up & support Arrange Annual Leave for period to ensure sufficient cover	AB	30/11/2018
	ACM duty rota to cover peak holiday period and January 16 (Dec15 -Jan 16)	Home Care Reablement RES District Nurses Liaison Nurses	AB	
	Peer immunisation clinic	HSCP Staff are actively encouraged to be vaccinated and local peer vaccination sessions were organised	CH	31/10/2018 Passed to communication teams
	Access to Joint Store	CIL Access Point in place Social Work Occupational Therapy is staffed week days and can respond to prevent escalation leading to potential admission. This provision is maintained across the holiday period with the exception of the	DM	In place

		public holidays.		
Planning GPs cover for 2 bank holiday periods	GP practices will put in contingency arrangements for winter period	arrangements by GP's over Dec/Jan practices to ensure their business continuity plans are up to date and that emergency contact details are accessible in the event of an incident	EC	Raised with practice managers and GP forum by Oct 2018 PA to link with Practice Managers to confirm BCP
		GPs will implement suggested contingency arrangements over the festive period as per LMC guidance. In addition Practices will advise Patients of closure via SOLUS Screens and also prompt patients to order prescriptions in advance.		
Service Capacity	Home Care capacity	Exception reporting agreed to be included in Winter Plan Data Pack	AB	In Place
	Care Home Capacity is monitored daily with pressures identified	Link with care home providers to maintain daily reports around pressure	AB	In place
	Equipment Stock Take	A predictive stock order of essential equipment will be submitted early November to ensure availability of supplies for the Community Home Care teams and during the holiday period.	JA	31/10/2018
A predictive stock order of essential equipment from wound dressings, pharmacy, and syringe drivers will be submitted early December to ensure availability of supplies for the Community Nursing and Rehabilitation teams during the holiday period.		31 October 2018		

	Care Homes have BCP in place	Identified at Governance Meetings AB email Care Homes requesting confirmation of BCP in place	AB	31 October 2018	
	Increase capacity of independent sector over winter	Look at expanding current contract on temporary basis over winter	JA	31 October 2018	
Prioritising emergency patients	Currently have early identification in IRH	Managed through weekly Operational Discharge Meeting early identification of potential discharge Meeting attended by Acute and Comm Staff	AH	In place	
		Increase in reach HC coordinator to Identify discharge of New Home care packages	JA	31 October 2018	
	Early identification process of vulnerable people at risk of admission to IRH in community	Criteria for identification of most vulnerable adults at risk of admission using Locality Teams Mental Wellbeing Il health/elderly carer Complex cases	Development of Locality Meetings to identify capacity issues complex cases	AB	Review 31/10/2016
		The Community Nursing teams introduce <i>Patient Status at a Glance Team have daily meetings update.</i> Details of vulnerable patients as well as patients with changing needs. To identify those at risk of admission. The nurses will link with GPs and HCC to identify patients who may potentially be vulnerable during the winter period	JA	In Place	
	The Home Care/ Social Work team maintain a note of vulnerable people known to them living in the community. Link with OPMHT to ensure list is updated	JA	31/10/2018		

		Identification or flag on SWIFT		
		<p>Contacts with private providers of Homecare services include monitoring their capacity for delivering services as commissioned.</p> <p>Team leaders Home Care/ACM?DN speaking to managers about identifying critical cases</p> <p>Note local up to date information is vital and require facility to add to WPDP</p>		31/10/2018
	Fast Track Assessment	<p>Review role of Fast Track Assessment service</p> <p>Identify use, capacity and effectiveness of fast track clinic.</p> <p>Develop strategic approach to development of service alongside gerontology role</p> <p>Gerontology nurse is now seeing increased numbers of patients in community working as part of RES</p>	MO	Review 31/10/2016
	Use Frailty Tool	Use of Frailty tool to identify patients for referral to HSCP Discharge Team at point of admission		31 October 2018
	Health Improvement	Link to GCC generic information and add local focus	AH	Review 31/10/2016
Reducing Numbers	Early identification of patients requiring supported discharge	Home First Action Plan is moving towards achieving 72 hour target Recorded as part of performance	AB	Review 31/10/2018
Reduce Admissions	Step Up Beds –	In place continue pilot over winter period	EC	Review at 31/10/2016
	Through the Night care teams in place and functioning	Link with OOH DN service	EC	
Single Point	Discharge Team/CACM now have	Ensure contact information is circulated	AB	Review resource



of Access	single point of access based at GHC	Generic email to be created for CACM Ensure telephone contact is available		requirement 31/10/2018
Care Home support	HSCP Governance arrangements with Care Homes established.	Care Home Providers Forum in place Enablement input to Nursing Homes Liaison Nurses/ AHP peer group agreed to support work with care homes identification of residents at risk of admission	CH	Review 31/10/2018
	Red Bag Initiative implemented	Explore fast track discharge for existing residents liaison between ward and home	AM	Review 31/10/2018
Anticipatory Care	ACP in place for residents in care homes	Reinvigorate ACP for care home residents	A B	Review 31/10/2018
		ACP accessible on EKIS link to Primary Care	EC	
Capacity for AWI Patients	MHO rota in place Monitor the impact of AWI on IRH	Early identification of AWI issues on wards with TL CMHT attending ODEM	CG	Review 31/10/2018
Equipment	Fast Track in place for discharge Joint Store single access in place	<p>Access to equipment out with working hours. A stock of equipment is left at several points across Inverclyde and there is the provision of a folding hoist and slings based within the community alarm team.</p> <p>The district nursing service also holds moving and handling equipment, mattresses, commodes etc. The main sites where equipment is stocked are within Greenock Health Centre and at Hillend House although there is also a stock at IRH OT department and the Larkfield Unit.</p> <p>This is a long standing arrangement between services. The Joint Equipment store staff ensures that equipment is always stocked at these venues.</p>	DM	Review 31/10/2018



		<p>This allows for 24 hour access to equipment if required.</p> <p>The Occupational Therapy service has a Response team that respond to urgent requests for equipment within 24 hours Mon-Fri. This service often follows up where equipment is provided out with working hours to allow for a more comprehensive assessment of the home environment.</p>		
In reach to Hospitals	Home First Action Plan	A District Nurse and OT in reach have been appointed to facilitate communication between Acute and Community and assist assessment and support planning for quicker discharge home	AB	In place
Develop agreed indicators to monitor performance	keep current PI so to compare performance on DD bed days lost	Staffing numbers capacity	EC	Review 31/10/2018
		Recording of Outcomes for step up at home to be determined		
		Identify escalation point and triggers- agree when and how huddle information should be escalated		
		Contingency plan for weekly meeting over winter period to evaluate performance and risk management	AB	
		Develop Data Capture Tool	DP	
		Produce weekly data pack	RM	
		Link this date to IRH daily Huddle information	AB	
		Capacity of services reported weekly HSCP Team leaders will report every Friday with pressure on service, availability and absence	Service managers	
Develop local communications plan	<p>Communication to Staff & Primary Care Colleagues</p> <p>To ensure that staff and Primary Care colleagues and partner agencies are kept informed, the HSCP will;</p> <p>Ensure information and key messages are available to staff through communication briefs, team meetings and electronic links</p>	<p>Winter Planning to be on agenda at HSCP communication group</p> <p>Circulate information on available community services and clinics during the festive period, including pharmacy open times, to GP practices</p> <p>Collate a range of information regarding staff rotas, service operating hours and lead contact details, and make available to staff throughout HSCP,</p>	AB	<p>HSCP communications group in place to coordinate communication</p> <p>Review 31/10/2018</p>

		<p>Primary Care colleagues and NHS GG&C Board.</p> <p>Information regarding GP availability throughout the festive period will be provided through the NHS GG&C Winter Booklet.</p> <p>Posters will also be provided and will be available to the public through public facing websites and by being displayed in GP Practices.</p> <p>The Clinical Director will re-enforce these messages to GP Practices.</p>		
	Advice to Patients with chronic conditions on source of help	<p>Public Health information to be circulated</p> <p>Local Contacts to be included</p> <p>Link to communication Plan</p> <p>Link to CR Plan on preparing for Winter</p> <p>Link to GCC generic information and add local</p>	AH	Review 31/10/2016
	Twice daily huddle established in IRH over 7 days	Identify how HSCP can input to Huddle during this time as well ODM	AH	Discharge Team Lead attend Huddle daily
	Advice to Patients with chronic conditions on source of help	<p>focus on winter issues</p> <p>Public Health information to be circulated</p> <p>Link to communication Plan</p> <p>Link to CR Plan on Preparing for Winter</p> <p>Local Contacts to be included</p> <p>Comms plan to be refreshed</p>	AB/AH	Review 31/10/2018

Report To: Inverclyde Integration Joint Board **Date:** 6 November 2018

Report By: Louise Long
Corporate Director, (Chief Officer)
Inverclyde Health and Social Care
Partnership (HSCP) **Report No:** IJB/51/2018/AS

Contact Officer: Allen Stevenson
Head of Service, Health and
Community Care, Inverclyde
Health and Social Care
Partnership (HSCP) **Contact No:** 01475 715283

Subject: CARERS (SCOTLAND) ACT 2016 – OCTOBER 2018 UPDATE

1.0 PURPOSE

- 1.1 This report provides an update to IJB members regarding local implementation of the Carers (Scotland) Act 2016 and the financial commitments relating to carer and young carer services across Inverclyde.

2.0 SUMMARY

- 2.1 A progress report was submitted to the Integration Joint Board on 20 March 2018.
- 2.2 IJB Members requested case studies to demonstrate application of the Inverclyde Carers and Young Carers Eligibility Criteria and a Communication Plan which are detailed below.
- 2.3 This report also provides IJB members with an illustration of the HSCP financial commitment in relation to carers and an update on how the HSCP and partners are progressing the Short Breaks Services Statement as we move towards full implementation of the Act.

3.0 RECOMMENDATIONS

- 3.1 That the Integration Joint Board:
- Endorses the Inverclyde HSCP Local Eligibility Criteria based on illustrative examples;
 - Endorses the Draft Communication Strategy;
 - Notes the financial commitment to support carers across Inverclyde;
 - Notes ongoing work in relation to the Short Breaks Services Statement.

Louise Long
Corporate Director (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

4.1 Introduction

The Carers (Scotland) Act 2016 was enacted on 1 April 2018. Local implementation is progressing at a pace commensurate with other responsible authorities as we develop arrangements to meet the statutory duties. Dialogue continues between Carer Leads, COSLA and the Scottish Government to establish clarity on some aspects of the statutory guidance.

4.2 Local Eligibility Criteria for Carers and Young Carers

The local policy which reflects national guidance has been extensively consulted upon with carers and carer groups. There are three key aspects to determine the eligible needs for carers:

- Assess the impact caring has on each specific area of a carer's life and the level of risk this presents to the carer in continuing in their caring role;
- The locally agreed threshold at which a carer is deemed eligible for support for each outcome;
- The type of support or services that follows application of the criteria to meet identified carer needs.

The examples outlined in **Appendix 1** give members insight into the application of the criteria and the types of supports that follow.

4.3 Communication and Engagement

Inverclyde HSCP is working in partnership with Inverclyde Carers' Centre and Barnardo's to ensure full implementation of the Act for Carers and Young Carers.

Work is ongoing to develop the suite of tools and processes to assist staff within the HSCP and partner agencies as the Act is fully embedded. A range of communication and engagement methods is in place to support this.

Your Voice is funded to undertake communication and engagement work with carers and young carers throughout the implementation. As we move through the local implementation plan, ongoing engagement will continue with all stakeholders to seek feedback on our progress, and make revisions if required. The Communication and Engagement Plan is outlined in **Appendix 2**.

4.4 Short Breaks Services Statement

The purpose of the statement, due for publication in December 2018, is to provide information to carers about short breaks available locally and across Scotland for carers and the cared-for person. Short Breaks are defined in the Act and can cover a few hours or weeks as a break from the caring role.

The statement will cover both short breaks services available as a form of support via the HSCP where a carer's identified needs are in an Adult Carers Support Plan or Young Carers Statement. Inverclyde currently has a Short Break Bureau which works directly with Carers to arrange a variety of flexible support through respite. We also contract with Inverclyde Carers' Centre to manage a budget on our behalf to allow carers to access one-off breaks without the need for referral to the HSCP.

Initial engagement has informed carers of the type and range of supports which constitute a break from caring. Before finalising the statement, we are keen to ensure further consultation with carers so that their views on short breaks are reflected.

5.0 IMPLICATIONS

FINANCE

5.1 Financial Implications

The Scottish Government identify that it will cost £19 million across Scotland to implement the Act in year one 2018-2019, rising to £90 million in year five.

We are able to identify direct funding to support Inverclyde carers amounting to £1,225,741. This does not consider the costs of assessment and support services we currently provide as it is difficult at this point to determine services that benefit the supported person or carer. This is in addition to support delivered to carers secured by partner agencies within Inverclyde. The budget allocation and expenditure are detailed in **Appendix 3**.

Inverclyde HSCP has been allocated £357,000 to support the implementation of the Act for this financial year. This payment covers funding previously released to Health Boards as the Carers Information Strategy which amounts to £76,740 plus part employee costs for the Carers act Implementation Officer of £49,972.

The remaining funds of £230,279 are required to cover any cost linked to waiving of charges.

Waiving Charges for Carer Services

The 2016 Act details the intention to waive charges for services that support a carer and young carer in their caring role.

There are ongoing challenges in determining whether services or supports are meeting the identified needs of the carer or the cared for person. Categorising this will determine whether support is charged for or whether charges are waived.

A national short life working group has been formed to consider case studies and review these against the statutory guidance. As this work develops, the Scottish Government will consider whether there are aspects of the guidance and/or COSLA Guidance on Care Charging which need revision. The full financial impact of this along with the demand for support are yet unknown.

The HSCP also endorsed a joint bid between the Carers' Centre and Barnardo's who were successful in obtaining over £10,000 directly from the Scottish Government Carers Act Transformation Support (CATS) to improve IT systems and support census data collection requirements.

LEGAL

5.2 There are no legal issues within this report.

HUMAN RESOURCES

5.3 There are no human resources issues within this report.

EQUALITIES

5.4	Equalities Outcome	Implications
	People, including individuals from the above protected characteristic groups, can access HSCP services.	The Carers Act is inclusive of people with protected characteristics, and also has elements within it to ensure

	the HSCP takes an equalities-sensitive approach to practise.
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.	Carer equalities and carer rights are central to local implementation of the Act with Adult carers and Young Carers fully engaged through all elements. They will continue to be involved in the planning, development and review of carer services. This will ensure that the positive impact of the work is maximised and any potential negative impacts are identified early and mitigated.
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	This is considered Equal Partners in Care Training rolled out across HSCP Staff and partner organisations
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

	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.

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

5.5 There are no governance issues within this report.

5.6 NATIONAL WELLBEING OUTCOMES

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

5.6.1 People are able to look after and improve their own health and wellbeing and live in good health for longer.

Carer and Young Carer services are committed to ensuring high-quality services that support individuals and maximise their own health, independence and ability to undertake their caring role.

5.6.2 People, including those with disabilities or long term conditions or who are frail

are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

Carer and Young Carer Carers services are of high-quality to support individuals and maximise independence.

5.6.3 People who use health and social care services have positive experiences of those services, and have their dignity respected.

Implementation of the Act is an essential element to ensuring high-quality services that support individuals and maximise independence. These principles are important in ensuring that dignity and self-determination are respected and promoted.

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

The Carers Act will ensure high-quality services that support individuals and maximise independence.

5.6.5 Health and social care services contribute to reducing health inequalities.

The outcomes for carers and young carers identify where inequalities can arise and seek to ensure those with the greatest need are given early intervention and support to prevent health inequalities.

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

The carers outcomes ensure that the health and wellbeing of carers is paramount in the implementation of the act and those with greatest need are prioritised for support.

5.6.7 People using health and social care services are safe from harm.

The HSCP as its priority is to safeguard all service users including Carers and Young Carers

5.6.8 People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

Staff are undertaking ongoing training and awareness based on Equal Partners in Care Training Programme. Support Planning training, staff briefings and team development sessions are taking place to support the changes for carers.

6.0 CONSULTATION

6.1 This report has been prepared by the Chief Officer, Inverclyde Health and Social Care Partnership (HSCP) after due consultation with relevant senior officers in the HSCP and partners in Inverclyde Carers Centre.

7.0 LIST OF BACKGROUND PAPERS

7.1 None.

Local Eligibility Criteria – Case Study Examples

Case Study 1 Mrs D			
Mrs D is 58 and has been caring for her neighbour for the past six years. Mrs D has been coping well with her caring responsibilities, which include checking in on her neighbour, doing her shopping and cleaning and helping her with the cooking every other day. Mrs D works 20 hours a week at the local school, and also helps her daughter out with childcare by picking up her grandchild after school. Mrs D's son is concerned that she is taking on too much and notices that she is tired. Her son persuades her to ask for an Adult Carer Support Plan.			
Cares For	Needs	Impact	Result
Her neighbour with COPD.	Mrs D enjoys the variety that her working life and caring role provide. She would like to be able to spend more time with her grandchild in the afternoons, but recognises there is a balance between doing this and caring for her neighbour. Her caring role sometimes impacts on her ability to get along to her yoga class twice a week which she enjoys.	<p>The situation is impacting on Mrs D's personal outcomes:</p> <ul style="list-style-type: none"> • <i>Health and Wellbeing – Low Impact/Risk</i> • <i>Life Balance – Low Impact/Risk</i> <p>Whilst she enjoys the responsibility of caring for her grandchild, this along with work and caring for her neighbour she would like more free time. On the other hand, her caring roles are fulfilling so although Mrs D is tired at the end of the day, does not think her wellbeing is significantly affected.</p> <p>Mrs D needs to also consider</p> <ul style="list-style-type: none"> • <i>Future planning – Low Impact/Risk</i> <p>Particularly if her neighbour needs more care or if Mrs D is no longer able to continue to provide the level of</p>	<p>On completion of the ACSP, Mrs D agreed that her health and wellbeing, life balance and future planning outcomes were of low impact and risk.</p> <p>There is no impact on any other aspect of carer outcomes.</p> <p>The Carers Centre have suggested that Mrs D talks to her neighbour about the lunch club in her local community centre and ordering food online rather than doing her shopping. Her neighbour's niece has also agreed to visit weekly to coincide with Mrs D's yoga class. .</p> <p>There is a relaxation class at the Carers Centre which Mrs D can also attend if she cannot get to her yoga class.</p> <p>The Carers Centre have given Mrs D advice about how</p>

		support she currently provides.	her neighbour is entitled to an assessment in her own right which will identify her outcomes and needs which may offer other opportunities for support.
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Case Study 2

Mr S is 38 and cares for his mother who has early-stage dementia. His mother has telecare, but he still checks in on her daily, and does her shopping, cooking and laundry. Mr S is a divorced father of two children, who live with him every other week. He works fulltime in an IT company and has come forward for an Adult Carer Support Plan as he is starting to feel unable to cope with his various responsibilities in the weeks when he looks after his children. Mr S has an arrangement with his employer to work longer hours on the weeks when the children are with their mother and fewer when he has the children.

Cares For	Needs	Impact	Result
His mother with early stage dementia	Mr S wants to spend more time with his children, in particular free up an hour in the afternoon to help them with their homework, so it doesn't have to be done in the evening when the children are tired. He is unable to fully undertake the caring role for his mother and his children. Mr S also finds it difficult to engage in recreational activities such as a badminton class at the local community centre each week.	<p>The situation is impacting on Mr S's personal outcomes:</p> <p><i>Relationship – moderate impact/risk:</i> Mr S's caring role is resulting in him finding it difficult to get the balance between caring for his mother and his children impacting on the previous amicable relationship he had with his ex-wife and their two children</p> <p><i>Employment – moderate</i></p>	<p>Mr S agrees that his needs are moderate but he would benefit from additional support to maintain or reduce the impact caring has on his own outcomes. Mr S's mother has undergone an assessment and has a support plan in her own right. She will receive a direct payment to have a support worker help her with meal planning/preparation and cooking on the weeks Mr S has his children. Until this is fully implemented the Carers Centre will utilise "Better Breaks" funding to provide domiciliary respite on a fortnightly basis to support his outcome.</p> <p>The local carers centre are</p>

		<p><i>impact/risk</i> Mr S is worried that he will put his employment in jeopardy unless he has more support.</p> <p><i>Health and Wellbeing – moderate impact/risk</i> He appears stressed and anxious.</p>	<p>encouraging local employers to become “Carer Friendly Employers” and will support Mr S to speak again to his employers.</p> <p>The local district nursing service work collaboratively with the carers centre and will undertake a health screening with Mr S.</p> <p>Mr S has been offered emotional support and relaxation therapy through, flexible to his availability. .</p>
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Case Study 3

Mr A is 23 years old. He supports his mother who has a drug and alcohol addiction and has been living with her from time to time. His employer has recently sacked him due to his poor timekeeping and attendance. As a result he is in debt with his housing provider and a number of other companies, who are now threatening him with court action. Mr A attended the local carer centre stating he felt like he was not coping and did not know where else to turn. A support worker who has undertaken Mental Health First Aid immediately met with him to discuss his issues.

Mr A’s mother is now engaging with services and getting support in her own right to address her outcomes.

During the meeting, Mr A was distressed.

Cares for	Needs	Impact	Result
His mother who has a drug and alcohol addiction	Mr A is not coping with his mother’s addiction and feels that he has taken on too much responsibility for her in the past. Although he is relieved that his mother is now engaging with services to support her needs, Mr A is frustrated that he has put his own employment and financial situation into crisis, resulting	<p>The situation is impacting on Mr A’s personal outcomes: <i>Health and Wellbeing: Substantial Impact/Risk.</i></p> <p><i>Relationship: Moderate Impact/ Risk.</i> This is improving as his mother is engaging with services in her own right.</p>	<p>The support worker was able to support Mr A to make an appointment with his GP regarding his stress and feeling vulnerable. The worker checked that he had attended the appointment and was able to offer him a place for group emotional support. Mr A has been offered Family</p>

	<p>in him feeling very stressed and vulnerable.</p>	<p><i>Employment: Critical Impact/Risk</i> <i>Finance: Critical Impact/Risk</i></p>	<p>Support through addiction services when he is in a position to accept this but he does not feel able to attend this at the moment.</p> <p>Mr A has no source of income due to his employer sacking him due to poor attendance and timekeeping.</p> <p>An urgent referral to Financial Fitness was made to provide Mr A with welfare benefit advice and claim relevant benefits he may be entitled to and money advice service to help manage his debt.</p> <p>Mr A is keen to return to employment but knows that he is unable to do so at the moment. The Carers Centre have offered support if he wished to speak to his former employer about helping employees with a caring responsibility.</p>
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Inverclyde HSCP

**Implementation of Carer (Scotland) Act 2016
Draft Communications Plan**

The purpose of the project is to effectively implement the Carer (Scotland) Act 2016 across Inverclyde HSCP with partner agencies. As a key driver for change, implementing the Act will require staff training, updates to processes, procedures and staff practice to ensure that the service and support offered to Carers across Inverclyde is fitting of the statutory requirements and spirit of the Act.

Effective internal and external communication is important to ensuring that carers in Inverclyde, staff and other key stakeholders are engaged, informed and understand the implications the Act.

We will apply the following principles:

- To be open and transparent in the process of developing various aspects of the Act;
- To ensure timely, accurate and relevant communication;
- To ensure a consistent message is conveyed;
- To widen access to the review by communicating using appropriate language and formats for the target audience;
- To encourage involvement, dialogue and feedback;
- To listen and provide responses to incoming communications.

	Audience Group	Method/ Mechanism	Lead	Dates/Notes
1.	Carers and the wider public across Inverclyde	Develop Carer Briefings in the run up to and post implementation of the Act. <ul style="list-style-type: none"> • Carer Briefings - Local media Social media Update HSCP Website – Information for Carers Adapt Coalition of Carers leaflets for local use <ul style="list-style-type: none"> • Carer Feedback - Develop engagement sessions and paper/online questionnaire to seek views on specific aspects of the Act, particularly where carers have influence. • Consider methodology for review of feedback, analysis of data, reporting using CE Standards. 	Communications Group/ Corporate Communications/ Inverclyde Carers Centre ICC HSCP/ICC/ Your Voice	March /April 2018 Watching brief over national communications Website update May 2018 Oct 2017 March 2018 April 2018 May 2018 November 2018 Update publicity December 2018 and March 2019

	Audience Group	Method/ Mechanism	Lead	Dates/Notes
2.	HSCP Staff/ Wider staff group – partner agencies	<ul style="list-style-type: none"> • Representation from across HSCP and partner agencies in contributing to various aspects of the Act; • Develop staff briefings; • Awareness raising at staff meetings; • Suite of Training Resources delivered post implementation. • Roll out EPiC Training across services /teams/ partner agencies • Update Support Planning Training to link to ACSP/YCS • Strengthen links between children and adult services to ensure identification of young and adult carers across services 	Alan Brown/Gail Kilbane /Jane Cantley/ Inverclyde Carers Centre /Barnardo's	<p>Directors brief</p> <p>Update to HSCP website April 2018 December 2018</p> <p>Training Roll out EPiC- August – November 2018</p> <p>Support Planning – September & November 2018</p> <p>Team Briefings – Sept – Dec 2018</p> <p>Updates as guidance is clarified</p>
4.	HSCP Managers	<ul style="list-style-type: none"> • Progress Reports – overview of Act, current position, development of procedures, financial and staffing implications, issues arising from Act, reporting arrangements. 	Allen Stevenson /Alan Brown	<p>Extended Managers - Feb 2018</p> <p>Transformation Board - May 2018</p> <p>Updates as required</p>
5.	Elected Members/ Integration Joint Board	<ul style="list-style-type: none"> • Progress Reports when required; • Approval for policies/ procedures/ processes when required; • Approval for financial proposals when required. 	Allen Stevenson	<p>IJB report March 2018</p> <p>IJB report November 2018</p> <p>IJB report January 2019</p> <p>Updates as required</p>

Carer Services - Budget Allocation 2018 - 2019

Budget Type	Service	Provider	Allocated Amount	Sub-total
HSCP Grant	Carers Council	Carers Council	£4,500	£124, 850
	Respite Sitter	Inverclyde Carers Centre	£14,000	
	Respite Group Holiday	Inverclyde Carers Centre	£5,900	
	Inverclyde Carers Centre Core	Inverclyde Carers Centre	£ 100,450	
Integrated Care Fund	Carer Support Workers Transitions	Inverclyde Carers Centre	£55,000	£95,000
	Carer Support Workers Health centre	Inverclyde Carers Centre	£40,000	
SG Grant (Incorporates Carers Information Strategy)	Emotional Support	Inverclyde Carers Centre	£16,740	£ 145,119
	Carer Passport	Inverclyde Carers Centre	£15,292	
	Young Carer support Service	Youth Support Team - Young Carers Service	£21,000	
	Thrive Project – YC group support	Barnardo's	£4,000	
	Outreach Carers Service	Financial Fitness	£25,000	
	Inverclyde Carers Network	Your Voice	£5,000	
	Carers Act Engagement	Your Voice	£3,115	
	Inverclyde Carers & Young Carers Strategy	HSCP/Inverclyde Carers Centre	£5,000	
	CA Implementation Officer	HSCP	£49,972	
HSCP Recurring Core funding	Short Breaks Bureau	Inverclyde HSCP	£ 41,702	£860,772
	Short Breaks Budget	Inverclyde HSCP	£ £46,460	
	Adults and Older Adults Respite	Inverclyde HSCP	£110,000	
	Hillend Respite Service	Inverclyde HSCP	£249,000	
	Learning Disability Respite	Inverclyde HSCP	£225,000	
	Children's Services Respite	Inverclyde HSCP	£146,560	
	Young Carers Worker	Inverclyde HSCP	£42,050	
Total spend				£1,225,741

Report To: Inverclyde Integration Joint Board **Date:** 6 November 2018

Report By: Louise Long
Corporate Director (Chief Officer)
Inverclyde Health & Social Care Partnership **Report No:** IJB/59/2018/SMCA

Contact Officer: Sharon McAlees
Head of Children Services and Criminal Justice **Contact No:** 01475 715365

Subject: **INSPECTION OF RESIDENTIAL SERVICES**

1.0 PURPOSE

- 1.1 The purpose of this report is to advise the Integration Joint Board of the outcome of the unannounced inspection carried out by the Care Inspectorate in respect of Kylemore residential childcare service completed on 17th August 2018 (Appendix 1).

2.0 SUMMARY

- 2.1 Inverclyde Residential Childcare Services are subject to annual inspections by the Care Inspectorate. The Care Inspectorate is an independent scrutiny and improvement body who regulate care services across Scotland ensuring that service users receive a high level of care and support.
- 2.2 A full public report of the inspection and grades is available on the Care Inspectorate website.
- 2.3 The service was graded on how they performed against two quality standards. The summary of the grades awarded was as follows:
- 1. Care and Support 6 Excellent
 - 2. Environment 6 Excellent

3.0 RECOMMENDATIONS

- 3.1 The Integration Joint Board is asked to note the outcome of the Inspection report.

4.0 BACKGROUND

- 4.1 All of Inverclyde's residential childcare services are registered with the Care Inspectorate and are inspected on a regular basis. An unannounced inspection of Kylemore was completed on 17th August 2018.
- 4.2 The inspection focused on two quality standards.
Quality of Care and Support
Quality of Environment
- 4.3 Following discussions with young people, parents, staff, managers and external professionals including a review of written evidence the service was graded as performing at a sector leading level of excellence
- 4.4 The Care Inspectorate noted that young people get the most out of life because the people and the organisation have a nurturing and enabling attitude and believe in their potential. Warmth, love and person centred support are threaded throughout interaction between staff and young people and this extends to the young people's family.
- 4.5 There is a culture of shared leadership and several excellent examples of staff leading on areas of work with families were noted
- 4.6 Care planning was outcome-focused with observed milestones aimed at moving young people's education, employment, relationships and health forward. A culture of achievement was observed and this encouraged young people to reach for their goals.
- 4.7 The young people were actively encouraged to participate in service improvements and this was done in the spirit of genuine partnership. As well as opportunities to make improvements at Kylemore Inverclyde has a Champions' Board and participation groups which young people can contribute to. The Children's Rights Officer continues to have an excellent working relationship with Kylemore, having worked together to achieve UNICEF Rights Respecting Awards.
- 4.8 The locality of Kylemore ensures that family predominantly live nearby and young people have access to education. Furnishings were observed to be immaculate and young people's bedrooms and personal space were all personalised with young people having a say in the décor.
- 4.9 No recommendations or requirements were issued. Kylemore is recognised as a sector leading establishment and over the past year has supported the Care Inspectorate in their improvement work in addition to contributing to the National Care Review and going forward will continue to do so.

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 issues within this report.

HUMAN RESOURCES

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

EQUALITIES

5.4 Has an Equality Impact Assessment been carried out?

YES

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

5.4.1 How does this report address our Equality Outcomes?

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

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

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

5.6 NATIONAL WELLBEING OUTCOMES

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

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

6.0 CONSULTATION

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

7.0 BACKGROUND PAPERS

7.1 Care Inspectorate Report.



Kylemore Care Home Service

13 Kylemore Terrace
Greenock
PA16 0RY

Telephone: 01475 715789

Type of inspection:

Unannounced

Completed on:

17 August 2018

Service provided by:

Inverclyde Council

Service provider number:

SP2003000212

Service no:

CS2003001106

About the service

The Care Inspectorate regulates care services in Scotland. Information about all care services can be found on our website at www.careinspectorate.com

The service was registered with the Care Inspectorate on 10 December 2014.

Kylemore is a purpose built residential children's house. It is located in a residential area of Greenock. Under its current registration the service provides care and accommodation for up to six children and young people who are looked after and accommodated by the local authority. At the time of this inspection Kylemore had applied to provide care and accommodation for up to seven young people. During our inspection there were seven young people living there. This change had not impacted on the high level of service delivery.

A bespoke design, Kylemore offers quality accommodation, with two large lounges, kitchen, dining room and sun room. All of the bedrooms within the service have either an en-suite or access to their own bathroom. Outdoor space is laid mainly to lawn, with an area of decking. The garden is enclosed and offers ample space for outdoor play and relaxation.

The aims and objectives include: "to provide a person centred approach which will incorporate a holistic assessment of need for each individual young person, taking account of their own life experiences. In doing so, individual care plans will be tailored to meet these effectively within an environment that promotes safe caring".

What people told us

"We build relationships"

"It's just like a family"

"Staff always ask us what we want"

"I feel less stressed now I live here. I love our dog she is my stress relief"

"The manager asks us about how things should be different"

"As a staff team we challenge stereotypes"

"Kylemore is the first house in the world to receive a silver award from UNICEF. It continues to lead in terms of participation"

"My son is saving up to buy a house and a car. He is happy here and if he is happy I am happy."

We spent time with five of the seven young people living in Kylemore. We were heartened to receive a consistently high level of feedback from each young person. We observed a family environment and this was evidenced by young people interacting warmly with one another. The young people were delighted with the environment in which they lived and all were of the view that they would not adjust the way they were cared for in Kylemore.

We spoke with 11 staff members enjoying working in Kylemore and who shared an ethos focused on building effective relationships and ensuring that young people attained the highest possible outcomes.

Self assessment

Not required this year.

From this inspection we graded this service as:

Quality of care and support	6 - Excellent
Quality of environment	6 - Excellent
Quality of staffing	not assessed
Quality of management and leadership	not assessed

What the service does well

During this inspection we considered the quality themes of Care and Support and Environment. Further to discussions with young people, parents, managers, staff, external professionals and review of written evidence, we concluded that the service was performing at a sector leading level of excellence for both quality themes.

The young people living in Kylemore get the most out of life because the people and the organisation have a nurturing and enabling attitude and believe in their potential. Warmth, love and person centred support are threaded throughout the interactions between staff and young people but also with the young people's family and professional supports. Kylemore is an incredibly welcoming environment and we consistently had this fed back to us from stakeholders.

There is a culture of shared leadership. The manager leads by example but actively encourages the staff team to lead on their ideas. One staff member had led on a project considering trauma informed practice and the language of love. This was completed in consultation with the young people. There were several excellent examples of staff members leading on work with families and we heard directly from young people how these links helped create a sense that they had one large family. This was in part due to how welcome family members were made to feel when visiting Kylemore.

We reviewed the outcome focused care plans and observed clear milestones aimed at moving young people's relationships, education, employment and health forward. The culture within Kylemore is one of achievement. Young people are encouraged as the result of an enabling culture to reach for their goals. For example, all of the young people are supported to learn to drive when they reach legal age, something that enables them to plan forward. One young person was seeking to move on from Kylemore into his own purchased property which is a remarkable achievement.

The young people in Kylemore are actively encouraged to participate in the improvement of the service, in a spirit of genuine partnership. It was apparent to us that the managers and staff consulted with the young people about all changes. The introduction of 'tea time talks' had been implemented in place of residents meetings. We heard that this had created a more informal approach to discussing developments over dinner. As well as in house opportunities to discuss improvements, Inverclyde has an active champion's board and participation groups which Kylemore's residents contribute to.

The house has an excellent relationship with the children's rights officer who continues to seek pioneering ways to enable young people. Since the last inspection the service had received the silver award from UNICEF's rights respecting schools award.

Kylemore is the only residential house in the world to have achieved this. In receiving the award the young people had led the assessors through the house on a journey of participation. Subsequently they produced a charter of rights which is displayed as piece of art within the dining room.

The young people in Kylemore benefit from a high standard of joined up working which ensures that multi-agency professional partnerships are focused on young people's best interests. This was evidenced in our conversations with the community Police officer who saw her role as part of the wider support network. We heard how she effectively challenged her colleagues to understand the young people and she was an effective aspect of improving outcomes. Offending behaviour was viewed through a trauma informed lens and further evidenced our findings that in Kylemore there is significant commitment to understanding young people's behaviour.

The environment continues to be maintained to a standard of excellence. The young people can use an appropriate mix of communal and private spaces. The location ensures that family members predominantly live close by and young people can maintain access to friends and education. The furnishings are immaculate and significant effort is made by staff to ensure young people's bedrooms are a space for relaxation and personalisation. The young people are consulted prior to any changes being made. There is a major effort by the management team to ensure all decisions are completed in partnership.

Kylemore is a sector leading service. Over the course of the last year they have supported the Care Inspectorate in their improvement work by hosting several other services. They have agreed to continue this role going forward.

What the service could do better

Kylemore operates in a culture of continuous improvement. Whilst they deliver an excellent service they strive for improvement. They are currently fine tuning their care plan system to be more outcome evaluative and we have agreed to support them with this.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Inspection and grading history

Date	Type	Gradings
15 Aug 2017	Unannounced	Care and support 6 - Excellent Environment Not assessed Staffing Not assessed Management and leadership 6 - Excellent
30 Jun 2016	Unannounced	Care and support 5 - Very good Environment Not assessed Staffing Not assessed Management and leadership 5 - Very good
15 May 2015	Unannounced	Care and support 5 - Very good Environment 5 - Very good Staffing 5 - Very good Management and leadership 5 - Very good
29 Jul 2014	Unannounced	Care and support 4 - Good Environment 5 - Very good Staffing 5 - Very good Management and leadership 5 - Very good
3 Sep 2013	Unannounced	Care and support 5 - Very good Environment 5 - Very good Staffing 6 - Excellent Management and leadership 5 - Very good
28 Feb 2013	Announced (short notice)	Care and support 6 - Excellent Environment 6 - Excellent Staffing 6 - Excellent Management and leadership 6 - Excellent
31 Aug 2011	Unannounced	Care and support 6 - Excellent Environment 6 - Excellent Staffing Not assessed Management and leadership Not assessed
24 Jan 2011	Unannounced	Care and support 6 - Excellent Environment Not assessed Staffing Not assessed

Date	Type	Gradings	
		Management and leadership	Not assessed
27 Jul 2010	Announced	Care and support	6 - Excellent
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	6 - Excellent
19 Mar 2010	Unannounced	Care and support	6 - Excellent
		Environment	Not assessed
		Staffing	6 - Excellent
		Management and leadership	Not assessed
5 Oct 2009	Announced	Care and support	6 - Excellent
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	5 - Very good
11 Feb 2009	Unannounced	Care and support	6 - Excellent
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	5 - Very good
15 Oct 2008	Announced	Care and support	6 - Excellent
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	5 - Very good

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অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

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Report To: Inverclyde Integration Joint Board **Date:** 6 November 2018

Report By: Louise Long
Corporate Director (Chief Officer)
Inverclyde Health & Social Care Partnership **Report No:** IJB/56/2018/HW

Contact Officer: Helen Watson **Contact No:** 715285

Subject: **ADVICE SERVICE BIENNIAL REPORT 2016/2018**

1.0 PURPOSE

- 1.1 The purpose of this report is to update the Integration Joint Board on the activities of Inverclyde HSCP Advice Service highlighting the different ways social security benefit, money and debt advice, and assistance, have been provided to the citizens of Inverclyde.

2.0 SUMMARY

- 2.1 The Advice Services Team is firmly embedded within Inverclyde HSCP delivering support by way of free advice, assistance and representation in relation to income maximisation, money and debt issues, and the provision of Social Security Tribunal representation for all those requiring such a service across the community of Inverclyde.
- 2.2 For the reporting period 1st April 2016 to 31st March 2018, Inverclyde HSCP Advice Service facilitated 6804 Advice Worker face-to face client appointments, provided 1866 debt interventions, and represented at 1624 social security appeal Tribunals, securing a collective financial gain of £9,260,492 for citizens of Inverclyde.

3.0 RECOMMENDATIONS

- 3.1 The Integration Joint Board is asked to note the content of the Biennial Report for 2016/18.

Louise Long
Chief Officer

4.0 BACKGROUND

- 4.1 Inverclyde HSCP Advice Service provides social security benefit advice, money and debt advice, welfare rights Tribunal representation, and referral on to other specialist advice providers in Inverclyde where required, and is predicated on a rights-based perspective that helps tackle and alleviate the effects of poverty and debt in the Inverclyde community.
- 4.2 Inverclyde HSCP Advice Service has a direct role in helping to improve the quality of life and wellbeing of people living in Inverclyde by addressing the material socioeconomic circumstance of individuals that underpin sustainable health improvements.
- 4.3 Key outcomes for the period April 1st 2016 to March 31st 2018 include:
- 23,644 Advice First calls handled and 6804 scheduled face-to face appointments made;
 - 1866 debt interventions addressing a level of debt of £6,670,000;
 - 1624 scheduled Appeal Tribunals with 73% of outcomes in the clients favour;
 - 782 clients affected by cancer supported, securing £2,832,366 in additional entitlement;
 - 722 vulnerable outreach clients (addictions, homelessness, and mental health engaged with;
 - £9,260,462 confirmed financial gains as a result of the combined activities of Inverclyde HSCP Advice Services.
- 4.4 In addition to the continued challenges presented by the continued roll out of Full Service Universal Credit in Inverclyde, the Scotland Act 2016 has transferred new social security powers to the Scottish Parliament allowing Scottish Ministers the opportunity to develop social security policies that can help address issues of inequality and poverty. A Social Security agency for Scotland has been established and a mechanism for paying a Carer's Allowance Supplement has recently been introduced. During the course of the next twelve months, further policy will be formulated relating to a Young Carer Grant, Best Start Grant, and Funeral Expense Assistance all to be rolled out in 2019. Longer term reform will include assessment procedures for disability and ill-health benefits.

Inverclyde HSCP Advice Services will look to make a positive contribution to the process of designing the landscape of the social security system in Scotland over the next period.

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?

	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.	Many of the clients of Advice Service have a protected characteristic such as disability or affected by socio-economic disadvantage.
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	None
People with protected characteristics feel safe within their communities.	None
People with protected characteristics feel included in the planning and developing of services.	None
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	None
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	None
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	None

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

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

5.6 NATIONAL WELLBEING OUTCOMES

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

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	Addressing issues of socio-economic disadvantage has a direct correlation with health improvement.
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.	Advice support with the process of income maximisation has a positive impact on quality of life.
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	None
People using health and social care services are safe from harm.	None
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	None
Resources are used effectively in the provision of health and social care services.	None

6.0 CONSULTATION

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

7.0 BACKGROUND PAPERS

7.1 None.

HSCP Advice Services

Biennial Report
2016/2018

The right advice
From the right person
At the right time



INVERCLYDE'S ONE-STOP
SHOP FOR BENEFIT ADVICE
AND SPECIALIST WELFARE
RIGHTS AND MONEY ADVICE

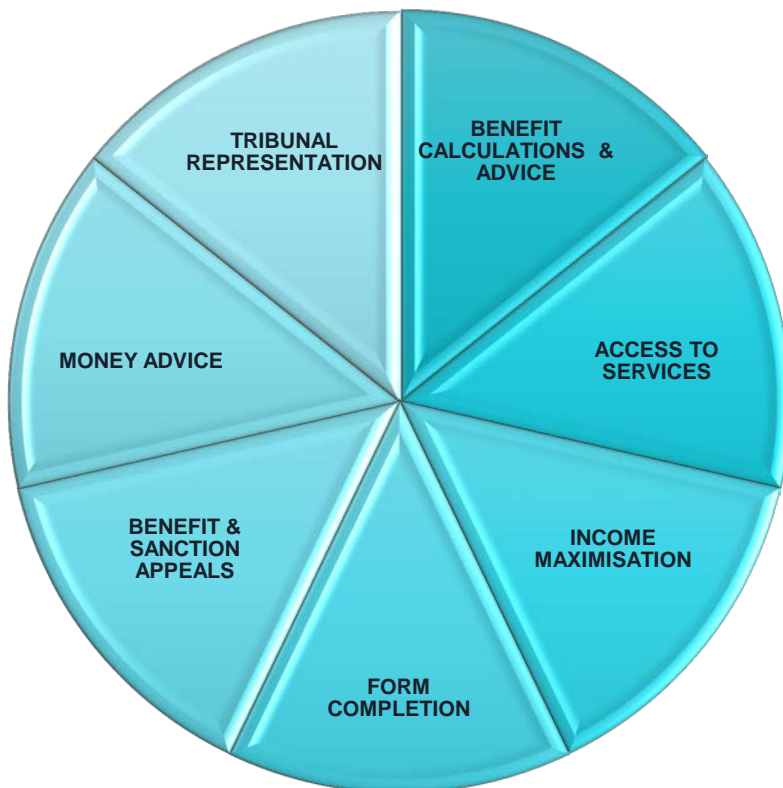
INTRODUCTION

Inverclyde HSCP Advice Service providing money advice, benefits advice and welfare rights representation, is predicated on a rights-based perspective that contributes to the alleviation of poverty and effects of debt in the community.

It plays a vital role in working to protect the well-being of vulnerable claimants and consumers; and also supports the wider Inverclyde economy by ensuring residents receive the support they require during these times of change and uncertainty.

The challenges facing Inverclyde residents are diverse and vary from the effects of continuing austerity, growing reliance on personal debt and continued welfare reform.

The provision of an effective one stop, holistic advice service is an effective method of delivering advice and is relevant to the statutory duty of Inverclyde Council to deliver advice and assistance to promote the social welfare of Inverclyde residents.



Background

This is the second report of Inverclyde HSCP Advice Services.

The Report covers a two year period from 1st April 2016 to 31st March 2018.

It builds on much of the information presented in the first Annual Report in 2015/2016.

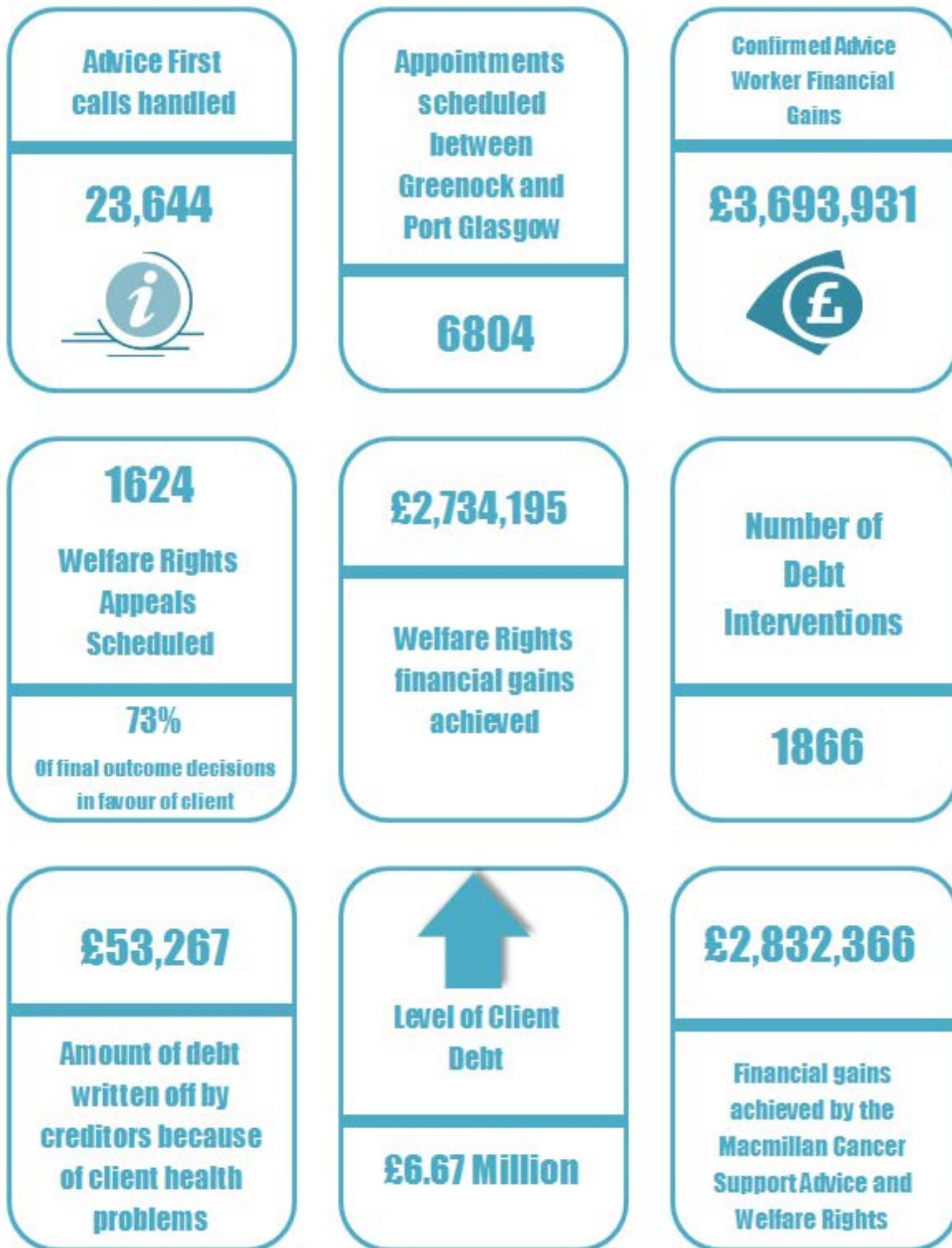
BENEFIT & SANCTION APPEALS
BENEFIT CALCULATIONS & ADVICE

FORM COMPLETION

ACCESS TO SERVICES



Advice Service Quick Facts 1 April 2016 – 31 March 2018



Total Confirmed Financial Gains for Advice Services:
£9,260,492

Analysis by Service

Whilst Advice Services is one integrated service, it covers three distinct areas of work:

- ▶ Social Security Advice and Information
- ▶ Welfare Rights Representation
- ▶ Specialist Money Advice Services

All 3 teams are supported by the recent development of an integrated case management system. The system mirrors the model of a single point of access and has allowed Advice Services to refresh and revitalise the way in which we deliver the service, helping mitigate the impacts of rising personal indebtedness and welfare reform.

As well as supporting the provision of an efficient, quality service to users – the system ensures that our service keeps clear, concise

records of advice given and actions taken, and we are able to generate data that allows the monitoring of the types of work undertaken by advisers and the time taken on each case.

The system provides an immediate view of current case numbers to ensure work is fully represented, that advisers work within their capacity, and reports fully on financial gain secured by the service on behalf of clients.

The system has time bound triggers to allow the service to follow up on the outcome of benefit applications, respond to legal deadlines in relation to debt; or to assist clients challenge an adverse social security decision within the statutory timeframes, or respond to a sheriff court summons.



Advice First, Duty Advice Service and Access to Service

The Advice Service telephone helpline, known as Advice First, is the main point of access to Advice Services.

Many of the clients who contact the service often have multiple issues, many of which can be resolved over the telephone, thus either removing the need for an appointment or addressing some of the issues prior to attending an appointment.

To ensure the service is as accessible as possible, there is a monitored email address where referrals are received from other agencies, clients and other HSCP services.

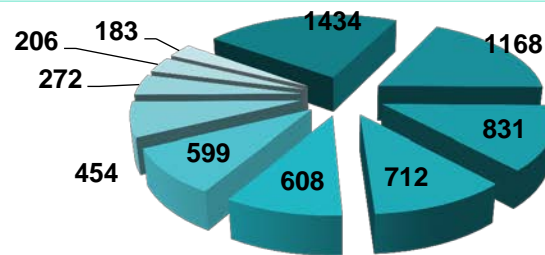
The single biggest role for Advice Workers is related to assistance given in the completion of benefit applications. Given the complexity of the benefit system, claimants often fail to include all the necessary and relevant information required by the Department of Work and Pensions (DWP). Advice Workers are familiar with the claims and decision making process and are aware of what is relevant to an application.

The nature of the support provided by Advice Workers to claimants has changed over the past couple of years, becoming more intensive with

increasing numbers of claimants requiring enhanced levels of ongoing support over many months. The one-off advice intervention is being replaced with the need to remind claimants of the continuing obligations to furnish DWP with information and certificates such as fit notes; of the two stage processes of challenging decisions and the strict statutory time limits involved, and assistance with the long term management of claims in general.

The Advice Service is committed to assisting Inverclyde residents to navigate the welfare benefits system successfully.

Top 10 Enquiry Types



- General Entitlement Enquiries: 1434
- Personal Independence Payment Advice: 1168
- Personal Independence Payment Dispute: 831
- Employment and Support Allowance Dispute: 712
- Universal Credit Advice: 608
- Employment Support Allowance Advice: 599
- Foodbank Referral: 454
- Attendance Allowance Advice: 272
- Universal Credit Dispute: 206
- General Housing Enquiry: 183

Another key aspect of the Advice Service is providing a single point of access for people who need assistance with daily living tasks and require support to maximise their ability to live as independently as possible at home.

This service is available to people living within the community whether alone or as a member of a family. Services include:

- ▶ Homecare
- ▶ Re-ablement
- ▶ Community Alarms
- ▶ Tele-healthcare
- ▶ Respite at Home

The routes available to access services are currently under review and may be subject to change over the coming months.

Specialist Money Advice

HSCP Money Advice provides a holistic service for residents of the Inverclyde area and is the only service which acts as a gateway for consumers who are seeking access to statutory debt remedies such as the Debt Arrangement Scheme and Scottish bankruptcy.

Although money advisers can help their clients by securing financial gains for them, unlike the functions of Welfare Rights and advice workers, the primary role of a money adviser is to help consumers become more financially resilient by addressing their problem debt.

They also assist residents to understand their finances better, by drafting financial statements and looking at means of helping them minimise their expenditure and maximise their income.

Importantly they can also assist clients with the now well established relationship between unmanageable debt and mental health problems.

“The Royal College of Psychiatrists, for example, has found one in two adults with debt have a mental health problem, noting that debt can cause, and be caused by, mental health problems”.

Seeking debt advice can both help a client’s mental health from getting worse and assist a client to feel more in control of their situation.

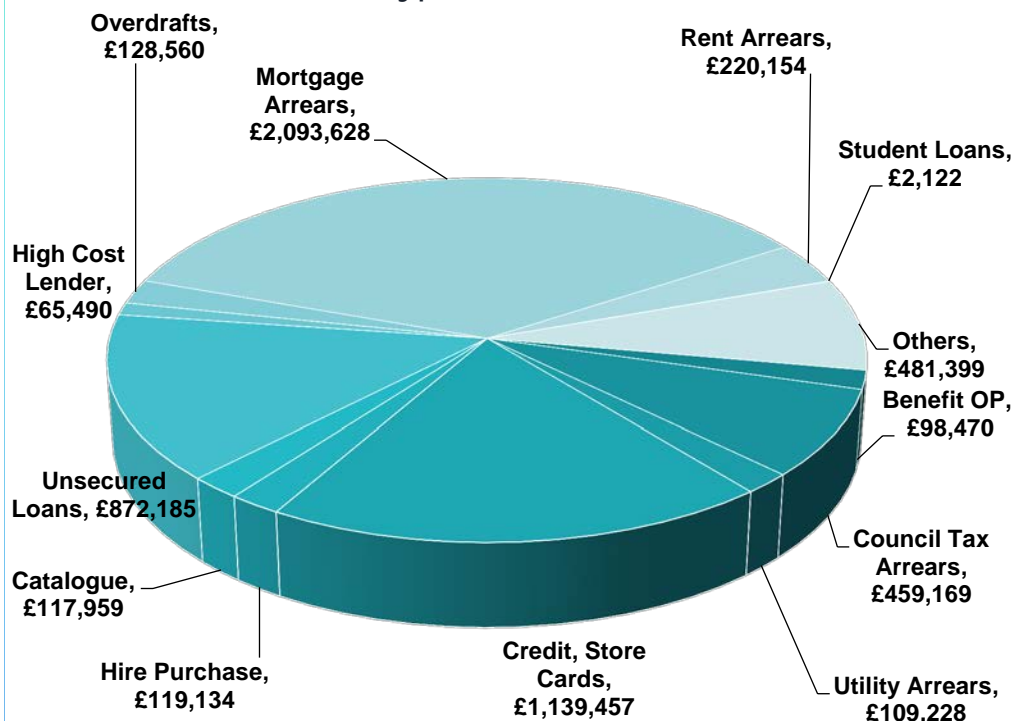
HSCP Money Advice offers client’s access to a free money advice service that can offer a comprehensive package of support options that may otherwise be unavailable to many residents unless willing and able to pay the fees charged in the private sector.

These services include dealing with debts such as benefit overpayments, council tax arrears, and mortgage and rent arrears (when the home is at risk) and normal unsecured, consumer credit debts. The service also provides lay court representation in relation to a number of areas under consumer credit, debt enforcement and personal insolvency legislation.

In 2016-18, HSCP Money Advice opened 591 complex, debt cases, involving Inverclyde residents, many of whom formed parts of households with multiple residents, including children, dealing with £6.67 million of personal debt. The average debt per client was £11,297.21.

The service also made 1,866 interventions on behalf of those clients in relation to their creditors and dealt with £459,168 in council tax arrears. The Financial gains for Inverclyde Council Residents over the 2016-18 period was £2.3 million, with £90,531 of debts being voluntary written off by creditors.

Types of Debts



Welfare Rights

The core task of Welfare Rights is to help claimants prepare for appeal by:

- ▶ Gathering evidence and researching relevant case law
- ▶ Preparing submissions and providing representation for claimants at oral hearings
- ▶ Finding errors of law in the First Tier Tribunal statement of reasons
- ▶ Preparing submissions to and attending hearings before the Upper Tribunal (UT)

The driver of demand for representation is a combination of social security legislative change and DWP policy and practice.

Where appropriate, Welfare Rights Officers also provide representation at the Upper Tribunal (Administrative Appeals Chamber). This is a superior court of record whose decisions are binding so we can contribute to establishing new case law. Appeals to the UT are based

on legal argument only.

Establishing Case Law Precedent

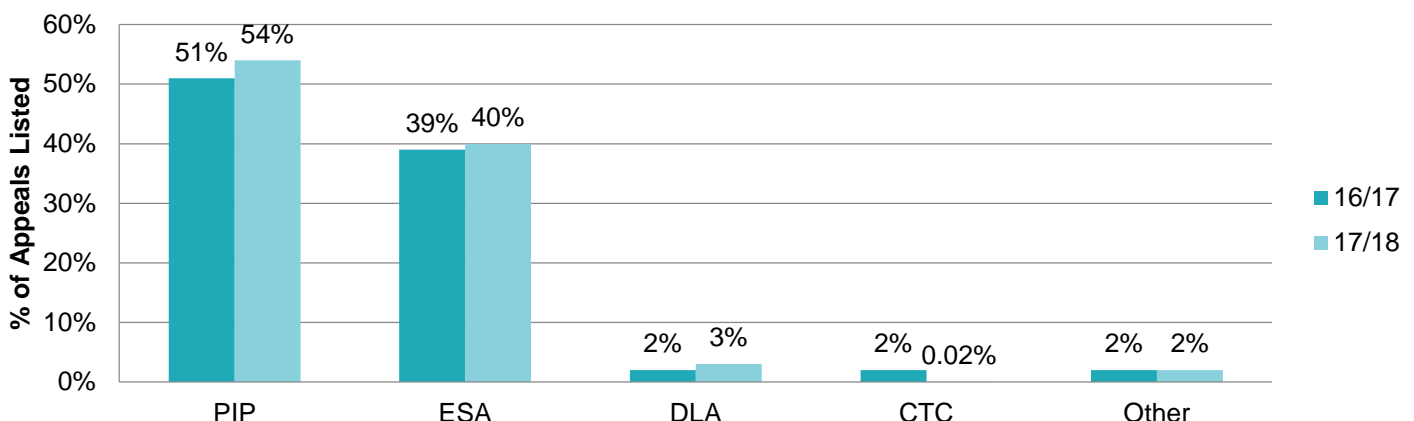
Awards of PIP are based on a points scoring system. DWP held that points could only be awarded for supervision if harm was likely to occur on more than 50% of the time a claimant attempted an activity. For example, DWP would not award points to a claimant with epilepsy for preparing food unless it could be shown that it was more likely than not the claimant would have a seizure each time they cooked a meal. This view was challenged by Inverclyde HSCP Welfare Rights at a three Judge UT hearing held in Edinburgh. The argument made by welfare rights that the correct approach was to focus on the real possibility that harm might occur was accepted by the UT. On 2 November 2017 the Minister of State for Disabled People, Health and Work announced the Government would not look to challenge the decision

One case from Inverclyde HSCP Welfare Rights establishing new case law, increasing PIP entitlement across the UK to the tune of £41,600,000 per year

and issue new DWP guidance to reflect the new case law:

“This will increase entitlement for a number of both new and existing claimants... The Department estimates approximately 10,000 claims will benefit by £70 - £90 per week in 2022/23.” Penny Mordaunt (Minister of State for Disabled People, Health and Work)

Appeal Hearing by Top 4 Benefit Types



Specialist Services

Vulnerable Groups Outreach: Homelessness, Addictions, Mental Health

The impact of Universal Credit on clients of the Homelessness Team quickly proved to be of significant concern in terms of establishing and maintaining claims and securing the correct levels of housing costs.

Given the continuing success of the outreach Advice Worker it was decided to replicate that model in terms of clients affected by homelessness.

Worker post, funded until April 2020, working with clients in the Inverclyde Centre in particular.

Council Anti-Poverty monies have allowed for the creation of a second outreach Advice



Kinship

For the reporting period Welfare Rights continued to provide dedicated support to Kinship.

'Services for Children and Young people in Inverclyde':

their income, which has been nationally recognised as a model of good practice."

The value of this support was recognised in the recently published 'Care Inspectorate, joint inspection, report on

"The detrimental impact of welfare reform was alleviated for many families through the involvement of welfare rights staff. Of particular note was the work undertaken to maximise



Macmillan Welfare Rights Officer

The work of the HSCP/Macmillan WRO was recognised with the worker being short listed for the final of the prestigious UK Macmillan Excellence Awards held in Birmingham in November 2016. Although not named the overall winner, the worker in reaching the final

was recognised for their 'vision and commitment that has led to tangible, lasting improvements in the quality of service offered to people with cancer.'



From 2016 to 2018 782 clients were provided with assistance, with £2,832,366 secured.

Healthier Wealthier Children

As part of Inverclyde's strategy to tackle child poverty and improve lives, Advice Services have continued to deliver the Healthier Wealthier children project.

and families with children under the age of five.

Referrals are received from community and hospital midwives; health visitors and GPs.



The focus is to maximise the income of pregnant women

The links between poverty and ill health are well documented, as are the links between debt and mental health problems.

Advice Services has a clear role in improving the quality of life and wellbeing of people who live in Inverclyde, whilst tackling the inequalities which exist across the area.

As was noted in the 2015/16 Annual Report, partnership between Advice Services and health care providers have the potential to affect system change.

Improving the material socio-economic circumstances of people presenting at primary care can underpin sustainable improvements in health relating to poverty and deprivation. Recognition of the importance of socioeconomic influences on health is a key consideration for ensuring that Advice Services remains firmly entrenched as an integral component in the portfolio of services Inverclyde HSCP has to offer.

This has become an area of particular interest to the Scottish Government which is keen to explore the potential for embedding welfare rights and money advisers within GP practices. A limited number of projects are already established elsewhere in Scotland with independent evaluation demonstrating these services not only address health inequalities, but ease some of the pressures faced by health service providers in some of Scotland's most deprived communities.

With improved financial and social circumstances, patients experienced improved feelings of health and general well-being, and practice staff makes better use of time, focussing on clinical interventions.

Inverclyde HSCP will look to explore the possible application of such a model in Inverclyde in the coming months.



Working in Partnership and to Standards

Inverclyde residents are facing many challenges which may affect their ability to become financially included.

As the UK struggles to recover from the recession and the international banking crisis, there are still existing issues with employment, rising personal debt and sustainability of housing.

This coupled with the reforms to the welfare system, which have already been highlighted, have resulted in profound effects for the Inverclyde population.

All of these challenges have brought about a higher demand on financial inclusion services.

It is, therefore, essential that to give the Inverclyde community the best possible support, Advice Services work in partnership with a range of organisations to explore areas where joined up working can maximise the much needed advice and support.

Financial Inclusion Partnership

Many of these initiatives have been developed through Inverclyde HSCP being the lead for Inverclyde's Financial Inclusion Partnership.

This partnership is made up of a range of public and 3rd sector organisations that are working towards:

- ▶ ***Ensuring that everyone's incoming money is maximised;***
- ▶ ***that they have access to appropriate financial services and products which enable them to manage their money on a day to day basis; and***
- ▶ ***that they can plan for the future and deal effectively with unexpected financial pressures***

The following highlights some of Advice Services' achievements through working with others.

Development of Referral pathways

Discussion with the Council's Revenue and Benefits service revealed through their housing benefits data systems that they were able to identify clients known to them who had been:

- ▶ sanctioned for non-compliance with the DWP conditionality arrangements;
- ▶ those clients who had been negatively affected by the migration from Disability Living Allowance (DLA) to Personal Independence Payments (PIP); and
- ▶ those clients impacted by the benefit cap.

This information is now passed through a secure email, with the client's consent, to Advice Services, who then contact the client to offer support with financial issues and offer advice relating to challenging adverse decisions if appropriate.

This is all underpinned by a robust data sharing agreement between the services.



Inverclyde Delivering Effective Advice and Support Project (I:DEAS)

The Inverclyde Financial Inclusion Partnership was successful in its funding bid for £2.3 million to deliver a 3 year programme, aiming to increase the financial capacity and improve the social inclusion of the most disadvantaged individuals and households in Inverclyde.

The programme will aim to help individuals in workless, lone parent or low income households and will provide

new services to improve financial capability and reduce debt, complementing the current range of core services available locally.

All participants will have an action plan based on their individual needs and a local mentor to support them.

Delivery of the project commenced in September 2017.



Working to National Standards

The Scottish Government has re-launched the Scottish National Standards for Information and Advice Providers (SNSIAP), placing responsibility for the development of a new accreditation and audit model in the hands of the Scottish Legal Aid Board (SLAB).

Inverclyde HSCP Advice Services has submitted an application to SLAB for peer review audit.



Continuing Impacts of Welfare Reform

Findings of the Scottish Governments Annual Report published June 2017, "Welfare Reform (Further Provisions) (Scotland) Act 2012" concluded that as a result of the reduction in welfare spending from the Westminster Government, that by 2020/21 the loss per adult, per annum, in Inverclyde will be £298.

In October 2017, Sheffield Hallam University's Centre for Regional Economic and Social Research, supported by the Joseph Rowntree Foundation produced a further report, 'The Real Level of Unemployment 2017.'

The report presents alternative estimates of the level of unemployment based on a re-working of official ONS and

DWP statistics for every local authority area in England, Scotland and Wales.

In the top 50 districts with the highest rates of real unemployment Inverclyde ranks 9th (highest ranked Scottish Local Authority) with a real unemployment rate of 10.5% of the working population.

Universal Credit Full Roll-out

It was noted in the previous annual report that Universal Credit Full Service (UCFS) roll out was due to commence in Inverclyde on 23 November 2016.

The experience to date has been one of claimants reporting difficulties in communicating with DWP, making even relatively straightforward issues difficult to resolve.

As a consequence of DWP policy at a national level relating to the issue of explicit consent there are now significant barriers to DWP sharing client information with Advice Services, when acting on behalf of a client, making meaningful engagement with DWP at times problematic.

As UCFS continues to roll out in Inverclyde it will be important to ensure Advice Services has the capacity to absorb the additional demands arising from that roll out. In December 2017 approximately 3760 (34%) households claimed UC, around 7,200 (66%) claimed 'legacy' benefits.

Claiming benefits can be a bewildering process. Having the support of an Advice Worker who understands DWP terminology and the complexities of the social security system can be pivotal in securing timely and fair outcomes for claimants.

Inverclyde HSCP Advice Service has developed a positive relationship with DWP at a local level and other operational stakeholders to try and ensure the most effective roll out of UCFS in Inverclyde that is possible.



Growing Indebtedness and Future Demands on Money Advice

In March 2017, the level of UK personal debt was £1.52 trillion. This was £5 billion more than it was at the beginning of the financial year, when it stood at £1.47 trillion. Personal debt again is on the rise after years of stagnation following the credit crunch and is now expected to continue rising in the next period, driven by stagnating earnings and social security benefits and inflationary pressure on household costs.

As interest rates now begin to enter a period of increases, most informed commentators are of the opinion that the rise in personal debt is a trend that will continue for the foreseeable future, with the Bank of England expressing its concerns in relation to the level of personal loans, credit cards and car finance agreements being entered into by consumers.

It is anticipated demands on local authority money advice services will increase in the coming period, with rising debt levels being forecast. The Improvement Service has called for local authorities to consider how they can transform their services to meet that demand and has said transformational change will be required.

In Inverclyde, HSCP Money Advice offers two main channels for delivery of advice: face to face and by telephone. There are online money advice services and telephone services, delivered free by the third sector. However, there remains a significant demand for face to face services for vulnerable clients dealing with complex debt problems, which often do not fit into any of the above formal and informal solutions. Many of these clients struggle daily with household budgets

that are constantly in deficit.

HSCP Money Advice will continue to explore whether additional channels for delivering money advice can be utilised to address what is expected will be a growing demand, including referring more simple debts to generic advisers and advice agencies in the Inverclyde area and also to other third sector providers of telephone and online services. It is not anticipated this will remove the need for face to face services, but in a landscape where that demand is growing, may help mitigate the pressures the services will face.



The Next 12 Months

The Social Security (Scotland) Act 2018 is now on the statute books alongside The Child Poverty (Scotland) Act 2017. The continuing roll out of devolved social security and the requirements of the Child Poverty (Scotland) Act will undoubtedly influence the direction of travel for Inverclyde HSCP Advice Services over the next period.

Section 10 of the Child Poverty (Scotland) Act requires local authorities along with the relevant Health Board to prepare and publish a local poverty action report on an annual basis. The Report 'must in particular', describe income maximisation measures taken in the area of the local authority. A key task for

Advice Services will be to revisit the 'Healthier Wealthier Children' income maximisation model currently operating in Inverclyde to consider improvements in referral pathways and explore how to further extend the coverage and effectiveness of the initiative.

Within the context of the continuing impacts of welfare reform and devolved social security, Inverclyde Council has commissioned a review of all advice provision across Inverclyde. This offers the opportunity for Inverclyde HSCP Advice Service, and other partner organisations, to consider if the current models of service delivery best meet the needs of service users going forward. The findings will be available autumn 2018.

In March 2018 the positioning statement of Social Security Scotland (SSS) was published with a strapline of 'Dignity, Fairness, Respect. Advice Services have engaged in a discussion with SSS to explore job shadowing opportunities for SSS workers to understand the role of Advice Services and the challenges of dealing with the current social security system. SSS are keen for this to happen viewing it as, "an opportunity that will be of great benefit."

In this as with all other activities and undertakings Advice Service remains as committed as ever to make an active contribution to Inverclyde HSCP's vision of improving lives.



Appendix 1: Case Studies

Client A

An EEA national, presented to Inverclyde Advice Services having had their claim for Income Support rejected, as the DWP did not believe they had Genuine Prospect for Work or meet the Habitual Residence Test. This also impacted their eligibility for Housing Benefit and Council Tax Reduction. In addition to this the client's Child Tax Credits had stopped and the client was destitute.

The client had sufficient National Insurance Contributions and was in ill health and, therefore, we made a claim for Contribution Based Employment Support Allowance and renewed the Tax Credits.

A mandatory reconsideration was submitted for the Income Support, which was subsequently rejected.

The client was then represented at a First tier Tribunal by the Welfare Rights Unit and it was found in the client's favour, meaning that the client was eligible for Housing Benefit and Council Tax Reduction, both of which were backdated.

The annual financial gain for Client A was £23,067.

Client B

As part of the Benefit Cap Project an Advice Worker had identified a lone parent with 4 dependent children.

The client was unaware that the cap was going to affect them and was going to be worse off by £144.04 per week.

The client was in a private tenancy as it was a much more suitable property for the family's needs. There was a shortfall in the Local Housing Allowance and the Advice Worker assisted the client to successfully apply for Discretionary Housing Payments, which was awarded at £54 per week.

In addition, one of the children had a disability and a successful application for Personal Independence Payment (PIP) was made, allowing the client to claim Carers Allowance for the care which was already being provided. Due to the successful claim for PIP, the household is now exempt from the Benefit Cap and the household is better off by £5,798 per annum.

A referral was also made to Inverclyde Centre for Independent Living for a full Occupational Therapist assessment for aids and adaptations to be put in place.

Appendix 2: Client Feedback

"... We wouldn't have known or requested this (benefit application form) without your assistance and it is very much appreciated"

"...I am pleased to inform you I am entitled to Attendance Allowance. Was totally shocked when reading how much then had to sit down... Thank you"

"... amazing and helpful worker. Totally respectful and so patient. He made us feel better.... Highly recommended service"

"Thank you very much! As I said both of you made my life much better..."

"Thank you for guiding us through the process. We couldn't have done it without you!"

Report To: Inverclyde Integration Joint Board **Date:** 6 November 2018

Report By: Louise Long
 Corporate Director, (Chief Officer)
 Inverclyde Health & Social Care Partnership **Report No:** IJB/54/2018/HW

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

Subject: GREENOCK HEALTH AND CARE CENTRE PROGRESS

1.0 PURPOSE

1.1 The purpose of this report is to advise the Integration Joint Board on the progress of the new Greenock Health and Care Centre.

2.0 SUMMARY

2.1 Funding has been agreed by the Scottish Government to provide a new health and care centre. A Full Business Case (FBC) has been developed which was agreed by the members of the NHSGGC Capital Planning Group on 6th September 2018 and NHSGGC Corporate Management Team on 13th September 2018. The FBC has been submitted to the Finance and Planning Committee for 2nd October 2018, the NHSGGC Board Meeting for 16th October 2018 and finally the Scottish Government Capital Investment Meeting on 13th November 2018. Once agreed by the Scottish Government Capital Investment Group, the project can proceed to financial close, and construction can begin shortly thereafter.

2.2 The new facility is planned to open in 2020 replacing the current, ageing Greenock Health Centre in Duncan Street. The new centre will aim to provide modern health and social care premises and will expand the range of services available from the current health centre.

2.3 The project programme dates for the new health and care centre are detailed in the table below:

FBC	Financial Close	Construction	Completion
13 November 2018	29 November 2018	December 2018	August 2020

2.4 A Travel Plan has been developed which outlines the various methods of travel, including walking, cycling, the use of public transport and highlighting the health benefits around active travel.

3.0 RECOMMENDATIONS

3.1 The Integration Joint Board is asked to note the progress to date.

4.0 FULL BUSINESS CASE

4.1 The Full Business Case (FBC) describes the background, the status quo, the proposals for improvement, the service changes required to deliver these and the benefits that will be realised in doing so. The proposals for the Health and Care Centre focus on service provision in Greenock and its surrounding areas which are recovering from significant post-industrial change. That will seek to find ways to improve services to meet current and future demands. It will also support regeneration of the physical and economic environment to help bring about significant health improvements in the longer term. Expected benefits are summarised as:

- Making services more accessible to the patient population.
- Increase capacity to meet future projections.
- Improving service integration.
- Delivering services from accommodation that is safe, welcoming, efficient and fit for purpose.
- Contribute to physical and economic regeneration.

4.2 TRANSFORMING CARE IN GREENOCK

Greenock is the largest town within Inverclyde, and like much of the West of Scotland, is characterised by persistent socio-economic deprivation and poor health outcomes. The development of the Inverclyde Health and Social Care Partnership (HSCP) builds on established joint working that was fostered under the previous CHCP arrangements, but the new HSCP also affords an opportunity for us to take stock of progress to date and our priorities for the future. The FBC details our thinking in terms of the most important issues that shape our strategic priorities. Health inequalities are central. We know that many of the people who need health or social care support are often disinclined to approach or engage with our services, and only accept support when their condition(s) are quite advanced. This means that opportunities for supported self-management or health improvement at an earlier stage of disease progression can often be missed. By bringing health and social care services together in the new centre, we hope to enable people to access the right help at an earlier stage.

There has already been significant rationalisation of public sector buildings in Inverclyde to modernise delivery options and streamline the citizen's journey. The next logical step is to modernise health and social care premises and create opportunities to further improve access to services, integrating the wider Community Planning Partnership aspirations of improved outcomes, won through social and economic regeneration that increases the life opportunities and health outcomes of those most vulnerable to experiencing inequalities. The FBC sets out a proposal and outline costs for the development of a health and social care facility for Greenock and the wider community of Inverclyde. The development will be led by the Health and Social Care Partnership, which is responsible for the provision of all health and social care services in Inverclyde.

4.3 PROJECT PROGRAMME

The project programme dates for the new health and care centre are detailed in the table below:

FBC	Financial Close	Construction	Completion
13 November 2018	29 November 2018	December 2018	August 2020

4.4 TRAVEL PLAN

The Travel Plan will inform staff and service users of the many ways to travel to

the new site ensuring there are viable alternatives for travelling. The plan promotes the use of public transport and active travel, ie walking and cycling. The focus of the plan is on commuting and business travel elements within an organisation. A Travel Plan can also have a number of benefits including the environmental benefits to reducing car use leading to reduced congestion, pollution and noise as well as improved air quality. With active travel, the health benefits can help to reduce stress, obesity, weight problems and improve wellbeing. The plan also outlines the cycle to work scheme, car sharing scheme and opportunities to purchase annual zonecards with repayments through NHS staff salaries.

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 Tackling inequalities is one of the key drivers in our proposed operating model, so we anticipate a positive impact for those groups that experience a more negative experience of care and outcomes.

Has an Equality Impact Assessment been carried out?

	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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5.4.1 How does this report address our Equality Outcomes?

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

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

6.0 CONSULTATION

- 6.1 This report has been prepared by the Chief Officer, Inverclyde Health and Social Care Partnership (HSCP) after due consultation as noted within the body of the report.

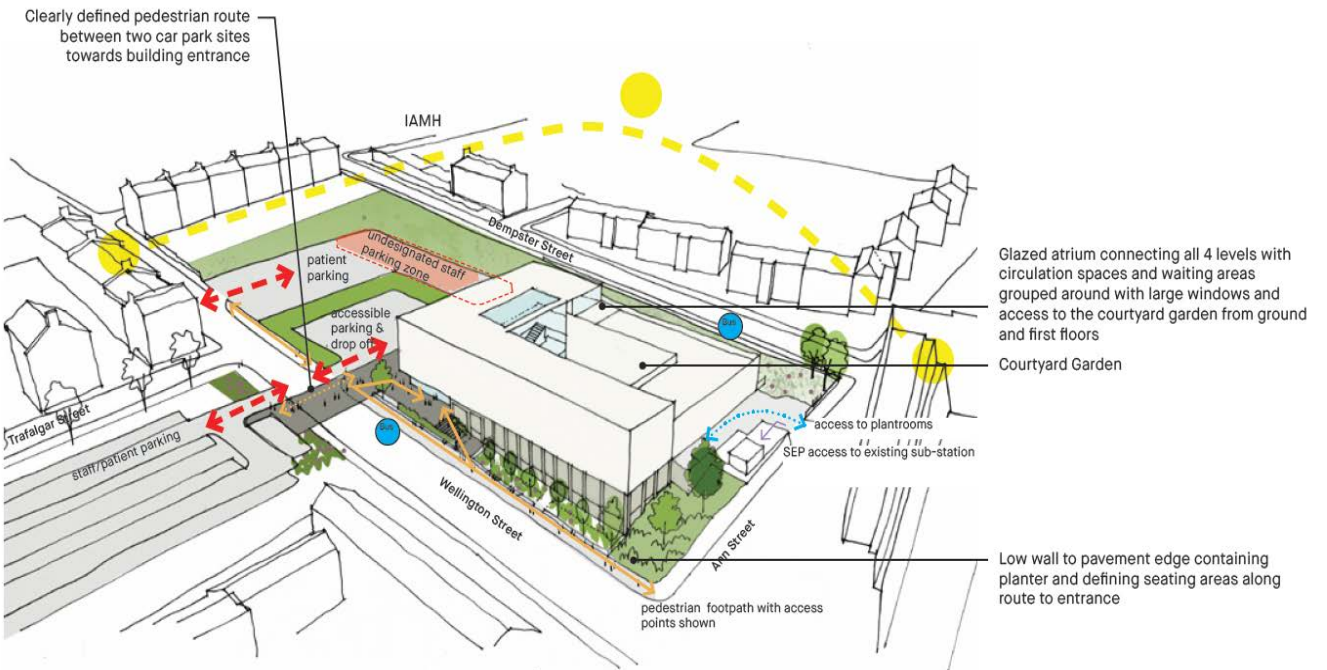
7.0 BACKGROUND PAPERS

- 7.1 Architect, Artist Sketches and Drawings.

APPENDIX 1

Inverclyde Health and Social Care Partnership Greenock Health and Care Centre







Report To: Inverclyde Integration Joint Board **Date:** 6 November 2018

Report By: Louise Long
Corporate Director, (Chief Officer)
Inverclyde Health and Social Care
Partnership (HSCP) **Report No:**
IJB/60/2018/HW

Contact Officer: Louise Long
Corporate Director, (Chief Officer)
Inverclyde Health and Social Care
Partnership (HSCP) **Contact No:**
01475 712722

Subject: CHIEF OFFICER'S REPORT

1.0 PURPOSE

- 1.1 The purpose of this report is to update the Integration Joint Board on a number of areas of work.

2.0 SUMMARY

- 2.1 The report details a number of updates on work underway across the Health and Social Care Partnership.

3.0 RECOMMENDATIONS

- 3.1 The Integration Joint Board is asked to note the items within the Chief Officer's Report and advise the Chief Officer if any further information is required.

Louise Long
Corporate Director, (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

- 4.1 There are a number of issues or business items that the IJB will want to be aware of and updated on, which do not require a full IJB report, or where progress is being reported which will be followed by a full report. IJB members can, of course, ask that more detailed reports are developed in relation to any of the topics covered.

5.0 BUSINESS ITEMS

5.1 Health and Social Care Standards

The Scottish Health and Social Care (H&SC) Standards came into force in April 2018. The new H&SC Standards apply to all parts of our care system, right across health care, social care, early learning and childcare and social work; they focus on people rather than policies, paperwork and property. Instead of setting out a list of inputs that all providers must meet, the Standards are outcome-based and help us focus on what really matters – the experience of the person who uses services. The consistent message from people experiencing care, as well as organisations inspecting care, is that it is the quality of human relationships, kindness and compassion that really determine the quality of care and this is what the Standards focus on.

On 7 August, 104 HSCP frontline staff and managers attended awareness raising sessions supported by Healthcare Improvement Scotland. The sessions included a presentation of the Standards and time for small group discussion and reflection. Participants were enthusiastic about the Standards and liked the way they were written and the strong focus on patient and service user experience and their rights. Staff reflected that the H&SC Standards provide an opportunity to further integrate health and social care by supporting shared objectives, a shared language and more consistent services for the public.

The next steps include the integration of the Standards into our quality and governance framework, a gap analysis (assessing where Standards are being met currently and where gaps exist) and ideas of how to close these gaps across service areas. There is a desire to harness the enthusiasm demonstrated by staff and continue to provide opportunities for shared reflection and learning, and sharing of good practice.

5.2 HSCP Staff Awards

On Friday 5 October, the 2018 Inverclyde HSCP Staff Awards took place, the pinnacle of months of deliberation and planning. 115 staff and invited guests came together to recognise and celebrate the excellent work that is happening across the HSCP. The nominations demonstrate the breadth of excellence and innovative practice across the HSCP and the high levels of collaboration and synergy that is happening. This year the standard of nominations was so high, that for the first time, each category had at least one commended nomination in addition to the category winner.

Guests were welcomed by Deborah Gillespie (Head of Mental Health, Addictions and Homelessness; Chair of Staff Awards Committee) before the viewing of “Stigma”, a film about care experienced young people’s experiences. Louise Long (Chief Officer, Corporate Director) introduced category presenters including Councillor Moran, Councillor Clocherty, Dr Deirdre McCormick (Chief Nurse) and Simon Carr (Chair of Inverclyde IJB).

Spirits were high and clapping prolific as winners came to the front to collect their

framed certificates for each award category: our service users/patients, our people, our leaders, our resources and our culture.

Our category winners were:

- Our Service Users/Our Patients: **Macmillan Welfare Benefit Service** for providing a nationally recognised service, addressing the financial impacts of a diagnosis of cancer.
- Our People: **John Smith**, the Community Alternatives Resource Manager, for his outstanding contribution championing recovery and social inclusion in mental health and beyond.
- Our Leaders: The Health and Community Care Team Leaders for their innovative leadership and collaboration to develop and embed the **Home 1st** approach.
- Our Resources: The **Pre-5 Immunisation Team** for the redesign and delivery of a high quality, effective and efficient immunisation service.
- Our Culture: The **New Ways Team** for innovative, collaborative and effective programmes that are transforming Primary Care.

Each Health and Social Care Partnership holds their own Staff Awards across Greater Glasgow and Clyde and then submits their category winners to NHS GGC. Our representatives from each category have been invited to the Board wide “Celebrating Success” event hosted by NHS Greater Glasgow and Clyde on the evening of 5 November when our overall Inverclyde HSCP winner will be announced.

5.3 COSLA Awards

The COSLA excellence awards celebrate the very best in Scottish local government. The award standard looks for innovative and passionate solutions that demonstrate working across public services, tackling local priorities, shifting the focus towards early intervention and prevention and empowering local communities. This year 4 HSCP nominations were entered: The Child Refugee Resettlement project, Home 1st, The Learning Disability redesign and Compassionate Inverclyde. Compassionate Inverclyde was selected as finalist and went on to win the COSLA “Excellent People, Excellent Outcomes” Award on 11 October much to everyone’s delight.

Compassionate Inverclyde was conceived in January 2016 and is part of a global movement to change attitudes and behaviours around death, dying and bereavement. It uses a community development approach to harness the collective compassion of hundreds of volunteers supporting and caring for one another at times of crisis and loss; ordinary people doing extraordinary things to support ordinary people.

In 2016, community engagement was carried out with over 200 people to ask how we could help people at the end of life; No-One Dies Alone (NODA) was established from these conversations. NODA is a volunteer-led programme to support those in their last hours who do not have family or friends available, so no one dies alone in the Inverclyde Royal Hospital. It has 70 volunteers who sit with people in hospital at the end of lives; this is currently being extended so that no-one dies alone in their home, and ultimately that no-one dies alone in Inverclyde.

In 2017, community engagement led to development of Back Home Boxes. The Boxes are a community act of kindness, gifted by our communities. People who live alone and are being discharged home from hospital are gifted the box containing basic essentials enabling the person to make a hot drink and a light snack when they get home. Supermarkets, churches, schools, and Police Scotland support the initiative. The Boxes are packed by volunteers and local groups, and children from schools, Brownies and Scouts make get well soon cards. Local groups contribute by making blankets for the Boxes. The hundreds of volunteers that support the Back Home

Boxes are a great example of building community capacity. The initiative addresses isolation, creates a more caring environment to ensure people live and die well.

5.4 Staff Governance

The staff governance action plan is monitored and updated regularly through the Staff Partnership Forum (SPF) and Health and Safety forum. It is a live and adaptive document and demonstrates the inclusion of topical and emerging actions. Categories relate to staff experience and include being: appropriately trained, well informed, included in decisions that affect them and experiencing an improved and safe working environment.

Our focus is currently on improving the uptake of statutory and mandatory training.

Area	Sector/ Directorate/ HSCP	Equality & Diversity	Fire Safety	Health & Safety	Infec. Control	Info Governance	Manual Handling	Public Protection	Security & Threat	Violence & Aggression
	Inverclyde HSCP	74.2%	84.1%	80.6%	72.5%	69.6%	75.1%	67.2%	56.8%	79.3%

We are currently creating a HSCP induction film that includes our Organisational priorities by service area, our overarching values and key messages in relation to professional leadership for all new employees. In addition, information on staff engagement and the IMatter process is included in Induction packs to ensure that all staff know how they can contribute. This all supports their being appropriately trained.

In order to improve the working environment, we have been focusing on wellbeing and resilience in the workplace and the SPF are exploring resources and practices that support compassion across the HSCP. Better Conversations workshops have been commissioned to support 160 managers in having effective and supportive conversation that improve feedback, promote development and support performance across the HSCP. In addition, supervision skills development aims to increase practitioner reflection and the restorative function of supervision.

5.5 Inverclyde Secondary Schools Health and Wellbeing Survey

The first Inverclyde Secondary Schools Health and Wellbeing Survey was commissioned in 2013 by the then CHCP and the Council’s Education Service. It was completed by 83% of our secondary school-aged young people and provided a wealth of data across a variety of issues relating to their health and wellbeing. This information was utilised to inform service delivery across a range of partners and, as part of the successful Clyde Conversations conferences, enabled young people to come together to discuss issues affecting them and take part in specialist-run workshops.

To ensure that there is an up-to-date evidence base, which directly expresses the health and wellbeing views of young people from our secondary schools, the recent Education and Communities Committee has given approval for the survey to be recommissioned and this is supported by funding from both the HSCP and Education Services. It is likely that the fieldwork will commence in February next year, with final reporting in September.

From a HSCP perspective, the data will assist in refreshing our Strategic Needs Assessment and in terms of the Inverclyde Alliance, where the findings will be discussed, this is a further way of proactively engaging with young people, to provide them with a voice to influence future service delivery/redesign that will be based on their needs, attitudes and behaviours.

6.0 IMPLICATIONS

FINANCE

6.1 **Financial Implications:** There are no financial implications in this report

One off Costs

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

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments

LEGAL

6.2 There are no legal issues within this report.

HUMAN RESOURCES

6.3 There are no human resources issues within this report.

EQUALITIES

6.4 There are no equality issues within this report.

Has an Equality Impact Assessment been carried out?

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

6.4.1 How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the protected characteristic groups, can access HSCP services.	The Health & Care Standards support fairness and quality, viewed through an equalities lens. The Staff Governance Standards also support those with protected characteristics, and the awards highlighted reinforce an equalities-focused and compassionate approach to service delivery and outcomes.

Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	Not applicable
People with protected characteristics feel safe within their communities.	Not applicable
People with protected characteristics feel included in the planning and developing of services.	Compassionate Inverclyde welcomes all volunteers and takes an assets approach to supporting people to be involved.
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	Not applicable
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	Not applicable
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	Not applicable

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

- 6.5 The Health and Care Standards and the Staff Governance Standards support and promote the principles of good clinical and care governance.

7.0 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.	Staff awards motivate staff and highlight services that actively promote improved outcomes.
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	Our Home 1 st service helps to avoid the unnecessary use of urgent care; supports successful hospital discharges and avoids unnecessary admissions.
People who use health and social care services have positive experiences of those services, and have their dignity respected.	Reducing unnecessary use of urgent care will generate more capacity for those who really do need urgent care.
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those	The Health and Care Standards reinforce this outcome.

services.	
Health and social care services contribute to reducing health inequalities.	The awards are judged in part through an equalities lens.
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.	N/A
People using health and social care services are safe from harm.	N/A
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 have greater job satisfaction when dealing with appropriate levels of need.
Resources are used effectively in the provision of health and social care services.	As above.

8.0 CONSULTATION

8.1 There are no consultation requirements related to this report.

9.0 LIST OF BACKGROUND PAPERS

9.1 None.