INVERCLYDE HSCP Health and Social Care Partnership

PLEASE NOTE VENUE OF MEETING

Municipal Buildings, Greenock PA15 1LY

Ref: SL/KB

Date: 7 May 2019

A meeting of the Inverclyde Integration Joint Board will be held on Tuesday 14 May 2019 at 2pm within the Holiday Inn Express, Cartsburn West, Greenock, PA15 1AE.

Gerard Malone
Head of Legal and Property Services

BUSINESS ** copy to follow 1. **Apologies, Substitutions and Declarations of Interest**	**Page**
Items for Action: 2. **Inverclyde Integration Joint Board – Membership Update** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
3. **Inverclyde Integration Joint Board Audit Committee – Chair and Vice Chair Appointments** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
4. **Minute of Meeting of Inverclyde Integration Joint Board of 19 March 2019**	p
5. **Rolling Action List**	p
6. **Inverclyde Integration Joint Board (IJB) and IJB Audit Committee – Proposed Dates of Future Meetings** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
7. **Review of Inverclyde HSCP Alcohol and Drugs Services – Progress Update** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership **NB: There will also be a presentation on this item**	p
8. **Scottish Government Programme for Government Challenge Fund: Inverclyde Alcohol and Drug Partnership (ADP) Bid “New Pathways for Service Users”** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p

9.	**Update on the Implementation of Primary Care Improvement Plan** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**
10.	**Pre-Five Immunisation Clinics** Report by Service Manager/Team Leader, Health Visiting, Inverclyde Health & Social Care Partnership	**p**
11.	**Inverclyde Multi-Agency Guidelines for Responding to Self Harm and Suicide in Children and Young People** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**
12.	**Performance Exceptions Report** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**
13.	**Big Lottery: Women's Project Update** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**
14.	**Review of Out of Hours Provision** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**
15.	**Draft Integration Review Self Evaluation** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership NB: Appendix to follow	**p**
16.	**IJB Development Programme** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**
<u>Items for Noting</u>		
17.	**Carers (Scotland) Act 2016 – April 2019 Update** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**
18.	**Review of Sandyford Sexual Health Services (Update)** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**
19.	**Delayed Discharge and Winter Plan 2018/19** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**
20.	**Pregnancy and Parenthood in Young People Improvement Plan** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**
21.	**Chief Officer's Report** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**
The documentation relative to the following items has been treated as exempt information in terms of the Local Government (Scotland) Act 1973 as amended, the nature of the exempt information being that set out in the paragraphs of Part I of Schedule 7(A) of the Act as are set out opposite the heading to each item.		
22.	**Inverclyde Mental Health Medical and Mental Health Officer Staffing** **Para 1** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership highlighting the current position around mental health medical and mental health officer (MHO) staffing levels and proposed actions to address the position	**p**

23.	**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	**Paras 6 & 9**	**p**

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

INVERCLYDE HSCP Health and Social Care Partnership

AGENDA ITEM NO: 2

Report To:	**Inverclyde Integration Joint Board**	**Date:**	**14 May 2019**
Report By:	**Louise Long, Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership**	**Report No:**	**VP/LP/071/19**
Contact Officer:	**Vicky Pollock**	**Contact No:**	**01475 712180**
Subject:	**Inverclyde Integration Joint Board – Membership Update**		

1.0 PURPOSE

1.1 The purpose of this report is to advise the Inverclyde Integration Joint Board (IJB) of changes to its Chair and Vice-Chair positions and to its non-voting membership arrangements.

2.0 SUMMARY

2.1 The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 sets out the arrangements for the membership of all Integration Joint Boards.

2.2 The Integration Scheme and IJB Standing Orders set out the arrangements for the appointment to the positions of Chair and Vice-Chair of the IJB. The current Chair and Vice-Chair have reached the end of their terms of office and this report sets out the proposed changes to these positions.

2.3 This report also asks the IJB to approve the appointment of a new non-voting member and to approve the continued absence of a non-voting member.

3.0 RECOMMENDATIONS

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

1. notes the appointment of Alan Cowan as Vice Chair of the Inverclyde Integration Joint Board;
2. notes that the appointment of the Chair of the Inverclyde Integration Joint Board will be confirmed by Inverclyde Council at its meeting on 6 June 2019;
3. notes the resignation of Sandra MacLeod as the Inverclyde Housing Association Forum representative, additional non-voting member of the Inverclyde Integration Joint Board;
4. agrees the appointment of Stevie McLachlan as the Inverclyde Housing Association Forum representative, additional non-voting member of the Inverclyde Integration Joint Board;
5. approves the continued absence of Diana McCrone, Greater Glasgow and Clyde NHS Board staff representative non-voting member of the Inverclyde Integration Joint Board.

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 IJB CHAIR AND VICE-CHAIR APPOINTMENTS

5.1 In terms of the Integration Scheme (Para. 2.4), the Order and IJB Standing Order 9, the appointment of the Chair and Vice-Chair of the IJB is to rotate every 2 years between Greater Glasgow and Clyde NHS Board and Inverclyde Council, with the Chair being from one party and the Vice-Chair from the other. The first Chair of the IJB was appointed on the nomination of Inverclyde Council and the term of office of that appointment ended on 4 May 2017, the date of the 2017 Local Government Elections. The second Chair of the IJB was appointed on the nomination of the NHS Board and that appointment's term of office is due to expire in June 2019.

5.2 In respect of the new arrangements, the IJB Chair appointment will be confirmed by Inverclyde Council at its meeting on 6 June 2019.

5.3 Greater Glasgow and Clyde NHS Board have appointed Alan Cowan as Vice-Chair of the IJB.

5.4 The impact of these changes in voting membership on the membership of the IJB Audit Committee is considered in a separate report on the agenda.

6.0 NON-VOTING MEMBERSHIP

6.1 The Inverclyde Housing Association Forum representative, additional non-voting member of the IJB, Sandra MacLeod has intimated her resignation from the IJB. It is proposed to appoint Stevie McLachlan, Head of Customer Services at River Clyde Homes, in her place.

6.2 Diana McCrone, NHS Board staff side representative has been unable to attend meetings of the IJB since 11 September 2018. In terms of IJB Standing Order 8.1, if a member has not attending three consecutive ordinary meetings of the IJB, and their absence was not due to illness or other reasonable cause as determined by the IJB, the IJB may remove the member from office by providing the member with one month's notice in writing. The terms of the IJB's Standing Orders reflect the terms of Regulation 10(1) of the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014.

6.3 In the circumstances, the IJB is asked to approve the continued absence of Diana McCrone.

5.0 PROPOSALS

5.1 It is proposed that the IJB notes the contents of this report, notes the appointment of the Vice-Chair of the IJB, approves the continued absence of a non-voting member and agrees the IJB non-voting membership arrangements as set out in Appendix 1 Section B.

6.0 IMPLICATIONS

Finance

6.1 None.

<u>Financial Implications:</u>

One Off Costs

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

Annually Recurring Costs/ (Savings)

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

Legal

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

Human Resources

6.3 None.

Equalities

6.4 There are no equality issues within this report.

6.4.1 Has an Equality Impact Assessment been carried out?

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

6.4.2 How does this report address our Equality Outcomes

There are no Equalities Outcomes implications within this report.

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

Clinical or Care Governance

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

National Wellbeing Outcomes

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

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

7.0 DIRECTIONS

7.1

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

8.0 CONSULTATIONS

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

9.0 BACKGROUND PAPERS

9.1 N/A

APPENDIX 1

Inverclyde Integration Joint Board Membership as at May 2019

SECTION A. VOTING MEMBERS		
		Proxies (Voting Members)
Inverclyde Council	Councillor Jim Clocherty (Chair**) Councillor Luciano Rebecchi Councillor Lynne Quinn Councillor Elizabeth Robertson ****To be confirmed by Inverclyde Council on 6 June 2019**	Councillor Robert Moran Councillor Gerry Dorrian Councillor Ronnie Ahlfeld Councillor John Crowther
Greater Glasgow and Clyde NHS Board	Mr Alan Cowan (Vice-Chair) Mr Simon Carr Dr Donald Lyons Ms Dorothy McErlean	
SECTION B. NON-VOTING PROFESSIONAL ADVISORY MEMBERS		
Chief Officer of the IJB	Louise Long	
Chief Social Worker of Inverclyde Council	Sharon McAlees	
Chief Finance Officer	Lesley Aird	
Registered Medical Practitioner who is a registered GP	Inverclyde Health & Social Care Partnership Clinical Director Dr Hector MacDonald	
Registered Nurse	Professional Nurse Advisor Deirdre McCormick	
Registered Medical Practitioner who is not a registered GP	Dr Chris Jones	
SECTION C. NON-VOTING STAKEHOLDER REPRESENTATIVE MEMBERS		
A staff representative (Council)	Ms Robyn Garcha	Proxy – Ms Gemma Eardley
A staff representative (NHS Board)	Ms Diana McCrone	
A third sector representative	Mr Ian Bruce Manager CVS and Chief Executive Inverclyde Third Sector Interface	

A service user	Mr Hamish MacLeod 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	Mr Stevie McLachlan, Head of Customer Services, River Clyde Homes	

INVERCLYDE HSCP Health and Social Care Partnership

AGENDA ITEM NO: 3

Report To:	**Inverclyde Integration Joint Board**	**Date:**	**14 May 2019**
Report By:	**Louise Long, Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership**	**Report No:**	**VP/LP/072/19**
Contact Officer:	**Vicky Pollock**	**Contact No:**	**01475 712180**
Subject:	**Inverclyde Integration Joint Board Audit Committee - Chair and Vice-Chair Appointments**		

1.0 PURPOSE

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

2.0 SUMMARY

2.1 The IJB agreed the powers, remit and membership of the IJB Audit Committee on 20 June 2016, 24 January 2017 and 12 June 2017. As a result of changes to the Chair and Vice-Chair arrangements for the IJB, it is necessary to now appoint a new Chair and Vice-Chair of the IJB Audit Committee.

2.2 This report also seeks to confirm the re-appointment of members to the IJB Audit Committee for a further term of office.

3.0 RECOMMENDATIONS

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

1. appoints a Chair and a Vice-Chair to the Inverclyde Integration Joint Board Audit Committee, having due regard to the requirements set out in Paragraph 3.1 of the Inverclyde Integration Joint Board Audit Committee Terms of Reference, with nominations and appointments being made at the meeting;
2. agrees the re-appointment to the Inverclyde Integration Joint Board Audit Committee of the members set out in Appendix 1, Sections A and B.

Louise Long
Corporate Director (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

4.1 On 20 June 2016, 24 January 2017 and 12 June 2017, the IJB agreed the powers, remit and membership of the IJB Audit Committee. As a result of changes to the Chair and Vice-Chair arrangements for the IJB, the Chair and Vice-Chair appointments on the IJB Audit Committee require to be filled by voting members of the IJB.

5.0 AUDIT COMMITTEE – CHAIR AND VICE-CHAIR APPOINTMENTS

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

5.2 As the Council is taking of the Chair of the IJB, Councillor Rebecchi can no longer continue as Chair of the IJB Audit Committee. He can however continue as a member of the IJB Audit Committee.

5.3 The IJB therefore requires to appoint the Chair (from the NHS Board members) and Vice-Chair (from the Council members) of the IJB Audit Committee.

5.4 In terms of paragraph 3.1 of the IJB Audit Committee's Terms of Reference (attached at Appendix 2), the Chair of the IJB should not be a member of the IJB Audit Committee and this will require to be taken into account when agreeing the new Chair and Vice-Chair appointments.

5.5 As agreed by the IJB on 24 January 2017, it is acceptable for the Vice-Chair of the IJB to be appointed as the Chair of the IJB Audit Committee.

6.0 AUDIT COMMITTEE - MEMBERSHIP

6.1 Paragraph 2.2 of the IJB Audit Committee's Terms of Reference states that the provisions in relation to duration of membership of the IJB Audit Committee will be those which apply to the IJB. This means that all IJB Audit Committee members have reached, or are near to the end of, their term of office.

6.2 It is therefore proposed to re-appoint the current members of the IJB Audit Committee – as set out in Appendix 1, Sections A and B, for a further term of up to 2 years.

7.0 PROPOSALS

7.1 It is proposed that the IJB agrees the Chair and Vice-Chair appointments of the IJB Audit Committee and agrees the re-appointment of its members for a further term of up to 2 years.

8.0 IMPLICATIONS

Finance

8.1 None.

Financial Implications:

One Off Costs

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

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect	Annual Net Impact	Virement From (If	Other Comments

		from		Applicable)	
N/A	N/A	N/A	N/A	N/A	N/A

Legal

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

Human Resources

8.3 None.

Equalities

8.4 There are no equality issues within this report.

8.4.1 Has an Equality Impact Assessment been carried out?

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

8.4.2 How does this report address our Equality Outcomes

There are no Equalities Outcomes implications within this report.

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

Clinical or Care Governance

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

National Wellbeing Outcomes

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

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

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

9.0 DIRECTIONS

9.1

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

10.0 CONSULTATIONS

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

11.0 BACKGROUND PAPERS

11.1 N/A

APPENDIX 1

Inverclyde Integration Joint Board
Audit Committee Membership

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

APPENDIX 2

INVERCLYDE INTEGRATION JOINT BOARD
AUDIT COMMITTEE
TERMS OF REFERENCE

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

5.2	The Chief Internal Auditor should normally attend meetings and the external auditor will attend at least one meeting per annum.
5.3	The Audit Committee may co-opt additional advisors as required.
6	**Meeting Frequency**
6.1	The Audit Committee will meet at least three times each financial year. There should be at least one meeting a year, or part thereof, where the Audit Committee meets the external and Chief Internal Auditor without other senior officers present.
7	**Authority**
7.1	The Audit Committee is authorised to instruct further investigation on any matters which fall within its Terms of Reference.
8	**Duties**
8.1	The Audit Committee will review the overall Internal Control arrangements of the IJB and make recommendations to the IJB regarding signing of the Governance Statement.
	Specifically it will be responsible for the following duties:
	1. Acting as a focus for value for money and service quality initiatives;
	2. To review and approve the annual audit plan on behalf of the IJB, receiving reports, overseeing and reviewing actions taken on audit recommendations and reporting to the Board;
	3. Monitoring the annual work programme of Internal Audit;
	4. To consider matters arising from Internal and External Audit reports;
	5. Review on a regular basis action planned by management to remedy weaknesses or other criticisms made by Internal or External Audit
	6. Review risk management arrangements, receive annual Risk Management updates and reports.
	7. Ensure existence of and compliance with an appropriate Risk Management Strategy.
	8. To consider annual financial accounts and related matters before submission to and approval by the IJB;
	9. To be responsible for setting its own work programme which will include the right to undertake reviews following input from the IJB and any other IJB Committees;

	10. The Audit Committee may at its discretion set up short term working groups for review work. Membership of which will be open to anyone whom the Audit Committee considers will assist in the task assigned. The working groups will not be decision making bodies or formal committees but will make recommendations to the Audit Committee;
	11. Promoting the highest standards of conduct by Board Members;
	12. Monitoring and keeping under review the Codes of Conduct maintained by the IJB, and.
	13. Will have oversight of Information Governance arrangements as part of the performance and audit process.
9	**Conduct of Meetings**
9.1	Meetings of the Audit Committee will be conducted in accordance with the relevant Standing Orders of the IJB.

Inverclyde Integration Joint Board

Tuesday 19 March 2019 at 2pm

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

Chair: Mr Carr presided.

In attendance: Mr A Stevenson, Head of Health & Community Care, Ms D Gillespie, Head of Mental Health, Addictions & Homelessness, Ms A Mailey (for Head of Strategy & Support Services), Ms V Pollock (for Head of Legal & Property Services), Ms S Lang (Legal & Property Services) and Ms L Mutter (HSCP).

14 Apologies, Substitutions and Declarations of Interest 14

An apology for absence was intimated on behalf of Ms S McLeod.

Declarations of interest were intimated as follows:

Agenda Item 5 (Indicative Inverclyde IJB Budget 2019/20) – Ms L Aird.
Agenda Item 9 (Update Report: Five Year Mental Health Strategy and Action 15 Implementation) – Dr D Lyons.

15 Minute of Meeting of Inverclyde Integration Joint Board of 29 January 2019 15

There was submitted minute of the Inverclyde Integration Joint Board of 29 January 2019.
Decided: that the minute be agreed.

16 Rolling Action List 16

There was submitted a Rolling Action List of items arising from previous decisions of the Integration Joint Board.
Reference was made to the action in respect of Sandyford Sexual Health Services. It was noted that this would be progressed with a view to a report being made to the next meeting of the Board.
Decided: that the Rolling Action List be noted.

17 Financial Monitoring Report 2018/19 – Period to 31 December 2018, Period 9 17

There was submitted 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 9 to 31 December 2018.
Decided:
(1) that the current Period 9 forecast position for 2018/19 and the Period 9 detailed report contained in Appendices 1 to 3 be noted;
(2) that approval be given to the proposed budget realignments and virement in

Appendix 4 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 in Appendix 5;
(3) that the planned use of the Transformation Fund as set out in Appendix 6 be noted;
(4) that the planned use of the Integrated Care Fund and Delayed Discharge monies as detailed in Appendix 7 be noted;
(5) that the current Capital position as detailed in Appendix 8 be noted; and
(6) that the current Earmarked Reserves position as detailed in Appendix 9 be noted.

18 Indicative Inverclyde IJB Budget 2019/20 18

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership requesting agreement of an indicative budget for the Inverclyde Integration Joint Board (IJB) for 2019/20 in line with the Strategic Plan.
Ms Aird declared a financial interest in this item as the spouse of the interim Head of Finance of Ardgowan Hospice which is part of the Compassionate Inverclyde Project included in the budget proposals. She also formed the view that the nature of her interest and of the item of business did not preclude her continued presence in the meeting or her participation in the decision-making process.
Reference was made by the Chief Officer to the 2019/20 indicative financial allocation to Inverclyde Health & Social Care Partnership which had been received from NHS Greater Glasgow & Clyde the previous day and she requested that delegated authority be granted to her to consider further the details of the offer.
Decided:
(1) that the contents of the report be noted;
(2) that the anticipated funding of £50.617M from Inverclyde Council be noted;
(3) that the indicative financial allocation of £87.437m from Greater Glasgow & Clyde (GG&C) Health Board be noted;
(4) that delegated authority be granted to the Chief Officer to accept (a) the formal funding offer from Inverclyde Council once received, provided it is broadly in line with these indicative figures and (b) the funding offer from the Health Board provided the conditions of offer are considered to be acceptable;
(5) that the proposed Social Care and Health savings, drafts of which were set out in Appendices 4 and 7, be approved;
(6) that the ongoing discussions and continued budget risk around Mental Health Inpatients be noted;
(7) that agreement be given to the indicative net revenue budgets of £50.617M to Inverclyde Council and £87.437m excluding the "set aside" budget to NHS Greater Glasgow & Clyde and it be directed that this funding be spent in line with the Strategic Plan;
(8) that Officers be authorised to issue related Directions to the Health Board and Council;
(9) that the proposals relating to the creation of and/or use of Reserves at the year-end be noted and approved;
(10) that the ongoing work in relation to the "set aside" budget be noted; and
(11) that a report be submitted to the Integration Joint Board on Audit Scotland's opinion regarding the allocation of Earmarked Reserves for budget smoothing/contingency purposes.

19 Inverclyde HSCP Strategic Plan 2019-2024 19

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde

Health & Social Care Partnership appending, for approval, the revised Inverclyde HSCP Strategic Plan covering the time frame from 2019 to 2024. It was clarified that the report's recommendations required Directions to both Inverclyde Council and NHS Greater Glasgow & Clyde.
The Implementation Plan in relation to the Strategic Plan was circulated at the meeting.
Decided:
(1) that the updated draft Strategic Plan and Implementation Plan circulated separately be approved;
(2) that the consultation process be noted and that approval be given to the monitoring process as outlined in sections 5.7 and 5.8 of the report; and
(3) that a report be submitted to the Integration Joint Board by autumn 2019 on the reporting framework in respect of the Strategic Plan, including the role of the IJB Audit Committee.

20 Financial Plan 2019/20 to 2023/24 20

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership appending a refreshed medium-term Financial Plan aligned to the new Strategic Plan which estimates the Health & Social Care Partnership projected position moving into 2019/20 and the medium-term financial outlook to 2023/24.
Decided:
(1) that the assumptions and context of the Financial Plan for 2019/20 to 2023/24 and the level of uncertainty that exists in relation to a range of these assumptions be noted;
(2) that the medium-term outlook for the Integration Joint Board be noted;
(3) that the medium-term Financial Plan attached at Appendix 1 be approved; and
(4) that the ongoing work to continue to monitor and update the Plan be noted.

21 Ministerial Strategic Group Return 21

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership seeking approval to submit the Ministerial Strategic Group (MSG) Return appended to the report which had been developed by Officers in collaboration with other Health & Social Care Partnerships within the NHS Greater Glasgow & Clyde catchment area. The report advised that pending approval by the IJB, a draft of the completed template had been submitted to the Scottish Government by the deadline of 28 February.
Decided: that approval be given to the submission of the completed template to the Scottish Government.

22 Update Report: Five Year Mental Health Strategy and Action 15 Implementation 22

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership on progress with the Implementation Plan for the Five Year Mental Health Strategy and Action 15 and a proposal to establish a local Mental Health Programme Board.
Dr Lyons declared a non-financial interest in this item as a medical 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: that the ongoing progress with the work in relation to the Five Year Mental

Health Strategy and Action 15 Implementation be noted and that it be agreed that further updates be submitted to the Board on a six monthly basis.

23 Ministerial Strategic Group for Health and Social Care: Review of Progress with Integration 23

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on the Ministerial Strategic Group's review of the progress of Health and Social Care Integration.

Decided:

(1) that the contents of the report be approved; and

(2) that the results of the self-assessment undertaken by Inverclyde HSCP be submitted to the June meeting of the Board.

Ms Aird left the meeting at this juncture.

24 Chief Officer's Report 24

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on a number of activities undertaken across Inverclyde HSCP. These related to (1) Corporate Parenting, (2) the new Greenock Health Centre, (3) Out of Hours Community Nursing and Social Work Services, (4) Commissioning, (5) Imatters, (6) Pets as Therapy (PAT) in Orchard View and (7) Inverclyde HSCP Digital Money Advice Project.

Arising from discussion in relation to Out of Hours Services, it was noted that the Chief Officer and Clinical Director would discuss the arrangements in relation to referrals from pharmacies to Greenock Health Centre to avoid any referrals being made when the Health Centre is closed.

(Ms Aird returned to the meeting during consideration of this item of business).

Decided:

(1) that the report be noted; and

(2) that it be noted that a fuller report on the Review of Out of Hours Services would be submitted to the May meeting of the Board.

25 Social Isolation and Older Adults 25

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an overview of the work of the Health & Social Care Partnership and partner agencies to address the impact of social isolation on older adults.

In this connection, the Board viewed a short video of activities undertaken through Community Connectors to provide support to people through conversation and encouragement to take part in activities and interests.

Decided:

(1) that the positive work undertaken in relation to social isolation by the HSCP and partner agencies be noted;

(2) that the commitment to addressing social isolation and loneliness within the HSCP Strategic Plan be noted; and

(3) that any benchmarking information available be submitted to a future meeting of the Board.

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26 Minute of Meeting of Inverclyde Integration Joint Board Audit Committee of 29 January 2019 **26**

There was submitted minute of the Inverclyde Integration Joint Board Audit Committee of 29 January 2019.
(Mr MacLeod left the meeting during consideration of this item of business).
Decided: that the minute be noted.

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

Item	Paragraph(s)
Governance of HSCP Commissioned External Organisations	**6 and 9**
Criminal Justice Social Work Funding	**1**

27 Governance of HSCP Commissioned External Organisations **27**

There was submitted an updated report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership on matters relating to the HSCP governance process for externally commissioned Social Care Services.
Decided:
(1) that the governance report for the period 24 November 2018 to 25 January 2019 including the information provided on the change to Blackwood's model of care and the proposed closure of Maclehose Court be noted;
(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; and
(3) that a report be submitted to the Board within the next 12 months on the progress being made in bringing learning disability out of area placements back into Inverclyde.

28 Criminal Justice Social Work Funding **28**

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership on proposals being taken forward by Criminal Justice Social Work Services to mitigate the impact of the changes to the national Criminal Justice Social Work (CJSW) funding formula which was introduced on 1 April 2017 and which had resulted in the Council facing an approximately 25% reduction in grant funding over a five year period.
Decided:
(1) that the contents of the report be noted; and
(2) that approval be given to the work currently being undertaken to realise efficiencies in budget reductions aimed at delivering the Service within the Scottish Government's grant allocation.

INVERCLYDE INTEGRATION JOINT BOARD

ROLLING ACTION LIST

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

AGENDA ITEM NO: 5

Meeting Date and Minute Reference	Action	Responsible Officer	Timescale	Progress/Update/Outcome	Status
19 March 2019 (Para 27(3))	Learning Disability Out-of-Area Placements report on placements (within 12 months of March 2019)	Allen Stevenson		In progress	September IJB

INVERCLYDE HSCP Health and Social Care Partnership

AGENDA ITEM NO: 6

Report To:	**Inverclyde Integration Joint Board**	**Date:**	**14 May 2019**
Report By:	**Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership**	**Report No:**	**SL/LP/062/19**
Contact Officer:	**Sharon Lang**	**Contact No:**	**01475 712112**
Subject:	**Inverclyde Integration Joint Board (IJB) and IJB Audit Committee – Proposed Dates of Future Meetings**		

1.0 PURPOSE

1.1 The purpose of this report is to request agreement of a timetable of meetings for both the Inverclyde Integration Joint Board (IJB) and the IJB Audit Committee for 2019/20.

1.2 Members will note from the attached timetable that it is proposed to hold six meetings of the Integration Joint Board in this cycle, allowing for an additional meeting in June, and three meetings of the IJB Audit Committee.

1.3 It is proposed that all of the meetings of the IJB begin at 2pm but that the start time of the IJB Audit Committee be brought forward from 1pm to 12.30pm. This change is proposed to allow the Chair of the IJB Audit Committee to report orally on any particular issues which it is considered should be brought to the attention of the IJB.

2.0 RECOMMENDATION

2.1 It is recommended that agreement be given to the timetable of meetings for the Inverclyde Integration Joint Board and IJB Audit Committee for 2019/20 as detailed in the appendix to the report, with start times of 2pm and 12.30pm respectively.

Corporate Director (Chief Officer)
Inverclyde Health & Social Care Partnership

3.0 BACKGROUND

3.1 The Standing Orders of the Inverclyde Integration Joint Board (IJB) provide for meetings to be held at such place and such frequency as may be agreed by the Board. The proposal in this report is for six meetings to be arranged for the period from September 2019 to June 2020, with all meetings commencing at 2pm. The additional June meeting of the Board has now been formalised in the timetable.

3.2 In June 2016 an Audit Committee was established as a Standing Committee of the IJB. The Audit Committee's terms of reference provide for the Committee to meet at least three times each financial year and that there be at least one meeting a year, or part thereof, where the Committee meets the External and Chief Internal Auditors without other senior officers present.

3.3 It is proposed that the IJB Audit Committee meets on three of the six dates on which the IJB meets, with meetings commencing at 12.30pm.

4.0 IMPLICATIONS

Finance

4.1 There are no financial implications arising from this report.

Financial Implications:

One Off Costs

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

Annually Recurring Costs/ (Savings)

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

Legal

4.2 None.

Human Resources

4.3 None.

Equalities

4.4 There are no equality issues within this report.

4.4.1 Has an Equality Impact Assessment been carried out?

	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.

4.4.2 How does this report address our Equality Outcomes

There are no Equalities Outcomes implications within this report.

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

Clinical or Care Governance

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

National Wellbeing Outcomes

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

There are no National Wellbeing Outcomes implications within this report.

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

Resources are used effectively in the provision of health and social care services.	None

5.0 CONSULTATIONS

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

6.0 DIRECTIONS

6.1

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

7.0 BACKGROUND PAPERS

7.1 N/A

TIMETABLE 2019/20

IJB/IJB Audit Committee	Submission Date – 9am	Pre-Agenda Date	Issue Agenda	Date of Meeting
IJB Audit Committee	16 August	Monday 26 August – 2.15pm	30 August	**Tuesday 10 September – 12.30pm**
Inverclyde Integration Joint Board	16 August	Monday 26 August – 3pm	30 August	**Tuesday 10 September – 2pm**
Inverclyde Integration Joint Board	11 October	Monday 21 October – 3pm	25 October	**Monday 4 November – 2pm**
IJB Audit Committee	3 January	Monday 13 January – 2.15pm	17 January	**Tuesday 28 January – 12.30pm**
Inverclyde Integration Joint Board	3 January	Monday 13 January – 3pm	17 January	**Tuesday 28 January – 2pm**
IJB Audit Committee	21 February	Monday 2 March – 2.15pm	6 March	**Tuesday 17 March – 12.30pm**
Inverclyde Integration Joint Board	21 February	Monday 2 March – 3pm	6 March	**Tuesday 17 March – 2pm**
Inverclyde Integration Joint Board	24 April	Tuesday 5 May – 3pm	8 May	**Tuesday 19 May – 2pm**
Inverclyde Integration Joint Board	29 May	Monday 8 June – 3pm	12 June	**Tuesday 23 June – 2pm**

INVERCLYDE HSCP Health and Social Care Partnership

AGENDA ITEM NO: 7

Report To:	**Inverclyde Integration Joint Board**	**Date:**	**14 May 2019**
Report By:	**Louise Long** **Corporate Director (Chief Officer)** **Inverclyde Health & Social Care Partnership**	**Report No:**	**IJB/34/2019/DG**
Contact Officer:	**Deborah Gillespie Head of Mental Health, Addictions and Homelessness**	**Contact No:**	**01475 715284**
Subject:	**Review of Inverclyde HSCP Alcohol and Drug Services- Progress Update**		

1.0 PURPOSE

1.1 The purpose of this report is to update Inverclyde Integration Joint Board on the progress of the Inverclyde HSCP Review of Alcohol and Drug Services.

2.0 SUMMARY

2.1 A review of Inverclyde HSCP Alcohol and Drug Services commenced in late 2017 with an aim to develop a coherent and fully integrated model for the services in Inverclyde. Phase One of the review set out to review the current delivery models and was completed in June 2018. Phase Two is now being concluded which will establish the future model for the service.

2.2 Phase Two has been taken forward by workstream groups focused on: Prevention and Education; Assessment, Treatment and Care; Wider Multidisciplinary Services; Recovery; and Workforce. Work is also being concluded on the financial framework for the services, including commissioned services.

2.3 The Alcohol and Drug Review Programme Board, established at the start of the review, is meeting regularly to oversee this work.

2.4 The co-location of both the Alcohol and Drug services on the refurbished Wellpark site since the end of March 2019 will aid the development of a cohesive and fully integrated new model of delivery.

3.0 RECOMMENDATIONS

3.1 That the Integration Joint Board notes the progress being made in terms of the Review of the HSCP Alcohol and Drug Services and agrees to a further report to the Integration Joint Board once the Phase Two recommendations and associated implementation plan are agreed by Programme Board and Staff Partnership.

Louise Long
Chief Officer

4.0 BACKGROUND

4.1 A review of Inverclyde HSCP Alcohol and Drug Services commenced in late 2017 with an aim to develop a cohesive and fully integrated model for the services in Inverclyde. The review was governed by three overarching principles which anchor the service user at the heart of the new delivery model.

- To ensure service users receive the right assessment and treatment, at the right time, that is centred on their needs.
- To ensure the focus on a recovery pathway in which the service user is fully involved and able to participate in planning their own sustainable recovery.
- To ensure safe, effective, evidence based and accountable practice focused on delivering quality outcomes.

4.2 Phase One of the review set out to review all aspects of the current model for delivery of services to people with alcohol and drug use within the Inverclyde population, and was completed in June 2018. The five key areas for consideration and further action from the Phase One work were:

- Current and Future Demand
- Outcome Focused Approach
- Tiered approach to service delivery
- Integrated pathways
- Workforce

4.3 Since the commencement of this work, the Scottish Government has published both the new Drug/Alcohol Strategy, Rights, Respect and Recovery (2018) and also the new alcohol framework, Preventing Harm (2018).

Inverclyde HSCP has developed its Strategic Plan (2019-24) which includes six big actions with Big Action 5 focused on “together we will reduce the use of, and harm from alcohol, tobacco and drugs”.

4.4 In addition, the recent report, Prevalence of Problem Drug Use in Scotland 2015/16 Estimates - Information Services Division (ISD) March 2019 An Official Statistics Publication for Scotland, has recently highlighted that Inverclyde has the highest prevalence of drug use in Scotland. Of concern is that Inverclyde has the highest rate of prevalence for young people aged between 15 and 24 in Scotland (for both males and females), whilst the Inverclyde rate at 3.09% within the male population aged 15-24 is twice that for the Scotland wide rate for this age group and gender.

4.5 This prevalence information and recent national strategies have informed and shaped the considerations of the workstreams.

4.6 Central to the work has been the requirement to ensure all stakeholders, including staff, partner organisations and service users are involved in shaping the future service, and to ensure communication is open, transparent and timeous. As a result of this approach a Service User Reference Group has been established supported by Your Voice to enable their engagement.

5.0 PROGRESS TO DATE

5.1 Workstream groups were established; suitable chairs and members identified from the HSCP services and partners; and action plans developed with regular reporting back to the Alcohol and Drug Service Review Programme Board. The workstream groups have undertaken a range of work to help identify a new model for delivery. Core to this will be a tiered approach which helps identify the key areas of focus of the HSCP service going forward (Appendix 1).

5.2 **The Prevention and Education workstream** has carried out scoping to look at what was available across Inverclyde in relation to prevention and education (adults and young people) and what partners/services are delivering this area of work. In addition they have examined the most up to date national and local policies available to ensure current and future delivery meets evidence based practice. The initial findings, including the concerning data from the recently published drugs prevalence study highlighted above, indicate that a more joined up and active approach to prevention across the whole population, including schools network and wider communities, is required.

5.3 **The Assessment Treatment and Care Workstream** has identified new access criteria for the service. In addition, they are developing new models of delivery to establish a clear and visible single service model which includes a single point of access (SPOA); a single pathway through the service; and ensure effective liaison with acute and primary care colleagues to best support service users with drug and alcohol issues.

5.4 **The Wider Multi-disciplinary Workstream** has identify a range of wider supports and interfaces across HSCP services that will ensure robust joint working and better pathways to support service users. This reflects the increasing needs of people with comorbidities in respect of the impact of alcohol and drug use on their physical and mental health. This work includes a review of support that is available to families affected by drug and alcohol issues. This is being undertaken in partnership with the ADP, which has commissioned Scottish Families Affected by Drugs to lead work to coproduce the appropriate response and identify changes required in this area.

5.5 **The Recovery Workstream** has included work being undertaken by the Scottish Drugs Forum with the Alcohol and Drug Partnership. This has identified areas to focus on for development of Recovery Orientated Systems of Care (ROSC) across the whole system of support including with our third sector partners and the community.

5.6 **The Workforce Workstream** has been working to ensure staff are supported in the transition to a new integrated model and identify training and development requirements to ensure staff are adequately equipped and supported to deliver recovery orientated treatments and interventions across both alcohol and drugs. Development days, shadowing and other opportunities for joint learning are underway. The delivery of both alcohol and drug services on the newly refurbished collated site of Wellpark and the new service name of Inverclyde Alcohol and Drug Recovery Service will enhance these opportunities for closer working ahead of full integration.

5.7 The Phase Two report is currently being finalised with a number of recommendations emerging from the workstream discussions. Three key overarching areas for the implementation plan have been identified and will be progressed as follows:

- Prevention - through the ADP Communities and Culture Change Group;
- Assessment and Treatment - through the Alcohol and Drug Programme Board;
- Recovery - through a wider HSCP recovery development approach with mental health, supported self-care and commissioning.

5.8 A professional “critical friend” is currently being identified to ensure that the work to review the service is robust, and all potential recommendations and changes have been identified.

6.0 IMPLICATIONS

6.1 FINANCE

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

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

HUMAN RESOURCES

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

EQUALITIES

6.4 Has an Equality Impact Assessment been carried out?

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

6.5 How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	Positive impact - the new service model will ensure access for all
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	Positive impact - the new service model will ensure service users with alcohol and drug issues will not be discriminated
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.	Positive impact - refreshed training to ensure all staff working within the new service are aware of their values and beliefs to ensure non discrimination
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	None

Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	None

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

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

6.7 **NATIONAL WELLBEING OUTCOMES**

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

National Wellbeing Outcome	**Implications**
People are able to look after and improve their own health and wellbeing and live in good health for longer.	By ensure a ROSC approach is embedded within the new delivery model will ensure service users have access to a range of supports.
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	None
People who use health and social care services have positive experiences of those services, and have their dignity respected.	None
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	The new delivery model will ensure service users have access to a professional evidence based service which will meet their needs.
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.	Reviewing the current delivery model will enable best use of resources in the future.

7.0 DIRECTIONS

7.1

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

8.0 CONSULTATION

8.1 The report has been prepared by the Chief Officer of Inverclyde Health and Social Care Partnership (HSCP) after due consideration with relevant senior officers in the HSCP. Staff have been involved in a number of the workstream groups with staff representation on the overall Programme Board. Staff briefings are ongoing and a newsletter is currently in development.

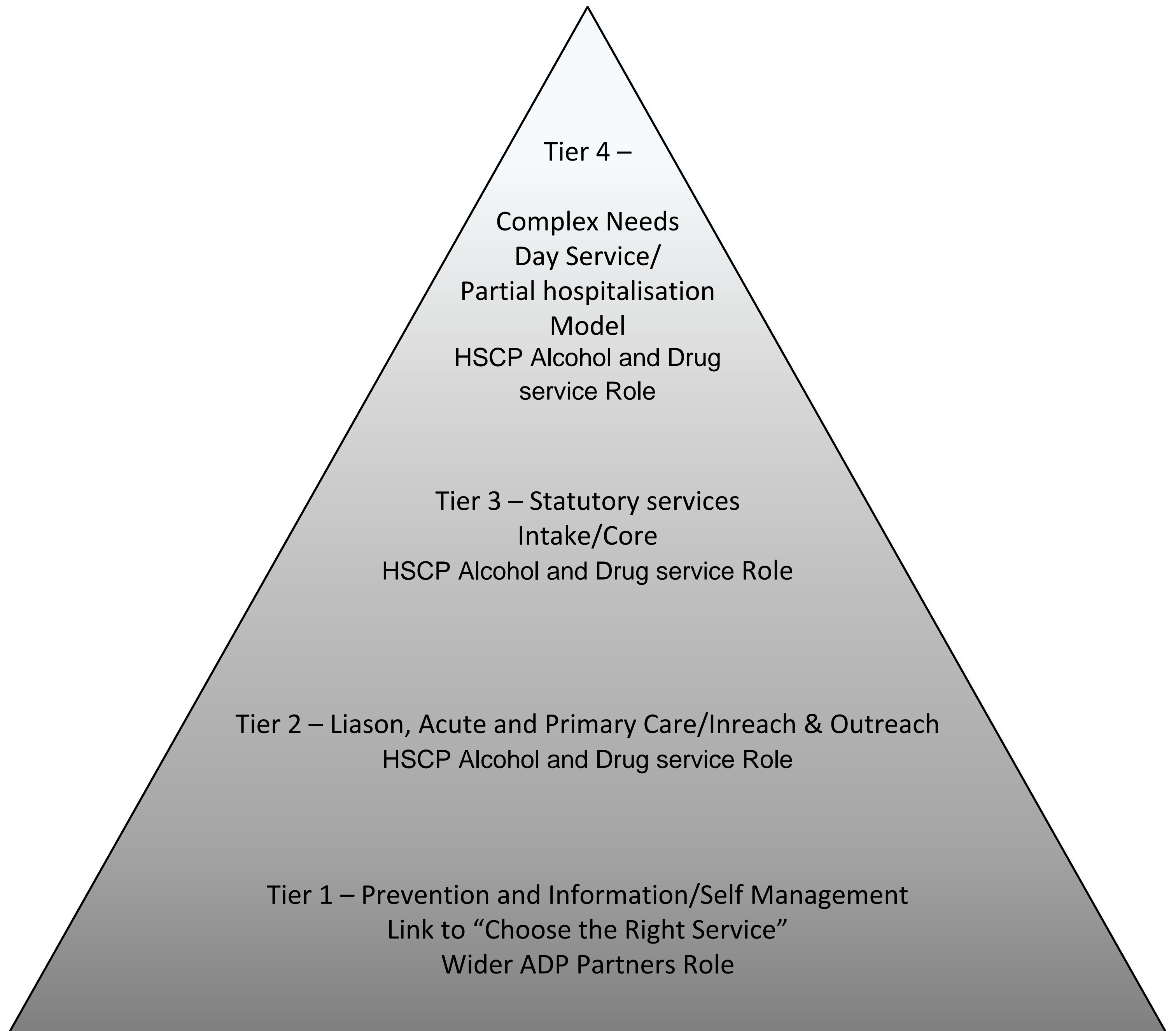
9.0 BACKGROUND PAPERS

9.1 None.

APPENDIX

INVERCLYDE HSCP Health and Social Care Partnership

Alcohol & Drug Tiered Model of Care



INVERCLYDE HSCP Health and Social Care Partnership

AGENDA ITEM NO: 8

Report To:	**Inverclyde Integration Joint Board**	**Date: 14 May 2019**
Report By:	**Louise Long** **Corporate Director (Chief Officer)** **Inverclyde Health & Social Care Partnership**	**Report No: IJB/29/2019/DG**
Contact Officer	**Deborah Gillespie** **Head of Service**	**Contact No: 01475 715284**

Subject: **SCOTTISH GOVERNMENT PROGRAMME FOR GOVERNMENT CHALLENGE FUND. INVERCLYDE ALCOHOL AND DRUG PARTNERSHIP (ADP) BID: "*NEW PATHWAYS FOR SERVICE USERS*".**

1.0 PURPOSE

1.1 The purpose of this reports is to inform the Board of Inverclyde ADP's successful bid to the Scottish Government's Challenge Fund to support activities which tackle problem alcohol and drug use in Scotland.

2.0 SUMMARY

2.1 The Scottish Government's Programme for Government (PfG) 2018/19 - Additional Investment 2018/19 - included funding to support activities which tackle problem alcohol and drug use with a focus on seeking and supporting new innovative approaches, as well as responding to the needs of patients in a more joined up person centred way.

2.2 Part of the Government's PfG additional funding is being distributed through a Challenge Fund bidding process managed by the CORRA foundation. The Scottish Government Challenge Fund will be open twice. A total of £1.2million will be available in 2018/19 (Round 1). A similar investment (tbc) will be available in 2019/20 (Round 2, which is likely to open in October 2019).

2.3 Inverclyde ADP made a bid to the CORRA Foundation for Challenge funding for the "*New Pathways for Services Users"* project. The ADP bid was successful and has been awarded a grant of £141,200.

This grant will be paid over two years £54,065 in 2019-20 and £87,135 in 2020-21.

2.4 A full copy of the bid can be found in Appendix 1.

2.5 The project bid has been match funded from a successful bid to Inverclyde's Transformation Board. £150,000 was secured from this source to be allocated over two years with £75,000 per annum in 2019/20 and 2020/21.

2.6 The funding will support the test of change and was made within the Challenge Fund's funding category:

- ***Implementing Change***

  with a funding priority around:

- ***Stepped Care: "right support at the right time"***

The "New Pathways for Services Users" project provides a focus on:

- Improving engagement with hard to engage, hard to reach and hidden population by providing new routes to access services from community outreach provision at GP practices and access to extended services across 7 day working and extended hours.
- Preventing alcohol and drug related admissions to acute services and presentations at emergency departments supporting a more appropriate response to people in crisis.
- Providing a community based treatment option for home detox.

The Alcohol and Drug Partnership Executive Group will oversee the implementation and the monitoring of the project. Regularly reporting to the Alcohol and Drug Partnership and evaluation will be presented to the IJB for consideration.

3.0 RECOMMENDATIONS

3.1 That the Board notes the outcome of Inverclyde ADP's successful bid for funding to the Scottish Government Challenge fund which supports reducing harm from problem alcohol and drug use.

3.2 That the Board agrees to receive future updates on progress of the test of change within the " New pathways for Service User projects".

Louise Long
Chief Officer

4.0 BACKGROUND

4.1 The Scottish Government's Programme for Government (PfG) 2018/19 - Additional Investment 2018/19 - included funding to support activities which tackle problem alcohol and drug use with a focus on seeking and supporting new innovative approaches, as well as responding to the needs of patients in a more joined up person centred way.

4.2 Part of the £20 million investment through the 2017 Programme for Government (PfG) to support activities around seeking and supporting new innovative approaches to tackle problem alcohol and drug use included a Challenge Fund. The Challenge Fund provides space to re-think the system (or parts of the system), test change and implement new ways of working. The aim is to help break down barriers for people when accessing services or getting the right support, and as a result achieve better and more sustainable positive changes in people's lives.

4.3 Inverclyde ADP made a successful bid to the CORRA Foundation for Challenge funding for the "*New Pathways for Services Users"* project. The ADP was awarded a grant of £141,200 to be paid over two years, £54,065 in 2019-20 and £87,135 in 2020-21.

The funding will support the test of change and was made within the Challenge Fund's funding category:

- ***Implementing Change***

  with a funding priority around:

- ***Stepped Care: "right support at the right time"***

The "New Pathways for Services Users" project provides a focus on:

- Improving engagement with hard to engage, hard to reach and hidden population by providing new routes to access services from community outreach provision at GP practices and access to extended services across 7 day working and extended hours.
- Preventing alcohol and drug related admissions to acute services and presentations at emergency departments supporting a more appropriate response to people in crisis.
- Providing a community based treatment option for home detox.

4.4 Inverclyde has a number of particular challenges related to the misuse of alcohol and drugs. Inverclyde has a long history of people affected by alcohol and drug use and our rates are higher than most of Scotland. Recent drug misuse prevalence data indicates the rate of problem drug misuse in Inverclyde (2.91%) is almost twice that for Scotland (1.62%) as a whole. Inverclyde local authority area has the highest prevalence rate of problematic drug use when compared to all other authorities in Scotland.

Problematic alcohol and drug misuse harms individuals, families and communities. For example Inverclyde has shorter life expectancy and a higher proportion of child protection registrations are due to parental drug and alcohol use. Alcohol related deaths in Inverclyde are considerably higher than the rate for Scotland at 32 per 100K population for Inverclyde compared to 23 per 100K for Scotland as a whole. The rate of alcohol-related hospital admissions in Scotland in 2016/17 was 685.2 per 100K and for Inverclyde the rate was 991.7 per 100K population.

These issues impact on all communities; from the wellbeing of children to the

increased demand on our local services; and on the ability for those affected to contribute to the local economy and community. People with alcohol and drug problems are more likely for example to have persistent difficulties sustaining their own home and be involved with the criminal justice system.

The "*New Pathways for Services Users"* pilot project will support us to better meet the complex needs of those affected.

4.5 **Improvement Themes and Service Developments**

Key improvement themes and change which will be supported by the project include:

Improved pathways:

- Primary care liaison will identify need and enable access to appropriate treatment. Home Detox development will extend access to treatment.

Enhanced model of service delivery:

- People will receive an appropriate response to need: in particular this relates to those who currently access acute and other crisis services due to the absence of alternative specialist alcohol and drug treatment services.
- Either in their locality or outwith 5 day working and 9 to 5 hours.
- Service users will be provided with a response to address substance misuse problems within the context of other health concerns by improved links with primary care.

Widen access:

- Primary care liaison developments will provide access to specialist support across GP practices.
- Hard to reach groups will be provided with improved opportunities to access services via primary care provision and extended hours and days when services are available.
- Extended hours and weekend provision will support those who work or have caring responsibilities to better access services

Early Intervention and Prevention:

- Links with primary care will provide the opportunity for people to experience reduced harm by the provision of earlier intervention and prevention responses.

4.6 Our proposal is aligned with Inverclyde HSCP IJB's Strategic Plan 2019-2024 "Improving Lives" which identifies a strategic priority under Big Action 5:

"Together we will reduce the use of, and harm from alcohol, tobacco and drugs"

The "New pathways for Service Users" project will support the HSCP strategic commitment to:

".. Promote early intervention, treatment and recovery from alcohol, drugs and tobacco and help prevent ill health. We will support those involved to become more involved in their local communities."

4.7 Strategically the test of change project supports a number of key workstreams across acute and primary care including the HSCP Primary Care Improvement Plan, which provides a focus on a stepped care approach where our community are supported to access the right service at the right time and place; our investment in the Action 15 Mental Health Strategy to more fully support clients with dual diagnosis; and the commitment through our local work on the Unscheduled Care

Collaborative to enable a concentrated focus on the current repeat presentations in ED and improving pathways from ED into our addiction service.

4.8 Our "implementing change" proposal is part of our wider system change model which is being driven via the Addiction Service Review. The review has identified early recommendations for better access to services and enhanced community response to treatment. Our project proposal to develop new provision to develop an enhanced clinical and extended access model will be important in order to support the establishment of the structures, skills and experience to move our services towards a more responsive comprehensive model of treatment and support.

4.9 The test of change project will be supported by a steering group of partner agencies. After discussion with the funder a project implementation plan will be agreed. An indicative implementation plan was included with the funding bid.

Effective project monitoring will support us to: ensure that tasks are being carried out as planned, that any unforeseen consequences that arise as a result of the changes we are implementing can be addressed, assess how implementation is being progressed across teams and partners at a given period of time and to identify what are the elements of the project that need changing if the SMART outcomes are to be achieved. Our project implementation plan will be the focus for monitoring progress.

- We will be directed by the establishment of SMART goals
- We will hold monthly project implementation meetings at which monitoring progress will be a standing agenda item
- Partners will be clear about expectation of reporting at each implementation meeting: our SMART plan will have identified responsibility for key actions and reporting responsibilities
- We will identify performance indicators and the data required to evidence progress towards outcomes
- We will identify a risk register for the key aspects to be delivered to provide a mechanism for early intervention where difficulties arise

Our monitoring progress mechanism will take account of the test of change aspect of the project which will require flexibility to respond to situations where processes prove to be less than effective and we can capitalise on any unplanned gains as we learn from the new processes being implemented and their impact on service user outcomes.

Reporting and Scrutiny - Progress will be report monthly to the project implementation group, quarterly to the Unscheduled Care Programme Board, ADP Executive Group and ADP Committee and evaluation will be presented to the IJB. These reporting routes will provide support and scrutiny of the project's progress. The implementation groups with service users via the stakeholder network will be a mechanism for reporting to service users.

5.0 IMPLICATIONS

FINANCE

5.1

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

N/A					

Annually Recurring Costs / (Savings)

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

LEGAL

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

HUMAN RESOURCES

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

EQUALITIES

5.4 Has an Equality Impact Assessment been carried out?

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

5.4.2 How does this report address our Equality Outcomes?

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

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

5.5 There are 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.	Key outcomes form the project aim to improve health and wellbeing and reduce early mortality from substance misuse by supporting participation in protective factors – engagement with services.
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.	Service user group face considerable health inequalities. The project targets improved involvement of these groups in treatment services.
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.	Project supports reduction of harm from substance misuse.
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	None
Resources are used effectively in the provision of health and social care services.	None

6.0 DIRECTIONS

6.1

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

7.0 CONSULTATION

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

8.0 BACKGROUND PAPERS

8.1 None.

Appendix 1

Appendix 1

Scottish Government Challenge Fund
Programmed for Government

Inverclyde ADP "New Pathways for Service Users "

Funding Category

- Implementing Change

Funding Priority

- Stepped Care (right support at the right time)

Section 1. <u>What change have you identified that needs implemented?</u>

We have identified the need to change our service model to provide new pathways for service users with a particular focus on:

- Improving engagement with hard to engage, hard to reach and hidden population by providing new routes to access services from community outreach provision at GP practices and access to services across 7 day working
- and extended hours.
- Preventing alcohol and drug related admissions to acute services and presentations at emergency departments.
- Providing a community based treatment option for home detox.

We have identified the need to do something different in our distress responses. People with drug and alcohol needs are accessing Emergency Departments (ED) and coming to the attention of Police Scotland and mental health crisis response resulting in inappropriate pathways and pressures on the wider support systems. Many of these people are not known to addiction service.

Currently we have separate drug and alcohol teams delivering a 9 to 5 Monday to Friday service from one central location. The teams are multidisciplinary and deliver a small liaison service on an in-reach basis to our local acute hospital.

Our addiction services are currently under review and will be fully integrated and co-located within 2019. Our "implementing change" proposal is part of our wider system change model which is being driven via this service review.

Our project proposal to develop new provision to develop an enhanced clinical and extended access model will be important in order to support the establishment of the structures, skills and experience to move our services towards a more responsive comprehensive model of treatment and support.

Our proposal will support us to **pilot change** by providing capacity and skills development to:

- Develop an outreach community nursing liaison service across primary care.
- Provide capacity to test 7 day working and out of hour's service provision including shifting our current partial hospitalisation model for detox to a the community based approach (home detox).

Our proposed changes are important because they will support us to:

- Better meet the needs of hard to engage and reach and hidden populations including those in employment and those with caring responsibilities who cannot attend within normal working hours.
- Bring people into services in their communities via GP practices. In particular those not previously engaged well or at all with addiction services.
- Support our alcohol and drug related death prevention strategies by targeting high risk groups.

Is this a novel approach?

Yes

Section 2 How did you identify need?

The need for change has been identified from a range of strategic and service review improvement and performance management activities. Inverclyde ADP performance framework identifies:

- Higher than the national rate of mortality for drug and alcohol related deaths in Inverclyde

Alcohol Related Deaths 2017	(Rate 100K pop)
Scotland	23
Inverclyde	32
Drug Related Deaths Average Rate 2013-17	(Rate 1000pop)
Scotland	0.14
Inverclyde	0.22

The rate of drug and alcohol related hospital admissions in Inverclyde are considerably higher than the rate for Scotland. See tables in section 15 of this report.

Unscheduled Care Collaborative: The local Unscheduled Care Collaborative identifies high levels of emergency admissions from those with drug and alcohol related issues. Concerns around harms and risk associated with alcohol related withdrawals have been identified as an increasing reason for alcohol related emergency acute admissions rates. in 2018 60% of emergency department admissions to our local acute hospital identified alcohol and drug misuse issues.

Acute liaison: The Acute liaison service has identified an increase in admissions to acute services for alcohol withdrawal reasons and a rising trend in drug related referrals. Our analysis of acute sector admissions reflects a pathway which (for many) is disconnected from primary care and specialist treatment services.

Inverclyde addiction service review has included: a detailed review of our operating systems, analysis of current processes and needs and demands and consultation with service users and other key stakeholders. The recommendations from the review include:

- meeting unmet need, changing needs and improving access to services
- further development of integrated pathways
- better meeting the needs of people with co-morbidity
- more recovery focused care
- workforce development

ROSC: Inverclyde ADP has been working with Scottish Drugs Forum (SDF) to evaluate Recovery **Orientated Systems of Care (ROSC)** development in Inverclyde. Extensive consultation with ADP partner agencies and service users was carried out. Our service user consultation highlighted:

- a gap in services from the lack of out of hour's and weekend provision.

Service user consultation: around the impact of access to/ cost of transport and its impact on people's ability to attend services (Part of PADS work stream) indicated:

- The lack of community provision as a major barrier to accessing services

Community outreach is one mechanism of reducing barriers to engagement

Section 3. Why is this change important to improving outcomes for people?

Outcomes for our service users and wider community will be improved by the enhancement and improved access across 7 days:

Improved pathways

- Primary care liaison will identify need and enable access to appropriate treatment.
- Home Detox development will extend access to treatment

Enhanced model of service delivery:

- People will receive an appropriate response to need : in particular this relates to those who currently access acute and other crisis services due to the absence of alternative specialist alcohol and drug treatment services
- Either in their locality or outwith 5 day working and 9 to 5 hours.
- Service users will be provided with a response to address substance misuse problems within the context of other health concerns by improved links with primary care.

Widen access:

- Primary care liaison developments will provide access to specialist support across GP practices.
- Hard to reach groups will be provided with improved opportunities to access services via primary care provision and extended hours and days when services are available.
- Extended hours and weekend provision will support those who work or have caring responsibilities to better access services

Early Intervention and Prevention:

Links with primary care will provide the opportunity for people to experience reduced harm by the provision of earlier intervention and prevention responses.

Section 4. How do you envisage this improvement/change being implemented?

We request this funding to enable the following developments to be taken forward:

1. We will develop capacity for a nurse led liaison service within the acute sector (including ED) this post will support effective links with hospital discharge processes and pathways to drug and alcohol treatment.
2. We will develop addiction liaison services within the community which will provide outreach services within GP practices.
3. We will test 7 day working and extended service provision (outwith 9 to 5). This will support:

- The shift from a partial hospitalisation model for alcohol detox to a community based model (home detox).
- Improved access to services for hard to reach groups and hidden population.

If the model for 7 day access to services is a success the IJB will adopt the test of change learning and introduce more 7 day access to addiction services. Likewise our outreach primary care liaison will be extended across GP practices.

These developments are integral to allow “tests of change” to be established to support the realisation of our future vision for the integrated drug and alcohol delivery within Inverclyde. This supports our plans for redesign of the existing service delivery, along with a range of new developments being funded through the additional ADP investment.

Strategically our plans are part of a number of key work streams across acute and primary care including the HSCP Primary Care Improvement Plan, which provides a focus on a stepped care approach where our community are supported to access the right service at the right time and place; our investment in the Action 15 Mental Health Strategy to more fully support clients with dual diagnosis; and the commitment through our local work on the Unscheduled Care Collaborative to enable a concentrated focus on the current repeat presentations in ED and improving pathways

from ED into our addiction service.

We have already established a Service User Reference Group as part of the wider Review of Addiction Services, and we aim to utilise this group to ensure our plans meets the needs of our service users.

Section 5. How will you do this?

As detailed below we view this programme as an opportunity to test a new way of working therefore the operational plan for Year 1 is set out below. We envisage that year one will be a testing phase, with a review after the 1st 6 month delivery to evaluate and consider any changes required to the model. We plan to utilise a continuous improvement approach (PDSA) to ensure the programme is flexible to adapt to change. As required. At the end of the two years we will be in a position to mainstream which will include the learning from the test of change including service user and other stakeholder feedback

Operational Plan : Indicative Plan

Actions	Lead	By When
Workforce		
1. Recruit Band 7 team lead (consideration of advanced nurse prescriber post)	Service Manager	**June 2019**
2. Recruit part time business support post	Business Support Coordinator	**June 2019**
3. Establish a Staffing framework to test later opening and weekend provision of treatment and support services. (Consideration to trainee advance nurse prescriber posts)	Team Lead	**August 2019**
4. Recruit additional staff capacity	Team lead	**October 2019**
5. Procure appropriate training for current staff to allow home detox opportunities to be delivered	Team lead/ Professional Nurse Advisor	**Sept 2019**
6. Develop and deliver continual training and education involving screening and ABIs to staff across acute and primary care	Liaison Team	**Sept 2019 ongoing**
Pathways		
1. Process map current referral and patient flow for ED and acute wards to liaison team	Team lead	**June 2019**
2. Develop interface and pathways between ED and liaison team	Team Lead/Liaison team	**Sept 2019**
3. Develop interface and liaison to extend across all IRH acute wards to support improved seamless discharge and joint working with home from hospital social work team	Team Lead/Liaison Team	**Sept 2019**
4. Develop pathways for primary care to a range of appropriate treatment and support	Team Lead/Liaison Team	**Oct 2019**

Performance		
1. Identify performance information to allow baselines to be created 2. Agree appropriate milestones and targets **3.** Agree reporting templates and timescales	Team Lead/Planning &Performance Officer Implementation Group Implementation Group	**June 2019** **July 2019** **July 2019 ongoing**
Service Improvement		
1. Establish Implementation Group- 6 weekly 2. Test extension to current 9-5 service 3. Develop standard operating procedures to support primary care colleagues when dealing with clients with addiction issues	Service Manager Team leads Team lead	**April 2019 ongoing** **Oct 2019 ongoing** **Oct 2019**

Section 6. What will be the Outcome?

Our overarching outcome and difference we would expect to achieve from our project is encompassed within the Action 5 Outcome from Inverclyde HSCP Strategic Plan:

".. Promote early intervention, treatment and recovery from alcohol, drugs and tobacco and help prevent ill health."

The difference this systems change will make to people who use our services are the benefits of an enhanced service model which will provide:

- improved pathways to services,
- increased choice and access to specialist treatment services including outreach provided within community settings
- a more appropriate response to distress and .
- more effective hospital discharge for our service users by better linking them to addition services and support

Our service users will benefit from a more holistic response to needs gained by GP practices providing direct access to specialist services via community addiction liaison nursing services. This will facilitate a partnership response between a specialist primary care service and general practice. Our model will enhance the opportunity for co-morbidities to be better identified and managed by this enhanced partnership approach.

Service users will have a more responsive and flexible service. Service users will have wider access to specialist treatment delivered locally (GP practice) and within extended hours of provision. This will help us to be more effective at retaining people in services and accessing hard to reach and hidden populations.

Service users will benefit from engagement strategies which will provide a focus on responsiveness and flexibility including the benefits of wider access and outreach to our communities.

Improved outcomes for service users include:

- People will receive improved quality of care
- People will experience less alcohol and drug related harm
- There will be less alcohol and drug related deaths
- Service users will have less acute admissions
- Service users will have less presentations at ED
- Service users will avoid the need for crisis intervention resulting from access to improved and appropriate pathways
- People who find it hard to access or engage with services will be provided with enhanced options to engage in treatment
- People who struggle to sustain engagement in treatment will be provided with enhanced support through the model.
- Less people will experience relapse.
- People will face less barriers to accessing and sustaining support from specialist treatment services.

These outcomes will be included within our project evaluation framework.

Section 7. <u>How will you share the success/learning from your project?</u>

We will share learning by ensuring that the project is reported and discussed across a wide range of practice and strategic groupings both locally and wider (NHS Board and National).

Inverclyde ADP Network The project looks to support more appropriate pathway and to improve the interface across ADP partner agencies. Any learning will be important for other HSCP services (including Mental Health,
Criminal Justice, Homelessness and Children's Services) and ADP partner agencies.

Addiction Team Development and learning will be included within our addiction services team meetings and practice development.

GP Practice Forum will provide a focus for sharing learning across GP Practices included within the pilot and the
wider GP primary care network.

Local Practitioners Forum provide the opportunity to raise awareness of the project and share learning across a wide range of agencies from local statutory and third sector organization.

Addictions Stakeholder Network We will share learning and seek scrutiny from our local service user engagement network to increase understanding of how we are implementing change to improve services and outcomes.

NHS GGC Board Wide Planning Group: Inverclyde ADP is represented on this Board Wide group with other ADPs within NHS GG&C (6 ADPs involved). The group is a forum for strategic and practice development with representation across a wide range of health and social care professional disciplines. This forum will provide valuable access to a range of expertise to which we will share the learning from the project and seek feedback
and comment on an on-going basis. This group will be a route to dissemination information across NHS Greater Glasgow and Clyde Addiction services.

NHS Unscheduled Care Programme Board Chaired by the Chief Executive NHS, GG&C group reviews all hospital unscheduled activities.

ADP National Network The ADP national grouping provides a mechanism for discussing and sharing across the

ADP network. This grouping will provide the opportunity to provide ADPs across Scotland with details of progress and learning from the project.

Nationally Commissioned Organisations We will use our network with NCOs to access routes to disseminate our learning across Scotland.

Knowledge Hub We would be interested in participating in a Knowledge Hub created for disseminating information around innovative practice from Challenge Fund projects this would provide the opportunity to learn from tests of change across Scotland.

Section 8. When will this start?

01/04/2019

When do you expect to complete?

31/03/2019

Section 9. Have you consulted with people who use services in the development of this application and proposed changes?

Yes

If Yes, How have you consulted with people?

Our service review service user reference group has appraised our current service model, identifying gaps and providing recommendations for change. Our development proposal is directly influenced by this service user feedback.

Inverclyde ROSC (supported by SDF) has included extensive consultation with service users: including questionnaires (130 returned from service users) and focus groups. Recommendations from this work have directed our development proposal. Example of service user feedback include includes:

"Major problem for anyone in addiction (lack of services) evening/weekend. Evenings and weekends are triggers."

"I am currently unemployed for the first time in my life but I don't know how the service would work if you were employed" (due to opening hours)"

"Money for travel is a major barrier even if you are motivated. Cost £15 a week and just don't have that kind of money" -outreach to community links.

The ADP has a framework for ongoing engagement with service users and carers through the HSCP Inverclyde Advisory Group network (substance misuse sub group) This network brings people with a common interest together to create a stronger voice in influencing decisions about the delivery and development of services we have used feedback from this group to shape our proposal.

Section 10. Which partners are involved in this work?

Community/recovery groups, Primary care, Social services, Specialist drug and alcohol services, Third sector organisations.

Please detail the role and responsibility each partner will take?

ADP/HSCP: Inverclyde HSCP Director and ADP Chair Louise long.

Acute: Unscheduled Care Collaborative – Jonathan Best, Chief Operational Officer, GG&C NHS; Allen Stevenson, HSCP.

Primary Care: Primary Care Improvement Plan – Hector MacDonald, Clinical Director.

HSCP: Mental Health and Addictions and Homelessness Head of Service – Deborah Gillespie.

CVS Inverclyde: Bill Clements

There is a significant impact on the whole system due to prevalence of alcohol and drugs in Inverclyde. As part of unscheduled care activity at the local hospital we have identified more needs to be provided at the weekend. The GGC Unscheduled Care Programme Board and local USC groups have identified potential test of change supported by Acute Directors and local HSCP manager the application is requesting £147.700 money which will be matched by the HSCP. If after 2 years pilot has reduced activity at the hospital there may be opportunity to access the HSCP set aside to continue funding.

How will you develop this partnership?

How will you collaborate as the project progresses?

The test of change will be governed project implementation group which will report to Unscheduled Care Programme Board and link into ADP Executive Group and Addiction Programme Board. Activity linked to the project will be monitored through data analysis. The impact can be measured across 2 years to ensure it is robust however the learning will support the service moving to a 7 days service. Developing models, relationship and ways of working to transform addiction services in Inverclyde.

Section 11. <u>How will the project be governed and managed?</u>

The Addictions Service Manager will manage the project. A project implementation group will be established which will include decision makers from appropriate partners. Stakeholders including the addictions stakeholder network will be involved throughout the process.

The outline project implementation plan will be developed. This plan will be SMART and will be monitored at 4 weekly meeting of the implementation group and via ADP Executive group meetings.

The project will be directed by milestones and evaluation and monitoring criteria. Reporting of progress and evaluation of the project will be provided to ADP Committee and IJB.

How will you monitor progress?

Effective project monitoring will support us to: ensure that tasks are being carried out as planned, that any unforeseen consequences that arise as a result of the changes we are implementing can be addressed, assess how implementation is being progressed across teams and partners at a given

period of time and to identify what are the elements of the project that needs changing if the SMART outcomes are to be achieved.

Our project implementation plan will be the focus for monitoring progress. Our project progress monitoring:

- Will be directed by the establishment of SMART goals
- We will hold monthly project implementation meetings at which monitoring progress will be a standing agenda item
- Partners will be clear about expectation of reporting at each implementation meeting : our SMART plan will have identified responsibility for key actions and reporting responsibilities
- We will identify performance indicators and the data required to evidence progress towards outcomes
- We will identify a risk register for the key aspects to be delivered to provide a mechanism for early intervention where difficulties arise

Our monitoring progress mechanism will take account of the test of change aspect of the project which will require flexibility to respond to situations where processes prove to be less than effective and we can capitalise on any unplanned gains as we learn from the new processes being implemented and their impact on service user outcomes.

Reporting and Scrutiny

Progress will be report monthly to the project implementation group, quarterly to the Unscheduled Care Programme Board, ADP Executive Group and ADP Committee and six monthly to the IJB. These reporting routes will provide support and scrutiny of the projects progress. The implementation groups in with service users via the stakeholder network will be a mechanism for reporting to service users.

How will you measure change (outcomes)?

Effective evaluation will allow us to understand what works and what does not work, and to build on this understanding for the future. Good evaluation will provide the evidence that supports the effectiveness of our project intervention's and will help build confidence across our partners and community in what we are doing. Our evaluation framework will include qualitative and quantitative information.

Data

- Numbers using enhanced services service
- Service user profile /drug use/ alcohol use drug and alcohol use/age/gender/employment status/postcode
- Drug and alcohol related hospital admissions
- Drug and alcohol related ED attendances
- liaison referrals
- Waiting times for services
- Home detox numbers

- Analysis of pathways – case studies will be uses to provide a detailed consideration of the services journey
- We will consider DNA information from those accessing services via our project
- We will analyse length of stay in service

Case study analysis will be used to consider detailed pathway analysis. Our project effectiveness is about more than numbers. It is about the quality of the outcome for service users involved.

We will consult with:

Service users who have used the enhanced services this will include consideration of past experience of services and reasons for people new to addiction treatment services engaging staff across partner agencies involved with the project to establish their experience of working with service users within the new model.

Outcomes

We will use Outcome Star to measure impact across recovery outcome measures at initial assessment, review and discharge where appropriate. This will be completed in partnership with service users. How will you ask service users about their experiences of this change?

People who will use our enhanced service model will be a combination of those returning to services and people who are new to drug and alcohol treatment (as we better target hard to reach groups and offer more flexible access) and support services.

We will seek service user's agreement for their support in helping us to evaluate their experience of the new service model. We want to ensure we have objective feedback from service users. Service user feedback will be supported by:

- Peer mentors –our third sector peer mentoring project will offer support for those who wish to provide feedback.
- Our peer will work with service users to identify what matters to them in terms of voicing their views this feedback wish shape our consultation.
- Our service review service user reference group

The ADP framework for ongoing engagement with service users and carers - the HSCP Inverclyde Advisory Group network (substance misuse sub group) will support service user feedback and provide wider scrutiny of the implementation of the new ways of working and their impact. Which will be obtained service users views from a combination of :

- Service user satisfaction surveys
- Face to face interviews
- Focus groups

In recognition that service user preference for engagement is varied. We will ensure that we capture the service users experience ensuring we learn about:

- service user experience of new delivery model compared to previous experience
- Seek details of what works well and how we can continue to improve
- For new service users, find out what has made the difference to their decisions around engaging with services and the role of our change model within this.

- Investigate the role of the new model in sustaining engagement with service.

What monitoring/learning/evaluation tools will you use to track change and improvements?

Our services currently have Outcome Star embedded within assessment and review processes. We will continue to use this tool to work in partnership with service users to support service users to identify their baseline, goals and progress across the range of recovery outcome areas. We will use Outcome Star information to benchmark improvements with existing service information. We will use service user questionnaires. We will involve our third sector partners in service user feedback to support objectivity.

Our model for change has been identified as part of our service improvement programme being taken forward by our Addictions Service Review, ROSC scoping and development and from our HSCP Needs assessment.

Our programme for change is being undertaken within the framework of Plan, Do, Study, Act (PDSA) model for improvement. Using PDSA will enable us to test out the changes we propose, building on the learning from the test cycle in a structured way. This gives stakeholders the opportunity to see if the proposed change will succeed providing a tool for learning from ides that do and don’t work. This provides an environment for change which is less disruptive for patients and staff

Section 12. <u>How does this fit within strategic intentions?</u>

Our proposal is aligned with Inverclyde HSCP IJB’s Strategic Plan 2019-2024 “ Improving Lives” which identifies a strategic priority for action:

“Together we will reduce the use of, and harm from alcohol, tobacco and drugs”

The strategy makes a strategic commitment to

“.. Promote early intervention, treatment and recovery from alcohol, drugs and tobacco and help prevent ill health. We will support those involved to become more involved in their local communities.”

This priority need is identified within the HSCP Strategic Needs Assessment. This plan acknowledges the impact of alcohol and drug related harm on all communities.

Consultation for the Strategic Plan highlighted that communities felt the need for more support for families affected by alcohol and drugs. The IJB strategy identifies the need for actions to develop:

- clearer pathways for people into assessment and treatment and recovery
- different pathways that can provide appropriate support to people to prevent deterioration in their health and avoid unnecessary hospital admissions.
- solutions to address gaps in access to support, which impacts on where people can go to when they need urgent help
- better access and provision of support to families and carers.

key action areas by end of 2019 :

- we will develop further the addictions primary care model and other community based interventions
- we will work to develop services to better support people with alcohol and drugs problems
- we will reduce the impact on A&E from people with alcohol and drugs problems.

Our proposal reflects the commitments of the IJB strategic planning priorities and to Working with the

Wider Systems with a commitment to - continue to work with partners to ensure our focus on alcohol, drug and tobacco prevention continues across all life stages.

How will the success/learning from this work inform future strategy?

As previously described this proposal is integral to the ongoing transformation change we are currently undertaking as part of our review of Addiction Services. This review and its intended outcomes fit strategically into our 5 year IJB Strategic Plan. It will allow us to test models of working both internally and in partnership with a range of partners and commissioned services which will then enable consideration of future models of delivery. Undertaking this as part of a wider system of care will enable us to meet the outcomes set out in the strategic plan.

Section 13. If successful, how will these changes be mainstreamed to become more sustainable?

Inverclyde HSCP Addiction Services are currently being redesigned to move towards a fully integrated co-located drug and alcohol service which will operate as part of a wider system of care focused on appropriate assessment, treatment and care with recovery outcomes at the fore.

This project will allow us to "test" a model of extended and different delivery, to ascertain demand, test efficiency and assess client's expectations and experiences. It will allow the capacity for the ground work to be undertaken

to develop more effective and sustainable pathways and relationships across acute and primary care.

Through having the opportunity to initially test these approaches over a two year period, the core service will be able to embrace new ways of working and take the opportunity to embed these working practices into their day to day substantive practice and working patterns.

Section 14. Costs Description

Please tell us about the matched funding sources for this work (including in-kind support).

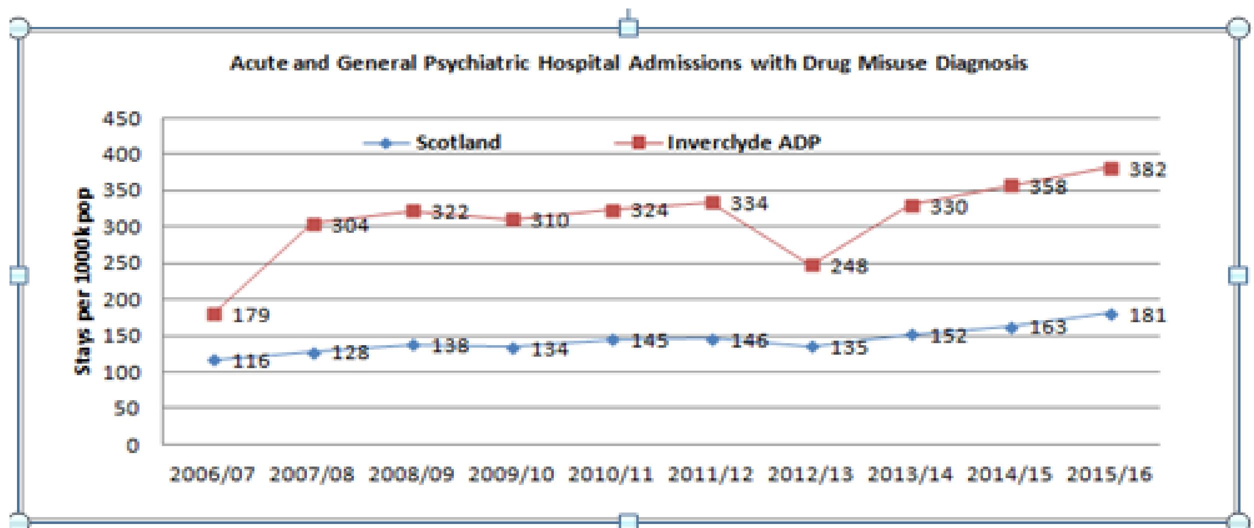
Total Request From Challenge fund

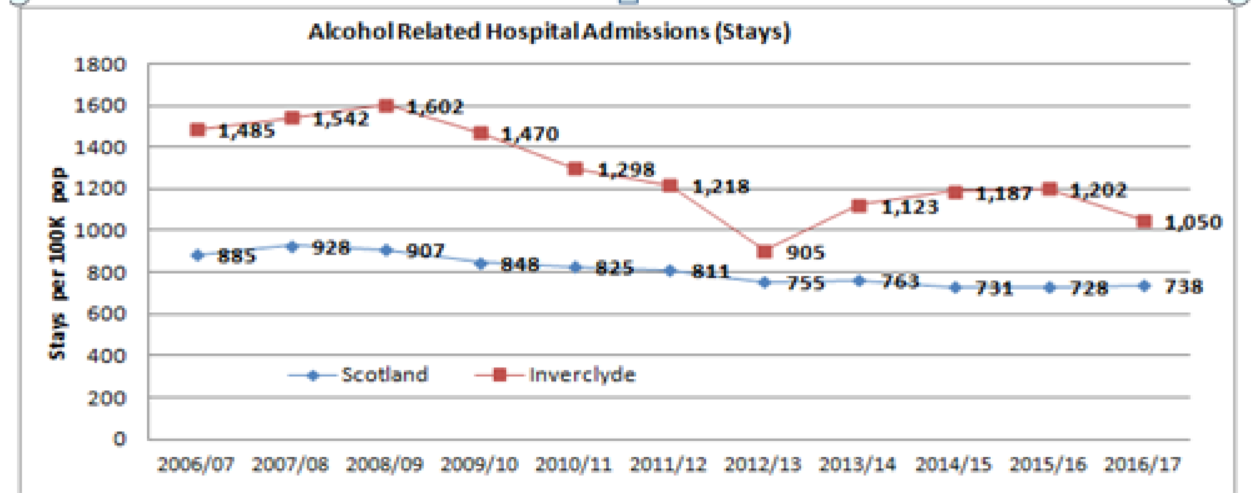
Total =£141,200
Year 1= £42,200
Year 2= £87,145

Match Funding :
The intention is make an application to Inverclyde HSCP Integrated Joint Board's Transformation Fund for £150.000 match funding. This will be paid over two years

Total = £150,00
Year 1= £75,000
Year 2= £7,500

Section 15. Needs Assessment tables





INVERCLYDE
HSCP
Health and Social Care Partnership

AGENDA ITEM NO: 9

Report To:	**Inverclyde Integration Joint Board**	**Date: 14 May 2019**
Report By:	**Louise Long** **Corporate Director (Chief Officer)** **Inverclyde Health & Social Care Partnership**	**Report No: IJB/36/2019/AS**
Contact Officer:	**Allen Stevenson** **Head of Service: Health and Community Care, Inverclyde Health and Social Care Partnership (HSCP)**	**Contact No: 01475 715283**
Subject:	**UPDATE ON IMPLEMENTATION OF PRIMARY CARE IMPROVEMENT PLAN**	

1.0 PURPOSE

1.1 The purpose of this report is to update the Integration Joint Board on the implementation of the Primary Care Improvement Plan.

1.2 The report outlines the implementation of the plan, the associated finances and includes the implementation tracker to be submitted to Scottish Government.

2.0 SUMMARY

2.1 The IJB has previously been advised of the responsibility for developing the multi-disciplinary team through the delivery of an agreed Memorandum of Understanding (MOU) supported by a Primary Care Improvement Plan (PCIP) and associated budget.

2.2 There have been challenges around the finances released by the Scottish Government to enable Inverclyde HSCP to sustain the legacy of New Ways and an update on the re-phasing of the Inverclyde Primary Care Improvement Fund was provided to the IJB by the CFO at the January meeting.

2.3 Despite this re-phasing of funding, there is still a challenge for the HSCP to develop an MDT which can manage the demand required within primary care and meet the commitments contained in the MOU.

2.4 Reporting arrangements to the Scottish Government Primary Care Division have now been agreed and include the completion of a twice yearly self-assessment template - the implementation tracker.

3.0 RECOMMENDATIONS

3.1 That the Integration Joint Board notes the progress made in implementing the Primary Care Improvement Plan during 2018/19 and agrees further plans for development in 2019/20.

3.2 That the Integration Joint Board notes the reporting arrangements to the Scottish Government Primary Care Directorate.

3.3 That there be a further update report to Integration Joint Board in November following reporting to the Scottish Government Primary Care Directorate.

Louise Long
Chief Officer

4.0 BACKGROUND

4.1 The development and implementation of a Primary Care Improvement Plan resulting from the Memorandum of Understanding (MOU) was agreed by the GP Sub-Committee and the Integration Joint Board in 2018. This MOU will cover an initial 3 year period from 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. The Primary Care Improvement Fund (PCIF) will be released incrementally from 2018/19 to 2021/22.

4.2 An implementation plan to support delivery of the Primary Care Improvement Plan was developed in 2018 and agreed with the GP Sub-Committee. An updated plan has been developed which is subject to approval by the GP Sub-Committee, and is appended to this report for review. The local governance process is via the Primary Care Implementation Group chaired by the Clinical Director.

4.3 There is also an NHSGG&C Primary Care Programme Board chaired by the Chief Officer responsible for Primary Care which consists of representatives from each HSCP and each involved service area. This group aims to make connections with a wide range of stakeholders and enablers and to ensure that Primary Care Improvement is embedded in the Moving Forward Together Programme.

4.3.1 Progress on Priority Areas

The Vaccination Transformation Programme (VTP)

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. Regular updates are received at the Primary Care Programme Board including updated financial resources required from each HSCP which relate to staff, equipment (fridges), administration and IT costs. Inverclyde is also required to contribute towards planning and coordination costs of the VTP.

Routine Childhood Programme

This is already fully operational in clinics delivered within Inverclyde Health Centres and there has been an increase in vaccination rates since this model began. Additional recruitment to fully deliver the structures required for managing this service on an NHSGG&C basis is underway.

Adult Programmes, Travel Vaccinations and Pre-School Flu

There are proposed service models for testing each of these areas later in 2019 with an expected full service delivery of October 2020.

There are significant cross system challenges to delivering all of the above which include availability of staff at key times (such as during flu season), clinic accommodation and IT infrastructure.

4.3.2 Pharmacotherapy Services

As previously reported, there is good evidence to show both the shift in GP workload and the increase in patient safety that our local model has enabled and a paper was published in the British Journal of General Practice.

There are 3 levels of service outlined in the MOU and all practices benefit from some level of support at each of these levels however full delivery of all 3 levels is not yet in place. We are moving into a challenging period of recruitment and retention with a number of Pharmacists moving to posts elsewhere in the board alongside three maternity leaves within the team, requiring us to continually forward plan.

The extended Minor Ailments Scheme, *Pharmacy First,* has continued to be well used by the population of Inverclyde and is promoted as part of our *Choose the Right Service Campaign*. Registrations to the service have increased from below the NHSGG&C average in 2013 to 50% higher than average in 2019. There are also around 30% more prescriptions dispensed monthly in Inverclyde under the MAS than NHSGG&C average with 3501 being dispensed in January 2019.

4.3.3 Community Treatment & Care Services (CTCS)

We continue to progress our plans to deliver additionally phlebotomy and to expand wherever possible availability of CTCS services to enable the shift in workload from general practice. Pace and capacity is determined by availability of the Primary Care Improvement Fund and will continue to be a limiting factor in our availability to fully develop this service in line with the MOU commitments.

4.3.4 Urgent Care (Advanced Practitioners)

It remains our intention to continue to roll out the ANP model to cover all practices by the end of 2021 where workforce allows. The 1.5wte ANP workforce in East Cluster is now employed on a permanent basis.

The pilot with the Scottish Ambulance Service has been in place since July 2017 however due to vacancies there have been no specialist paramedics in Gourock practice since November 2018. Whilst we had expected this pilot to come to an end shortly we have been advised by SAS that it will be extended for a further year and replacement specialist paramedics are being recruited to again cover the 2 practices. This is completely funded by SAS with no contribution from the Inverclyde Primary Care Improvement Fund and as with other HSCPs within NHSGG&C there is at present no agreement to roll out or fund this service within the lifetime of the plan.

4.3.5 Additional Professional Roles (Physiotherapy & Mental Health Professionals)

Recruitment and retention has been a particular issue for delivery of the Advanced Physiotherapy service due to post holders leaving to work elsewhere in Glasgow and the most experienced post holder taking up the overall development lead post across NHSGG&C. There is an agreement that the current model in place can only support practices with over 3,000 patients and due to this Dorema practice in Kilmacolm no longer have an APP service. A model which can support such practices is being developed on an NHSGG&C wide basis. There will be no further increase in APP service across more practices until 2020/21.

Our approach to supporting primary care mental health and in particular distress and recovery is supported by Action 15 of the National Mental Health Strategy 2017-2027 and the NHSGG&C 5 year Adult Mental Health Strategy. Local planning is integrating with developments in primary care overseen by both the Primary Care Implementation Group and the newly formed Inverclyde Mental Health Programme Board which is actively seeking a GP representative. Our first primary care workshop will be held in June 2019 with an open invite to all GPs in Inverclyde to participate in planning an approach which builds on current multi-disciplinary primary care mental health support. Community Links Workers are also supporting individuals with a range of mental health needs.

4.3.6 Community Links Worker (CLW)

The CLW role was tested within 6 practices throughout 2018 and despite some initial reservations around clinical practice, supervision, competency frameworks and accessing GP records, an evaluation has shown how beneficial GPs find having the CLW within their MDT.

From the beginning of 2019, CLWs have spread across a further 5 practices and now

cover all 11 Inverclyde practices ranked in the top 200 most deprived within Scotland. For those patients with less complex social needs, the existing Community Connector model remains in place and a new role of Social Prescribing Coordinator (part of a lottery funded pilot) is available to support the 3 practices currently without a CLW. We will continue to analyse data and explore the most appropriate model for these remaining practices. The CLWs are currently employed by CVS Inverclyde within the third sector and there will be a commissioning exercise held during 2019/20.

4.3.7 Additional Support

The HSCP Primary Care Team is continuing to offer a range of support to practices including:

- Workflow optimisation processes - embedding a member of staff into the practice for a number of weeks to improve roles and responsibilities for checking and recording such things as letters and results
- Scoping use and availability of space in order that practices can make the required shifts in roles and responsibilities within their own teams – including prioritising backscanning notes to free up space for the MDT
- Supporting practices to uptake innovations in self management and self monitoring through technology in order for patients to take control of their own conditions and with the added effect of reducing the need for appointments
- Continuing to develop *Choose the Right Service* to include children and young people specific information and education for the New Scots refugee community
- A range of short term actions which enable sustainability during times of crisis

4.3.8 An agreed Local Implementation Tracker is now required to be submitted to Scottish Government Primary Care Directorate in April and November each year and these will also form the basis for reporting to the NHSGG&C Board by the Chief Officer responsible for primary care.

It is suggested that the Integration Joint Board receives this report twice yearly as an update on performance and the first tracker is appended to this report.

5.0 IMPLICATIONS

FINANCE

5.1 An update on the allocated Primary Care Improvement Fund (PCIF) was presented to the Integration Joint Board in January 2019 by the Chief Financial Officer. Despite this agreement to rephase the Inverclyde PCIF challenges on delivering the scale of reform required will continue to remain across the lifetime of the plan. We have also been informed that whilst the uplift of 6% in employers costs will be funded for posts in place on 1 April 2019, this is not the case for all additional posts created subsequently. This places further challenges on the finances available to meet the commitments of the MOU.

Original and Revised Primary Care Improvement Fund Profile 2018-2022

	Original PCIF Investment Profile £'000	Revised PCIF Investment Profile £'000	Actual/ Projected Spend
2018-19	755	755	1,005,257
2019-20	907	1,266	1,514,314
2020-21	1,815	1,904	1,982,922
2021-22	2,557	2,109	2,037,722
Total	6,034	6,034	6,540,214

We await final indications of funding in 2019/20 to cover the 6% increase in employer's costs which is contained in the above figures.

LEGAL

5.2 There are no legal issues raised in this report.

HUMAN RESOURCES

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

EQUALITIES

5.4 Has an Equality Impact Assessment been carried out?

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

5.4.2 How does this report address our Equality Outcomes?

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

Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	Specific education and sessions around the range of primary care services is underway.

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

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

5.6 **NATIONAL WELLBEING OUTCOMES**

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

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

6.0 DIRECTIONS

6.1

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

7.0 CONSULTATION

7.1 This report has been prepared by the Chief Officer, Inverclyde Health and Social Care

Partnership (HSCP) after due consultation with

- Local General Practitioners and their teams
- Primary Care Implementation Group

8.0 BACKGROUND PAPERS

8.1 Updated Primary Care Improvement Plan – Draft April 2019
Primary Care Implementation Plan April 2019
Completed Local Implementation Tracker April 2019

INVERCLYDE HSCP Health and Social Care Partnership

INVERCLYDE HEALTH AND SOCIAL CARE PARTNERSHIP
PRIMARY CARE IMPROVEMENT PLAN 2018-2022
UPDATED 15.4.19
DRAFT Version 4

A	Local context
	Inverclyde Health and Social Care Partnership has a long standing, well established relationship with the primary care contractors throughout the locality. 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. 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. There are 63 General Practitioners in Inverclyde (headcount) with 7 of these being doctors in training. This is a slight reduction from last year and in line with other areas across Scotland, there are particular challenges recruiting new GPs when vacancies arise. More detailed information on whole time equivalents and sessions will be available following completion of the national primary care workforce survey. Inverclyde GP Clusters 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).

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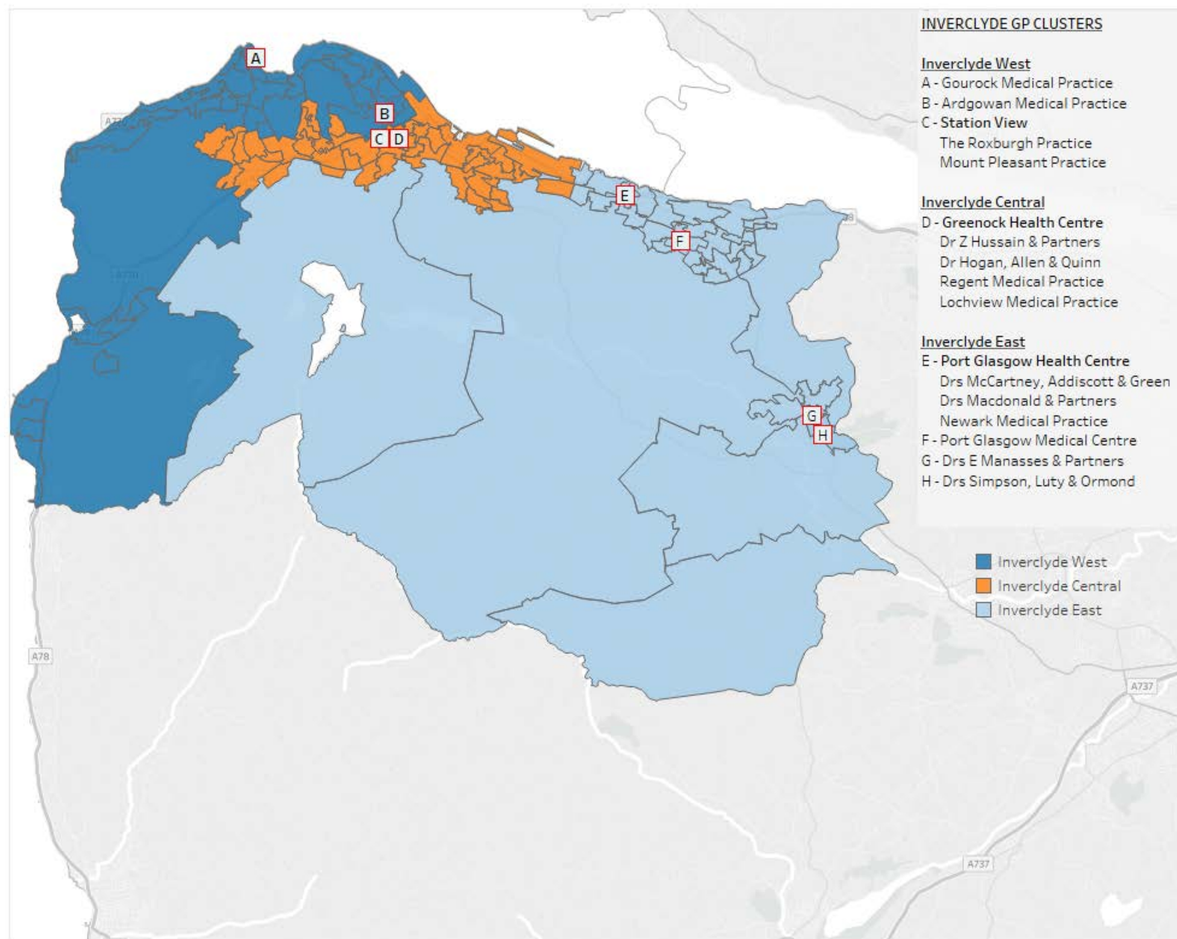

In Inverclyde there are 3 clusters: Inverclyde East, Inverclyde Central, and Inverclyde West. The East cluster is comprised of 6 practices with a total population of 23,608. Central cluster has 4 practices and a total population of 28,509. West cluster has 4 practices and a total population of 29,237. The clusters in Inverclyde were established early due to the *New Ways of Working* pilot and whilst there is evidence of progress, support is still required to maintain and drive improvement. Support has been in the form of QI ideas, training opportunities, cluster development, data support and sharing good practice.

- **East** cluster developing their QI with secondary care and their Practice Nurses now working on QI projects
- **Central** using educational sessions to direct their QI activity
- **West** progressing a mixed approach to QI with long and short term QI projects

Deprivation

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.

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 640available 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

INVERCLYDE HSCP Health and Social Care Partnership

	Analysis of data from previous *Week of Care Audits* estimated that 6,300 consultations take place in primary care in Inverclyde on a weekly basis and this currently remains the most accurate source of local data. • 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).
B	**Aims and priorities**
	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. Inverclyde Health and Social Care Partnership created a Primary Care Improvement Plan (PCIP) which was approved by the GP Sub Committee of the Area Medical Committee (AMC) in August 2018. The 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. This document provides an updated PCIP as at April 2019 which will again be agreed by the GP Sub Committee and overseen by the Local Medical Committee (LMC). 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. 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. 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: • Undifferentiated presentations • Complex care in the community

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	• Whole system quality improvement and clinical leadership The 2018 Scottish GMS contract is intended to allow GPs to deliver the four Cs in a sustainable and consistent manner in the future. • 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 **Priorities** The Initial plan focussed on locally tested approaches and evidence which showed a positive impact on GP workload. Priorities for years 2 and 3 were to continue to roll out the tested approaches across all practices and to continue to define models in areas where these were not yet fully developed. An Inverclyde Mental Health Programme Board has been convened which is overseeing the range of improvements in mental health and working closely with the Primary Care Implementation Group, a Primary Care Workshop will take place in June 2019. 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) is currently determined by the availability of resources allocated to Inverclyde through the Primary Care Fund. Delivery of the Primary Care Improvement Plan will continue to be supported by the Primary Care Team/Innovation team.
C	**Engagement process**
	Inverclyde Health and Social Care Partnership's three year Primary Care Improvement Plan was developed through learning from the *New Ways* pilot and robust existing engagement mechanisms. Specific and focussed engagement has, and will continue to be through: • Clinical Director • New Ways Core Group • Primary Care Implementation Group (includes staff partnership rep) • GP Sub Committee of the AMC • 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 • Public, staff and local partnership events
D	**Delivery of MOU commitments**
	There are 6 priority areas: ***(1) The Vaccination Transformation Programme (VTP)***

(2) Pharmacotherapy Services
(3) Community Treatment and Care Services
(4) Urgent Care (advanced practitioners)
(5) Additional Professional Roles
(6) *Community Links Worker* (CLW)

(1) The Vaccination Transformation Programme (VTP)

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. Regular updates are received at the Primary Care Programme Board including updated financial resources required from each HSCP which relate to staff, equipment (fridges), administration and IT costs. Inverclyde is also required to contribute £15,606 in 19/20 towards planning and coordination costs of the VTP.

Routine Childhood Programme
This is fully operational in clinics delivered within Inverclyde Health Centres and there has been an increase in vaccination rates since this model began. Additional recruitment to fully deliver the structures required for managing this service on an NHSGG&C basis is underway.

Pregnant Women Immunisation Service Transformation
It is proposed this be delivered by Maternity Care Assistants hosted within Maternity Services. Piloting will begin in October 2019 with full service to be in place by October 2020.

Pre-School Flu Immunisation Service Transformation
It is proposed this be a children & families hosted service utilising routine childhood vaccination clinic venues and running across 10 weeks during October, November & December. There is an expectation that this will be delivered in part using bank staff which poses a risk to delivery. Piloting will begin in a limited number of clinics across NHSGG&C in October 2019 with full service to be in place by October 2020.

Adult Immunisation Service Transformation
The proposal is for a partially centralised and geographically dispersed service model with HSCP hosted immunisation clinics and the formation of HSCP adult/ older people immunisation teams. There will also be a partnership with Community Pharmacy which may aid opportunistic immunisation. There are significant risks to delivery of this service including availability and capacity of accommodation, availability of staffing including bank staff during the flu season and admin/ IT issues related to call & recall in particular for those under 65.
A pilot is proposed starting in October 2019 with the locations within NHSGG&C yet to be identified:

- Pilot October 2019- Subset clinic venue to include Adult under 65 flu 'at risk' 65 and over mobile and housebound
- October 2020- Full service launch including Pneumococcal, travel vaccines, shingles and additionally Vitamin B12

(2) Pharmacotherapy Services

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Inverclyde continues to benefit from 8wte Prescribing Support Pharmacists (PSPs) band 7 and 2wte Prescribing Support Technicians (PSTs) band 5 working as a blended team with the existing Prescribing Support Pharmacists: 4wte PSPs band 8a and 2wte PSTs. This is higher than the allocated wte per population elsewhere in NHSGG&C and this has been maintained due to the increased patient safety aspects of these additional practice based Pharmacists and the significant reductions in GP time spent on prescribing related activity.

The model to allocate pharmacy staff to practices on a fair share basis was agreed via GP Forum in 2018/19, 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. There will be challenges to delivering this model during 2019/20 due to a number of staff taking maternity leave and we will continue to work with individual practices in ensuring they continue to receive support which will include developing the role of technicians.

- Level 1 – all practices have some input to acute requests, medicines reconciliation, care homes, prescribing indicators, special requests, PST home visits/reviews. We do not currently have capacity to take on all level 1 work within every practice. No practices have input to repeat prescribing.
- Level 2 – there is some input to PSP ad hoc medication review, DMARDs, queries and shortages in all practices but again there is currently not enough capacity to deal with all level 2 work within every practice. DMARD monitoring takes place in 13 out of 14 practices (one practice has chosen to continue with their previous arrangement).
- Level 3 – all 14 practices have falls reviews and heart failure review clinics undertaken by PSPs. There are also clinics for polypharmacy in 3 practices, respiratory in 6 practices, pain in 2 practices, care home med review in 2 practices. We do not currently have capacity to take on all level 3 work within every practice.

The extended Minor Ailments Scheme, *Pharmacy First,* has continued to be well used by the population of Inverclyde and is promoted as part of our *Choose the Right Service Campaign*. registrations to the service have increased from below the NHSGG&C average in 2013 to 50% higher than average in 2019. There are also around 30% more prescriptions dispensed monthly in Inverclyde under the MAS than NHSGG&C average with 3501 being dispensed in Jan 2019.

(3) Community Treatment and Care Services

Inverclyde is fortunate in that a Community Treatment Room Service has existed and been well used by most of our local practices for many years. Patients can choose to attend any of the 3 treatment room sites which best suit them. Development of the service has been dictated by availability of funding in 18/19 however many of the recommendations outlined in the 2017 review have been implemented including better management of on the day walk- in appointments and standardising hours to GP practice opening times in Port Glasgow Health Centre. Additional capacity for phlebotomy is available however we recognise that this is limited (1.34wte across 3 sites) and will not at present meet the challenge of transferring phlebotomy from general practices.

A limited treatment room service of 3 sessions per week has been set up within New Surgery KIlmacolm for the use of both practices who are located next door to each other. Capacity from

DRAFT

with the existing Community Nursing Service is being used to deliver this and the HSCP has funded a small renovation and equipment required. This implementation is being monitored as to the acceptability for both practices and patients.

Improved data recording and a recent move to EMIS web recording now allows us to interrogate activity within the treatment rooms and all practices and CQLs will now receive a quarterly report. Improved IT links with EMIS PC would enhance recording and reporting between practices and the treatment rooms particularly the recording of medicines administration.

Inverclyde is represented on the NHSGG&C Community Treatment and Care Services Development Group which is a working group of the Primary Care Programme Board and is aimed at ensuring clinical, governance and delivery standards pan NHSGG&C. Regular updates take place at GP forum and practice manager's meetings.

(4) Urgent Care (advanced practitioners)

Advanced Nurse Practitioners continue to respond to unscheduled care home visits in East Cluster with a slight increase to 1.5wte permanent posts. Further roll out across Inverclyde will not be possible until 2020/21 within the current financial framework however It is anticipated that by the end of 2021 there will be 7.5wte ANPs across Inverclyde funded and working directly within primary care MDTs. Within the wider adult community services, a number of nursing roles are being reviewed with the potential of developing to ANP level, this includes the Gerontology Nurse role which already supports primary care to access fast track geriatric assessment at home and within the day hospital.

The pilot with Scottish Ambulance Service has been in place since July 2017 however due to vacancies there has been no specialist paramedics in Gourock practice since November 2018. Whilst we had expected this pilot to come to an end shortly we have been advised by SAS that it will be extended for a further year and replacement specialist paramedics are being recruited to again cover the 2 practices. This is completely funded by SAS with no contribution from the Inverclyde Primary Care Improvement Fund and as with other HSCPs within NHSGG&C there is at present no agreement to roll out or fund this service within the lifetime of this plan.

(5) Additional Professional Roles

MSK

The Advanced Physiotherapy Practitioner (APP) role has continued 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. There have been a number of vacancies and recruitment challenges over the past few months resulting in practices experiencing a reduction in sessions for a short period of time. These have now been increased with the exception of one practice who have a small list size and it has been agreed that across NHSGG&C the current model is only sustainable in practices with over 3,000 patients. The MSK sub group which our Clinical Director is a member of will be agreeing a model which can be tried within these practices. There will be no increase in APP staffing in 2019/20 however we expect to increase by a further 2wte during the lifetime of the PCIP in order to cover all practices.

As per agreement at NHSGG&C Primary Care Programme Board APPs now spend 10% of their

DRAFT

clinical time within the mainstream MSK service to maintain clinical skills, this is funded by the mainstream MSK service.

Community Clinical Mental Health Professionals

Our approach to supporting primary care mental health and in particular distress and recovery is supported by Action 15 of the National Mental Health Strategy 2017-2027 and the NHSGG&C 5 year Adult Mental Health Strategy. Recurring funding is available in support of the objective to introduce an additional 800 mental health workers nationally and local planning is integrating with developments in primary care overseen by both the Primary Care Implementation Group and the newly formed Inverclyde Mental Health Programme Board which is actively seeking a GP representative. Our first primary care workshop will be held in June 2019 with an open invite to all GPs in Inverclyde to participate in planning an approach which builds on current multi-disciplinary primary care mental health support. Community Links Workers are supporting individuals with a range of mental health needs.

(6) ***Community Links Worker*** **(CLW)**

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 also build relationships and processes between the GP practice and community resources, statutory organisations, other health services and voluntary organisations.

This model was tested within 6 practices throughout 2018 and despite some initial reservations around clinical practice, supervision, competency frameworks and accessing GP records, an evaluation has shown how beneficial GPs find having the CLW within their MDT.

"We're trained in a lot of things, but we're not experts in community resources and for us to offer the same kind of support we'd have to spend lots of time looking up different resources. Before the CLW I was pulling my hair out dealing with the sad lives of others. Spending time looking for services that can help these people – I know of one or 2 like Money Matters but there's more out there. Now I can refer to the CLW who can help them, and therefore also help me. Often what starts off as a medical issue has a social connection and I can then ask the CLW to follow up. When these people come back to me, they've all said the CLW was a great support. We're only now beginning to see the cumulative benefits of New Ways taking some pressure of us as GPs."

From the beginning of 2019, CLWs have spread across a further 5 practices and now cover all 11 Inverclyde practices ranked in the top 200 most deprived within Scotland. For those patients with less complex social needs, the existing Community Connector model remains in place and a new role of Social Prescribing Coordinator (part of a lottery funded pilot) is available to support the 3 practices currently without a CLW. We will continue to analyse data and explore the most appropriate model for these remaining practices. The CLWs are currently employed by CVS Inverclyde within the third sector and there will be a commissioning exercise held during 2019/20.

There is good evidence to show the significant benefit of Welfare Rights Officers (WRO) based

INVERCLYDE HSCP Health and Social Care Partnership

	within primary care, embedded in practices. Supported by Health Improvement Scotland, a WRO from the existing HSCP team has been based 1 day per week within our biggest practice for the last 6 weeks. Whilst this is early days in relation to evidence, anecdotal feedback from the practice is extremely positive. Reviewing the impact of this test of change will inform the model and deployment of HSCP WROs going forward. **Management and Leadership** Management of the extended MDTs will continue to be through a combination of local arrangements (Senior Nurse, Lead Nurse- Treatment Rooms) and board/ hosted structures (existing MSK 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 clearly outlined in the new HSCP Strategic Plan 2019- 2024. 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. Our established culture change campaign *Choose the Right Service* continues to be widely publicised using a variety of printed and social media and has developed in number of ways: *Choose the Right Service for our Children and Young People* literature, engagement with education and delivery of sessions within primary schools and a programme supporting our *New Scots* refugee communities to better understand and navigate primary care across the range of services. We will continue this campaign across the lifetime of the plan utilising a number of avenues and this has also been linked to our unscheduled care and winter planning workstreams. 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. Funding has been secured separately to provide such training to all first contact/ frontline staff within both primary care and HSCP services during 2019/20.
F	**Additional Content**
	Community Pharmacy, Optometry and Dentistry We continue to link with all our primary care contractors through profession specific educational and information forums throughout the year. All 16 Inverclyde Community Pharmacies continue to participate in the extended Minor Ailments Scheme and we have a Community Pharmacy representative on our Primary Care Implementation Group. **Interface with Acute Services** We continue to have a planning manager from Clyde acute on our Primary Care Implementation group and utilise all avenues to ensure Secondary Care are aware of and where appropriate involved in developing the interfaces required. Unscheduled care and use of the Emergency Department for minor injury and illness continues to dominate the local agenda and our culture change programme remains committed to promoting alternative care pathways (self, health, social or third sector) where appropriate. Clusters have also engaged directly with Consultants

DRAFT

around improving referral pathways.

Community Services
The development of a team approach continues to be fundamental and we will continue to engage with practices and clusters to determine the best way to deploy staff.

The increased use of Home and Mobile Health Monitoring (HMHM) is providing alternatives to primary care appointments/ visits with our existing COPD self- management hubs having been upgraded and a working group with secondary care consultants ensuring appropriate monitoring, processes and pathways. The introduction of FLORENCE text messaging has been taken up by several practices to support diagnosis and monitoring of hypertension. Support and training to uptake either of these systems is available from Primary Care support team in the HSCP and evidence suggests a reduction in both appointments and acute admissions for patients. A Long Term Conditions nurse has been employed within Community Nursing and will support a greater shift towards self- management and monitoring across a range of conditions.

G Inequalities

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.

Cluster working is one aspect of this, improving local population health through an emphasis on better intelligence supported by LIST Analysts and NHSGG&C Public Health. Agreed quality improvement projects will focus on improving outcomes for individuals and subsequently communities.

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.

DRAFT

	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 People can look after own health | Live at home or homely setting | Positive Experience of Services | Services improve quality of life | Services mitigate inequalities | Carers supported to improve health | People using services safe from harm | Engaged Workforce Improving Care | Efficient Resource Use
	PRIMARY CARE OUTCOMES We are more informed and empowered when using primary care | Our primary care services better contribute to improving population health | Our experience as patients in primary care is enhanced | Our primary care workforce is expanded, more integrated and better co-ordinated with community and secondary care | Our primary care infrastructure – physical and digital – is improved | Primary care better addresses health inequalities
	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**
	Workforce Planning Workforce planning is one of the most significant challenges highlighted in the development and implementation of the Primary Care Improvement Plans, both in terms of availability of workforce at a sufficient scale to support all practices across GGC and in terms of the change process required to support effective working for new teams. In order to meet all requirements of the new contract and develop the MDT across all practices in Greater Glasgow and Clyde, an estimated additional workforce of between 800-1000 posts may be required. Within the GG&C areas HSCPs are committed to the following principles: - Approaches across GGC should share consistent principles and pathways, role descriptors and grading, scale (numbers of staff per practice/ patient population) - Recruitment should be co-ordinated across GGC where appropriate taking account of existing professional lead and hosting arrangements. Across NHSGGC, workforce planning for the Primary Care Improvement Plans is being considered in conjunction with the Board's wider Moving Forward Together strategy which sets a vision and direction for clinical services in the future. Staff Partnership representatives are involved at all levels. Specifically for the PCIPs, the key aspects of the approach include: - Modelling to identify the work, tasks and skills required for the new roles

DRAFT

- Assessment of the numbers of staff required to fill those roles
- Modelling of the existing workforce including turnover
- Consideration of changes in other services and competing demands
- Reviewing different skill mix models and creative approaches to delivery both within and across professions.
- Developing approaches to supporting Multi- Disciplinary Team working within practices and between practices and wider community services

This approach is being tested initially within Pharmacy as one of the early priority areas, but will be adapted to other professional groups as part of year 2 and 3 implementation.

The availability of key staff groups continues to require action at national level, particularly to ensure sufficient training places and development of skills for primary care.

Premises

The NHSGGC Property and Asset Management Strategy includes independent contractor owned and leased premises. Oversight of GP premises developments is provided through the Board's GMS Premises Group which reports to the overarching Primary Care Programme Board.

In year 1 of the PCIPs, existing mechanisms such as improvement grant funding have been used explicitly to support the requirement for additional space as part of PCIPs and this will continue.

There is a comprehensive programme of backscanning underway to free up space within practices to enable more clinical and administrative space to be provided, as well as supporting digital infrastructure through the removal of paper records.

The national survey of GP premises will report shortly and will be used to inform future planning and investment including prioritisation for premises improvement grants and planning for capital developments, and will also support the due diligence and impact assessment process where there is a request for the Board to consider taking on an existing lease or an option to purchase.

Specific challenges have been noted in ensuring sufficient accommodation for services within small practices, and also for services being provided in one location for several practices in a locality. Supporting new developments to create additional space and accommodate Board employed staff is also challenging within independent contractor owned/ leased premises in line with the existing Premises Directions.

During years 2 and 3 of the Primary Care Improvement Plans, there will be a further focus on strategic planning for primary care premises in the medium and long term, in the light of the new GP contract, Primary Care Improvement Plans and the wider context of Moving Forward Together (the Board's long term strategy for clinical services) which sets out ambitions for the development of an extended range of community services based around virtual or actual community hubs. The strategy for GP premises will be developed in conjunction with the wider property strategy for community services and included within the capital plan associated with the Moving Forward Together programme.
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

DRAFT

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.

Digital Infrastructure

Within NHSGGC, the eHealth team works in conjunction with HSCPs in the introduction of new services and processes within practices. This ensures where possible the standardisation of approach, fit to the Digital Strategy, use of core enterprise systems and minimal cost overhead. Costs have been supplied by EHealth to HSCPs to enable this to be incorporated into overall costs for new MDT members.

eHealth maintain an inventory of IT assets and software deployed to practices and for wider HSCP and Board operations. Development staff and eHealth joint working will ensure that as new services are deployed to support the MOU, and as significant estate changes occur (i.e. GP Practice Back scanning of records, New Premises) that these are reflected in the introduction of new technology solutions and amendments to operational processes and Business As Usual working.

Inverclyde's Participation in the NHSGG&C Primary Care Programme Board will allow discussion of particular themes around IT which can be addressed by the IT sub group.

Data Sharing Agreements

The new GP contract introduced a joint data controller arrangement between Health Boards and GP Contractors relting to personal dat contained within GP NHS patient records. Sharing of information between the people who are involved in the care of patients is increasingly important to the safe and effective delivery of health and social care, and to the delivery of services by the new Multi Disciplinary Teams working within and with practices. the PCIP plans for development of MDTs need to be supported by robust information sharing agreements with all practices for the delivery of clinical care, for audit and review purposes and for service, workforce and public health planning.

An information sharing agreement which sets out the rules to be applied by a Health Board and a GP Contractor when sharing information with each other is being developed. This is a key enabler and is required as a matter of urgency to support the implementation of the PCIPs.

I	**Implementation**
	Inverclyde Governance Arrangement Development and Implementation of the Primary care Improvement Plan is overseen by the Primary care Implementation Group reporting directly to the Integration Joint board.

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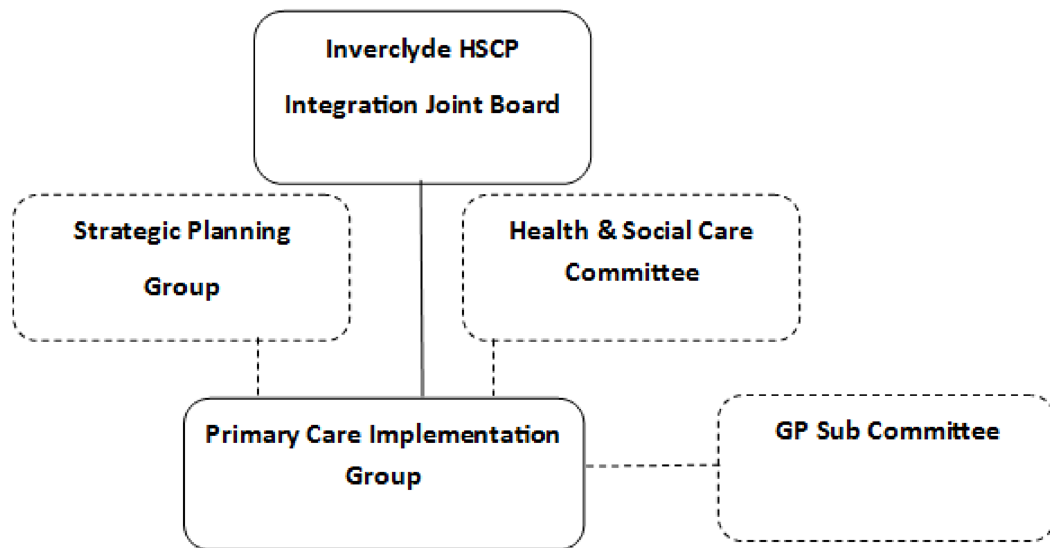
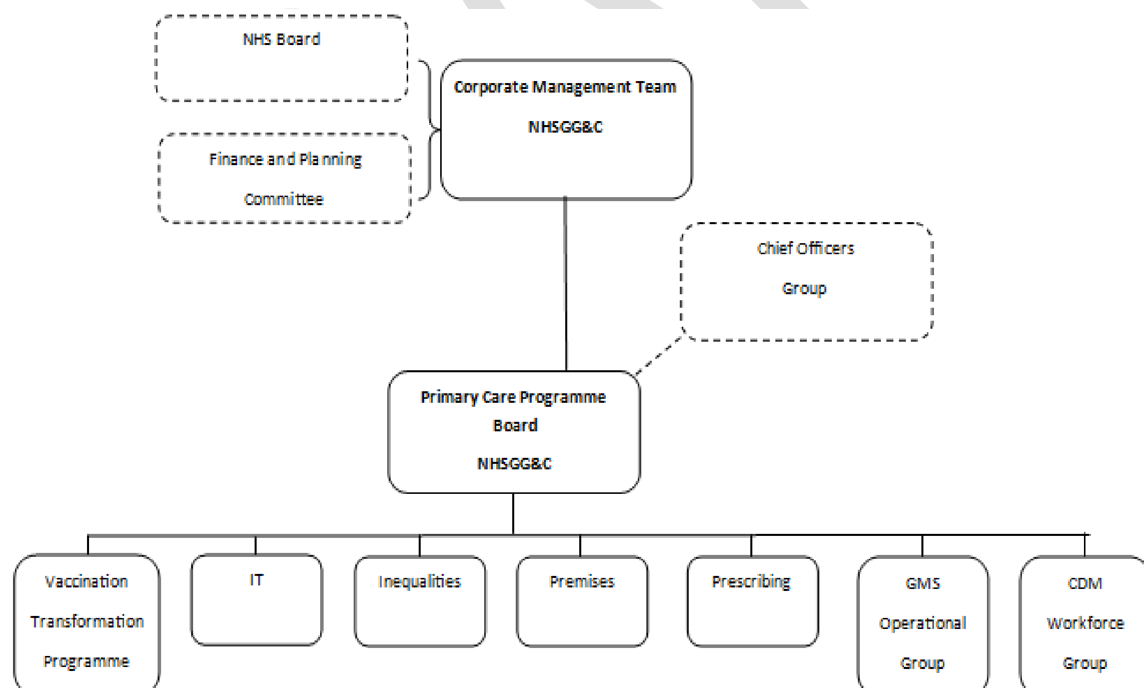


NHS Greater Glasgow & Clyde Structure
Inverclyde HSCP is represented on the NHSGG&C Primary Care Programme Board which aims to

- Ensure delivery of contractual changes in line with new contract agreement
- Enable sharing of good practice and consistent approaches to PCIPs where appropriate



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 create better health in our communities and improve access for our patients.
- Ensure that all local Practices will benefit from additional support and no exclusions are made.

The Primary Care Team/Innovation Team will work with the Continuous Professional Development Group (CPD) continuing to:

- 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.

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INVERCLYDE HSCP Health and Social Care Partnership

J	Funding profile

Inverclyde continues to be challenged by the funding available to deliver the PCIP. Engagement with Primary Care Directorate at Scottish Government led to a re-profiling of funding across the 4 years taking in to account the progress already made in Inverclyde due to *New Ways.* The actual/ projected spend below includes the increase of 6% in employers costs in 2019/20 which it is currently expected will be covered by Scottish Government for all posts in place prior to April 1st 2019 but not new posts thereafter.

Original and Revised Primary Care Improvement Fund Profile 2018- 2022

	Original PCIF Investment Profile £'000	Revised PCIF Investment Profile £'000	Actual/ Projected Spend
2018-19	755	755	1,005,257
2019-20	907	1,266	1,514,314
2020-21	1,815	1,904	1,982,922
2021-22	2,557	2,109	2,037,722
Total	6,034	6,034	6,540,214

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. The Inverclyde Mental Health Programme Board is ensuring that connections are made between funding available in PCIF and Action 15.

Estimated Funding Profile per Priority Area 2018- 2022

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Financial Year	Service 1: Vaccinations Transfer Programme (£s)		Service 2: Pharmacotherapy (£s)		Service 3: Community Treatment and Care Services (£s)	
	Staff cost	Other costs (staff training, equipment, infrastructure etc.)	Staff cost	Other costs (staff training, equipment, infrastructure etc.)	Staff cost	Other costs (staff training, equipment, infrastructure etc.)
2018-19 actual spend	45900	0	442677	19950	15600	0
2019-20 planned spend	270299	63750	516174	19950	35722	0
2020-21 planned spend	266915	62952	547131	19950	36794	0
2021-22 planned spend	266915	62952	574703	19950	37897	0
Total planned spend	850029	189653	2080685	79800	126013	0

Financial Year	Service 4: Urgent care (£s)		Service 5: Additional Professional roles (£s)		Service 6: Community link workers (£s)	
	Staff cost	Other costs (staff training, equipment, infrastructure etc.)	Staff cost	Other costs (staff training, equipment, infrastructure etc.)	Staff cost	Other costs (staff training, equipment, infrastructure etc.)
2018-19 actual spend	68300	0	170962	12400	259688	0
2019-20 planned spend	84902	0	293504	20280	277000	0
2020-21 planned spend	466400	0	360432	20280	277000	0
2021-22 planned spend	480392	0	371245	20280	277000	0
Total planned spend	1099994	0	1196144	73240	1090688	0

K Evaluation and outcomes

Key success indicators over the life of the plan will continue to be agreed with primary care and any resources that may be required to evidence workload reduction will be kept to a minimum. Inverclyde will also contribute to the NHSGG&C overall evaluation being commissioned by Public Health. Below is the suggested range of information which will allow us to show local progress:

A. Workload shift for GPs
Workload shift for other practice staff
Continual measurement over the life of the plan using primary care software in comparison with activity data from other professionals (ANP, Pharmacy etc.)
Additional evidence which shows the freeing of GP time

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

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.
Examples and case studies of positive collaboration/relationships and how they benefit patients.
Complaint reviews/ incident recording.

D. Patients have access to the right professional at the right time
Self- reporting
Waiting times for appointments/ assessment/ review.
Impact of re-direction/ culture change eg. Choose the Right Service- evidence from other professional groups

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.

F. Improving Health and Inequalities
Population and practice data- disease prevalence, use of secondary care, key health outcome indicators. Public Health commissioned evaluation report.

Local Implementation Tracker Guidance

The following tracker should be used by Integration Authorities in collaboration with Health Boards and GP sub-committees to monitor progress of primary care reform across their localities, and in line with service transfer as set out within the Memorandum of Understanding.

The **MoU Progress tab** should be used through local discussions between Integration Authorities and GP sub-committee to agree on progress against the six MoU priority services as well as enablers required to deliver these. This tracker should be completed using a RAG system, and comments boxes have been provided to supply further information.

If you are funding staff through different funding streams, for example, mental health workers through Action 15 funding, please include this information in the relevant section so we are aware that you are taking steps to recruit staff in this area.

The **Workforce and Funding Profiles tab** replaces the Template C returns that were provided to Scottish Government in 2018/19. These tables should allow Integration Authorities to consider financial and workforce planning required to deliver primary care improvement, and reassure GP sub-committee of progress. These tables will also support Integration Authorities in requesting the second tranche of the Primary Care Improvement Fund allocation in October 2019.

If you are funding staff through different funding streams, for example, recruiting mental health workers in Action 15, do not record these in Tables 1 and 2. However, they should be included in Tables 3 and 4 to inform workforce planning

We would also ask that this local implementation tracker be updated and shared with Scottish Government by 30th April 2019 for the period July 2018 to March 2019 and by 30th October 2019 for the period April to September 2019.

Primary Care Improvement Plans: Implementation Tracker

Health Board Area: NHSGG&C	**Completed by:**	
Health & Social Care Partnership: Inverclyde	**HSCP/Board**	**Emma Cummings**
Number of practices: 14	**HSCP**	**HSCP**
	GP Sub Committee	**Gayle Dunnett**
Implementation period	**Date: 6/4/19**	
From: April 18		
To : March 19		

	fully in place / on target	partially in place / some concerns	not in place / not on target
Overview (HSCP)			
MOU – Triumvirate enabled - GP Sub Engaged with Board / HSCPs	R	A	G
Comment / supporting information			
PCIP Agreed with GP Subcommittee	R	A	G
Comment / supporting information (date of latest agreement)	Last agreed August 2018		
Transparency of PCIF commitments, spend and associated funding	R	A	G
Comment / supporting information	concerns over 6% NI contribution & impact on finance		

Enablers / contract commitments			
BOARD			
Premises			
GP Owned Premises: Sustainability loans supported	R	A	G
comment / supporting information	Applications	No.	51
	Loans approved	No.	51 (provisional)
	narrative:	Funding available for all applications subjection to finalisation of loan agreement	
GP Leased Premises: Register and process in place	R	A	G
comment / supporting information	Applications	No.	17 expressions of
	Leases transferred	No.	0
	narrative:	Process for developing the register under development: 17 expressions of interest from practices seeking assignation of lease.	
Stability agreement adhered to	R	A	G
comment / supporting information	Enhanced Services agreed annual in line with stability agreement; local arrangements developed in relation to vaccination prior to national guidance. Some concerns expressed about changes to wider community services (e.g. Sandyford)		
GP Subcommittee input funded	R	A	G
comment / supporting information	Additional sessions and HSCP reps funded in 18/19 to support new contract and PCIP processes, in addition to core GP Subcommittee funding. Final agreement re balance of new 18/19 funding still to be confirmed. To move to a more standardised approach in 19/20 supported by new funding.		
Data Sharing Agreement in Place	R	A	G
comment / supporting information	Awaiting national data sharing agreement. This is required as a matter of urgency to support local agreements.		

HSCP			
Programme and project management support in place	R	A	
comment / supporting info			
Support to practices for MDT development and leadership	R	A	

	R	A	G
comment / supporting info			
GPs established as leaders of extended MDT	R	A	
comment / supporting info			
Workforce Plan reflects PCIPs	R		G
comment / supporting info	WE are currently ensurng our wider people plan supports the PCIP and reviewing some key posts as to how they support primary care, for example Gerontology Nurse		
Accommodation identified for new MDT	R	A	
comment / supporting info	backscanning/space utilisation/time in motion survey		
GP Clusters supported in Quality Improvement role	R		G
comment / supporting info	training/support. some capacity issues to carryout role.		
EHealth and system support for new MDT working	R		G
comment / supporting info	Move to standardise across GGC. Work with ehealth/IT to progress		

MOU PRIORITIES			
Pharmacotherapy			
PCIP pharmacotherapy plans meet contract commitment	R	A	G
Pharmacotherapy implementation on track vs PCIP commitment	R	A	G
Practices with PSP service in place (80,908)	**14**		
WTE/1,000 patients	0.1wte PSP & 0.025wte PST		
Pharmacist Independent Prescribers (as % of total)	80%		
	Level 1	Level 2	Level 3
Level of Service	14	14	14 have some level of LTC clinic or formal/ adhoc reviews eg falls but not yet consistent across
comment / narrative	further development of skills and roles/developing skill mix team. Standardising processes. The Original HSCP Prescribing Team has combined together with additional PCIP staff. Level 1 – all practices have some input to level 1 (e.g. acutes, meds rec, care homes, prescribing indicators, specials, PST home visits/reviews), but do not have capacity currently to deal with all level 1 work in any practice. No practices have input to repeat prescribing. Level 2 – includes some input to ad hoc medication review, DMARDs, queries and shortages in all practices but do not have capacity currently to deal with all level 2 work in all practices. DMARD monitoring in 13 practices. Level 3 – clinics for polypharmacy in 2 practices, respiratory in 5 practices, pain in 2 practices, care home med review in 2 practices plus Falls reviews and HSCP Heart Failure clinic for all 14 practices. Skill mix development - technician input to meds rec following a PSP clinical check. Do not currently have capacity to deal with all level 3 work in all practices		
Community Treatment and Care Services			
PCIP CTS plans meet contract commitment	R		
Development of CTS on schedule vs PCIP	R	A	
Practices with access to phlebotomy service	13		
Practices with access to CTS service	13		
Range of services in CTS	management of minor injuries and dressings, phlebotomy, ear syringing, suture removal, limited chronic disease monitoring (BP etc), Catheter care, ECG, Administration of medications (injections)		
comment / narrative	All practices have had access to some level of phlebotomy within CTS however have not all ustilised this previously and we are currently ensuring capacity will meet demand in year2 for this shift. A hybrid model CTS within DN team for 2 practices who previously did not use CTS is now underway and continues to develop.		
Vaccine transformation Program			
PCIP VTP plans meet contract commitment	R	A	G
VTP on schedule vs PCIP	R	A	G
Pre-school: clinic model in place since 2017- moving to central board management structure (flu still to be tested 2019 and fully implemented 2020)	R	A	G
practices covered by service	14		

School age:	R	A	G
practices covered by service	14		
out of schedule: model agreed		A	G
practices covered by service	14		
***Adult* imms: Board VTP propose roll out 2020**	R	A	G
practices covered by service	0		
***Adult Flu*: Board suggested model to be tested Oct 2019, full roll out 2020, significant risks identified by board VTP costs are still estimates**	R	A	G
practices covered by service	0		
***Pregnancy: Agreed board model to be tested* 2019 and full roll out 2020, costs are still estimates**	R	A	G
practices covered by service	0		
***Travel:* Board VTP proprose to implement 2020, significant risks identifed**	R	A	G
practices covered by service	0		
comment / narrative			
Urgent Care Services -			
Development of Urgent Care Services on schedule vs PCIP	R	A	G
practices supported with Urgent Care Service	ANP covering East Cluster - 6 practices		
comment / narrative	on schedule for ANP model and in place at this point in time. Specialist Paramedic pilot will continue for a further year covering 2 practices funded by SAS.		
Additional Services (complete where relevant)			
APS – Physiotherapy / MSK	R	A	G
Development of APP roles on track vs PCIP	R	A	G
Practices accessing APP (42,980)	**6**		
WTE/1,000 patients	0.18		
comment / narrative	on schedule for APP model		
Mental health workers			
On track vs PCIP	R	A	G
Practices accessing MH workers / support	14		
WTE/1,000 patients	check		
comment / narrative	As per commitment workshop in place for May to explore future additional options for distress & recovery. Our Primary care Mental health Teams are already based in practices.		
APS – Community Links Workers			
On track vs PCIP	R	A	G
Practices accessing Link workers (66,564)	**11**		
WTE/1,000 patients	0.12		
comment / narrative	Part of a range of services dedicated to social prescribing including community connectors which will be developed through life of plan		
Other locally agreed services (insert details)			
Service			
On track vs PCIP	R	A	G
practices accessing service	1		
comment / narrative	Commenced testing a model of welfare rights officer based in 1 GP practice		

Overall assessment of progress against PCIP	R	A	G
Specific Risks ***Recrutiment & retention remain critical issues and we have seen gaps in service due to professionals moving around the system in GG&C***			
Barriers to Progress - *Level of funding does not allow for futher roll out until 20/21. Inverclyde due to being the biggest Test of Change site in development of the contract are effectively in year 4 of our plan.Our funding however doesn't reflect this and is making progress and even sustaining current devlopments challenging.*			
Issues FAO National Oversight Group - ***If we are required to fund the 6% Employers Superannuation uplift costs without requisite increase in funding this accounts for overspend of £248,000.***			

Funding and Workforce profile

Table 1: Spending profile 2018 - 2022 (£s)
Please include how much you spent in-year from both PCIF and any unutilised funding held in reserve

Financial Year	Service 1: Vaccinations Transfer Programme (£s)		Service 2: Pharmacotherapy (£s)		Service 3: Community Treatment and Care Services (£s)		Service 4: Urgent care (£s)		Service 5: Additional Professional roles (£s)		Service 6: Community link workers (£s)	
	Staff cost	Other costs (staff training, equipment, infrastructure etc.)	Staff cost	Other costs (staff training, equipment, infrastructure etc.)	Staff cost	Other costs (staff training, equipment, infrastructure etc.)	Staff cost	[…] training, equipment, infrastructure etc.)	Staff cost	[…] training, equipment, infrastructure etc.)	Staff cost	[…] training, equipment, infrastructure etc.)
2018-19 actual spend	45900	0	412457	19950	15600	0	68300	0	170962	12400	259688	0
2019-20 planned spend	137757	191051	515874	19950	35722	0	84902	0	202338	49720	277000	0
2020-21 planned spend	137841	185995	547131	19950	36794	0	466400	0	266531	45280	277000	0
2021-22 planned spend	141977	185995	574703	19950	37897	0	480392	0	274527	45280	277000	0
Total planned spend	463474	563041	2050165	79800	126013	0	1099994	0	914358	152680	1090688	0

Table 2: Source of funding 2018 - 2022 (£s)

Financial Year	Total Planned Expenditure (from Table 1)	Of which, funded from:		
		Unutilised PCIF held in IA reserves	Current year PCIF budget	Unutilised tranche 2 funding held by SG
2018-19	1005257	266400	754813	
2019-20	1514314		1266000	
2020-21	1982922		1904000	
2021-22	2037722		2109000	
Total	6540214	266400	6033813	0

Comments: Have included 6% increase in employer's superann contribution to pay costs from 19/20 pending confirmation of ho

Table 3: Workforce profile 2018 - 2022 (headcount)

	Service 2: Pharmacotherapy		Services 1 and 3: Vaccinations / Community Treatment and Care Services			Service 4: Urgent Care (advanced practitioners)			Service 5: Additional professional roles			Service 6: Community link workers
Financial Year	Pharmacist	Pharmacy Technician	Nursing	Healthcare Assistants	Other [a]	ANPs	Advanced Paramedics	Other [a]	Mental Health workers	MSK Physios	Other [a]	
[…] March 2018	10	2	0	1	0	2	0	0		3	1	7
INCREASE in staff headcount (1 April 2018 - 31 March 2019)	0	0	0	0	0	0	0	0	1	0	0	0
PLANNED INCREASE in staff headcount (1 April 2019 - 31 March 2020) [b]	0	0	0	1	0	0	0	0	n/a	0	0	
PLANNED INCREASE in staff headcount (1 April 2020 - 31 March 2021) [b]	0	0	0	0	0	6	0	0	n/a	2	0	
PLANNED INCREASE staff headcount (1 April 2021 - 31 March 2022) [b]	0	0	0	0	0	0	0	0	n/a	0	0	
TOTAL headcount staff in post by 31 March 2022	10	2	0	2	0	8	0	0	1	5	1	7

[a] please specify workforce types in the comment field below
[b] If planned increase is zero, add 0. If planned increase cannot be estimated, add n/a

Table 4: Workforce profile 2018 - 2022 (WTE)

	Service 2: Pharmacotherapy		Services 1 and 3: Vaccinations / Community Treatment and Care Services			Service 4: Urgent Care (advanced practitioners)			Service 5: Additional professional roles			Service 6: Community link workers
Financial Year	Pharmacist	Pharmacy Technician	Nursing	Healthcare Assistants	Other [a]	ANPs	Advanced Paramedics	Other [a]	Mental Health workers	MSK Physios	Other [a]	
TOTAL WTE staff in post as at 31 March 2018	8.1	2.0	0.0	0.7	0.0	1.5	0.0	0.0		2.3	1.0	6.0
INCREASE in staff WTE (1 April 2018 - 31 March 2019)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0
PLANNED INCREASE in staff WTE (1 April 2019 - 31 March 2020) [b]	0.0	0.0	0.0	0.7	0.0	0.0	0.0	0.0	n/a	0.0	0.0	0.0
PLANNED INCREASE in staff WTE (1 April 2020 - 31 March 2021) [b]	0.0	0.0	0.0	0.0	0.0	5.9	0.0	0.0	n/a	2.0	0.0	0.0
PLANNED INCREASE staff WTE (1 April 2021 - 31 March 2022) [b]	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	n/a	0.0	0.0	0.0
TOTAL WTE staff in post by 31 March 2022	8.1	2.0	0.0	1.3	0.0	7.4	0.0	0.0	1.0	4.3	1.0	6.0

[a] please specify workforce types in the comment field
[b] If planned increase is zero, add 0. If planned increase cannot be estimated, add n/a

INVERCLYDE HSCP Health and Social Care Partnership

AGENDA ITEM NO: 10

Report To:	**Inverclyde Integration Joint Board**	**Date:**	**14 May 2019**
Report By:	**Fiona Houlihan, Service Manager/ Fiona Miller Team Leader, Health Visiting Inverclyde Health & Social Care Partnership**	**Report No:**	**IJB/21/2019/SMcA**
Contact Officer:	**Sharon McAlees Head of Children's Services and Criminal Justice**	**Contact No: 01475 715282**	
Subject:	**Pre Five Immunisation Clinics**		

1.0 PURPOSE

1.1 This report provides details of the very successful transition from a service delivered by children and families' staff and general practitioners' surgeries to a corporate model delivered by a nurse led children and families' immunisation team within Inverclyde. The final stage in this transition will be the move to a board wide immunisation team in April 2019.

2.0 SUMMARY

2.1 From December 2016 the childhood immunisation programme for preschool children in Inverclyde has been delivered on a corporate basis. This move resulted in a more coordinated and streamlined service, with far better use of staffing resources. It also provides a service that has evaluated well from service users' perspective, providing a more flexible and accommodating service for service users. Immunisation uptake rates in Inverclyde, historically high, have surpassed previous uptake rates and are amongst the highest in Scotland (Childhood Immunisation Statistics Scotland ISD).

There are 34 datasets broken down into health board and local authority area for each scheduled immunisation quarterly period.

From data extract 1 July 2018 - 30 September 2018.

Examples are:

Completed Primary courses 1-12 months.
6 in 1 vaccination GGC 96.1% Inverclyde 98.8%
Rotavirus GGC 91.8% Inverclyde 98.3%

Completed primary and booster by 6 years.
MMR GGC 96.5% Inverclyde 98.3%

3.0 RECOMMENDATIONS

3.1 It is recommended that the Pre 5 Immunisation programme be delivered in accordance with the agreed NHS GGC redesigned proposal paper and that there be a move

towards the NHS GGC central wide delivery in 4 locality quadrants. The current Inverclyde corporate community model will transition in Spring/Summer of 2019 to the upscaled Greater Glasgow and Clyde model as planned.

Louise Long
(Corporate Director) Chief Officer

4.0 BACKGROUND

4.1 As a public health measure, immunisations have been and continue to be evidenced as extremely effective in reducing the burden of disease and are a critical aspect of preventative medicine. As part of the UK routine childhood immunisation schedule, pre-school immunisations provide babies and young children (aged 0-5 years) protection from 12 vaccine preventable diseases.

4.2 In Inverclyde, throughout 2015 some planned changes were made to the delivery of pre-school immunisations clinics. The changes supported staff with the delivery of the service across Inverclyde in a more co-ordinated way, with less time spent travelling between clinics. The clinics continued to be located within various GP practices and Health Centres which meant that there were still approximately 50 clinics to cover each month, immunising around 260 babies and children.

This was always seen as the first stage in modernising and rationalising the immunisation service. Continued difficulties in safely staffing the clinics resulted in a move in December 2016 to two corporate clinics. All GP practices were given the option to opt into this new process including 5 practices who had previously undertaken the immunisation programme on their own or with some support from the health visiting team. One remaining GP practice opted in to the corporate model in June 2018. This has run successfully and has been used as a model for similar developments across NHSGGC.

4.3 Developments around the 2018 General Medical Services Contract in Scotland require that wherever possible some of the service delivery in Practices should be delivered elsewhere in the NHS to relieve pressure on GP practices, including all vaccinations, has provided an opportunity to review and improve the delivery of vaccinations through the Vaccination Transformation Programme (VTP). The move to a corporate model has now been adopted across NHSGGC and the final phase of transition will be to establish a board wide immunisation team effectively removing the management of this service from Inverclyde's health visiting team in April 2019.

5.0 IMPLICATIONS

FINANCE

5.1 No additional cost implications. Current HSCP budget and VTP primary care agreed budget will support service delivery model described above.

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
C&F budget	*Pre 5 Imms staff nurses band 5*	2019 onwards	£76,800.00		Inverclyde's contribution.

Annually Recurring Costs / (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From	Other Comments
Primary care improvement programme	Pre 5 immunisations	1 April 2019	£95,900.00		Proportionate % Agreed and in local Primary care plan.

LEGAL

5.2 NIL

HUMAN RESOURCES

5.3 There is ongoing NHS greater Glasgow and Clyde workforce and organisational change and redesign underway as per the policy and agreed HR plan.

EQUALITIES

5.4 Has an Equality Impact Assessment been carried out?

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

5.4.2 How does this report address our Equality Outcomes?

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

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

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

5.6 **NATIONAL WELLBEING OUTCOMES**

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

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

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

6.0 DIRECTIONS

6.1

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

7.0 CONSULTATION

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

8.0 BACKGROUND PAPERS

8.1 None.

INVERCLYDE HSCP Health and Social Care Partnership

AGENDA ITEM NO: 11

Report To:	**Inverclyde Integration Joint Board**	**Date: 14 May 2019**
Report By:	**Louise Long** **Corporate Director (Chief Officer)** **Inverclyde Health & Social Care Partnership**	**Report No:** **IJB/30/2019/AS**
Contact Officer:	**Allen Stevenson** **Head of Health and Community Care** **Inverclyde HSCP**	**Contact No:** **01475 715283**
Subject:	**INVERCLYDE MULTI-AGENCY GUIDELINES FOR RESPONDING TO SELF-HARM AND SUICIDE IN CHILDREN AND YOUNG PEOPLE**	

1.0 PURPOSE

1.1 The purpose of this report is to bring to the attention of the Integration Joint Board the Inverclyde Alliance (Community Planning) development of work to support children and young people who may be at risk of self-harm and suicide.

2.0 SUMMARY

2.1 Both a national and local priority is to sustain and improve the mental health and wellbeing of children and young people, along with safeguarding, forming a key commitment that is an integral part of ongoing priorities for Inverclyde.

2.2 Recent high-profile cases, and subsequent reports and policy guidance, such as:

The fatal accident inquiry into the deaths on the Erskine Bridge (2012); the SCSWIS Practice Guide on Suicide Prevention for Looked After Children & Young People (2011); and Responding to Self-Harm in Scotland Final Report (2011), have contributed to begin to establish best practice in responding to self-harm and suicide.

With particular regard to the Erskine Bridge Fatal Accident Inquiry (2012) – *'Local authorities should commission a set of guidelines for staff working with looked after and accommodated children about recognising and mitigating suicide risk in this client group. These guidelines should include the requirement to develop a detailed management protocol*'.

2.3 A multi-agency writing group, with membership drawn from Inverclyde Council's Education Psychology, Specialist Children's Services, Social Work, Health Visiting and Health Improvement, was established to devise a draft of the guidance, utilising best practice from the guidelines already published in other areas and adapting for an Inverclyde context.

In addition, a freelance writer was independently commissioned to develop the guidelines.

3.0 RECOMMENDATIONS

3.1 The Integration Board is asked to note this report, its contents and the positive work undertaken in the development of these guidelines;

3.2 The Integration Board is asked to ensure a commitment is made, as a partner within the Inverclyde Alliance, to reflect these developments in its services strategic planning and operational delivery.

Louise Long
Chief Officer

4.0 BACKGROUND

4.1 Over the years, several policy drivers have considered the aspects of improving the mental health of children and young people. The latest Scottish Government's 10-year mental health strategy places children and young people at the heart of the early intervention and prevention agenda. Moreover, other policy drivers, such as the 5-year Strategy for Mental Health Services in Greater Glasgow and Clyde 2018-2023 is informed by a range of documents including the Scottish Government's Mental Health Strategy and the Healthy Minds 2017 report by NHS GG&C's Director of Public Health.

4.2 Given the directive outlined above from the Erskine Bridge Fatal Accident Inquiry, there was a responsibility placed on local areas to develop guidelines, a multi-agency approach was adopted locally.

4.3 The multi-agency guidance has been created to support staff and specifically ***frontline responders***, across all partner services, to provide a caring and appropriate response to children and young people experiencing emotional distress and who may be at risk of self-harm or have thoughts of suicide.

The document encompasses guidance for staff for both self-harm and suicide in a single document. This may infer an inevitable link and may cause concern, as self-harm and suicide are distinctly different behaviours, with very different intent and motivations.

Creating a document that includes but separates the two behaviours is the most effective way to ensure staff are capable of responding appropriately to young people experiencing suicidal ideation as well as the small proportion of young people who move from self-harm to suicide and the larger numbers whose self-harm does not lead to suicide.

In addition, this format will help to dispel the myths around the two behaviours and clarify the distinct features of each.

4.4 Noteworthy is the extensive and robust consultation processes that the document has had, including discussions with several key professional stakeholders in social work, education services, 3rd sector agencies and young people themselves. As is evident in the guidelines, their voices have been pivotal in the document's construction, along with valuable input from Inverclyde Council's Legal Services.

4.5 Scrutiny of the guidelines has been mainly through the Joint Children's Services Plan Group and the Inverclyde Child Protection Committee.

Future governance arrangements are being recommended to the Inverclyde Alliance by the Joint Children's Services Plan Group. The guidelines will be submitted for approval to a future meeting of the Alliance Board.

4.6 In terms of the implementation of the guidelines, there are planned training/up skilling workshops that will be delivered on a multi-agency basis and the further creation of an easy reference leaflet that captures the main points of the guidelines that will be used by the first responders.

5.0 IMPLICATIONS

FINANCE

5.1

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

Annually Recurring Costs / (Savings)

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

LEGAL

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

HUMAN RESOURCES

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

EQUALITIES

5.4 Has an Equality Impact Assessment been carried out?

X	YES an EQIA will be carried out using the Inverclyde Council processes, for presentation to the Inverclyde Alliance.
	NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

5.4.2 How does this report address our Equality Outcomes?

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

Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	None

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

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

5.6 **NATIONAL WELLBEING OUTCOMES**

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

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

6.0 DIRECTIONS

6.1

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

7.0 CONSULTATION

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

8.0 BACKGROUND PAPERS

8.1 Inverclyde Multi-Agency Guidelines to Support Children and Young People at Risk of Suicide and Self-harm.

INVERCLYDE HSCP Health and Social Care Partnership

AGENDA ITEM NO: 12

Report To:	**Inverclyde Integration Joint Board**	**Date:**	**14 May 2019**
Report By:	**Louise Long** **Corporate Director, (Chief Officer)** **Inverclyde Health and Social Care Partnership (HSCP)**	**Report No:**	**IJB/27/2019/HW**
Contact Officer:	**Helen Watson** **Head of Service** **Strategy & Support Services**	**Contact No:**	**01475 715285**
Subject:	**PERFORMANCE EXCEPTIONS REPORT**		

1.0 PURPOSE

1.1 The purpose of this report is to present the Integration Joint Board with exceptions performance information, highlighting where performance differs from target by a margin that is greater than or equal to 5% (either positive or negative). This report is additional to the Annual Performance Report, and considers operational performance that can potentially support delivery of the National Wellbeing Outcomes.

2.0 SUMMARY

2.1 The measures have been selected based on the criteria outlined above, and our ongoing Quarterly Service Review (QSR) arrangements will ensure that the relevant services will be working to improve falling performance or sustain positive progress. The report also includes performance information relating to Oral Health and Musculoskeletal (MSK) Physiotherapy Waiting Times, which are hosted on our behalf (by East Dunbartonshire and West Dunbartonshire HSCPs, respectively).

2.2 The Performance Exceptions report will be produced for the IJB twice yearly.

3.0 RECOMMENDATIONS

3.1 Members are asked to note performance within the report along with the remedial actions suggested where performance is below the standard that we would expect.

3.2 Members are also asked to provide any relevant comments to assist in ongoing performance improvement and reporting of such to the Integration Joint Board (IJB).

Louise Long
Corporate Director, (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

4.1 The Integration Joint Board has a central function in respect of reviewing performance and scrutinising achievement of key outcomes. This report structure ensures that our efforts are focused on improving performance in line with our key commitments, as outlined in our Strategic Plan 2019-24.

4.2 Our processes for monitoring and managing performance are embedded within our Quarterly Services Reviews (QSR), where services consider their performance in the context of all targets and agreed objectives. Where there is a variance from expected performance of 5% or more, either positively or negatively, the IJB will be alerted through the Performance Exceptions Report (PER). The PER also includes some service commentary describing proposed remedial actions or proposed actions to sustain good performance.

5.0 RECOMMENDATIONS

5.1 Members are asked to note performance within the report along with the remedial actions suggested where performance is below the standard that we would expect.

5.2 Members are also asked to provide any relevant comments to assist in ongoing performance improvement and reporting of such to the Integration Joint Board (IJB).

6.0 DIRECTIONS

6.1

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

7.0 IMPLICATIONS

FINANCE

7.1

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

Annually Recurring Costs / (Savings)

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

LEGAL

7.2 There are no legal implications arising from this report

HUMAN RESOURCES

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

EQUALITIES

7.4 Has an Equality Impact Assessment been carried out?

	YES
✓	NO – This report does not introduce a new policy, function or strategy or recommend □ change to an existing policy□ function or strategy. Theref□re, no Equ□lity Impact Assessment is required.

How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the protected characteristic groups, can access HSCP services.	Any drop in performance will potentially have an impact on people with protected characteristics, therefore performance must be monitored regularly.
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.	Not applicable
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

7.5 The drop in performance for MSK waiting times could potentially impact on other patient pathways. Implications will be explored further at the Clinical and Care Governance Group.

8.0 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.	Regular performance monitoring supports the effective management of clinical and care pathways.
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	Reducing delayed discharges ensures that people are supported back to independent living as soon as appropriate. Community alarms help increase confidence for people to remain at home.
People who use health and social care services have positive experiences of those services, and have their dignity respected.	End of life care at home provides a responsive approach to a positive and dignified experience.
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	All of the indicators highlighted in the PER contribute to this outcome to some extent.
Health and social care services contribute to reducing health inequalities.	Alcohol-related deaths are associated strongly with other inequalities.
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	Not applicable
People using health and social care services are safe from harm.	Not applicable
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.	Not applicable
Resources are used effectively in the provision of health and social care services.	Not applicable

9.0 CONSULTATION

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

10.0 BACKGROUND PAPERS

10.1 None

APPENDIX

INVERCLYDE HSCP Health and Social Care Partnership

Performance Exceptions Report May 2019

NHS Greater Glasgow and Clyde

Inverclyde council

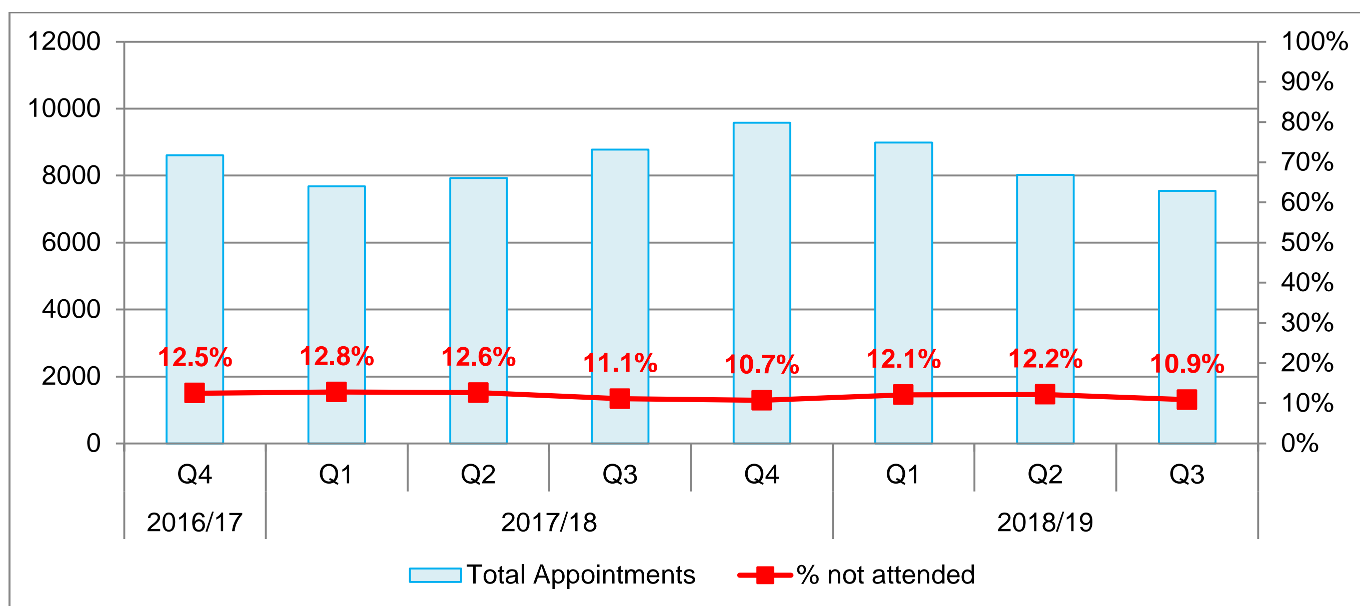
Table of Contents

Service Area	Exceptions Measure	National Health and Wellbeing Outcome	Page
MHAH	% of Adult Community Mental Health Team (CMHT) appointments where service user did not attend	9. Resources are used effectively and efficiently in the provision of health and social care services.	3
MHAH	Reduce alcohol related deaths Rate per 100,000 population aged 19 and over	7. People using health and social care services are safe from harm.	5
MHAH	Households assessed as ‘unintentionally homeless’ or ‘unintentionally threatened with Homelessness’	3. People who use health and social care services have positive experiences of those services, and have their dignity respected.	8
HCC	Number of bed days lost when patients have been delayed in hospital when medically fit for discharge.	9. Resources are used effectively and efficiently in the provision of health and social care services.	10
HCC	Number of Service Users who utilise the Community Alarm Service	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.	12
HCC	Increase the % of the last 6 months of life spent in a community setting.	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.	14
SASS	HOSTED SERVICE: Increase the percentage of children with no obvious signs of tooth decay for Primary 1 aged children.	1. People are able to look after and improve their own health and wellbeing and live in good health for longer.	16
SASS	HOSTED SERVICE: Musculoskeletal (MSK) Physiotherapy Waiting Times	4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services	18
CFCJ	Number of LAAH children who have a Looked After at Home Review within a reporting quarter	4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	21
CFCJ	% of service users interviewed within 1 working day of Community Payback Order imposed	**National Outcomes for Justice:** Community safety and public protection The reduction of reoffending Social inclusion to support desistance from offending.	23

MHAH: Non-Attendance for Adult Community Mental Health Team (CMHT) appointments

Objective	**Reduce the Number of Non-Attendances**
National Wellbeing Outcome	9. Resources are used effectively and efficiently in the provision of health and social care services
Measure	% of Adult CMHT appointments where service user did not attend
Current Performance	In 10.9% of all appointments the Service User failed to attend
Target	To reduce this to 10% by September 2019
Trend	There has been a gradual improvement in reducing the rate of non-attendance. This is unpublished data so it is not possible at this time to benchmark with other areas.

	2016/17	2017/18				2018/19		
	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
Total Appointments	8605	7678	7925	8777	9577	8992	8019	7546
Did Not Attend	1078	982	1001	976	1027	1090	977	823
% not attended	12.5%	12.8%	12.6%	11.1%	10.7%	12.1%	12.2%	10.9%



Commentary

Non-attendance can be wasteful, and can increase waiting times. We are continually working to reduce the number of non-attended appointments through various means such as:

- ✓ a text reminder that is sent to the Service User prior to the appointment
- ✓ home visits where practical
- ✓ scheduling appointments at a time that suits the Service User better

These actions have resulted in a reduced rate of non-attendance from a high of around 15% in 2015/16 to now below 11%.

Our Mental Health Strategy, which was approved by IJB in 20/01/2018, highlights how the service will develop going forward, to ensure a flexible, person-centred approach.

We would also wish to compare our performance against other areas, however non-attendance rates are no longer published nationally, meaning that it can be difficult to readily identify best practise and learning from other areas. However, we will be asking the Scottish National Benchmarking Network to develop a benchmarking framework for non-attendance. Given the complexity of reasons for non-attendance to CMHT appointments, it might be that the Network will begin with a more straightforward service area, however we will urge them to schedule mental health patients into their future programme of work.

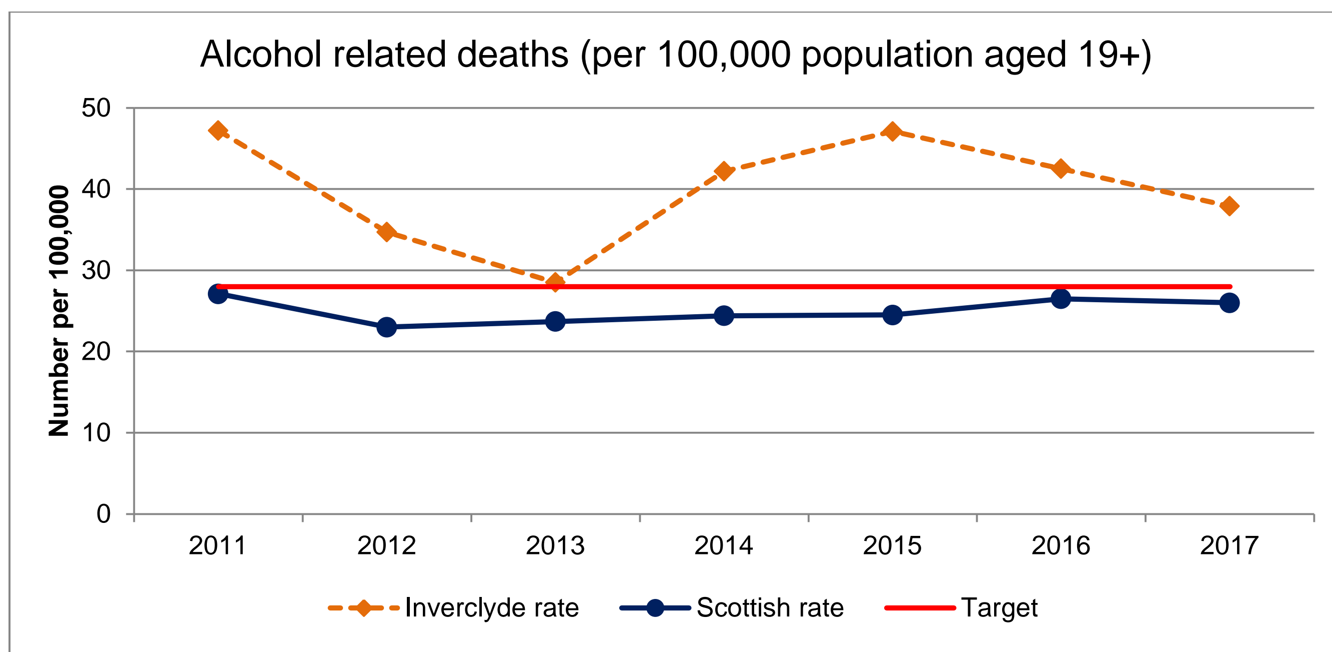
Actions

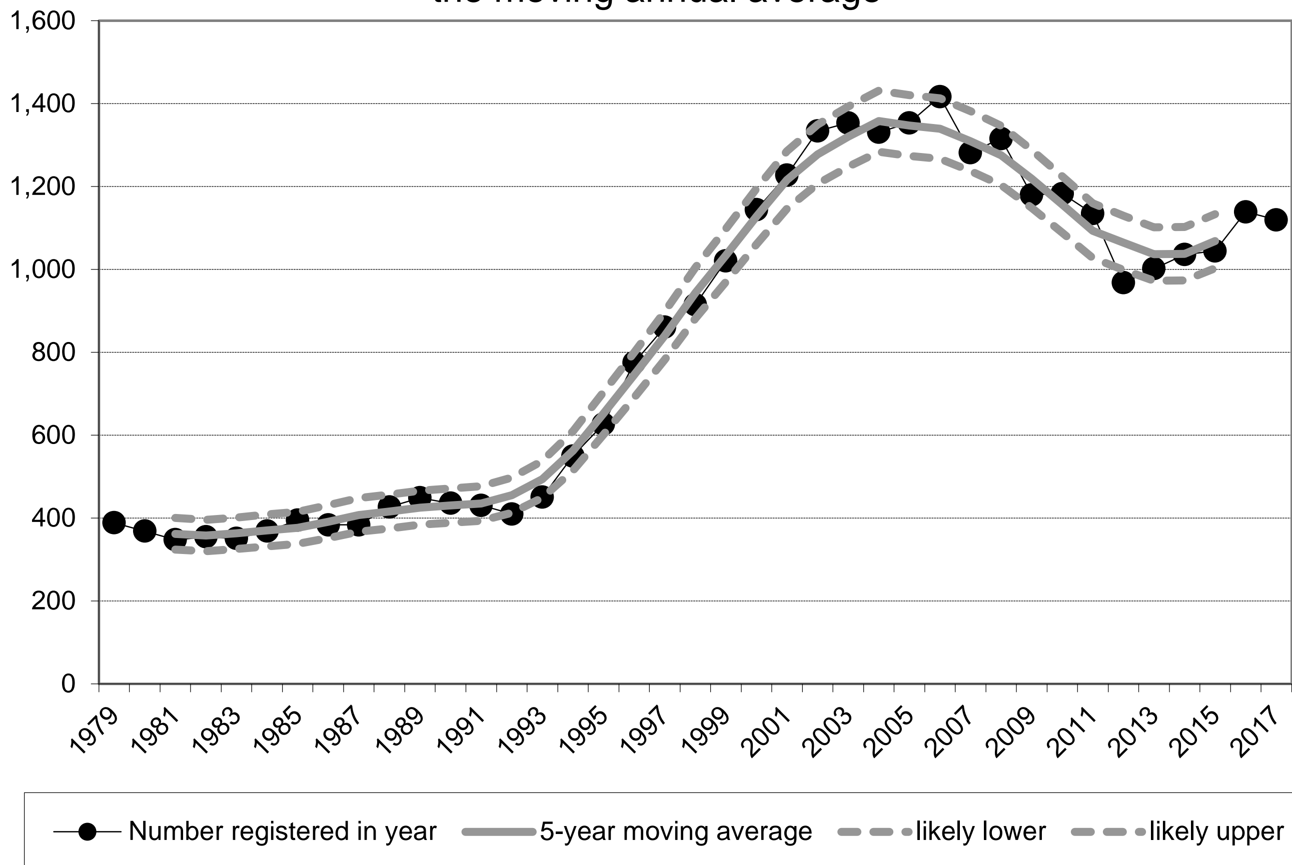
1) Continue to monitor performance in the MHAH QSR
2) Progress the Mental Health strategy
3) Work with the Scottish National Benchmarking Network to develop a workable benchmarking framework that supports identifying and learning from best practise.

MHAH: Reduce Alcohol Related Deaths

Objective	**Reduce Alcohol Related Deaths**
National Wellbeing Outcome	7. People using health and social care services are safe from harm
Measure	Reduce alcohol related deaths (per 100,000 population aged 19 and over)
Current Performance	37.9 per 100,000 of the population who are age 19 and over
Target	28 per 100,000
Trend	From almost achieving our target in 2013 there was a 2 year rise followed by a 2 year reduction

Reduce alcohol related deaths (per 100,000 population aged 19+)							
	2011	2012	2013	2014	2015	2016	2017
Inverclyde rate	47.2	34.7	28.5	42.2	47.1	42.5	37.9
Scottish rate	27.1	23	23.7	24.4	24.5	26.5	26.0
Actual numbers (Inverclyde)	30	22	18	27	30	27	24





Commentary

Alcohol related harm is a significant issue in Inverclyde. By most national measures Inverclyde experiences some of the highest prevalence rates and incidents of substance misuse related harm in Scotland. Significant advances have been made in tackling alcohol related harm in Inverclyde, however, there is considerable progress to be made in supporting the realisation of an environment where alcohol issues impact less on the achievement of better outcomes for individuals and communities in Inverclyde.

The past 2 reporting years have seen the number of alcohol related deaths reduce to bring us closer to the Scottish average and our target, however this is tempered by a larger increase in the preceding 2 reporting years. The 2nd chart helps demonstrate the challenge of reducing alcohol related deaths across Scotland

Our Recovery Orientated System of Care will support people to reach their potential and enable them to (for example):

- Access health and social care services which support their pathway to recovery
- Develop skills including life-long learning, confidence and self-esteem
- Live active lifestyles and have opportunities to be involved in communities
- Stay safe from the impact of substance misuse

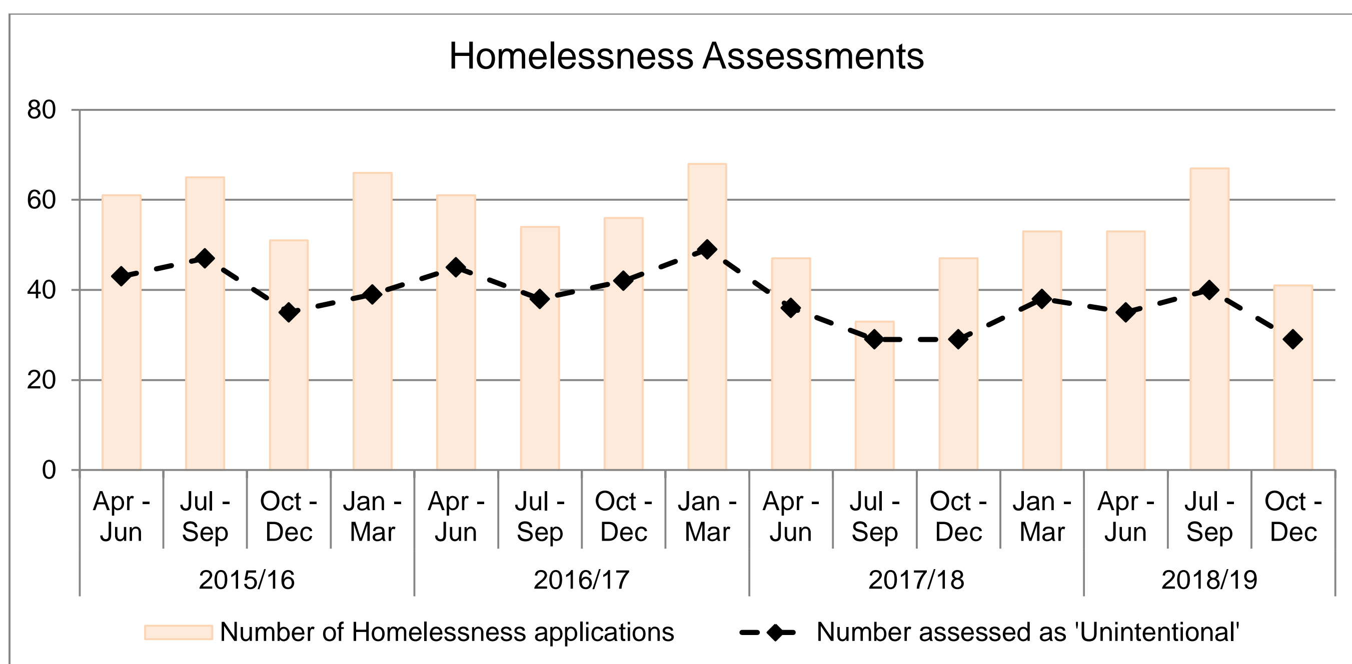
Actions

1) Continue to monitor performance in the MHAH QSR
2) Progress the addictions services review and implement the recommended changes including
   - Effective joint working with 3rd sector organisations
   - Easier access to support services
   - Improve recovery pathways and outcomes
   - Test approaches to increasing access to services over 7 days, including provision of home detoxification
   - Group established

MHAH: Unintentional Homelessness

Objective	**Reduce the level of Homelessness in Inverclyde**
National Wellbeing Outcome	3. People who use health and social care services have positive experiences of those services, and have their dignity respected
Measure	Households assessed as 'unintentionally homeless' or 'unintentionally threatened with Homelessness'
Current Performance	In the period October to December 2018, 41 households made a formal 'Homelessness application' to our services. Of these 41, it was assessed that 29 were 'unintentionally homeless', using the definition below.
Target	To reduce the number of households making a 'Homelessness application' by resolving any potential homelessness situations prior to this
Trend	There has been a reduction in the number of full homelessness assessments being undertaken, with the largest majority being assessed as 'Unintentionally homeless'.

	HL1(homeless) decisions based on the period when the HL1 assessment began														
	2015/16				**2016/17**				**2017/18**				**2018/19***		
	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec
Number of Homelessness applications	61	65	51	66	61	54	56	68	47	33	47	53	53	67	41
Number assessed as 'Unintentional'	43	47	35	39	45	38	42	49	36	29	29	38	35	40	29



Commentary

Section 24 of the Housing (Scotland) Act 1987 defines homelessness as follows:
'*A person is homeless if he/ she has no accommodation in the UK or elsewhere. A person is also homeless if he/ she has accommodation but cannot reasonably occupy it, for example because of a threat of violence. A person is potentially homeless (threatened with homelessness) if it is likely that he/ she will become homeless within two months. A person is intentionally homeless if he/ she deliberately did or failed to do anything which led to the loss of accommodation which it was reasonable for him/ her to continue to occupy.'*

All households approaching the service are first engaged with our 'Housing Options' (prevention) work which provides the necessary support to prevent homelessness occurring. We are able to resolve the vast majority of cases (approx. 73%) at this stage. We are aiming to further improve access to support at an earlier stage, in relation to people at risk of becoming homeless.

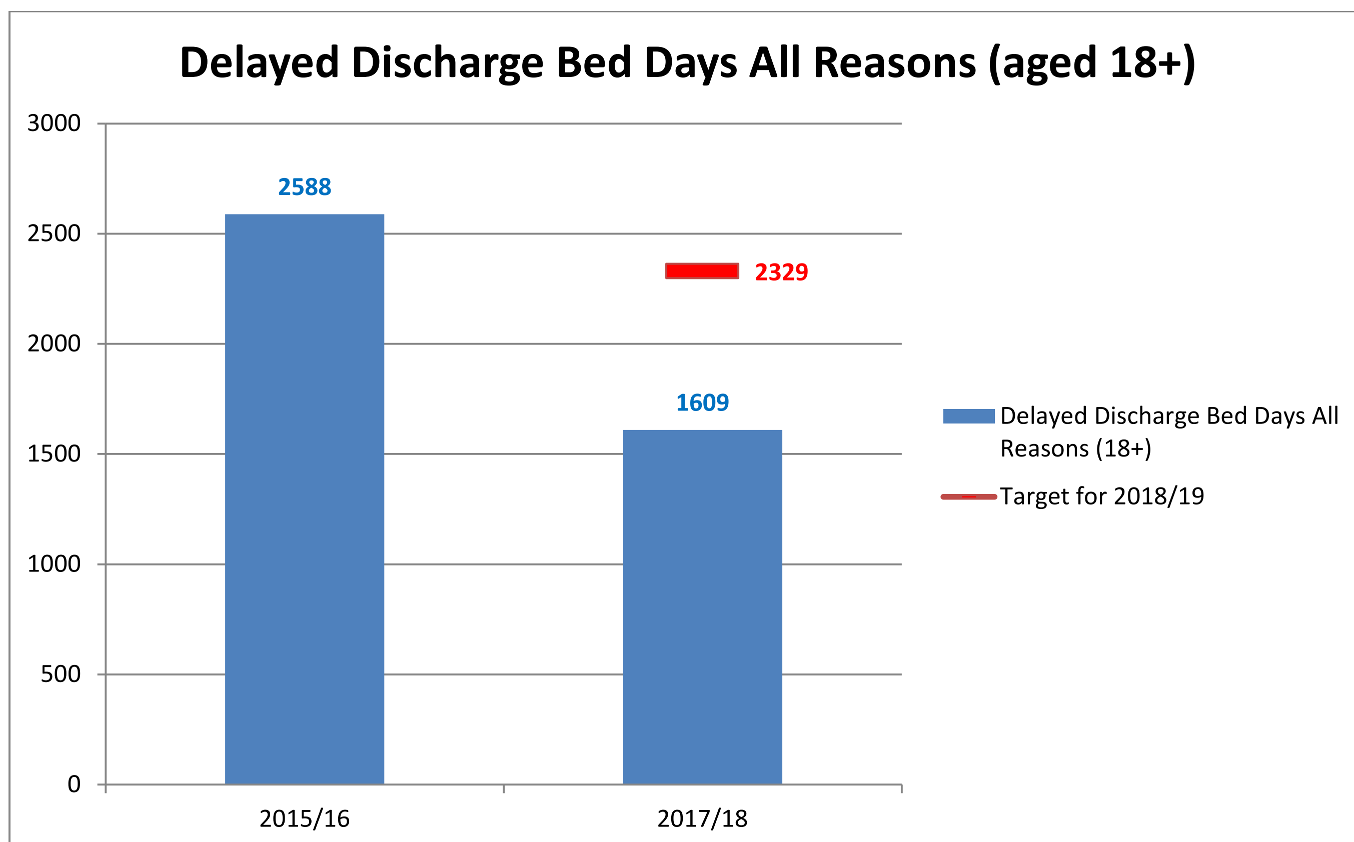
There has been a small reduction in the number of households that have progressed to the stage of making a 'Homeless application' to the service. Where this has happened the majority of these applications have been assessed as 'Unintentional' according to the Housing (Scotland) Act (approx. 65%). Throughout the assessment process, with some households we are able to support resolution of the homelessness situation prior to the formal decision made within the 28 day timescale.

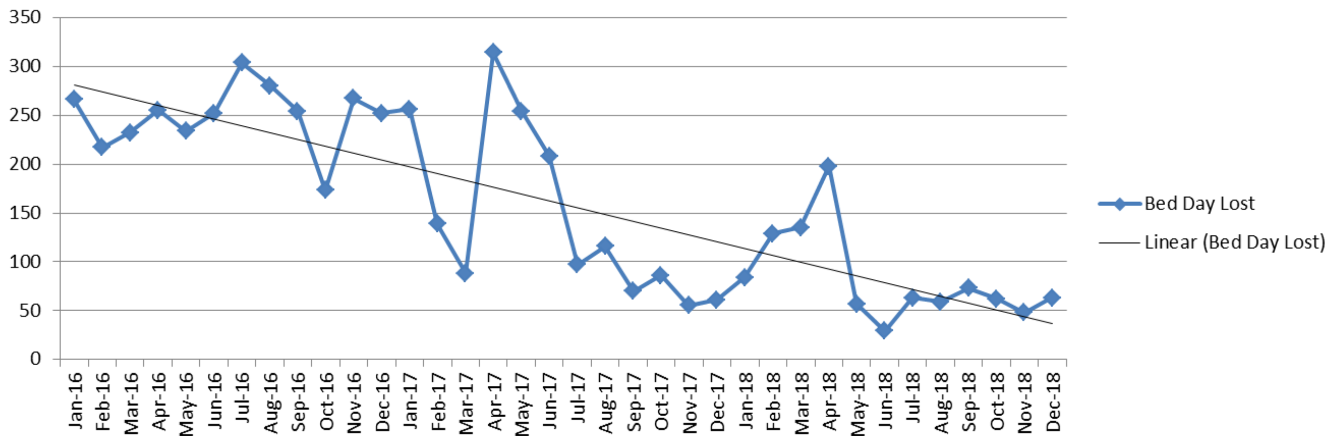
Actions

1) Continue to monitor performance at the Mental Health, Addictions &Homeless Quarterly Service Review.
2) Further development of housing options approach in partnership with RSLs and across HSCP to engage people at risk of homelessness.
3) Work to identify best practise for risk factors and early identification and support.

HCC: MSG Bed Days Lost to Delayed Discharge

Objective	Bed days lost to Delayed Discharge
National Wellbeing Outcome	9. Resources are used effectively and efficiently in the provision of health and social care services
Measure	Number of bed days lost when patients have been delayed in hospital when medically fit for discharge.
Current Performance	Inverclyde continues to perform well in regards to reducing bed days lost to delayed discharge. The target set for 2018/19 has already been exceeded. The percentage reduction in 2017/18 from the baseline is -37.8%.
Target	A reduction of 10% on the 2015/16 baseline data.
Trend	The long term trend (Figure 2) shows that Inverclyde continues to perform well in this area.





Commentary

Inverclyde continues to show a sustained good performance in relation to Delayed Discharge. The partnership has seen the level of bed days lost reduce year on year since the baseline year (2015/16) and continues the trend into 2019.The average number of bed days lost days per month for 2018 was 83.3 days.

This good performance is reflected in the other delayed discharge measures such as “Delays at Census” and the “number of delayed episodes within the month”.

Actions

To build on the success of our Home 1st approach and explore opportunities to involve other sectors to ensure future improvement in outcomes for people to stay at home or in a more homely setting.

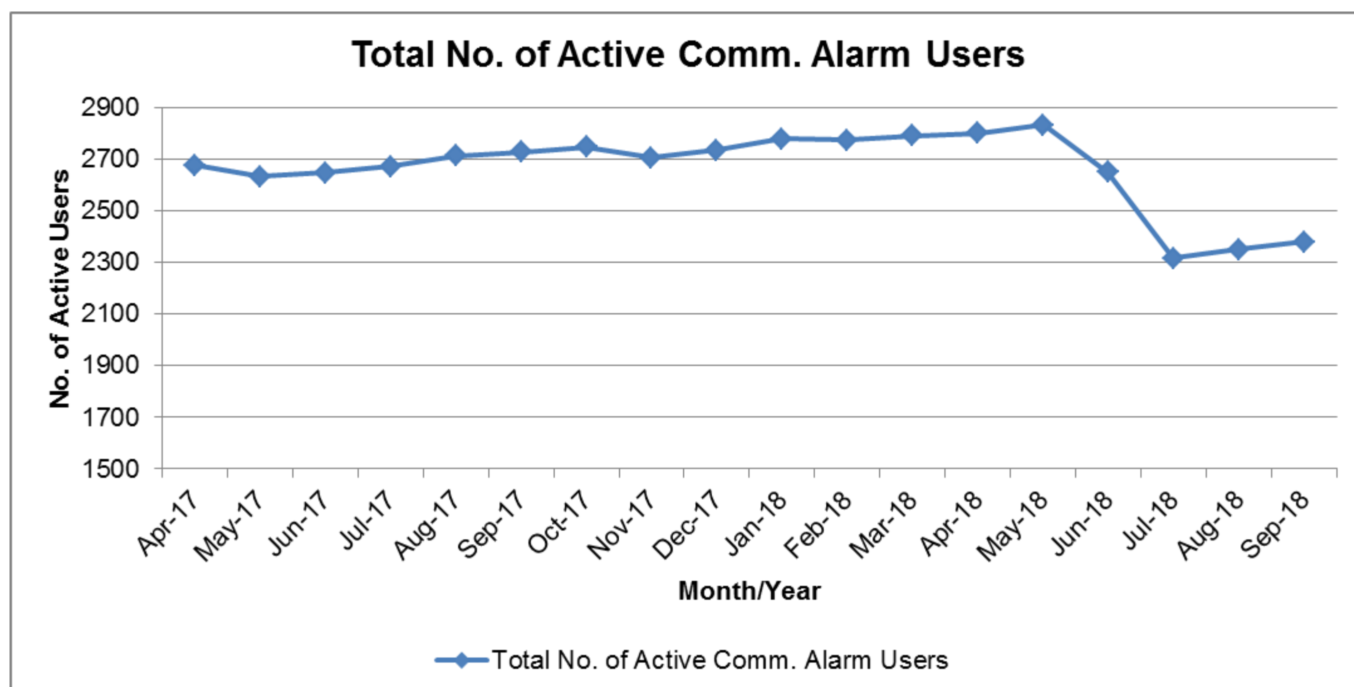
Identify further improvement in key processes, reduce duplication and eliminate waste within a LEAN environment.

Use data to inform current and future lines of enquiry in relation to the needs of those people with long term conditions.

Understand and implement interventions that better support people with Addiction issues.

HCC: Community Alarm Users

Objective	People can stay at home safely by utilising technology
National Wellbeing Outcome	2. People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community
Measure	Number of Service Users who utilise the Community Alarm Service
Current Performance	The chart shows a drop in the number of service users after charging was introduced.
Target	6% increase per year, in line with pre-charging growth of use.
Trend	The trend pre charging policy was an increase month on month, equating to approximately 6% per year.



Commentary
The chart shows a drop in the number of service users after charging was introduced on 1st July 2018. However the drop in users was not matched with any drop in performance in other key outcome areas, particularly in relation to unplanned hospital admissions. The numbers of community alarm users are beginning to increase again, indicating that service users value the reassurance provided by the alarm. Until 2018, the service continued to show a rise of 6% per year on year in community alarm service users (including withdrawals).

Actions

1) The service will continue to review the data and cross reference it against our ARC (Alarm Receiving Centre) to ensure figures are correct and there is no disparity with the data being collated and reported.

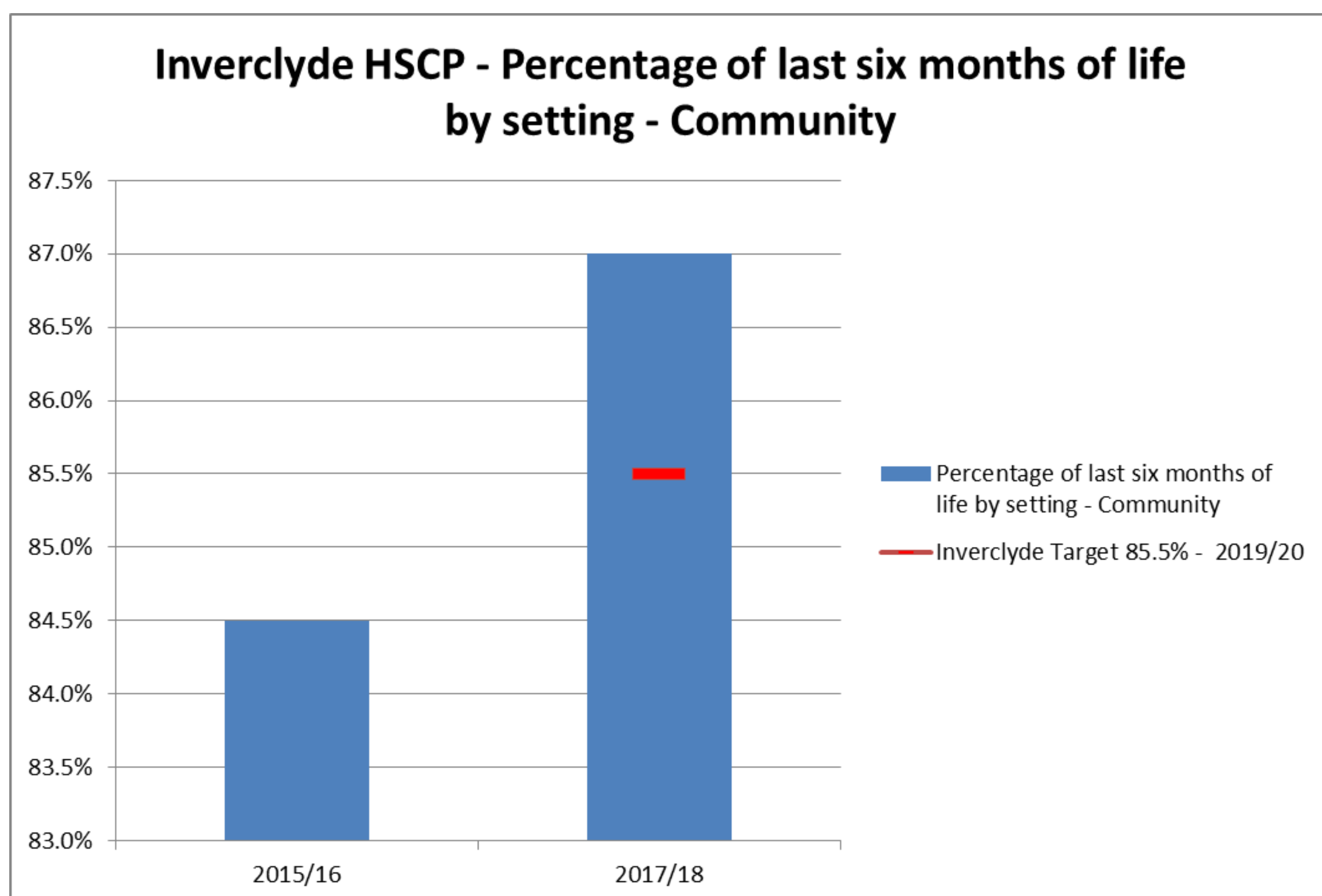
2) The service will continue to monitor the appropriate uptake and usage of technology, evaluating its progress and benefits to improve the outcomes for service users.

3) The Service will maintain its annual reviews of service by carrying out home visits and telephone calls (where appropriate) to collate this information.

4) Support continuous improvement of Technological Enabled Care (TEC) and ensure if it fully integrated and embedded in mainstream services.

HCC: MSG Percentage of last 6 months of life by Setting – Community

Objective	**Improve End of Life Care**
National Wellbeing Outcome	2: People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
Measure	Increase the % of the last 6 months of life spent in a community setting.
Current Performance	Inverclyde exceeded the 2018/19 target, with 87.0% of the last 6 months of life spent in the community, against the target of 85.7%. The 2019/20 target set by the Ministerial Strategic Group is 86.5%.
Target	An increase of 3.5% of the 2015/16 baseline data (84.5%), aiming for 88% in 2019/20.
Trend	Inverclyde has seen the percentage rise in the 2 years since the baseline was established.



Commentary
This measure is an annual measure which generally only sees very small variances from year to year and this is reflected in the target set through the Ministerial Strategic Group (MSG) which was to increase the percentage of people in their last 6 months of life in a community setting by 1% per year.

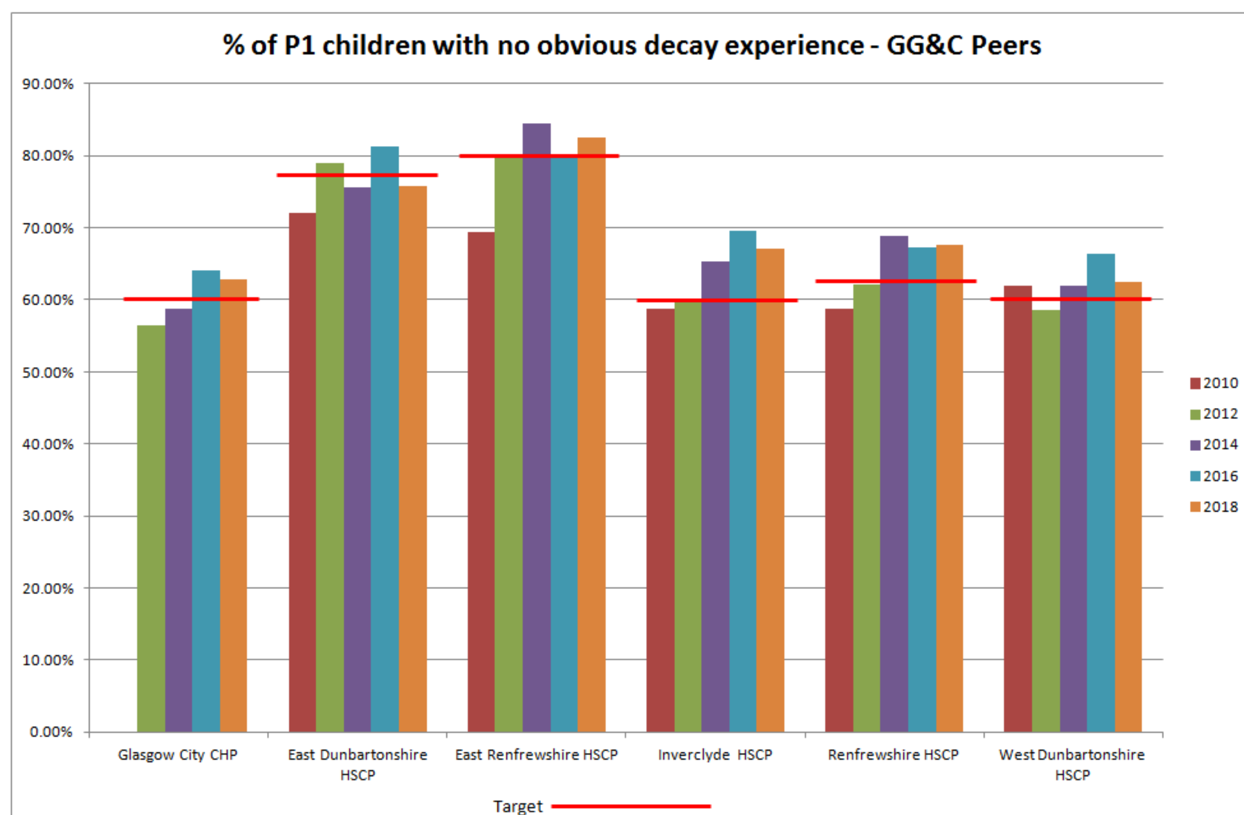
Inverclyde has achieved an increase of 2.5% from the 2015/16 baseline (84.5%) in relation to this indicator, exceeding the 2018/19 target by 1.5%. We aim to increase by another 1% during 2019/20.

Actions

1) Promote and encourage the use of Anticipatory Care Plans (ACPs)
2) Continue to monitor the number of completed of ACPs
3) Encourage the sharing of ACPs between professions within the HSCP
4) Improve information-sharing across professions
5) Promote and increase communities of understanding of end of life through Compassionate Inverclyde.

SASS: Hosted Service - Oral Health

Objective	**Improve Children and Adult oral health.**
National Wellbeing Outcome	1. People are able to look after and improve their own health and wellbeing and live in good health for longer
Measure	Increase the percentage of children with no obvious signs of tooth decay for Primary 1 aged children.
Current Performance	Inverclyde is exceeding the target.
Target	60% of children in P1 with no obvious sign of tooth decay.
Trend	Inverclyde has shown significant gains since 2010.



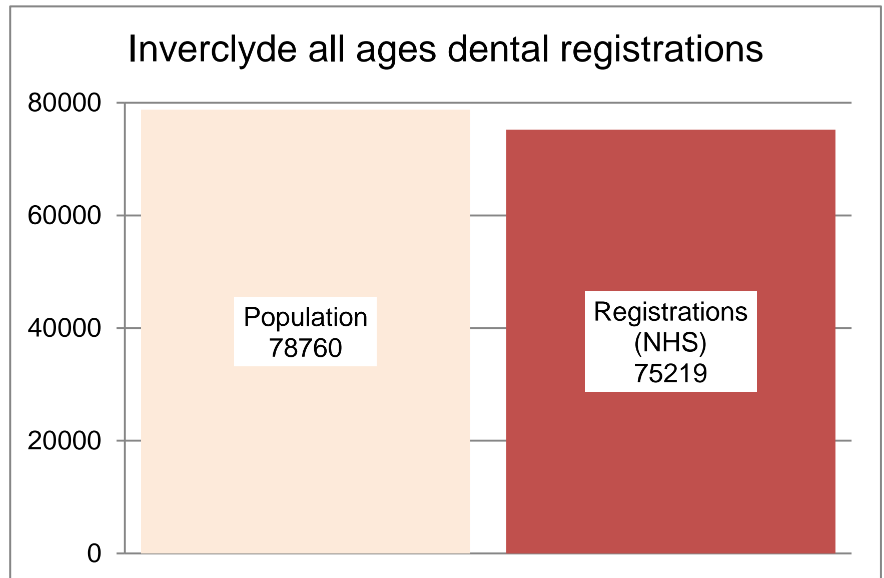
Commentary

Oral Health services are hosted on behalf of all of the Greater Glasgow and Clyde HSCPs, by East Dunbartonshire HSCP. The Inverclyde HSCP takes cognisance that NDIP (National Dental Inspection Programme) is a national programme and that our local dental practitioner's, schools and parents play a major role in helping this target to be achieved.

A comparison with our GG&C peers illustrates that Inverclyde has exceeded the target by the greatest margin for the last 2 reporting periods (in 2016, Inverclyde exceeded the target by 9.6% and in 2018 the target was exceeded by 7%).

Inverclyde residents registered with an NHS dentist as at 30th September 2018						
Age Range	0-2	3-5	6-12	13-17	18-64	65+
Number Registered	1178	2177	5817	4052	48088	13907

Approximately 95% of Inverclyde residents are registered with an NHS dentist. It should be noted that some of the population will be accessing private dental care and are, therefore, not included in these figures.

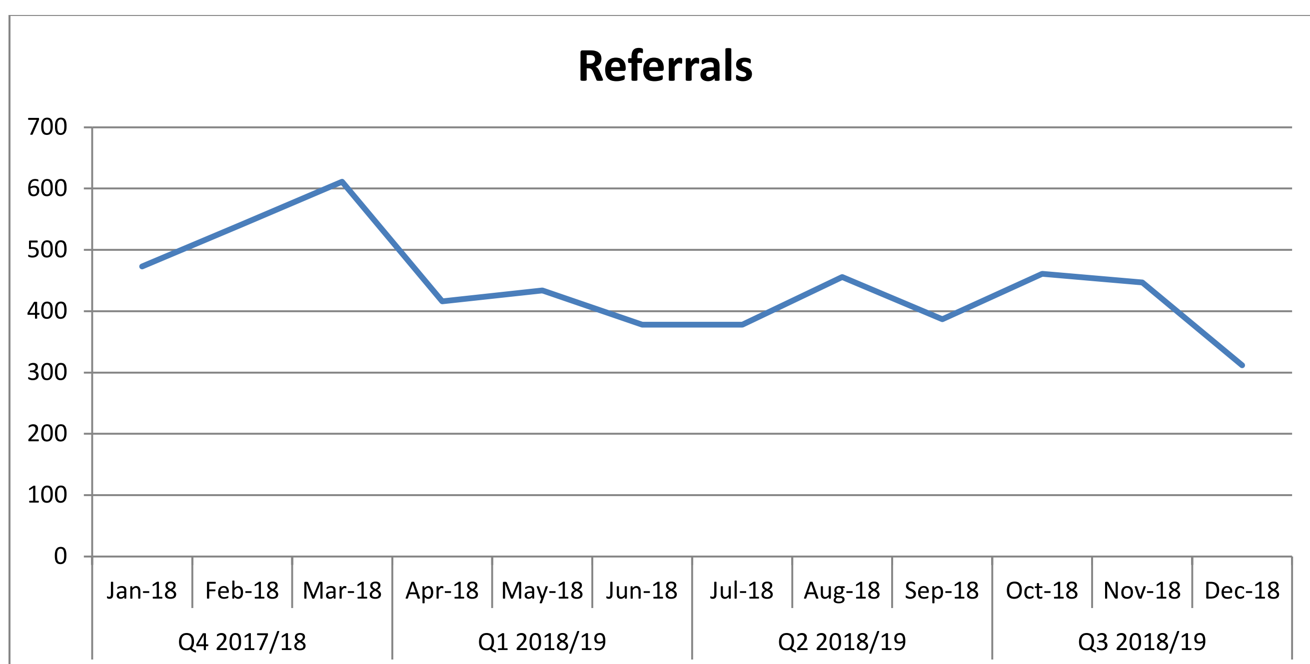


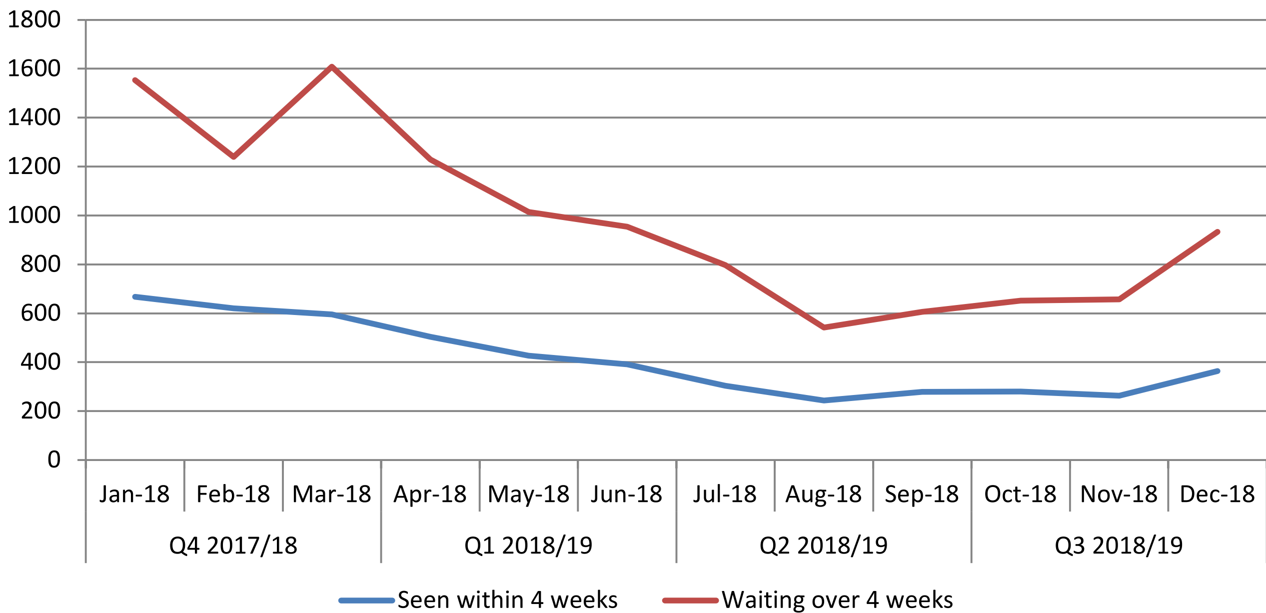
Actions

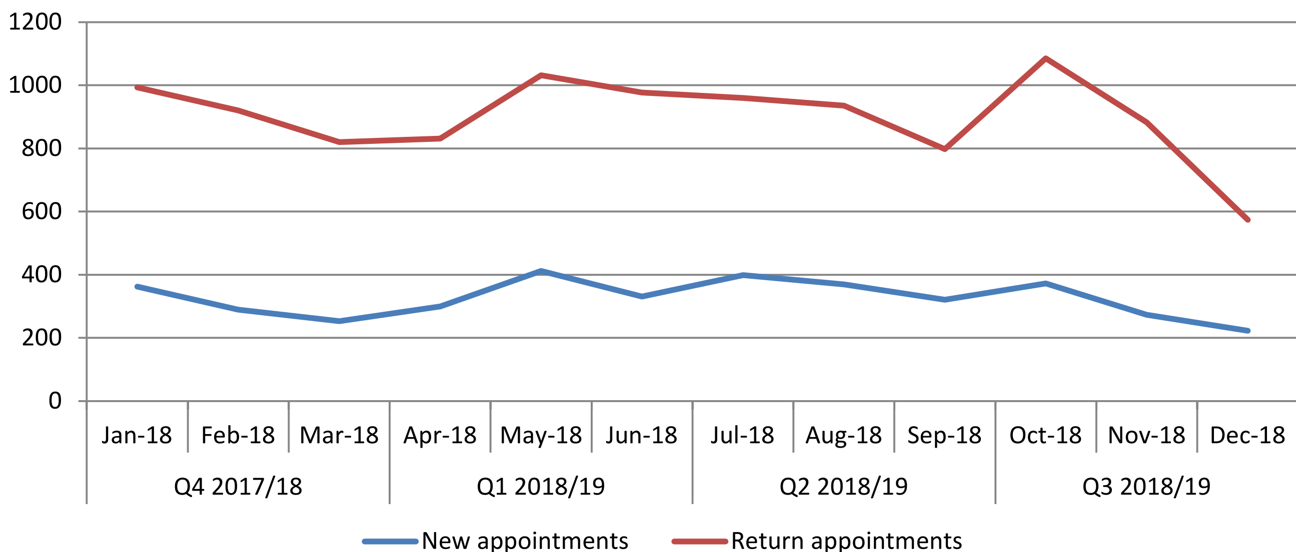
1) Continue to work with education and children and family teams to support Oral Health Improvement, including promoting breastfeeding, child dental registrations and fluoride varnishing.
2) In particular, continue to focus on increasing dental registration of 0-2 age group.
3) Support targeted work in those schools with higher levels of category A and B NDIP letters.
   - Letter A : child should seek immediate dental care on account of severe decay or abscess
   - Letter B : child should seek dental care in the near future due to one or more of the following: presence of decay, a broken or damaged front tooth, poor oral hygiene or may require orthodontics

SASS: Hosted Service: Musculoskeletal (MSK) Physiotherapy Waiting Times

Objective	MSK Physiotherapy Waiting Times
National Wellbeing Outcome	4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
Measure	Musculoskeletal (MSK) Physiotherapy Waiting Times
Current Performance	December 2018 - 39% of patients were seen within 4 weeks. All Inverclyde patients requiring an urgent appointment were seen within 4 weeks.
Target	90% of patients referred to physiotherapy are seen within 4 weeks.
Trend	Downward trend in the % of patients seen within 4 weeks from 43% in October and 40% in November 2018.







Commentary

MSK Physiotherapy services are hosted on behalf of all of the Greater Glasgow and Clyde HSCPs, by West Dunbartonshire HSCP. The number of Inverclyde referrals to the MSK service each month has fallen from the high of 611 in March 2018 to 312 in December 2018. Within the same timeframe there has been a reduction in the number of people seen within 4 weeks, from 595 in March 2018 to 364 in December 2018. This indicates that the reduction in demand has not freed up sufficient capacity to improve waiting times performance for Inverclyde people. The reasons for both the drop in referrals and the drop in waiting times performance are being explored.

There may be a number of factors that influence this, including the availability of staff and

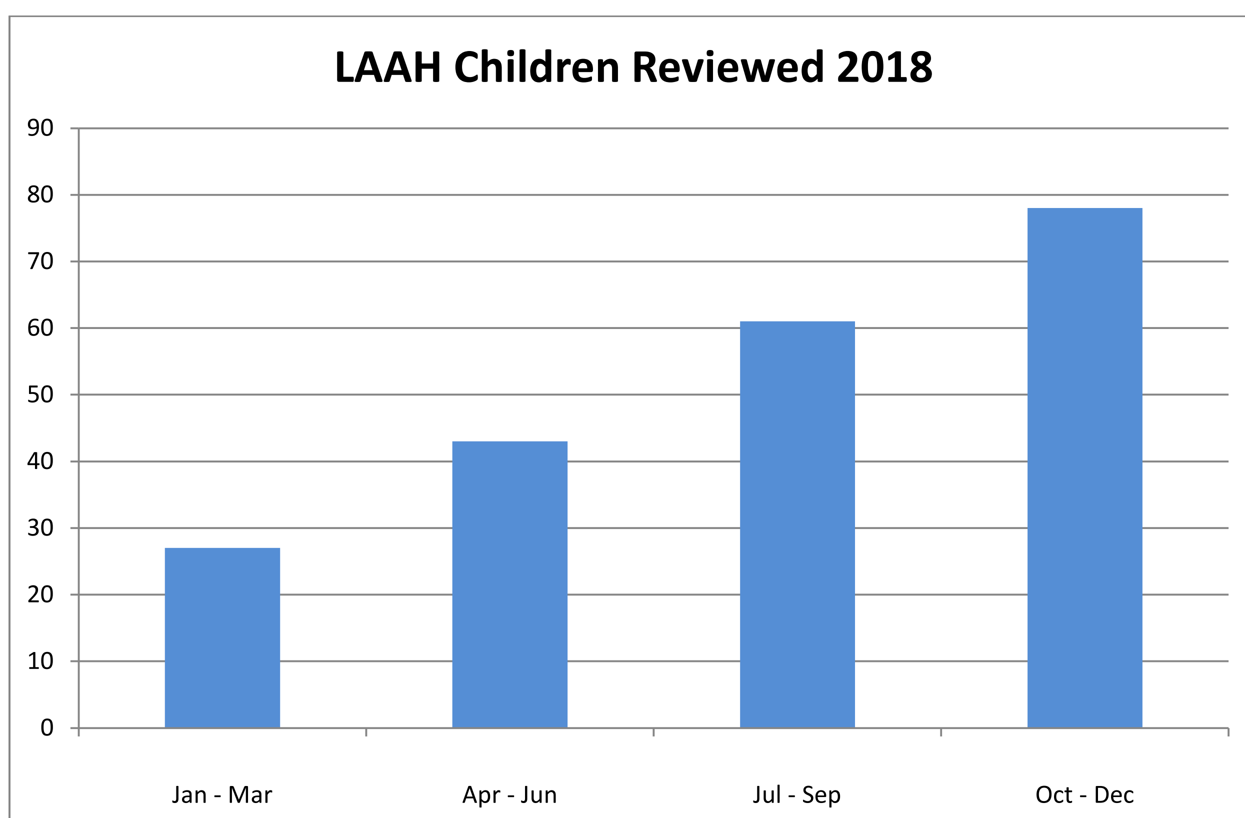
the severity of the presenting complaints during the time period. Further information from the service has been requested to ascertain what the key issues are, and proposed improvement actions.

Actions

1. Work with the hosting Partnership to understand the reasons for both the drop in referrals and the drop in waiting times performance.
2. Work with the hosting Partnership to review referral and performance data for MSK Physiotherapy across all Partnerships for whom the service is hosted, to ascertain of this anomaly is peculiar to Inverclyde, or if it is system-wide.
3. Assess the potential risks and impacts of reduced access or extended waiting times in the delivery of our Big Actions.

CFCJ: Looked After at Home (LAAH) Reviews

Objective	**Children Looked After at Home (LAAH) should have their circumstances reviewed regularly**
National Wellbeing Outcome	4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
Measure	Number of LAAH children who have a Looked After at Home Review within a reporting quarter
Current Performance	Over 90% of LAAH children were subject of a Review in the most recent reporting quarter
Target	All Looked After at Home Children to receive a Review of their circumstances twice per year.
Trend	Since the appointment of an additional Children's Planning and Improvement Officer, the number of Looked After at Home Review has steadily increased.



Commentary

The trend shows a significant increase in children looked after at home who have reviews in line with our care planning and procedures. This coincides with the appointment of an additional 2nd Children's Planning and Improvement Officer.

A small number of children may require reviews to be rescheduled for various reasons and there requires to be flexibility in the system for this to take place, however in the main we aim for all LAAH children to have their child's plan reviewed 6-monthly.

Actions

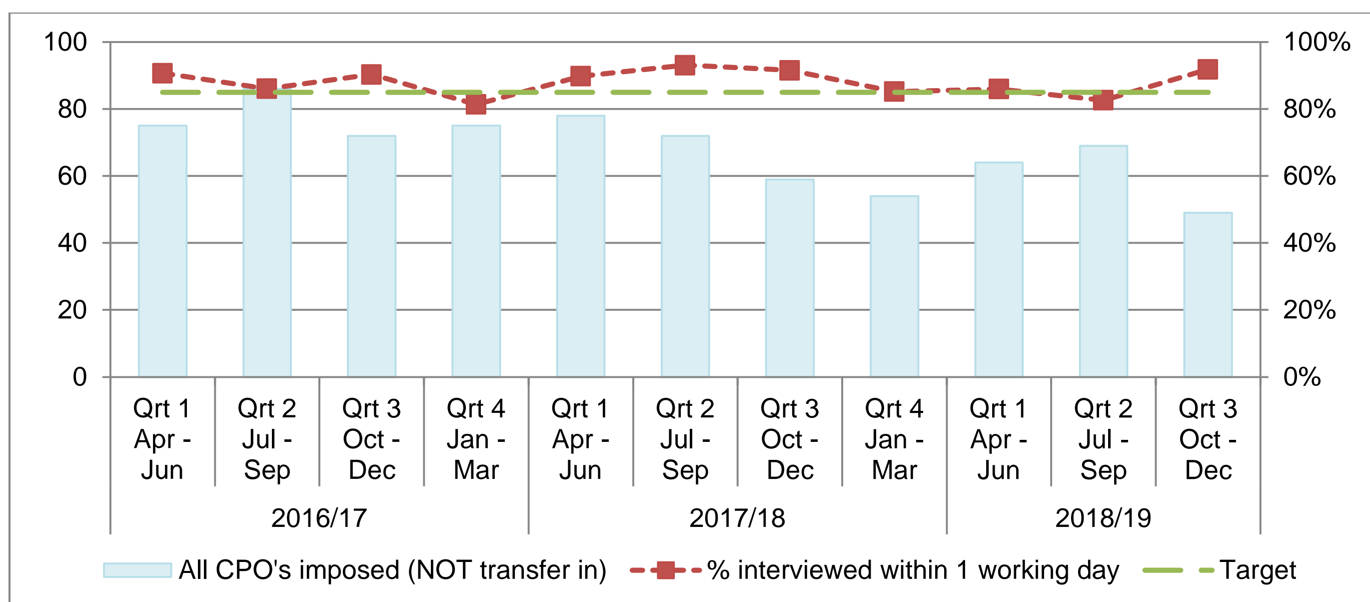
1) Currently awaiting recruitment of a 3rd Children's Planning and Improvement Officer. The expansion of this team will build more capacity in the system and ensure that the target of 100% will be met.
2) The expansion of this team will also create capacity to track and monitor all LAAH reviews.
3) The Children's Planning and Improvement Officer Team will lead development on improvement actions as outlined in the inspection improvement plan related to the quality of child's plans.

CFCJ: Service Users interviewed within 1 working day of Community Payback Order (CPO) imposed

Objective	**To interview all offenders within 1 working day of a CPO being imposed**
National Wellbeing Outcome	National Outcomes for Justice: • Community safety and public protection • The reduction of reoffending • Social inclusion to support desistance from offending.
Measure	% of service users interviewed within 1 working day of their Community Payback Order being imposed
Current Performance	91.8% of service users were interviewed within 1 working day of a CPO order imposed by court
Target	The service had a target of 85%, which was recognised as an appropriate stretch target, given that the Scottish average is 75.5%. Having exceeded the target, the service is currently reviewing its targets with a view to maintaining current high levels of performance.
Trend	Performance has remained at a high level, only occasionally dipping below our target

% service users interviewed within 1 working day of a CPO order imposed by court

	2016/17				**2017/18**				**2018/19**		
	Qrt 1 Apr - Jun	Qrt 2 Jul - Sep	Qrt 3 Oct - Dec	Qrt 4 Jan - Mar	Qrt 1 Apr - Jun	Qrt 2 Jul - Sep	Qrt 3 Oct - Dec	Qrt 4 Jan - Mar	Qrt 1 Apr - Jun	Qrt 2 Jul - Sep	Qrt 3 Oct - Dec
All CPO's imposed (NOT transfer in)	75	86	72	75	78	72	59	54	64	69	49
% interviewed within 1 working day	90.7%	86.0%	90.3%	81.3%	89.7%	93.1%	91.5%	85.2%	85.9%	82.6%	91.8%



Commentary

Of all the Community Payback Orders (CPOs), approximately 15% are imposed by Courts outwith Inverclyde. In these cases we rely on third parties for the communication of reporting instructions, with any delays impacting this indicator. It should be noted that there is no nationally agreed protocol on what should be counted.

Significantly not only have we again **exceeded** the local target of 85%, but have done so within a more rigorous reporting framework. In addition, when benchmarked against the most recently published national data (2016/17) our performance for this measure well exceeds the Scottish average of 75.5%

The above performance also requires to be seen within the context where approximately three quarters (75%) of all individuals sentenced to a Community Payback Order within Inverclyde live in areas classified by the Scottish Index of Multiple Deprivation (SIMD) to be among the most deprived in Scotland i.e. SIMD 1. The SIMD measures a number of factors across seven domains including employment, income, health and education to give an overall score of deprivation. This is significant in terms of the delivering Criminal Justice Social Work Services as these individuals are likely to be in greater need in terms of the support they require to both commence and successfully complete their Court orders.

The Service is committed to furthering its understanding of the impact of poverty and inequality and how this plays out in terms of an individual's ability to respond to the rigours of a Court Order. In 2017/18 it has worked in partnership with a number of agencies to better support such individuals and ensure a more holistic response to their needs and concerns.

Actions

- Continue to monitor performance in the CJ QSR
- further our understanding of the impact of poverty and inequality and how this plays out in terms of an individual's ability to respond to the rigours of a Court Order

INVERCLYDE
HSCP
Health and Social Care Partnership

AGENDA ITEM NO: 13

Report To:	**Inverclyde Integration Joint Board**	**Date:**	**14 May 2019**
Report By:	**Louise Long** **Corporate Director (Chief Officer)** **Inverclyde Health & Social Care Partnership**	**Report No:**	**IJB/24/2019/SMcA**
Contact Officer:	**Sharon McAlees** **Head of Children's Services & Criminal Justice**	**Contact No:**	**01475 715282**
Subject:	**Big Lottery: Women's Project Update**		

1.0 PURPOSE

1.1 The purpose of this report is to update the Inverclyde Integration Joint Board of progress in the Women's Project.

2.0 SUMMARY

2.1 On 8 March 2018 Inverclyde HSCP was advised it had been successful in a bid to the Big Lottery Early Action Systems Change Fund in the category for Women and Criminal Justice.

2.2 Inverclyde HSCP is the only area from across Scotland that was successful in the category of Women and Criminal Justice.

2.3 The purpose behind the Early Action Systems Change is to help make a fundamental shift towards effective early intervention in Scotland.

2.4 The Inverclyde HSCP Women's Project aims to achieve a step change in the response to women in the criminal justice system. It seeks to build this response around the women themselves and the community, with the ambition of providing women with the support they need at a time and in a way that is right for them.

3.0 RECOMMENDATIONS

3.1 It is recommended that the Integration Joint Board:

a. Notes the content of the report and approves the strategic direction presented in taking forward the Women's Project.
b. Requests a further report that updates how the HSCP is progressing with the project.

Louise Long
(Chief Officer) Inverclyde HSCP

4.0 BACKGROUND

4.1 The Commission on Women Offenders (2012) championed the establishment of Women's Centres, aimed at improving consistent access to a range of specific services focused on the needs of women. To date these are located in large cities. There is a need to use learning from existing models of Women's Centres and develop a model that fits the needs of women in a small Local Authority setting.

4.2 Conversations with women involved in the criminal justice system in Inverclyde suggest that women have high levels of vulnerability and complex needs, as opposed to presenting a high risk of harm to others. The current intervention cycle can be one driven by crisis. In contrast a more progressive approach would focus on early help.

4.3 This suggests that a broader conversation is needed, one which is not limited solely by a focus on justice. Indeed it points to a radical shift being required to the lens applied to women in the justice system, to one that encompasses a public health perspective and requires a whole systems approach.

4.4 Following a competitive assessment and application process the HSCP was advised on 8 March 2018 that its application for £607,250, with an additional £75,000 test of change monies, had been successful.

4.5 The funding secured covers a five year period and is split into two parts. The first is awarded to develop and research a plan for service redesign and the second part is awarded to begin transition and implementation and is conditional on developing a viable and adequately funded design for services. The Women's Project will employ three staff; a project manager, a community worker and a data analyst to provide additional capacity to bring about this whole system change.

4.6 Following the award decision a project Steering Group has been established. This includes:

- CVS Inverclyde representation;
- Turning Point Scotland representation;
- Your Voice representation;
- Alcohol and Drug Partnership representation;
- Community Justice Partnership representation;
- HSCP representation.

4.7 To date the Steering Group has:

- Developed Terms of Reference;
- Agreed the guiding principles for the project;
- Agreed the key stages and milestones for the project;
- Developed job descriptions and progressed the recruitment process;
- Developed a comprehensive Delivery Plan.

4.8 In addition it was agreed by the Third Sector partners on the Steering Group that Turning Point Scotland be the host organisation for the Community Worker post for the initial two year period of the project. At this point with the revising of the Delivery Plan, the Steering Group will consider the future direction and requirements of this post to best fit the needs of the project.

4.9 Considerable work has also been undertaken between Turning Point Scotland and the HSCP in preparing a Partnership Agreement.

4.10 The Community Fund (formerly Big Lottery) released funding for the project on 31 January 2019. At this point the recruitment process was able to commence. Interviews for the Project Manager were conducted on 1 April 2019 and a successful candidate identified who is progressing through the safe recruitment process. Women with lived experience of the criminal justice system formed an integral part of the interview

process.

4.11 Both the Community Worker and Data Analyst posts have been advertised and interviews will be scheduled in due course.

4.12 It is anticipated that the Project Team will be in place by the start of June 2019.

5.0 IMPLICATIONS

FINANCE

5.1

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

Annually Recurring Costs / (Savings)

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

5.1.1 Projects are expected to aim at realising a shift in their organisational expenditure from acute services to early action approaches of somewhere in the region of 5%.

LEGAL

5.2 There are no specific legal implications in respect of this report.

HUMAN RESOURCES

5.3 The grant will fully fund the three posts identified in the submission. Finance colleagues having been involved in the costings of these, and the posts themselves will be temporary in nature.

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?

The Women's Project offer opportunities to make a positive contribution in all aspects of the equality outcomes and design delivery of services that are gender specific.

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?

The Women's Project will offer opportunities to consider all of the national wellbeing outcomes in relation to women involved in the criminal justice system.

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

6.0 DIRECTIONS

6.1

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

7.0 CONSULTATION

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

8.0 BACKGROUND PAPERS

8.1 None

INVERCLYDE HSCP Health and Social Care Partnership

AGENDA ITEM NO: 14

Report To:	**Inverclyde Integration Joint Board**	**Date: 14 May 2019**
Report By:	**Louise Long** **Corporate Director (Chief Officer)** **Inverclyde Health & Social Care Partnership**	**Report No: IJB/26/2019/HW**
Contact Officer:	**Helen Watson** **Head of Service Strategy and Support**	**Contact No: 01475 715285**
Subject:	**Review of Out of Hours Provision**	

1.0 PURPOSE

1.1 The purpose of this report is to update the Inverclyde Integration Joint Board members on work being undertaken by the six HSCPs that fall within the NHS Greater Glasgow and Clyde catchment in relation to out of hours provision of Primary Care and a range of community-based health and social care services.

2.0 SUMMARY

2.1 The Scottish Government commissioned a national review of Primary Care Out of Hours Services in January 2015, led by Professor Sir Lewis Ritchie. The 28 recommendations from that review included the need for a whole-system approach to health and social care during the out of hours period, to enable a safe, sustainable, person-centred service model.

2.2 The review recommended a model for out of hours and urgent care in the community that is clinician led but delivered by a multi-disciplinary team where people will be seen by the most appropriate professional to meet individual needs. That might not always be a GP, but could be a nurse, physiotherapist or social worker, for example. The review also states that GPs should continue to play a key and essential part of urgent care teams, providing clinical leadership and expertise, particularly for more complex cases.

2.3 Following the publication of the report, a local review of health and social care out of hours provision has been commissioned across the six HSCPs, led by Glasgow City HSCP.

3.0 RECOMMENDATIONS

3.1 That the Inverclyde Integration Joint Board notes the progress of the Out of Hours Review to date, and endorses the whole-system approach in line with the Professor Sir Lewis Ritchie Report.

3.2 That the Inverclyde Integration Joint Board notes that a future report will be presented as the model progresses.

Louise Long
Chief Officer
Inverclyde HSCP

4.0 BACKGROUND

4.1 The Scottish Government commissioned a national review of Primary Care Out of Hours Services in January 2015, led by Professor Sir Lewis Ritchie. The recommendations from that review included the need for a whole-system approach to health and social care during the out of hours period. That review has been progressing across the NHS Greater Glasgow and Clyde catchment.

4.2 The Out of Hours (OOH) services within that programme scope are:

- GP OOH;
- District Nursing
- Home Care
- Community Rehabilitation
- Children's Social Work Residential Services
- Emergency Social Work Services
- Homelessness Services
- Mental Health Services
- Community Pharmacy

5.0 CURRENT CHALLENGES

5.1 The present situation for the ongoing provision of Health and Social Care OOHs Services across Greater Glasgow and Clyde is that the current configuration lacks resilience and is probably not sustainable. The reasons for this are multi-factorial and include:

- Lack of workforce capacity across parts of the health and social care system, as it is challenging to attract and retain staff to work in the OOHs period.
- Ageing workforce, resulting in the loss of experienced and skilled staff.
- Growing numbers of people living with multiple and complex conditions, resulting in an increasing demand on services in an age of austerity which requires us to achieve more through better use of resources.
- Expectations of the population in terms of increasing demands for care when convenient rather than a focus on need.
- Services needing to work more effectively together in the out of hours period - the current fragmented nature of the health and social care service provision makes communication, day-to-day management and co-ordination of services extremely challenging and resource intensive. The current configuration of provision can result in a number of services working in isolation to provide support to one patient / service user during the OOHs period.

5.2 Within Professor Sir Lewis Ritchie's review, 28 recommendations were made which have provided us with a clear framework in which to review our current situation and for the provision of consistent urgent OOHs care that is sustainable over time throughout Greater Glasgow and Clyde.

6.0 DEVELOPMENT PROCESS

6.1 The process undertaken to develop an Integrated Health and Social Care OOHs Service Model included four half day events, across May to September 2018 to enable a broad range of staff the opportunity to work through and agree actions and next steps for a proposed new system-wide OOHs service model. These events involved members of the Health and Social Care Out of Hours Programme Board, and a range of clinical and managerial colleagues and staff side representatives. The central aim of the first three sessions was to develop a finalised position on changes and improvements to the Health and Social Care OOHs models, including changes to the GP OOH model and wider improvements to how other services work together.

6.2 A key output of the sessions was that an Urgent Care Resource Hub (UCRH) approach would be developed to facilitate integrated, person-centred, sustainable, efficient and co-ordinated health and social care OOHs services across the Greater Glasgow and Clyde area. During these sessions 6 principal elements emerged (for each of the services within the project scope) which required clarity and agreement. These were:

- Service Purpose – defining what the service should do in the OOHs period and defining what service users and carers should expect, and what staff can provide.
- Service Access – describing how the service is accessed by a service user, carer or other professional service.
- Service Location – confirming the location of service delivery and the numbers of services and staff required.
- Workforce Mix – agreeing the right mix of workers supported with the right training and development to meet the OOH need.
- Service Interfaces – describing and agreeing how services engage and coordinate across the health and social care system in hours and out of hours.
- Technology – developing and using technology to enable interfaces and to support care delivery and information sharing across the OOHs Health and Social Care System.

6.3 The fourth session provided the opportunity to robustly test the high level concept of an Urgent Care Resource Hub (UCRH) and the potential to enhance integration, co-ordination and access to Health and Social Care OOHs services by applying service user and professional focused scenarios.

7.0 CURRENT OUT OF HOURS SERVICE DEMAND

7.1 GP Out of Hours

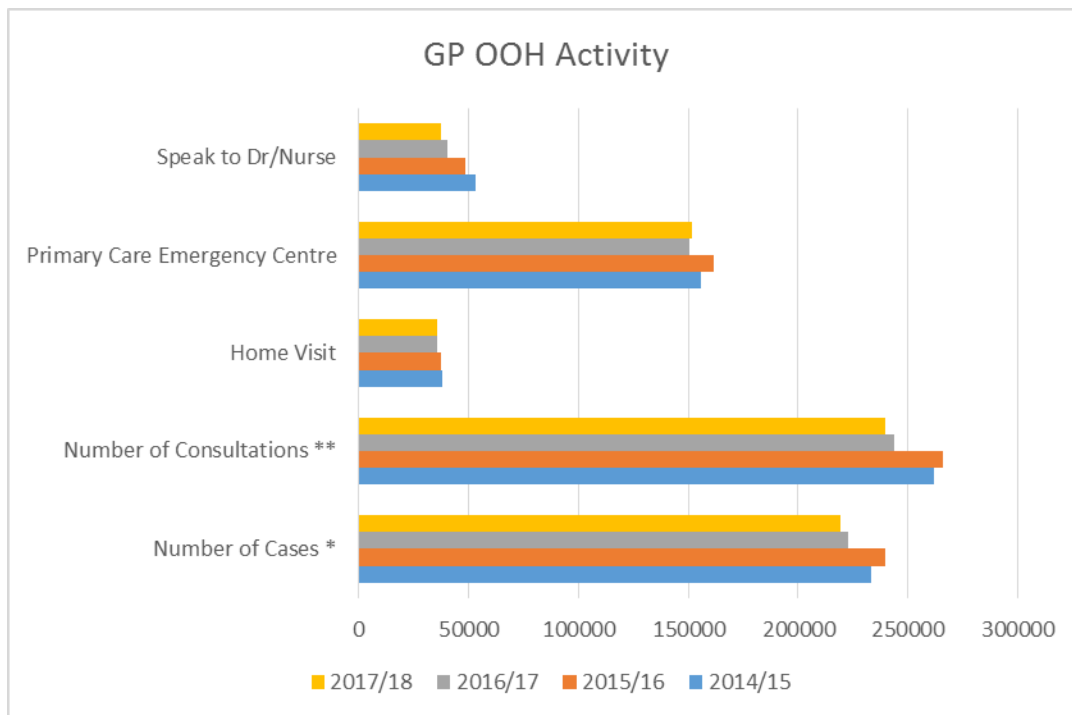
GP Out of Hours services in Greater Glasgow and Clyde are currently facing a number of challenges which impact on delivering a sustainable service. These include:

- Ensuring appropriate numbers of GPs and other staffing across Greater Glasgow and Clyde to respond safely to current demand.
- Recruiting and retaining GPs to work out of hours.
- Current GP workload pressures in day time adversely impact on recruitment to work in OOH services.
- Inconsistent use of the service by the public.
- Reinforcing that GP OOH is not an extension of in-hours general practice when patients are struggling to or do not attempt to obtain an appointment.

Activity data highlight locations and trends.

	2014/15	2015/16	2016/17	2017/18
Number of Cases *	233507	239869	222552	219264
Number of Consultations **	261565	265599	243855	239498
Home Visit	38109	37690	35377	35766
Primary Care Emergency Centre	155440	161744	150635	151834
Speak to Dr/Nurse	52996	48578	40162	37444
Other	14960	17587	17681	19427

*Number of cases defined as an individual patient who had contact with the GP OOH Service
**Number of consultations defined as the individual contact which take place within the OOHs episode. Cases may have more than one consultation recorded e.g. patient referred by NHS24 as 'Speak to Dr/Nurse' then referred to PCEC as an outcome of the telephone consultation.



The data demonstrate consistency of use of GP OOH over four financial years, however this is against a backdrop of an ageing GP workforce and an increase in the challenges described above. In this context it will be difficult to sustain out of hours cover to meet equivalent demand levels.

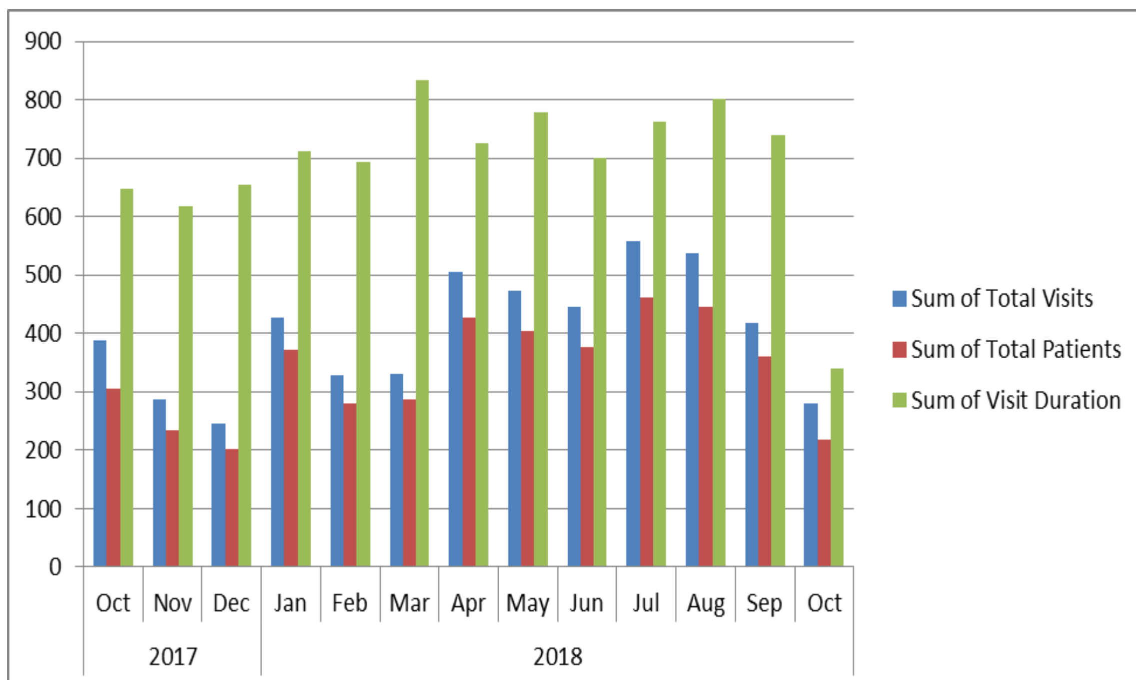
7.2 District Nursing and Home Care

Out of hours District Nursing provision is managed by Inverclyde HSCP. The majority of patients who receive OOH support do so as part of an overall care package that includes OOH visits to maintain people safely in their own homes. As the Home 1st service grows, there is likely to be an increase in the need for OOH District Nursing, which will be aligned with OOH Home Care provision (the need for which is also likely to rise). It is essential that the District Nursing and Home Care OOH provision is monitored and managed locally rather than on a system-wide basis, however our data will inform the wider OOH review and any future whole-system redesign.

District Nursing Out of Hour

	Sum of Total Visits	Sum of Total Patients	Sum of Visit Duration
October 2017	389	305	647.8
November 2017	287	235	616.8
December 2017	245	203	654.5
January 2018	428	373	711.3
February 2018	328	280	694.4
March 2018	331	288	832.6
April 2018	506	427	726.2
May 2018	472	403	778.8
June 2018	445	376	700.1
July 2018	557	462	762.4
August 2018	538	446	801.1
September 2018	418	360	739.3
October 2018*	279	219	339
Grand Total	5223	4377	9004.3

*October 2018 data incomplete.
Data may include some 'in-hours' shifts.



The Home 1st service will continue to monitor activity to ensure that capacity keeps pace with need, and will actively seek to identify and address any OOH recruitment or retention challenges.

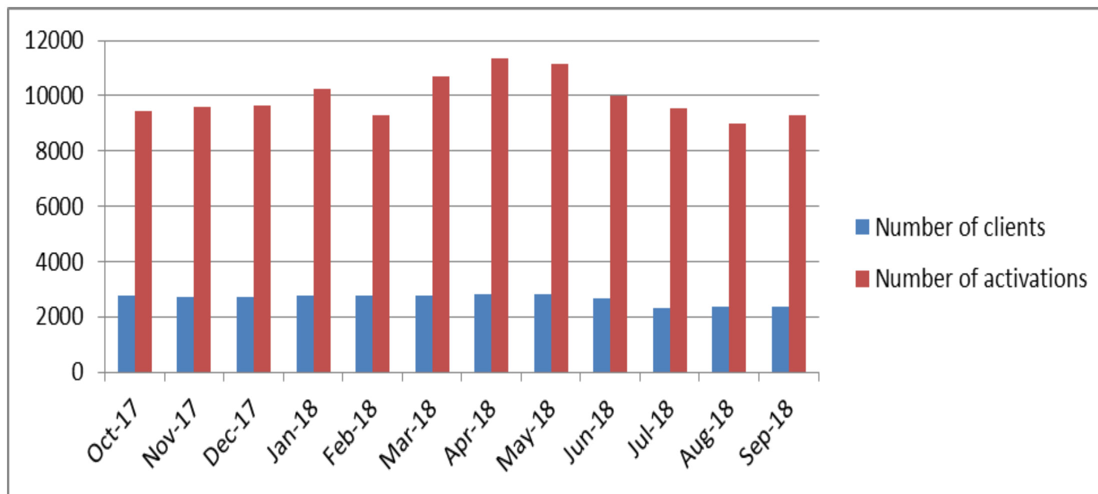
7.3 **Community Alarms and Technology Enabled Care**

The Community Alarm/Technology Enabled Care Service provides an out of hours response 24/7 and supports people to remain safe within their own home. The service has its own mobile team that provides a physical response to over 20% of all alarm activations and who support and assist over 1400 fallers per annum.

The service is reactive and helps to prevent hospital admissions and facilitates hospital discharges. As services which allow people to remain at home for longer increase such as Home 1st, the demand for a community alarm/technology enabled care service will continue to grow. Having a local response team with a knowledge of the users of the service provides for a speedier and more appropriate response.

Community Alarms – Number of Clients and Activations (All Ages)

Month	Number of Clients	Number of Activations
October 2017	2747	9454
November 2017	2705	9595
December 2017	2734	9650
January 2018	2779	10264
February 2018	2773	9294
March 2018	2790	10686
April 2018	2801	11329
May 2018	2832	11168
June 2018	2650	9987
July 2018	2315	9571
August 2018	2351	8977
September 2018	2380	9280

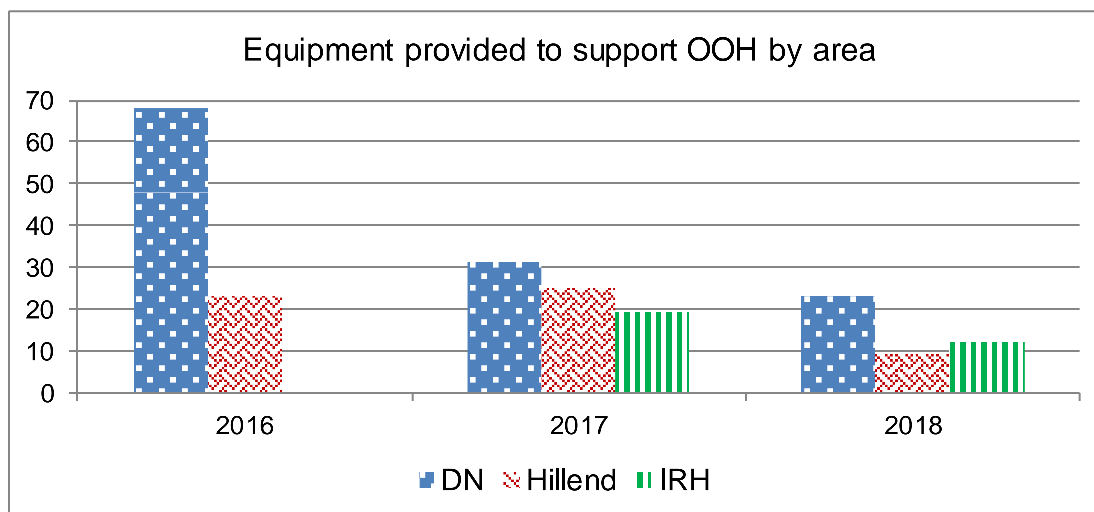


7.4 **Community Rehabilitation**

Most community rehabilitation support can be delivered in-hours, and we have local arrangements for those times when out of hours support is required. Generally this would be support to prevent hospital admission, or to ensure successful discharge from hospital back to the community. Again, this element will be retained locally to ensure the appropriate level of responsiveness.

Equipment provided to support OOH activity by area. *2018 data up to 14/10/18

	2016	2017	2018*
DN	68	31	23
Hillend	23	25	9
IRH		19	12
Grand Total	**91**	**75**	**44**



7.5 **Children's Social Work Residential Services**

Inverclyde HSCP runs its own Children's Houses, which are staffed 24/7. We are engaging with the wider review of Emergency Social Work Services to ensure that liaison and referral routes are clear during the OOH times.

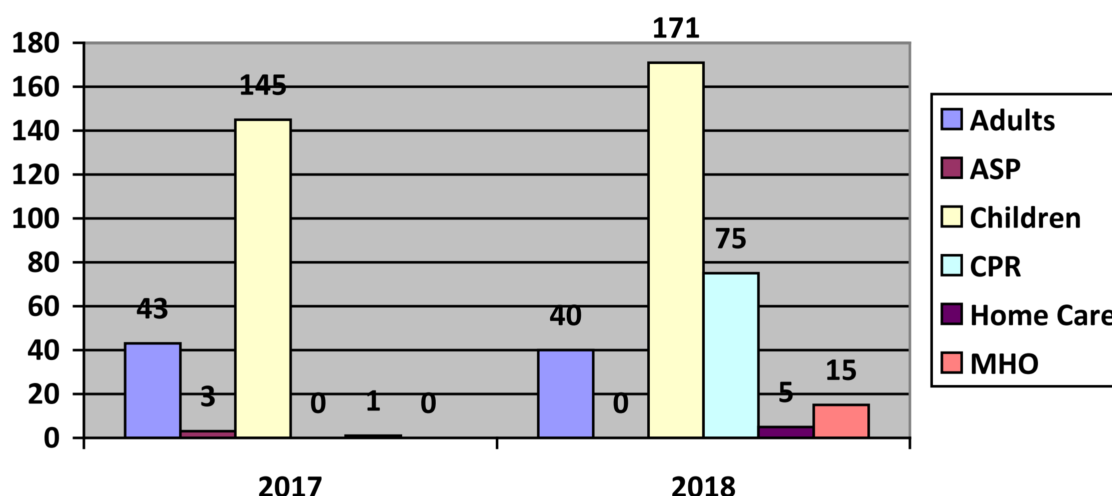
7.6 **Emergency Social Work Services**

Although the need for OOH Emergency Social Work Services might be relatively seldom, when these services are needed, the levels of risk are often too high to wait for

an in-hours response. The OOH Emergency Social Work Service provides the out of hours Mental Health Officer service, which is a statutory duty and provides response to assessments required under the Mental Health (Care and Treatment) (Scotland)] Act 2003. Historically we have purchased our emergency services from Glasgow City Council, and this arrangement has worked well.

Standby Out of Hours

	2017	2018	Total
Adults	43	40	83
ASP	3	0	3
Children	145	171	316
CPR	0	75	75
Home Care	1	5	6
MHO	0	15	15
Total	192	306	498



However in response to changing patterns of OOH provision in a number of health and care services, it is timely for a review of the existing service arrangements. Officers from Inverclyde HSCP are fully involved in the review, which is considering the full range of OOH cover.

7.7 **Homelessness**

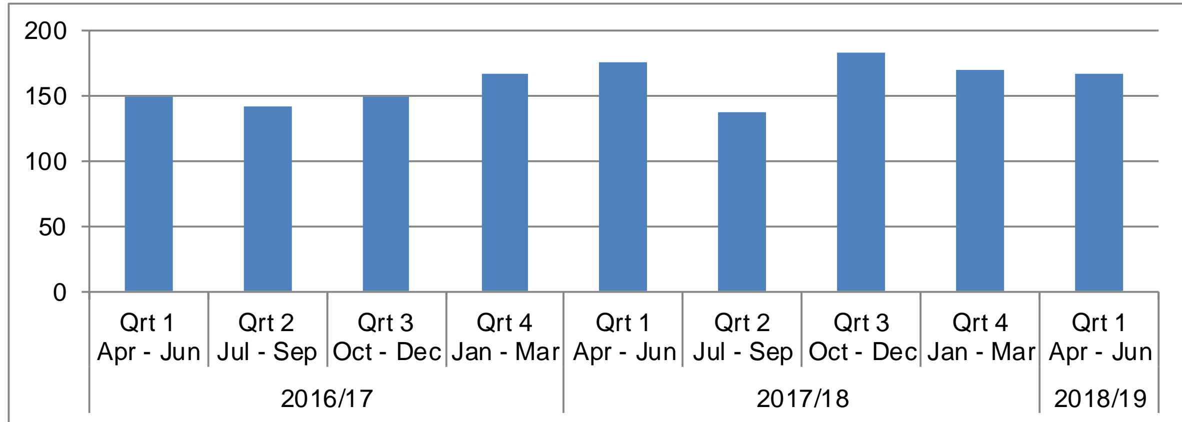
The Inverclyde Homelessness Service currently provides an out of hours response to people presenting as homeless. This is provided through the Inverclyde Centre, which operates over 24 hours, 7 days a week.

7.8 **Mental Health**

Currently the Inverclyde Mental Health service provides an out of hours response through the local Crisis Response Service, operating on extended days and at the weekend, and the NHS GG&C board wide mental health out of hours service after 9pm, and between 5pm and 9am at weekends. Further development of responses to unscheduled care and out of hours and crisis response is being undertaken through the 5 year Mental Health Strategy, and this element of the strategy is aligned to this work.

Crisis:

2016/17				2017/18				2018/19
Qrt 1 Apr - Jun	Qrt 2 Jul - Sep	Qrt 3 Oct - Dec	Qrt 4 Jan - Mar	Qrt 1 Apr - Jun	Qrt 2 Jul - Sep	Qrt 3 Oct - Dec	Qrt 4 Jan - Mar	Qrt 1 Apr - Jun
149	142	150	167	176	138	183	170	167



8.0 PROPOSAL

8.1 Whilst the Professor Sir Lewis Ritchie Report recommends a whole-system approach to out of hours services, it is recognised that some areas of provision require local knowledge and responsiveness. The aspects of out of hours care outlined in this report will be considered as described, but we will retain an overview to ensure that no part of the review will impact negatively on any other part.

8.2 We have temporarily taken one of our most experienced Team Leaders away from her usual role, to free up some capacity to take forward the development of the Inverclyde interface with the wider system out of hours response. We expect this will be based at Hillend. Hillend seems to be a logical choice, as our out of hours District Nursing, Homecare and Falls Services already operate out of Hillend. By consolidating our local out of hours response, we will provide a professional to professional interface, and streamline OOH communications and pathways.

8.3 On that basis, we ask that the Inverclyde Integration Joint Board members note the progress of the Out of Hours Review to date, and endorse the whole-system approach described, which will be supported locally through our OOH arrangements.

9.0 DIRECTIONS

9.1

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

10.0 IMPLICATIONS

FINANCE

10.1

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

Annually Recurring Costs / (Savings)

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

LEGAL

10.2 N/A

HUMAN RESOURCES

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

EQUALITIES

10.4 Has an Equality Impact Assessment been carried out?

	YES
✓	NO – This report does not introduce a new policy, function or strategy or recommend □ change to an existing policy□ function or strategy. Theref□re, no Equ□lity Impact Assessment is required.

How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the protected characteristic groups, can access HSCP services.	All aspects of the review will pay particular attention to ensuring that people from the protected characteristics groups are not adversely affected.
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	All aspects of the review will pay particular attention to ensuring that people from the protected characteristics groups do not face any discrimination.
People with protected characteristics feel safe within their communities.	Not applicable
People with protected characteristics feel included in the planning and developing of services.	Not applicable
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

10.5 Any changes to OOH provision must take due cogniscence of clinical or care governance implications, and will be monitored through our local Clinical and Care Governance Group.

11.0 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.	By encouraging more appropriate use of urgent care resources, we will also support self-management and empowerment.
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 1st service will help to avoid the unnecessary use of urgent care, but will also support successful hospital discharges and avoid 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 services.	Quality will remain paramount in the reviewed OOH framework.
Health and social care services contribute to reducing health inequalities.	N/A
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	Staff will have greater job satisfaction when dealing with appropriate levels of need.

treatment they provide.	
Resources are used effectively in the provision of health and social care services.	As above.

12.0 CONSULTATION

12.1 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.

13.0 BACKGROUND PAPERS

13.1 Professor Sir Lewis Ritchie Report.

INVERCLYDE
HSCP
Health and Social Care Partnership

AGENDA ITEM NO: 15

Report To:	**Inverclyde Integration Joint Board**	**Date:**	**14 May 2019**
Report By:	**Louise Long** **Corporate Director (Chief Officer)** **Inverclyde Health & Social Care Partnership**	**Report No:**	**IJB/35/2019/HW**
Contact Officer:	**Helen Watson** **Head of Service**	**Contact No:**	**01475 715285**
Subject:	**DRAFT INTEGRATION REVIEW SELF EVALUATION**		

1.0 PURPOSE

1.1 The purpose of this report is to provide a draft self-evaluation for the review of progress with integration of Health and Social Care for IJB members to make comment and provide feedback, prior to submission to the Scottish Government.

2.0 SUMMARY

2.1 The IJB is requested to discuss and agree the process for submitting the self-evaluation document outlining Inverclyde's review of their progress on the Integration of Health and Social Care.

3.0 RECOMMENDATIONS

3.1 That Board Members note the draft self-evaluation and process for developing final submission and submit comments to the Chief Officer and Head of Strategy and Support for inclusion in the evaluation.

3.2 That it be agreed that the Chair of the Integration Joint Board signs off the final submission on behalf of IJB.

Louise Long
Chief Officer

4.0 BACKGROUND

4.1 In November 2018, Audit Scotland published its review of Health and Social Care Integration in Scotland. That review was considered by the Ministerial Strategic Group (MSG) for Health and Community Care which developed a number of specific proposals in light of the Audit Scotland recommendations. The MSG also requested that each Health Board, Local Authority and Integration Joint Board should undertake a self-evaluation of their progress in relation to those proposals, using a template designed for that purpose.

4.2 Officers in the HSCP have been working with key partners such as the local authority; NHS; CVS; Your Voice and the advisory network; Carers Centre and the Providers' Forum, to create a draft assessment for discussion.

4.3 The self-evaluation is due for submission to the Scottish Government on 15 May, however it is important that the IJB approves the assessment and that the Chief Executives (Council and NHS), as well as staff side are comfortable that the assessment is accurate and that the actions coming from the proposals are doable within the prescribed timescales. The Scottish Government have been notified that it will be 31 May before the evaluation can be submitted.

4.4 The evaluation outlines a number of areas that show positive progress and some development work required, particularly focused on finance. Out of a total of 25 proposals, 4 are required to be actioned by the Scottish Government and the other 21 carry responsibilities for IJBs, so these have been the focus for completion.

4.5 The completion exercise has been carried out by a series of meetings as not all questions relate to each group involved. However all who participated have been free to comment on any section of the evaluation. From that process, officers have determined that of the 21 proposals, most have been established. This puts Inverclyde in a strong position moving forward. The final sign-off of the submission should be delegated to the Chair of the IJB.

5.0 IMPLICATIONS

FINANCE

5.1

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

Annually Recurring Costs / (Savings)

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

LEGAL

5.2 There are no specific legal implications arising from this report

HUMAN RESOURCES

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

EQUALITIES

5.4 Has an Equality Impact Assessment been carried out?

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

5.4.2 How does this report address our Equality Outcomes?

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

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

5.5 There are 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?

The purpose of integration is to deliver the National Wellbeing Outcomes, therefore this report supports all nine outcomes.

6.0 DIRECTIONS

6.1

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

7.0 CONSULTATION

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

8.0 BACKGROUND PAPERS

8.1 None.

INVERCLYDE
HSCP
Health and Social Care Partnership

AGENDA ITEM NO: 16

Report To:	**Inverclyde Integration Joint Board**	**Date:**	**14 May 2019**
Report By:	**Louise Long** **Corporate Director, (Chief Officer)** **Inverclyde Health and Social Care Partnership (HSCP)**	**Report No:**	**IJB/39/2019/HW**
Contact Officer:	**Helen Watson** **Head of Service** **Strategy & Support Services**	**Contact No:**	**01475 715285**
Subject:	**IJB DEVELOPMENT PROGRAMME**		

1.0 PURPOSE

1.1 The purpose of this report is to propose a programme of development sessions for the Integration Joint Board, over 2019/20.

2.0 SUMMARY

2.1 The Integration Joint Board has committed to ongoing development, to strengthen relationships and enhance working knowledge about the HSCP, which is the delivery arm of the IJB. The draft programme aims to cover a broad range of relevant topics, as well as key areas of scrutiny and delivery for the IJB.

3.0 RECOMMENDATION

3.1 That consideration be given to the draft programme and that this be approved, subject to any changes or additions agreed by the IJB.

Louise Long
Corporate Director, (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

4.1 The Integration Joint Board oversees a wide range of services, workstreams and imperatives which are often interconnected, leading to a complicated landscape of responsibilities.

4.2 In order to work effectively, it is important to nurture good working relationships and support continuous development to enable members to understand each other's perspectives. It is also important that members are kept up-to-date with changes in national policy and how these might affect or augment delivery, while also keeping a firm scrutiny role over the resources of the HSCP.

4.3 IJB members have participated in a number of development sessions since the establishment of the HSCP, which have been popular and have offered scope for more in-depth discussion around key issues than is feasible at the Board. On that basis, it is proposed that these sessions should be formally built into the IJB timetable, with an agreed schedule and topics.

5.0 RECOMMENDATION

5.1 Members are asked to consider the draft programme and suggest any changes or additions prior to final approval.

6.0 DIRECTIONS

6.1

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

7.0 IMPLICATIONS

FINANCE

7.1

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

Annually Recurring Costs / (Savings)

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

LEGAL

7.2 There are no legal implications arising from this report

HUMAN RESOURCES

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

EQUALITIES

7.4 Has an Equality Impact Assessment been carried out?

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

How does this report address our Equality Outcomes?

Equalities Outcome	**Implications**
People, including individuals from the protected characteristic groups, can access HSCP services.	Not applicable
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.	Not applicable
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

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

8.0 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.	The programme of development sessions will support the IJB in ensuring that the National Wellbeing Outcomes are delivered.
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	See above.
People who use health and social care services have positive experiences of those services, and have their dignity respected.	See above.
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	See above.
Health and social care services contribute to reducing health inequalities.	See above.
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.	See above.
People using health and social care services are safe from harm.	See above.
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.	See above.
Resources are used effectively in the provision of health and social care services.	See above.

9.0 CONSULTATION

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

10.0 BACKGROUND PAPERS

10.1 None

Draft IJB Development Programme

26 April 2019

An annual programme of 5 development sessions are planned to facilitate opportunities to learn and to get to know Board members better and build collaborative and cohesive group dynamics. A recent session appeared to be a winning formula that included an external speaker, a topic related and something about us as an IJB plus another smaller segment. The following is a draft programme.

Provisional Date	Topic/Something about us as a Board	Content	Format
April/May	Strategic Plan Performance (pre-annual review paper)	Implementation Planning Progress	Presentation on progress and review of one big action in detail. Group discussion
		Annual Performance	Presentation, questions
		IMatter and National Health & Social Care Staff Experience Report	Presentation on reports and discussion
	Working Preferences	Leadership Compass Tool to self-assess working preferences and explore strengths and weakness of preferences and how they interact in	Group work Interactive discussion Facilitated session

		our collaborative work	
June	Market Facilitation Plan People Plan	Market facilitation topic Day Care for adults: changing the model	Presentation Commissioning differently: group discussion Presentation Provider engagement
		People Plan	Presentation/update Working and living in Inverclyde focus: recruitment
	What does it mean to be on the IJB- who we are, what is important to us and what we do?	IJB booklet and marketing across HSCP	Review of booklet and discussion Re: content and how to market and raise awareness. How to increase visibility?
September	Addiction Review	Addiction review progress	Presentation and discussion/group work.
	Recovery	What do we mean by recovery? Recovery Star	Recovery film (SPG/Your Voice) Group discussion
	Trauma Informed Practice	External facilitator: NES (?).	What is trauma informed practice and why it’s important to incorporate into all service areas? (Covers ACEs)

INVERCLYDE HSCP Health and Social Care Partnership

November	Moving Forward Together	Home 1st	Presentation: model development and impact: reablement as a transformational approach
		Social Prescribing	Presentation: Community Link Workers and Community Connectors: Impact and choosing the right SP service. Group discussion
		Digital Enabled Care	Presentation of options available Impact of DEC
February	Budget Risk Register review		Update on indicative budgets/savings Review of register and update
	Emotional Intelligence	External Facilitator: Sue Simpson.	Background (what it is and why its important) and possibly self-assessment

INVERCLYDE HSCP Health and Social Care Partnership

AGENDA ITEM NO: 17

Report To:	**Inverclyde Integration Joint Board**	**Date:**	**14 May 2019**
Report By:	**Louise Long** **Corporate Director (Chief Officer)** **Inverclyde Health & Social Care Partnership**	**Report No:**	**IJB/38/2019/AS**
Contact Officer:	**Allen Stevenson** **Head of Health and Community Care** **Inverclyde Health & Social Care Partnership**	**Contact No:**	**01475 715283**
Subject:	**CARERS (SCOTLAND) ACT 2016 – APRIL 2019 UPDATE**		

1.0 PURPOSE

1.1 This report provides the Board with an overview of the progress to date in implementing the Carers (Scotland) Act 2016, with specific focus on the decision taken by Inverclyde Council Health and Community Care Committee regarding implementation of the waiving of charges for residential respite and short breaks.

2.0 SUMMARY

2.1 The Carers (Scotland) Act 2016 gives a clear duty to Local Authorities to waive charges for short breaks and respite where this is of benefit to the carer and allows for a continuation of that caring role.

2.2 Inverclyde Health and Social Care Committee took the decision on Thursday 26 April 2019 to waive the charges for residential respite and short breaks for carers and young carers.

2.3 The Scottish Government has allocated recurring funding to cover the roll out of the Act and this money can be used to cover the costs of waiving charges.

3.0 RECOMMENDATIONS

3.1 Inverclyde Integration Joint Board is asked to note the decision of the Health and Social Care Committee to approve the waving of charges for all eligible carers for respite and short breaks from 1 April 1 2019.

Louise Long
Corporate Director (Chief Officer)

4.0 BACKGROUND

4.1 Implementation of the Carers (Scotland) Act 2016 continues to progress with roll out of the Adult Carer Support Plan and Young Carer Statement with final development of associated processes and backroom systems near completion.

4.2 This will support the good collaborative work between the HSCP, Inverclyde Carers Centre and other partners and provide evidence that we are meeting our statutory duties and ensure carers are receiving the right level of support from the most appropriate agency.

4.3 The Short Breaks Services Statement has been drafted in consultation with carers. It is designed to advise carers of the different range and types of short breaks and residential respite available to them.

4.4 **Legislative Framework**

The Children (Scotland) Act 1995, the Self-Directed Support (Scotland) Act 2013 and the Carers (Waiving of Charges for Support) (Scotland) Regulations 2014 give local authorities the power to provide all carers with support to help them continue in their caring role and to waive any charges associated with provision of such support.

The Carers (Scotland) Act 2016 requires Local Authorities to consider a break from caring as an option if carers are willing and able to continue in their caring role.

4.5 **Breaks From Caring**

A break from caring can be any form of support that helps a carer to have time away from their caring responsibilities. This can be within or away from their home, for a few hours, days or longer and can be taken on their own or with the person they care for, with or without additional help. Where a break from care is agreed as meeting eligible carer needs then charges must be waived.

The current HSCP position is that Alternative Short Breaks are attributed to meet the needs of the carer so no means testing or client contribution is made.

With regard to accessing Residential Respite this is currently attributed to meet the needs of the service user therefore the Charging Policy currently applies.

It can be clearly evidenced that service users access residential respite as a result of critical or substantial Carer needs within the existing service user support plan.

This report covers the reasons foe recommending that charges should be waived in line with the statutory guidance which was presented to the Health and Social Care Committee in April 2019.

4.6 ***Client Contributions***

The client contribution is detailed below:

Client Group	Weekly Contribution	Cost per Night
Children in receipt of Middle Rate DLA	£57.30	£ 8.19
Children in receipt of Higher Rate DLA	£85.60	£12.23
Adults 18 - 24	£ 64.45	£ 9.21
Adults 25 - 59	£ 79.65	£11.37
Adults 60 +	£136.00	£19.43

Around 200 older people and 45 people with a learning disability have accessed residential respite in 2017/18. It is clear that waiving of charges will be of direct benefit to carers and service users in terms of their disposable income.

4.7 ***Total Client Contributions received from 2017/2018:***

Older People-Hillend-Respite	£ 33,028.58
Older People-Nursing-Respite	£ 39,068.31
Older People-Residential-Respite	£ 2,260.15
Adult-Learning Disability-Respite	£ 23,163.64
Older People-Nursing-Respite	£ 246.91
Total Client Contributions for Year	**£ 97,767.59**

4.8 ***Total Client Contributions anticipated for 2018/2019:***

Older People-Hillend-Respite	£ 34, 058.28
Older People-Nursing-Respite	£ 63, 920.00
Older People-Residential-Respite	£ 3, 380.57
Adult-Learning Disability-Respite	£ 14, 462.17
Adult Physical Disability Respite	£ 963.61
Total Client Contributions	**£ 116,784.63**

Total client contributions for Children's Services is approximately £4,000

The Waiving of Charges for Residential Respite approved by the Health & Social Care Committee will result in a financial commitment to the HSCP in the financial year 2019-2020 of an anticipated £120,000.

4.9 ***Anticipated Future Costs***

This will be a recurring cost dependent on future demand from identified eligible carer needs following completion of an Adult Carer Support Plan.

The Scottish Government funded £323,000 in 2018/19 and a further £181k in 2019/20 to meet the obligations of implementing of the Carers Act. It is anticipated all costs will be met from this funding.

4.10 ***Decision Panel***

A national short life working group was formed to provide additional information to Local Authorities to support decision making on whether charges are waived in particular circumstances. A number of case studies have been released by the working group to further verify application of the guidance.

The Scottish Government has provided case examples to support decision-making. Some cases may pose potential challenges for assessors to determine whether charges should be waived or where the local charging policy applies. This includes instances where Carers are also Service Users; Replacement Care; and Equal Benefit to both Carer and Service User. It is proposed that a Decision Panel is set up to review and provide governance over such cases.

This panel will comprise:

- Alan Brown, Service Manager, Assessment and Care Management
- Jane Cantley, Service Manager, Children's Services
- Gail Kilbane, Learning Disability Review, Implementation & Carers Act Lead
- Lorna MacDonald, Manager, Inverclyde Carers Centre

4.11 The role of the panel is to ensure that all relevant facts have been obtained to allow a decision to be made; ensure the relevant legislation, policy and process have been appropriately applied and to ensure transparent methodology to evidence the decision

made in each case.

4.12 ***Summary***

Carers Leads across the country report that no Local Authority has waived charges for all residential respite for the current financial year. Other authorities are considering this but Inverclyde is the first Local Authority in Scotland to deliver this commitment.

Inverclyde HSCP already spends a minimum of £1.2 million which can be directly attributed to supporting carers. Current provision of residential respite can be evidenced as clearly meeting the needs of carers by enabling them to have a break from their caring role.

As a result, waiving charges from April 2019 evidences our commitment to carers by ensuring they are not financially disadvantaged as a result of their caring role. However, we need to also make sure that the additional cost is manageable within the Carers financial envelope.

It is the intention to provide the Health and Social Care Committee and Integration Joint Board with an update on implementation of Waiving of Charges in Early 2020.

5.0 IMPLICATIONS

5.1 FINANCE

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
Various	Income	01.4.19	120	N/A	Loss of income will be contained with Scottish Government Funding.

LEGAL

5.2 There are no legal issues within this report.

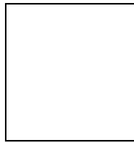
HUMAN RESOURCES

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.

5.4.2 How does this report address our Equality Outcomes?

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

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

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

5.6 **NATIONAL WELLBEING OUTCOMES**

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

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

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

6.0 DIRECTIONS

6.1

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

7.0 CONSULTATION

7.1 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.

8.0 BACKGROUND PAPERS

8.1 None.

INVERCLYDE
HSCP
Health and Social Care Partnership

AGENDA ITEM NO: 18

Report To:	**Inverclyde Integration Joint Board**	**Date: 14 May 2019**
Report By:	**Louise Long Corporate Director (Chief Officer) Inverclyde Health & Social Care Partnership**	**Report No: IJB/37/2019/HW**
Contact Officer:	**Helen Watson Head of Strategy & Support Services Inverclyde Health & Social Care Partnership**	**Contact No: 01475 715285**
Subject:	**Review of Sandyford Sexual Health Services (Update)**	

1.0 PURPOSE

1.1 The purpose of this report is to provide an update to the Integration Joint Board of the Review of Sandyford Sexual Health Services.

2.0 SUMMARY

2.1 Sandyford Sexual Health Service (SHS) is a service for the whole of NHS Greater Glasgow and Clyde, hosted by Glasgow City HSCP. The service provides universal sexual health services for the population provided for by NHS Greater Glasgow and Clyde as well as specialist services for complex procedures and presentations and specific population groups. Many of the specialist services are provided on a regional or national basis.

In February 2017, Glasgow City IJB gave its approval to commence a review of Sandyford Sexual Health Services under the auspices of Glasgow City HSCP's transformational change programme. The review aimed to:

- Improve the use of existing resources and release efficiencies through service redesign, with consideration of team structures, skill mix, localities and patient pathways.
- Encourage those who could be self-managing to be supported differently.
- Ensure that Sandyford services are accessible and targeting the most vulnerable groups.

2.2 A final report to the Glasgow City IJB was approved at its March 2018 meeting, including findings of the service review and setting out recommendations for the intended direction of travel for future delivery of all Sandyford Services.

2.3 From an Inverclyde perspective, strategic oversight for sexual health is the responsibility of the Sexual Health Local Implementation Group (SHLIG). This multi-agency partnership group has a population approach and is chaired by the Corporate Director Education, Communities and Organisational Development. The HSCP's representation is from both Health Improvement and Children & Families. Sandyford has representation at this group, along with Community Learning & Development.

2.4 A paper outlining the proposals for the Review of Sandyford Sexual Health Services was submitted to the September 2018 IJB.

3.0 RECOMMENDATION

3.1 The Integration Joint Board is asked to note the progress as set out in the report.

Louise Long
Chief Officer

4.0 BACKGROUND

4.1 Sandyford Sexual Health Service (SHS) is a service for the whole of NHS Greater Glasgow and Clyde, hosted by Glasgow City HSCP. The service provides universal sexual health services for the population provided for by NHS Greater Glasgow and Clyde as well as specialist services for complex procedures and presentations and specific population groups. Many of the specialist services are provided on a regional or national basis.

4.2 The review was initially predicated on the achievement of £250,000 efficiencies for 2017/2018 and this has been achieved. Further financial pressure has resulted in the scope of the review process widening to consider an additional 15% over the next three years. Sandyford intends to take the implementation plan and financial framework to the Glasgow City IJB on 26th June 2019.

4.3 It is recommended that the future service model should comprise 3 tiers of service provision for clients who need to see specialist sexual health services:

- Tier 3 - one specialist service which will deliver routine scheduled, emergency and urgent/undifferentiated care, and all specialist services;
- Tier 2 - a few larger connecting services which will offer routine scheduled, emergency and urgent/undifferentiated care;
- Tier 1 - a number of smaller, local services which will offer routine scheduled and emergency care.

4.4 From a local perspective, this highlighted that Inverclyde will be allocated a Tier 1 service, operating 2 days per week in Greenock Health Centre. While this may look like a change, there are extended opening times, with the clinics opening from 9.00am to 7.30pm. This would prove to be a positive move for all populations, particularly for young people, where it is known are challenged in the current service provision, given there are intended dedicated appointments for young people from 3.30pm to 7.30pm.

The closest Tier 2 service will be Paisley and local vulnerable individuals, especially for the more/most complex issues, will continue to be expected to travel into Glasgow.

4.5 The paper to the September IJB also covered proposals for other areas throughout Greater Glasgow & Clyde and more recently additional work has been carried for the Glasgow City provision that has meant a slight delay to the implementation of the review.

4.6 Work is ongoing and it is anticipated, following discussions with Chief Officers Group, NHSGGC CMT, GP Sub group and the NMC, a final paper will go to the Glasgow City IJB this coming June.

Officers from the HSCP and the Council will continue to protect Inverclyde's interests and it has already been confirmed that following the additional review work for Glasgow City, this will have no detrimental effect on the above proposals for Inverclyde.

4.7 Given the above and subject to the timelines, we would expect to bring a fuller paper to the September IJB.

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					

5.2 LEGAL

There are no specific legal implications arising from this report.

5.3 HUMAN RESOURCES

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

5.4 EQUALITIES

5.4.1 Has an Equality Impact Assessment been carried out?

	YES an EQIA has been completed and will be subject to final approval by the Inverclyde Alliance.
X	NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

5.4.2 How does this report address our Equality Outcomes?

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

5.5 **CLINICAL OR CARE GOVERNANCE IMPLICATIONS**

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

5.6 **NATIONAL WELLBEING OUTCOMES**

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

National Wellbeing Outcome	**Implications**
People are able to look after and improve their own health and wellbeing and live in good health for longer.	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.	The dedicated time slots for young people have been developed to provide a service that is responsive to the needs and circumstances of service users.
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	None
Health and social care services contribute to reducing health inequalities.	None
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	None
People using health and social care services are safe from harm.	None
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	None
Resources are used effectively in the provision of health and social care services.	None

6.0 DIRECTIONS

6.1

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

7.0 CONSULTATION

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

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

8.0 BACKGROUND PAPERS

8.1 The paper previously submitted for the September 2018 IJB, is available at https://www.inverclyde.gov.uk/meetings/meeting/2089, item 12.

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INVERCLYDE HSCP Health and Social Care Partnership

AGENDA ITEM NO: 19

Report To:	**Inverclyde Integration Joint Board**	**Date: 14 May 2019**
Report By:	**Louise Long** **Corporate Director, (Chief Officer)** **Inverclyde Health and Social Care Partnership (HSCP)**	**Report No: IJB/32/2019/AS**
Contact Officer:	**Allen Stevenson** **Head of Health and Community Care** **Inverclyde Health and Social Care Partnership (HSCP)**	**Contact No: 01475 715283**
Subject:	**Delayed Discharge and Winter Plan 2018/19**	

1.0 PURPOSE

1.1 The purpose of this report is to update the Board on the effectiveness of the Winter Plan for 2018/10 within the context of the HSCP performance around delayed discharge.

2.0 SUMMARY

2.1 Inverclyde has a positive record in meeting Delayed Discharge targets and thus ensuring people spend the minimum time in a hospital bed when deemed fit for discharge.

2.2 Inverclyde HSCP and Acute colleagues have been able to sustain a high level of performance minimising unnecessary hospital admissions and facilitating timely and safe discharges responding robustly to the pressures presented by this winter.

Home 1st is a year round approach which successfully manages the health and social care discharge process including seasonal surges in demand

3.0 RECOMMENDATIONS

3.1 The Integration Joint Board is asked to note the effectiveness of the Winter Plan in sustaining positive performance whilst addressing the seasonal pressures presented by winter.

Louise Long
Corporate Director (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

4.1 As has been previously reported to the Board, performance against the Delayed Discharge target in Inverclyde has been positive for some time, including the reduction in the number of bed days lost.

Partnership work with colleagues at Inverclyde Royal Hospital continues to demonstrate the effectiveness of the Home 1st approach. The result is that the majority of individuals are assessed and discharged home as soon as they are deemed medically fit, including those requiring a complex home care package or a care home placement.

Over the past 3 years Inverclyde has continued the Home 1st approach across the winter period, ensuring a consistency of approach along with sustained activity around maintaining or returning people to their own home.

Based on learning from previous years, Inverclyde HSCP put in place extra capacity as a contingency measure utilising the transformation fund. This focused on increased assessment capacity within the discharge team as well as Home Care response team for out-of-hours and weekend cover to allow safe discharge over 7 days.

4.2 **Winter Plan 2018/19**

It is acknowledged that this winter has provided exceptional challenges to the Health and Social Care system in Greater Glasgow and Clyde. Though we have not experienced the adverse weather conditions of previous winters, there was a high level of respiratory illness and high rates of acuity amongst the frailer members of our community.

4.3 **What didn't work well?**

There is an ongoing issue around winter pre-planning and agreeing extra resources earlier in year; this will allow for recruitment of staff and putting into place contingency plans. In Inverclyde there was early agreement to release funds from Inverclyde's Transformation Board to cover potential pressures last August however this was still late in terms of implementing plans and the suggestion is to begin planning in early summer to ensure we are ready in time for winter.

There was a move to arranging discharge for earlier in the day, such as mornings. This requires a corresponding earlier referral to Community to allow for confirming that a package is in place. The Inverclyde Interface Group will address this and agree timescales for referral for a morning discharge.

A clear pressure on the service was staff absence which was peaking at around 20% across community services including Community Nursing. This required some remedial action to maximise the operational staff levels and respond to health needs of our service users. Workforce planning is a year round process however the intention is to run a stronger campaign this year around the winter flu immunisation programme as well as having in place contingency to utilise all staff where required.

4.4 **What worked well?**

The emphasis was to ensure continuity and sustainability of existing services across Community and Acute in Inverclyde and to take a measured planned view of 'winter' as opposed to a reactive response. It was noted that it was important to maintain adherence to existing successful procedures and processes, including:

- Early Referral – on admission
- Rapid Assessment Process
- Discharge Planning

- Getting it Right First Time on discharge

Inverclyde HSCP also increased additional assessment capacity at the Discharge Team (IRH) which meant less need to draw in community staff to support discharges and maintaining community services allowing for safe discharge as well as prevention of unnecessary admissions or presentations. This was supported by increase in Homecare capacity around out-of-hours and weekends which allowed picking up discharges including those at weekends or evenings.

With the introduction of Access 1st we also introduced emailing of referrals from Acute to the discharge team. This has increased effectiveness by reducing time taken receiving phone calls by ward staff and the HSCP. The quality of referrals has improved allowing for improved response to discharge requests.

4.5 **Prevention of Hospital Admission**

The Rehabilitation Service has utilised Integrated Care Funding to develop a step up service to avoid Hospital Admission. This is a fast track AHP services to support people with complex needs at home or by admitting to a local care home where the home environment was not conducive to Rehabilitation. There was also increased capacity around step up beds which resulted in 23 admissions that avoided Hospital Stay between December 2018 and March 2019

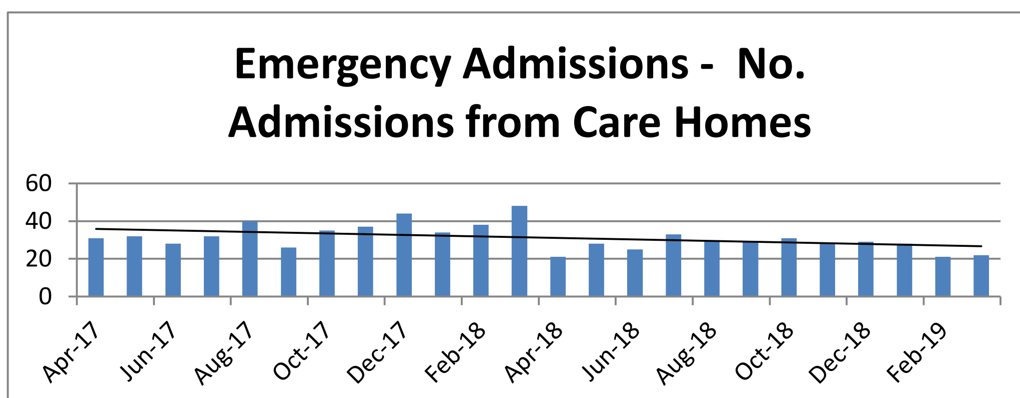
We work closely alongside the Scottish Ambulance Service to provide a fast response assessment and rehabilitation at home to people who have fallen, again to prevent inappropriate admission to hospital.

For the financial year 2018/19 the service enabled 289 people to remain in their own home where a Hospital Admission was being considered.

We based the AHP link worker within the Emergency Department at the Hospital in the mornings to facilitate quicker response as well as increase resource around equipment and rehabilitation service. The service supports people to come home from A&E thus avoiding an admission,

The social media campaign around Choose the Right Service was also run again to ensure that people are aware of the right resource to contact for support around health issues. This campaign will in future cover direct reference to attending ED.

We continued our partnership work with Care Home providers around retaining residents in care home rather than presentation at Hospital This includes work with Primary Care and the Care Home Liaison Nurse. The Winter Flu immunisation programme proved to be very effective in terms of take up by Care Home residents, 80% received the vaccination and this was a factor in low figure (1.2%) of the Inverclyde Care Home residents requiring a period in hospital over the winter.



4.6 **Key lessons and actions**

It is important to continue to plan an all year round response under Home 1st that covers seasonal pressures, surge in demand and ensure continuity and sustainability of approach:

It is important to keep to agreed processes and procedures even at times of high pressure on the system across Acute and HSCP.

We are aware that referrals from ED at IRH account for 34% of referrals to rehabilitation service and believe there is an opportunity to focus upon this area to increase referrals to avoid hospital admission in partnership with Acute colleagues.

Roll out electronic referral to all Wards and ED within IRH which reduces duplication and time taken to process the referrals. It also markedly improves quality of service requests and therefore outcomes for service users

Improved communication through dialogue at the Weekly Winter Planning meeting which allows for earlier identification of issues to allow for a problem solving approach and early resolution.

4.7 **Primary Care**

Along with other services, Primary Care continues to see an increasing demand throughout the year and faces particular demand in winter due to increases in respiratory and viral illness including Influenza. Levels of Influenza have remained around or below the expected baseline this winter with low levels of related primary care consultations. Inverclyde residents and GPs benefit from the support of the wider MDT developed as part of the Primary Care Improvement Plan including in some practices, ANPs and Paramedics responding to unscheduled care home visits meaning those acutely unwell can be seen and treated earlier in the day.

4.8 **7 Day Service**

Inverclyde HSCP agreed to take on the identified issue of a 7 day service in regard to the discharge process. Many community services already work over a 7 day period and the identified issue was around ensuring service were in place in Acute and Community to cover discharge over 7 days if required.

The agreed outcome was to reduce the number of delayed patients over the weekend and these required key actions in Acute and Community. This was supported by the Home 1st approach but also looked at earlier referrals in terms of day of the week and also looking at timing of consultant ward rounds and introduction of criteria-led discharge which would assist in the discharge planning process.

We also worked with Community Service to extend the weekend and out-of-hours service and with local Care Homes who were supportive in accepting weekend discharges. A result was that we increased discharges in the days before the weekend as well as some discharges over the weekend. Over the winter period 2018/2019, we arranged 6 discharges to care homes on a Saturday and Sunday.

It is early in this process to discuss the impact and effectiveness of this development but this will be built into the Home 1st plan and will look to set a firmer process and pathway to be in place later this year.

4.9 **Red Bags**

In a development led by Glasgow City Council, all Care Homes in Inverclyde were provided with a Red Bag. This was to be used to go with any resident admitted to a Hospital setting and would contain clothing medication and essential information relating to the residents health and wellbeing.

Feedback from Care Homes within Inverclyde is that the scheme is useful in reminding staff of everything that requires to go with the resident to hospital and also ensured improved communication between the home and the hospital.

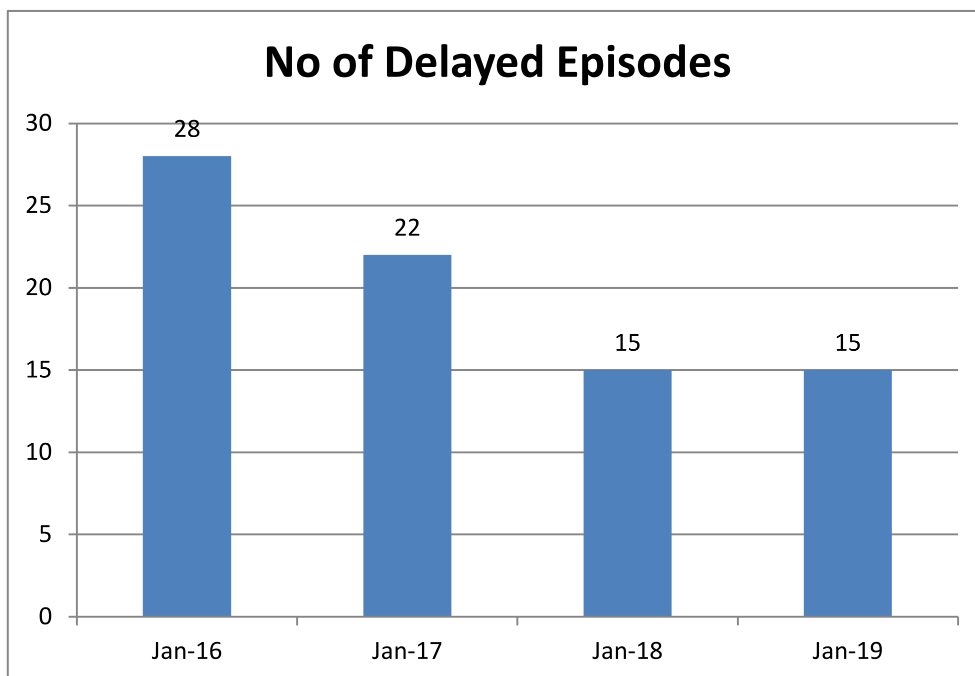
There have been 94 admissions to hospital from Care Homes since the Red Bag Scheme was initiated in November 2018, and only 6 reported issues which covered the bag not returning with the individual to the care home and lack of documentation. However overall, there was a feeling that communication had improved.

The Red Bags Scheme is additional to the current Inverclyde process which is in place around supporting care homes to retain service users and developing the trust which Primary Care and GPs have in the service care homes can provide or level of care needs.

4.10 **Delayed Discharge Performance**

Chart 1 is local data which gives the number of Patients Delayed in any given calendar month from 01/01/2016; this demonstrates how performance has been maintained over the winter period. Comparing the number of individuals delayed during January of each year we see a consistent move down from 28 to 22 to 15 and again 15 in January of 2015.

CHART 1

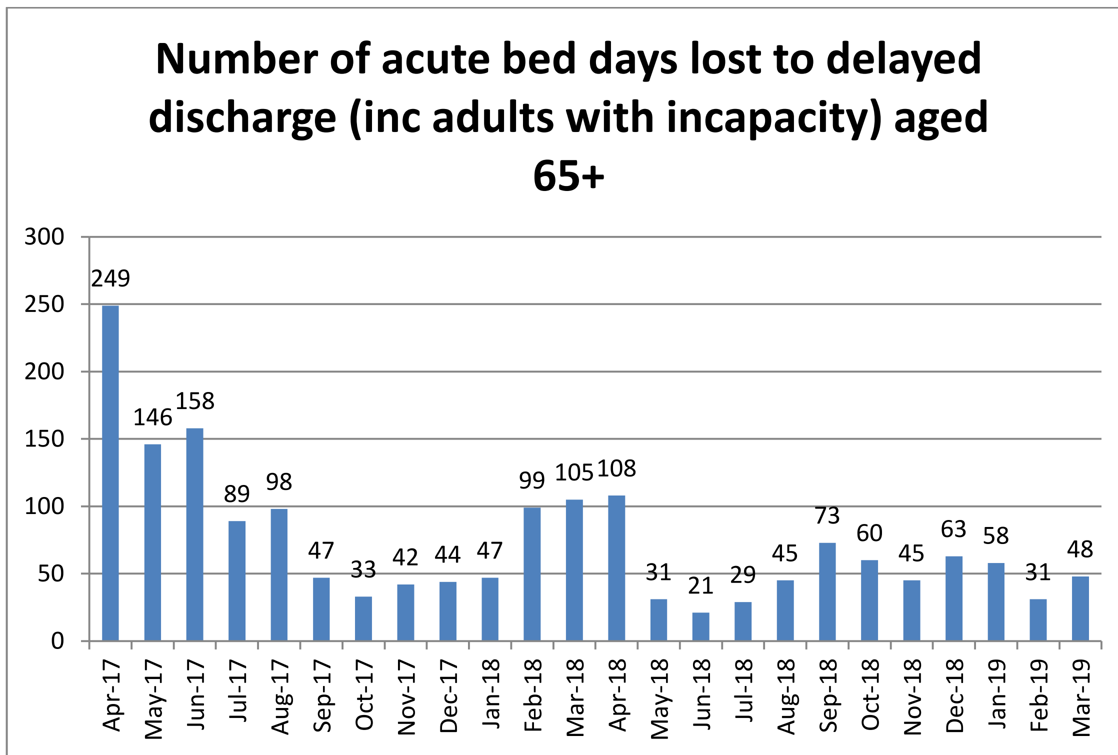


4.11 **Bed Days**

Another important factor is the number of days individuals are waiting for discharge - this is the bed days lost figures. These figures cover all Patients who are delayed including under and over 65 and those with a mental health or wellbeing diagnosis.

Chart 2 presents the statistics for all people over 65 since April 2017 and demonstrates a marked reduction in bed days lost which has been sustained over the winter period.

CHART 2

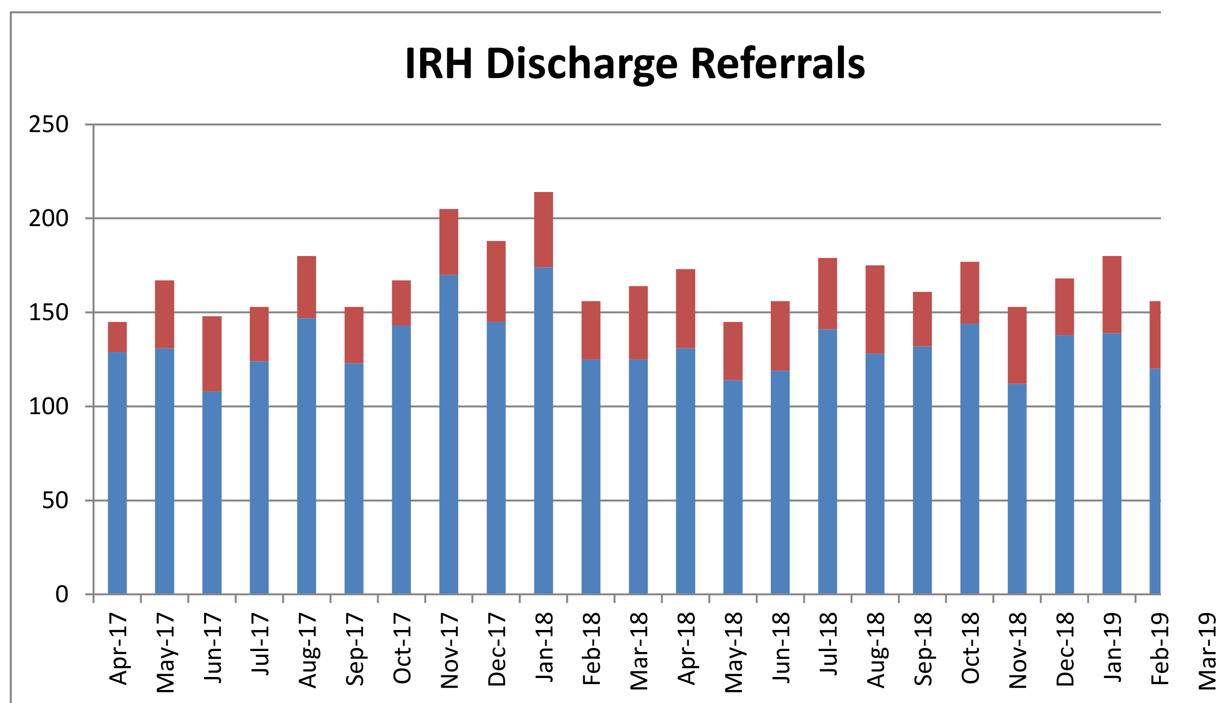


4.12 **Demand and Activity**

This performance has a context of a continued high level of referrals for social care and community supports following discharge. Despite a milder winter and more effective flu immunisation, demand was still comparable to previous years

Chart 3 demonstrates the referrals from Acute to Health & Community Care.

CHART 3



During January 2019, 180 individuals were referred for social care support of which 41 people required a single shared assessment indicating complex support needs. A total of 15 individuals were identified as being delayed following the decision they were medically fit for discharge. This equates to 9% of all discharges requiring social care support.

Local Data for March 2019 indicates that the number of bed days lost for all ages was a total of 48 with 10 people being classed as delayed for that month. This equates to less than 6% of all discharges requiring social care support.

4.13 **Benchmarking across Scotland**

Scottish Government figures allow for some benchmarking against other Partnerships across Scotland. Chart 4 shows Inverclyde is the leading partnership in terms of Bed Days lost in February 2019 This compares well to Chart 5 which shows Inverclyde leading on bed days lost as a percentage of the population.

Chart 4 Bed days lost – February 2019

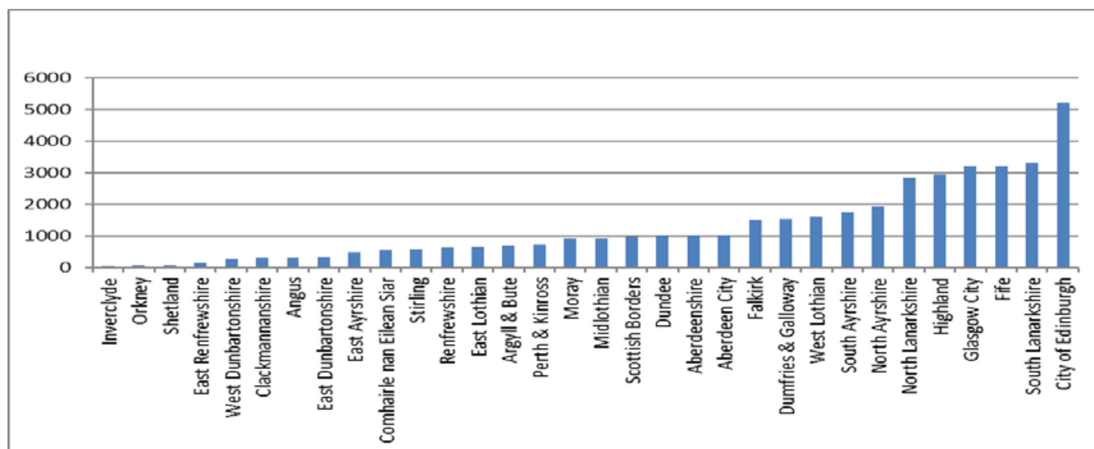
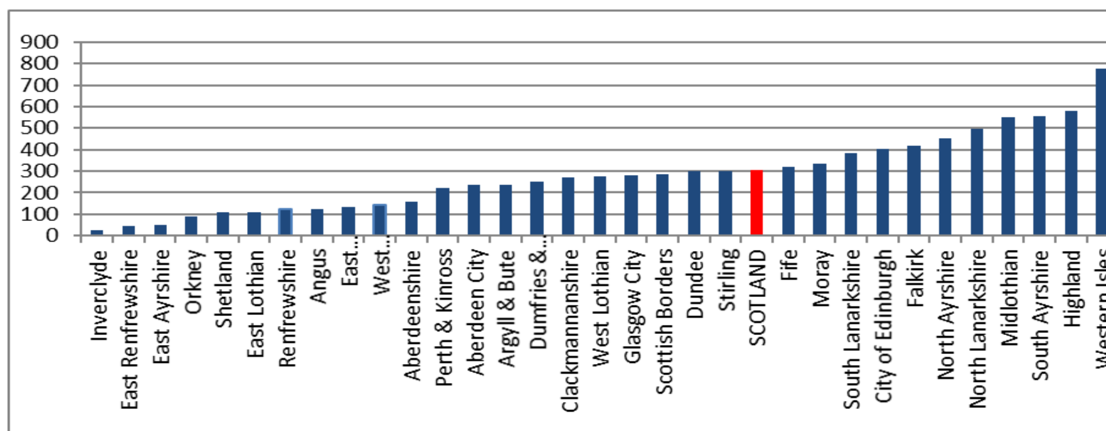


Chart 5 Rate per 100,000 over 75s – weekly data



4.14 **Summary**

The content of this report is for noting, and to ensure that Board members are informed about performance in relation to hospital discharge which was sustained over the winter period. Certainly it would appear that delays and bed days lost had a minimal effect upon the pressures felt by the Acute sector in Inverclyde.

Along with colleagues in the Acute sector, we will also review the Home 1st 2018/2019 action plan to engage fully in the Unscheduled Care Collaborative Planning to ensure services relating to discharge are focused on the key performance targets as well as ensuring the best outcomes for service users and carers.

The Scottish Government has requested a review of local arrangements and Inverclyde HSCP will contribute to this, reviewing the Home 1st plan to ensure additional seasonal pressures are responded to.

There has also been a significant focus around the complexity of health and social care needs ot the people who are supported to return to and remain at home. This is

in part due to changes in NHS Complex Care Guidelines and an increasing older and frailer population.

The current system in Inverclyde is working at capacity and there is little opportunity to take on extra demands associated with winter pressures. Improved community based resources are essential to mitigate the risk around the increase in admissions and additional delays resulting in unnecessary increased demand on IRH. Earlier planning will ensure resources are in place for next winter.

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

5.2 LEGAL

There are no legal implications in respect of this report.

5.3 HUMAN RESOURCES

There are no human resources implications in respect of this report at this time.

5.4 EQUALITIES

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.

5.4.1 How does this report address our Equality Outcomes?

a) **People, including individuals from the protected characteristic groups, can access HSCP services.**

The Hospital Discharge process is inclusive in regard to people with protected characteristics, and also has elements within it to ensure HSCP takes an equalities-sensitive approach to practise.

b) **Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.**

Not applicable.

c) **People with protected characteristics feel safe within their communities.**

Not applicable.

d) **People with protected characteristics feel included in the planning and developing of services.**

The HSCP includes an equalities-sensitive approach to including all groups in the planning and development of services.

e) **HSCP staff understands the needs of people with different protected characteristics and promote diversity in the work that they do.**

The Hospital Discharge processes and guidance are inclusive of people with protected characteristics. Assessment and Care Management guidance have elements within it to ensure that services and practitioners take an equalities-sensitive approach to practice.

f) **Opportunities to support Learning Disability service users experiencing gender based violence are maximised.**

Hospital Discharge and processes and guidance apply to adults with learning Disability and apply to the work of the Community Learning Disability Team.

g) **Positive attitudes towards the resettled refugee community in Inverclyde are promoted.**

Hospital Discharge processes and guidance apply to all adults including those from the refugee community in Inverclyde.

5.5 CLINICAL OR CARE GOVERNANCE IMPLICATIONS

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

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

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

The Hospital Discharge process is committed to ensuring high-quality services that support individuals to maximise their wellbeing and independence.

b) **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.**

Hospital discharge process will ensure high-quality services that support individuals and maximise independence.

c) **People who use health and social care services have positive experiences of**

those services, and have their dignity respected.

Hospital Discharge 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.

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

Hospital Discharge 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.

e) **Health and social care services contribute to reducing health inequalities.**

The Hospital Discharge process supports the outcome of reducing health inequalities.

f) **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 Act imposes a duty on the HSCP and partners to promote the health and wellbeing of informal carers and in particular around planning of hospital discharge for the cared-for person.

g) **People using health and social care services are safe from harm.**

The HSCP has at its priority to safeguard service users.

h) **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 part of a programme of ongoing training and awareness around assessment and care management process.

7.0 DIRECTIONS

8.1

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

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 the Acute Hospital Sector.

7.0 LIST OF BACKGROUND PAPERS

7.1 None.

INVERCLYDE HSCP Health and Social Care Partnership

AGENDA ITEM NO: 20

Report To:	**Inverclyde Integration Joint Board**	**Date: 14 May 2019**
Report By:	**Louise Long** **Corporate Director (Chief Officer)** **Inverclyde Health & Social Care Partnership**	**Report No:** **IJB/31/2019/AS**
Contact Officer:	**Allen Stevenson** **Head of Health and Community Care** **Inverclyde HSCP**	**Contact No: 01475 715283**
Subject:	**Pregnancy and Parenthood in Young People Improvement Plan**	

1.0 PURPOSE

1.1 The purpose of this report is to inform the Integration Joint Board of the Inverclyde Alliance (Community Planning) developments in the areas of pregnancy and parenthood in young people and the creation of an improvement plan (Inverclyde Alliance).

2.0 SUMMARY

2.1 The Scottish Government's Pregnancy & Parenthood in Young People Strategy is the first Scottish strategy of its kind, setting out what actions are needed to tackle the cycle of deprivation associated with many cases of pregnancy in young people and provides extra support for young parents.

The Strategy also concentrates on increasing the opportunities available to young people, to support their wellbeing and prosperity across the life course. It aims to help young people develop the appropriate knowledge, skills and confidence in making decisions around pregnancy and parenthood through a partnership approach between professionals and young people.

2.2 The local implementation of the Strategy is the responsibility of the Sexual Health Local Implementation Group (SHLIG) and a requirement of the national strategy is to have an 'accountable person'. This responsibility falls to Inverclyde Council's Corporate Director Education, Communities & Organisational Development, who is also the chair of the SHLIG.

A writing group was convened to develop the Improvement Plan, informed by a required self-assessment process, which was designed to consider the current assessment against the actions from the Strategy and what further improvement work is required.

The Improvement Plan (see Appendix 1) has been approved by Inverclyde Council's Education and Communities Committee and will be presented for final sign-off at the Inverclyde Alliance Board meeting on 26 June.

3.0 RECOMMENDATION

3.1 The Integration Board is asked to note the contents of this report.

Louise Long
Chief Officer

4.0 BACKGROUND

4.1 Pregnancy in young people is often a cause and a consequence of social exclusion and should not been seen narrowly as a health challenge. Reducing levels of pregnancy in young people helps to reduce the likelihood of poverty and a recurring cycle from one generation to the next.

Universal services across all agencies have an important role to play in identifying and supporting the needs of young people. These responsibilities will be strengthened through the commencement of the provisions and duties in relation to the *Children and Young People (Scotland) Act 2014.*

In terms of local pregnancy data/rates, in 2004, Inverclyde had the third highest rate for teenage pregnancies of all the 31 local authorities in Scotland. By 2013, this had fallen to 22nd out of 31.

Local actions that could be attributed to the reduction are as follows:

- A number of key research areas and learning from other strategic approaches have paved the way for the Inverclyde Sexual Health Implementation Group (SHLIG)'s direction of travel.
- The local prevention and promotion activities that have formed part of the work through SHLIG, has seen targeted efforts that were initially attributed to a post that was specifically funded by CRF/Fairer Scotland Funding that now forms part of mainline budgets.
- In parallel in this period, there has been a significant culture shift in attitudes and intense awareness-raising and support with and to both denominational and non-denominational schools.
- In 2008, the Scottish Government Pharmacy Public Health contract was established, making Emergency Hormonal Contraception available free of charge in virtually every pharmacy in Scotland plus the numbers of Free Condoms sites from 6 in 2011, rising to 33 by the end of December 2016.
- The Scottish Government (2007) released additional funds to enable local authorities and health Boards to collaborate on training teachers to deliver Relationships, Sexual Health and Parenthood Education in Schools (RSHP). For Inverclyde, this triggered work allowing for the training to be delivered locally.
- In a further drive to continually improve our performance in this area, there is the local articulation of the Scottish Government's Pregnancy and Parenthood for Young People Strategy, with the developments under the leadership of the SHLIG.

4.2 To support the construction of its Strategic Plan, at the end of 2018, Inverclyde HSCP developed its Strategic Needs Assessment. This highlighted differences in the Inverclyde localities and the rate in Inverclyde Central is higher than in the other areas. In 2015/16 the rate was 37 per 1,000 women, the highest of the areas shown, but a decrease from the 54 per 1,000 in 2011-13.

There is specific work contained in the Improvement Plan, seeking to better understand and address these differences, augmented by the range of actions that are contained in this Improvement Plan have been carefully developed to ensure the overall aim is secured.

4.3 As stated above, the local implementation of both the strategy and the associated Improvement Plan is the responsibility of the SHLIG and the plan was developed by a writing group drawn from the SHLIG membership. A key document to inform the plan was the self-assessment process that was required by Scottish Government.

Throughout the writing of the plan, there were discussions with other key agencies,

such as the Family Nurse Partnership, and there was a robust consultation process undertaken with a young mum's group (Barnardo's) and several young peoples' groups. These were facilitated by Inverclyde Council's Community Learning & Development and the views have been pivotal in the approved plan, ensuring the voices of the young people are, quite rightly, at the centre of the plan. It also provides robust evidence that the plan has been co-produced.

4.4 A core element of the required plan is the aspect of tackling inequalities.

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.

Similar to many areas of Scotland, Inverclyde exhibits disparity in the life circumstances and quality of life of residents, with some areas of Inverclyde ranking amongst the most deprived in Scotland, whilst other areas of Inverclyde fall at the opposite end of this scale.

While there is a welcome improvement in life expectancy for both males and females in Inverclyde, longer life expectancy does not always translate to healthy life expectancy. Stark inequalities in health continue to exist in life expectancy and other health outcomes across communities in Inverclyde.

Robust consideration has been given to each of the improvement actions to ensure there is the ongoing response to addressing inequalities.

5.0 IMPLICATIONS

FINANCE

5.1

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

Annually Recurring Costs / (Savings)

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

LEGAL

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

HUMAN RESOURCES

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

EQUALITIES

5.4 Has an Equality Impact Assessment been carried out?

X	YES an EQIA has been completed and will be subject to final approval by the Inverclyde Alliance.
	NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

5.4.2 How does this report address our Equality Outcomes?

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

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

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

5.6 **NATIONAL WELLBEING OUTCOMES**

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

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

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

6.0 DIRECTIONS

6.1

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

7.0 CONSULTATION

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

8.0 BACKGROUND PAPERS

8.1 Appendix 1 – Pregnancy & Parenthood in Young People Improvement Plan.

Appendix 1

Pregnancy and Parenthood in Young People Strategy: Inverclyde Alliance Improvement Plan (2019 – 2027)

	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Who is responsible?	Progress (RAG status) & *Commentary*
1.	There are a range of engagement and needs assessment processes already in place for young people including Clyde Conversations	Improve the understanding of the needs of young people	The outputs of engagement with young people need to be reflected in planning with feedback provided to young people on progress. Where issues raised by young people cannot be progressed this should also be communicated back to young people Clyde Conversations 3 – feedback to young people happens every year on progress	Reviewed at SHLIG	SHLIG CLD-Lead Responsibility	
2.	Develop and implement processes that address the outcomes of the needs assessment and pathways in place that take account of data collecting protocols and data sharing practices					
3.	There is a requirement for a senior leader to be designated to take responsibility for multi-agency coordination of PPYP action, data sharing and intelligence gathering		Inverclyde Alliance to agree senior lead officer for local PPYP implementation	Lead Officer in Place	Inverclyde Alliance	
4.	Relationships, Sexual Health and Parenthood Education (RSHP) is provided in most	Young people have a better understanding of what healthy, safe, consensual and equal	Implement the Early Protective Messages approach in all pre-5 establishments	Evaluation Reports from training	Education Health Improvement (Sandyford)	

Pregnancy and Parenthood in Young People Strategy: Inverclyde Alliance Improvement Plan (2019 – 2027)

	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Who is responsible?	Progress (RAG status) *& Commentary*
	establishments. In Pre-5 establishment the Early Protective Messages has been piloted. In primary, secondary and ASL schools there are RSHP programmes and programmes of CPD for teachers.	relationships are. Young people have increased knowledge of nurture, attachment, preconception and parenthood	Implement an improvement plan to ensure teaching staff are confident at delivering RSHP and are supported by school management and parents and carers in delivery Ensure there is consistency synergy between delivery of RSHP and school-based programmes aimed at addressing Child Sexual Exploitation and Gender Based Violence in schools	Training Plan in place Annual report of teacher training numbers Outcome of School HWB Survey Evidence of joint planning plus review of individual school plans	Education/CLD Child Protection Committee	
5.	Young people can access contraception from primary care providers and from Sandyford sexual health service but face barriers in relation to accessibility.	Young people have increased knowledge and skills around contraception and sexual negotiation All young people have equal access to information about contraception	Sandyford will expand the availability of young people's drop-in clinics as part of the service review. This will include expanding digital provision of information and signposting. Sandyford will consult with young people about the potential for shifting the location of the drop-in to increase accessibility, including scoping provision within existing youth services. Staff working with young	Increased provision of services Report of consultation with young people Attendance data from services including uptake of contraception. Report of staff briefing sessions?	SHLIG (Education/ CLD)/Sandyford	

Pregnancy and Parenthood in Young People Strategy:
Inverclyde Alliance Improvement Plan (2019 – 2027)

	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Who is responsible?	Progress (RAG status) & *Commentary*
			people including those in secondary schools, CLD and Children's Services will be briefed on how to signpost young people to services.			
6.	Young people who are or may be pregnant require easy and fast access to information about pregnancy and services which can support them. Staff that work with young people have a pivotal role in signposting or where required ensuring the Named Person is involved. Particularly vulnerable young people are able to access appropriate services Aligned services, focusing on the needs of vulnerable young people are supportive of their needs.	Young people make early and informed choices following conception	Ensure information about pregnancy and associated choices and services is available to young people in easy to access formats. Staff working with young people including those in secondary schools, CLD and Children's Services will be briefed on how to signpost young people to services.	Information available on Young Scot and Sandyford websites Report of staff briefing sessions Numbers attending Termination of Pregnancy and Referral (TOPAR) (assessment and referral) before nine weeks of pregnancy Number of women under 20-years booking early with a midwife Numbers engaging with Family Nurse Partnership (FNP) early in pregnancy	CLD Sandyford FNP Midwifery	

Pregnancy and Parenthood in Young People Strategy: Inverclyde Alliance Improvement Plan (2019 – 2027)

	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Who is responsible?	Progress (RAG status) *& Commentary*
7.	There are a range of support services in place for young parents. More work is required to provide a more joined up approach to supporting young parents. This includes ensuring young parents have access to appropriate and secure housing and financial inclusion support. .	Young parents have increased knowledge about local services and are confident using them	Use data produced as part of Action 3 to inform multi-agency service planning Develop an engagement process with young parents to highlight areas for improved partnership working Agreeing a Housing Charter, reviewed through the Corporate Parenting strategy Develop and implement a robust communications strategy, ensuring everyone working with young parents communicate effectively, across multiple services, putting the young parent(s) and their needs at the centre.	Report of engagement with young parents produced Housing Charter Developed Communication with partners issued	CLD/Environmental Services Inverclyde Alliance (Outcome 6)	

Pregnancy and Parenthood in Young People Strategy: Inverclyde Alliance Improvement Plan (2019 – 2027)

	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Who is responsible?	Progress (RAG status) *& Commentary*
8.	Young parents require support to ensure they can remain in education, training or access employment while ensuring their child has the best start in life.	Young parents are supported to stay in education, training or employment	Review current support for young parents to remain in school during pregnancy and post birth. Use the outcome of the engagement process with young parents to guide Inverclyde Alliance to assess and if required frame improvements in vocational training and employability services.	Annual report of young parents remaining in Education FNP Data on young parents engaging with school, training or employment	Education Inverclyde Alliance	

INVERCLYDE HSCP Health and Social Care Partnership

AGENDA ITEM NO: 21

Report To:	**Inverclyde Integration Joint Board**	**Date: 14 May 2019**
Report By:	**Louise Long** **Corporate Director, (Chief Officer)** **Inverclyde Health and Social Care Partnership (HSCP)**	**Report No: IJB/33/2019/LL**
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 brief the Integration Joint Board on activities undertaken across Inverclyde HSCP.

2.0 SUMMARY

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

3.0 RECOMMENDATION

3.1 The Integration Joint Board is asked to note the contents of the report.

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 **iMatter**

Inverclyde HSCP achieved 62% completion, meaning that for the first time we will receive an Inverclyde HSCP specific report. In addition, more teams than ever before will also get a team report. The result demonstrates the commitment to understand and celebrate what is working well in Inverclyde HSCP and what we can improve upon. This includes over 180 staff that completed paper copies, a ten-fold increase - it has been a fabulous HSCP wide effort.

The next stage commenced on 25 March when team reports and the HSCP report will be available.

5.2 **Strategic Plan**

The Strategic Plan is now a live working document and outlines the HSCP's priorities and commitment to improving outcomes for the people of Inverclyde over the next five years.

Implementation plans for our six Big Actions identified in the strategic plan are now complete. Inverclyde HSCP will be hosting a workshop for Team Leaders, Service Managers, Strategic Planning Group and the Senior Management Team on the morning of Friday 26 April, aimed at identifying what each team can do to help deliver the 6 Big Actions. There have been community events on all 6 big actions to discuss implementation plans. There will be further events throughout the year focused on big actions for all staff. There will be a conference in June to discuss the plan and launch Inverclyde Carers.

5.3 **Dash the Splash**

Dash the Splash was an event which took place on Friday 22d March "*Walk a Mile to end Mental Health Stigma".* The event was organised by the Inverclyde Mental Health Reference Group in partnership with Inverclyde Health Improvement Team and See Me. The aim of the event was to develop greater engagement with the issue of mental health stigma in the community, something that previous consultation events had highlighted as a significant issue the community faces. From this event it is hoping to develop further anti stigma activities in the area and develop a network of people addressing stigma.

Going forward the mental health reference group will use the event as a platform to address mental health stigma in the community, developing the idea that the Walk could be an annual event and raising the issue of mental health stigma in forums across the health and social care partnership.

5.4 **Digital**

Inverclyde HSCP has established a Digital Group to consider and make recommendations for change in relation to maximising the use of digital services. The HSCP Strategic Plan outlines O*ur Big Actions* which places a focus on Inverclyde's people and communities and how services will support those who are vulnerable or in need.

These Big Actions will be delivered over the next 5 years and this group will consider the benefits and opportunities that technology will offer in delivering these. The group will also scope out technology-enabled care and self-management, which will include recording systems for social care, which meet this criteria.

5.5 **Update on Accommodation**

The HSCP Property Asset Management Plan 2019-2024 has been developed in line with the aims and objectives of both Inverclyde Council and NHS Greater Glasgow and Clyde Asset Management Plans.

Joint working with Services and public sector partners will be crucial to the successful implementation of the Plan.

The overall aim of the Property Asset Management Plan is to ensure that the property assets contribute effectively to service delivery in terms of being fit for purpose, suitable and sustainable.

The plan highlights the links to the HSCP management and reporting structures and the systems which support the management of property.

Cathcart Centre/Wellpark Centre

Cathcart Centre closed its doors on 29 March 2019. All staff and clinics relocated to the Wellpark Centre week beginning 1 April. The closure of Cathcart Centre will release some non-recurring money for essential maintenance work in Inverclyde.

We are currently reviewing all aspects of the current model for delivery of services to people with alcohol and drug use within Inverclyde population including the current HSCP service delivery; 3rd sector delivery and any other delivery by other relevant partners.

5.6 **Inverclyde Carers Centre – The One Show**

Inverclyde Carers Centre after much negotiating with BBC, were asked to appear in a five minute film on 'The One Show' featuring Jane McCarry, Isa from Still Game, around "Sandwich Carers" - people who look after their children as well as elderly parents. They wanted to highlight the difficulties of being in this role, as well as the support needed and received by this group of people.

Filming was completed on 6 March 2019 and was shown on Monday 11 March. If you missed the episode you can still catch it on the BBC iplayer.

5.7 **Scottish Government Visit – Home 1st Approach**

On Tuesday 12 March Brian Slater, Head of Partnership Support, Scottish Government visited Inverclyde to discuss the Home 1st approach to health and social care, in particular around our work on hospital discharge.

The basis of the Home 1st approach is that people are supported better and achieve improved outcomes when health and social care is provided in their home or community.

Brian commented that it was 'very helpful to get an understanding of how far you have come and what you did to get there'. There was a clear sense of identity in Inverclyde with everyone working for the partnership.

5.8 **Swimming Buddies at Hillend Older Peoples Day Services**

Hillend Day Service is proud of our new swimming project for Older People, following on

from our pledge to the Care About Physical Activity programme.

A comment from a 92 year old service user - “You’re never too old” to “Enjoy” and “take up past hobbies”.

Families have also contacted Hillend to ask:

“If it was true, swimming as part of day services?”
“Amazing…been wanting to do this for years”
“Really helps me with my disabilities, didn’t realise how much I can move freely in the water”

When your staff group make it possible for simple things like this happen, overcoming challenges and barriers - this is why we all work in Health and Social Care, as we can make a huge difference to people lives.

5.9 **Corporate Parenting**

On 3 April Sharon McAlees CSWO hosted a visit by the Independent Care Review Stop Go work stream group members. The visit which included a visits to Kylemore and The View residential children’s houses, an opportunity to meet with the Proud 2 Care Group and listen to their experience of care, a presentation on the effectiveness and importance of relationship based practice and a presentation on Inverclyde Birth Ties project and how they support individuals affected by adoption.

The visit was viewed by those who attended as truly inspirational and will be a valuable contribution to the ongoing work Stop Go work stream who endeavour to deliver transformational change across the care system.

6.0 DIRECTIONS

6.1

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

7.0 IMPLICATIONS

7.1 **FINANCE** There are no financial implications in this report

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

Annually Recurring Costs / (Savings)

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

LEGAL

7.2 There are no legal issues within this report.

HUMAN RESOURCES

7.3 There are no human resources issues within this report.

EQUALITIES

7.4 There are no equality issues within this report.

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.

7.5 How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	The Strategic Plan 2019-2024 outlines the priorities for all protected characteristic groups to improve their outcomes.
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	The Strategic Plan outlines the HSCP's priorities and commitment to improving outcomes for the people of Inverclyde
People with protected characteristics feel safe within their communities.	Not Applicable
People with protected characteristics feel included in the planning and developing of services.	Included in the engagement of the Strategic Plan.
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

7.6 **CLINICAL OR CARE GOVERNANCE IMPLICATIONS**

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

7.7 **NATIONAL WELLBEING OUTCOMES**

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

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	Dash the Splash supports and empowers people to improve their

	own mental health
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	Swimming Buddies, Older People's Day Care contributes to people living independently as possible.
People who use health and social care services have positive experiences of those services, and have their dignity respected.	Swimming Buddies, Older People's Day Care provides a positive experience for older people who use the service and respect their dignity.
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Not applicable
Health and social care services contribute to reducing health inequalities.	The Strategic Plan outlines the HSCP's priorities and commitment to improving outcomes and reduce inequalities for the people of Inverclyde.
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	Not Applicable
People using health and social care services are safe from harm.	Not Applicable
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 iMatters programme captures staff experience, and helps teams identify good practice and improvement actions.
Resources are used effectively in the provision of health and social care services.	Not Applicable

8.0 CONSULTATION

8.1 There are no consultation requirements related to this report.

9.0 BACKGROUND PAPERS

9.1 None.