PLEASE NOTE DATE OF MEETING

Municipal Buildings, Greenock PA15 1LY

Ref: SL/AI

Date: 24 October 2019

A meeting of the Inverclyde Integration Joint Board will be held on Monday 4 November 2019 at 2pm within Board Room 1, Municipal Buildings, Greenock.

Gerard Malone
Head of Legal and Property Services

BUSINESS		
1.	**Apologies, Substitutions and Declarations of Interest**	**Page**
Items for Action:		
2.	**Non-Voting Membership of the Integration Joint Board** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**
3.	**Dementia Update** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership **NB: There will also be a presentation on this item**	**p**
4.	**Scheme of Delegation to Officers** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**
5.	**Minute of Meeting of Inverclyde Integration Joint Board of 10 September 2019**	**p**
6.	**Rolling Action List**	**p**
7.	**Financial Monitoring Report 2018/19 – Period to 31 August 2019, Period 5** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**
8.	**Whole Systems Approach** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**
9.	**Inverclyde HSCP Market Facilitation and Commissioning Plan Update 2019-2024** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**
10.	**Mental Health Strategy and Improvement Programmes** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**

11.	**Out-of-Hours Services Review Update** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**
12.	**Memorandum of Understanding between Integration Joint Boards and Independent Hospices** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**
13.	**Winter Plan 2019/20** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**
14.	**Update on Implementation of Primary Care Improvement Plan** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**
Items for Noting:		
15.	**Inverclyde Community Justice Partnership Annual Report 2018-2019** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**
16.	**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		
17.	**Reporting by Exception – 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**
18.	**Appendix to Minute of Meeting of Inverclyde Integration Joint Board of 10 September 2019**	**Para 6** **p**

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

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

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

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

AGENDA ITEM NO: 2

Report To:	**Inverclyde Integration Joint Board**	**Date:**	**4 November 2019**
Report By:	**Louise Long, Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership**	**Report No:**	**VP/LP/127/19**
Contact Officer:	**Vicky Pollock**	**Contact No:**	**01475 712180**
Subject:	**Non-Voting Membership of the Integration Joint Board**		

1.0 PURPOSE

1.1 The purpose of this report is to advise the Inverclyde Integration Joint Board ("IJB") of a change in 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 recently appointed third sector representative member on the IJB, Mr Bill Clements, has intimated his resignation from the IJB. It is proposed to appoint Charlene Elliott, the new Chief Executive of CVS Inverclyde in his place.

2.3 This report sets out the revised non-voting membership arrangements for the IJB.

3.0 RECOMMENDATIONS

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

(1) notes the resignation of Mr Bill Clements as the third sector representative non-voting member of the Inverclyde Integration Joint Board;
(2) agrees the appointment of Ms Charlene Elliott as the third sector representative non-voting member of the Inverclyde Integration Joint Board; and
(3) notes that Mr Bill Clements has been confirmed as the proxy member for Ms Charlene Elliott, for meetings of the 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.

4.2 The third sector representative member on the IJB, Mr Bill Clements, has intimated his resignation from the IJB with effect from 10 October 2019. It is proposed to appoint Ms Charlene Elliott, the new Chief Executive of CVS Inverclyde, in his place.

4.3 In terms of the Order, the IJB is required to appoint stakeholder members who are non-voting members. These must comprise at least one third sector representative.

4.4 It has been confirmed that Bill Clements will be Charlene Elliott's named proxy to cover attendance at IJB meetings

5.0 PROPOSALS

5.1 It is proposed that the IJB agree the revised IJB non-voting membership arrangements as set out in Appendix 1 Section C.

6.0 IMPLICATIONS

Finance

6.1 None.

Financial Implications:

One Off Costs

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

Annually Recurring Costs/ (Savings)

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

Legal

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

Human Resources

6.3 None.

Equalities

6.4 There are no equality issues within this report.

6.4.1 Has an Equality Impact Assessment been carried out?

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

6.4.2 How does this report address our Equality Outcomes

There are no Equalities Outcomes implications within this report.

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

Clinical or Care Governance

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

National Wellbeing Outcomes

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

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

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

7.0 DIRECTIONS

7.1

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) has been consulted in the preparation of this report.

9.0 BACKGROUND PAPERS

9.1 N/A

Inverclyde Integration Joint Board Membership as at November 2019

SECTION A. VOTING MEMBERS		
		Proxies (Voting Members)
Inverclyde Council	Councillor Jim Clocherty (Chair) Councillor Luciano Rebecchi Councillor Lynne Quinn Councillor Elizabeth Robertson	Councillor Robert Moran Councillor Gerry Dorrian Councillor Ronnie Ahlfeld Councillor John Crowther
Greater Glasgow and Clyde NHS Board	Mr Alan Cowan (Vice-Chair) Mr Simon Carr Dr Donald Lyons Ms Dorothy McErlean	
SECTION B. NON-VOTING PROFESSIONAL ADVISORY MEMBERS		
Chief Officer of the IJB	Louise Long	
Chief Social Worker of Inverclyde Council	Sharon McAlees	
Chief Finance Officer	Lesley Aird	
Registered Medical Practitioner who is a registered GP	Inverclyde Health & Social Care Partnership Clinical Director Dr Hector MacDonald	
Registered Nurse	Chief Nurse 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	Ms Charlene Elliott Chief Executive CVS Inverclyde	Proxy - Mr Bill Clements Programme/Deputy Manager CVS Inverclyde

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

Inverclyde council

AGENDA ITEM NO: 3

Report	**Inverclyde Integration Joint Board**	**Date: 4 November 2019**
Report By:	**Louise Long** **Corporate Director, (Chief Officer)** **Inverclyde Health and Social Care Partnership (HSCP)**	**Report No: IJB/71/20019/AS**
Contact Officer:	**Allen Stevenson** **Head of Service, Health and Community Care Inverclyde Health and Social Care Partnership (HSCP)**	**Contact No: 01475 715212**
Subject:	**DEMENTIA UPDATE**	

1.0 PURPOSE

1.1 The purpose of this report is to provide the Integration Joint Board with an update relating to Dementia work in Inverclyde.

2.0 SUMMARY

2.1 Inverclyde HSCP has been successful in securing the pilot site for developing better dementia care co-ordination arrangements through a two year national test of change in partnership with IHub.

2.2 Inverclyde HSCP has successfully recruited an improvement adviser for two years to drive forward this test of change, funded by IHub to improve care co-ordination across the Dementia pathway.

2.3 A launch event took place on Friday 27th September at the Tontine Hotel in Greenock. Over 100 delegates are due to attend this event to formally launch our work for the next two years. National and local speakers were invited to ensure we start this work with an opportunity to reflect on our success to date and agree our priorities moving forward.

3.0 RECOMMENDATIONS

The Integration Joint Board is asked to:

3.1 Note that Inverclyde HSCP has been identified as a national test site for developing Dementia Care Coordination.

3.2 Note the addition of an Improvement Advisor for 24 months resourced from IHub to drive this work forward in Inverclyde.

3.3 Note that further update reports will be provided on a six monthly basis.

3.4 Agree that future use of the earmarked reserve be linked to the test of change activity associated with the new care co-ordination work.

4.0 BACKGROUND

4.1 Post diagnostic Support data shows that 485 people were diagnosed with Dementia In Inverclyde between April 2016 and March 2019. Of these, 16 were under 65 and almost 60% were females. In June 2016 there were 723 people on GP registers however this figure has fallen significantly due to changes in the new GP contract and is no longer a reliable figure. Prevalence estimates indicate that 1444 people will be living with Dementia in Inverclyde.

4.2 The basis for our approach to supporting people with dementia in Inverclyde has been on building capacity across services and our community to enable people with dementia to live well and remain active participants within their own community, and improving access to appropriate support and intervention at every stage in their illness. Our existing dementia strategy focuses on working towards a dementia friendly Inverclyde. The key objectives within the strategy are to:

- Improve Dementia Awareness and knowledge across services and the community;
- Improve community Inclusion;
- Provide Early diagnosis and support;
- To enable people to live well with dementia.

(Working Toward a Dementia Friendly Inverclyde, Inverclyde Dementia Strategy 2013).

4.3 The action plan supporting achievement of the objectives is based on the outcomes identified within the Inverclyde Strategy:

1. Improved coordination, collaboration, and continuity of care across services;
2. Improved access to services;
3. Improved flexibility of services;
4. Improved capacity of services to be responsive;
5. Increased awareness of dementia within the general public and community;

Increased opportunities for people with dementia, their families and carers to contribute to service planning.

4.4 This work has been led by a multi -agency implementation group and there is an established collaborative approach to improving responses and support for people with dementia. Review of progress with the implementation plan of our dementia strategy identified the need to further focus on streamlining pathways to support and on being able to provide more flexible approaches to meeting people's needs.

4.5 The third National Dementia Strategy was published in June 2017 and signified a shift in the post-diagnostic support commitment whereby it now puts greater emphasis on promoting and supporting flexible post-diagnostic services. People assessed as having a higher level of post-diagnostic support need should fall into the scope of Alzheimer Scotland's 8 Pillars Model or, in some cases, their Advanced Dementia Practice Model, thereby being offered an appropriate intervention. In most or all occasions, this would be coordinated by an appropriately trained health or social services professional as a supported enhancement of their existing professional role, and drawing on a combination of community supports and multi-disciplinary skills and teams as appropriate in each individual case.

Healthcare Improvement Scotland, NHS Education, NHS Information Services Division, Health Scotland, Scottish Government Dementia Policy Team and Alzheimer Scotland developed a proposal to work in collaboration with one Health & Social Care Partnership (HSCP) to design and test approaches to integrated care that will provide co-ordinated and seamless care for people with Dementia from diagnosis to end of life care, informed by the human rights-based approach which underpins the Standards of Care for Dementia in Scotland (2011).

4.6 The proposal is to test a whole system approach to delivering an integrated, co-ordinated approach to supporting people from diagnosis of Dementia through to end of life. It is expected that testing of this approach will provide an exemplar of the benefits of health and social care integration and support the implementation of Scotland's third national Dementia Strategy (2017-2020). This work also provides opportunities to support the implementation of Scotland's digital health and care strategy (2018).

4.7 The Chief Officers of East Renfrewshire and Inverclyde HSCP co-lead the workstreams on Older People's Care and Local Care respectively across the NHS Greater Glasgow and Clyde Moving Forward Together programme. They identified the opportunity this programme presents to further develop integrated pathways of care and, based on the work to date in Inverclyde, agreed Inverclyde would submit a bid.

4.8 Inverclyde submitted the bid in May 2019 to iHUB to secure Inverclyde as the test site for the improvement work relating to Dementia. This has been successful.

4.9 IHub will work with the HSCP over the next two years and has released funding to allow Inverclyde HSCP to offer a 24 month post to an Improvement Advisor. This role will help drive forward the work within Inverclyde and co-ordinate feedback to the wider stakeholder group across GG&C NHS including the other 5 HSCPs. The Improvement Advisor is due to take up this post shortly.

4.10 The aim of the project is to:

- improve services and support for people with dementia as part of key actions to strengthen community care and support,
- provide timely interventions to support complex physical and health needs, reduce unscheduled hospital admission days, reduce delayed discharges, and
- improve palliative and end-of-life care.

The project will also explore the use of digital and technological solutions, linking with our existing TEC work to look at innovative ways to best support people with Dementia and their carers, improving experience and outcomes and empowering individuals to self-manage and live independently for longer.

4.11 The project aims to understand how the strategy objectives can be implemented and integrated into practice. We will share learning with the wider Dementia Network in Scotland at regular intervals, in order to support all areas to deliver Dementia Services in line with the Dementia Strategy.

4.12 The project will be initiated with a launch event for stakeholders on 27th September. This will provide an opportunity to provide stakeholders with the background to this work, including some key learning from other Dementia Demonstrator sites work to date. The event will place this project within the local context and review of progress to date from the current Inverclyde Dementia Strategy Implementation Plan, map what is working well and identify and agree key priorities for areas of improvement.

4.13 A Dementia Care Coordination Project group will be established to lead this work. The function of the Project Group will be to design the programme of work focusing on key outputs expected, informed by the stakeholder event, develop an implementation plan and monitor progress and outcomes against the agreed plan. This will also include further engagement with all relevant stakeholders, including people with dementia, their families and carers.

4.14 Inverclyde Council has committed £100,000 in an earmarked reserve to support the continuing implementation of the dementia strategy in Inverclyde. Previous funding of this nature has focused on community work within local communities to improve understanding and awareness of dementia, and supported local organisations and businesses to adapt their environment to better enable access for people with dementia and to feel safe. Going forward, this funding will support initiatives and tests of change

identified within the Dementia Care Co-ordination Project. Use of this will be reflected within the detailed work plan.

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
					Band 7 Improvement advisor employed for 24 months paid by IHUB Scotland

Annually Recurring Costs/ (Savings)

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

LEGAL

5.2 There are no legal issues within this report.

HUMAN RESOURCES

5.3 There are no human resources issues within this report.

EQUALITIES

5.4 There are no equality issues within this report.

Has an Equality Impact Assessment been carried out?

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

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.	Through better availability and signposting of the range of primary care support/ professionals, availability of appointments with the right profession at the right time
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	A wider MDT approach with additional/ extended skills to positively supporting individuals.
People who use health and social care services have positive experiences of those services, and have their dignity respected.	Improved access to a wider range of professionals and education on services available within the wider primary care/ community setting.
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Improved access to a wider range of professionals and education on services available within the wider primary care/ community setting.
Health and social care services contribute to reducing health inequalities.	Improved access and support within the communities with greatest need.

People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	None
People using health and social care services are safe from harm.	None
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	None
Resources are used effectively in the provision of health and social care services.	Development of the MDT and additional investment will support practices and GPs to continue deliver primary care consistently and effectively.

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 relevant senior officers in the HSCP and

8.0 LIST OF BACKGROUND PAPERS

8.1 None.

AGENDA ITEM NO: 4

Report To:	**Inverclyde Integration Joint Board**	**Date:**	**4 November 2019**
Report By:	**Louise Long, Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership**	**Report No:**	**VP/LP/125/19**
Contact Officer:	**Vicky Pollock**	**Contact No:**	**01475 712180**
Subject:	**Scheme of Delegation to Officers**		

1.0 PURPOSE

1.1 The purpose of this report is to seek approval from the Integration Joint Board (IJB) to adopt a Scheme of Delegation setting out powers delegated to officers.

2.0 SUMMARY

2.1 To ensure sound decision-king, adequate control and good governance, the IJB has approved Standing Orders governing the conduct of IJB meetings and remits and rules for the IJB Audit Committee and Strategic Working Group. It has also approved Financial Regulations and established procedures for making agendas, reports and minutes freely available on the internet.

2.2 To further support and implement good governance, the IJB also requires a document, known as a Scheme of Delegation to Officers, setting out and formalising the scope and rules for decisions being taken by officers on behalf of the IJB.

2.3 This report sets out a proposed Scheme of Delegation to Officers for the IJB's approval.

3.0 RECOMMENDATIONS

3.1 It is recommended that the Inverclyde Integration Joint Board:

a. adopts the Scheme of Delegation to Officers as detailed in Appendix 1 to this report;
b. delegates authority to the Standards Officer to make minor administrative changes to the Scheme of Delegation to Officers as required from time to time in response to legislative changes and operational requirements;
c. notes that the Scheme of Delegation to Officers will be reviewed every three years; and
d. notes that the approved Scheme of Delegation to Officers will be published alongside the IJB's Standing Orders to provide an open and transparent set of decision making rules and procedures.

Louise Long
Corporate Director (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

4.1 The purpose of the Scheme of Delegation to Officers is to set out the powers and responsibilities of significance to the IJB's discharge of its statutory duties which it has chosen to delegate to officers.

4.2 It does not contain any delegation of powers or duties in relation to the functions of the Council or the Health Board or their employees. The Council and the Health Board are both separate legal entities with different duties, powers and interests in relation to health and social care integration. Both parties have their own internal rules and delegated powers in relation to their own interests.

4.3 The Scheme records the most significant and standing delegations of powers and responsibility to officers. It is not an exhaustive list of things that officers can do on behalf of the IJB. Temporary or one-off delegations will continue to be recorded in the minutes of IJB meetings.

4.4 The Scheme is set out in Appendix 1. It makes it clear that in using a delegated power, officers must have regard to and comply with over-arching rules – such as legislation, the Integration Scheme, the Strategic Plan and other IJB policies.

5.0 PROPOSALS

5.1 It is proposed that the IJB agrees to adopt the Scheme as set out at Appendix 1.

5.2 Once approved, the Scheme will be published alongside the IJB's Standing Orders and Integration Scheme. The Standards Officer will also have a standing delegation to make any minor administrative changes – for example when new legislation is introduced or terminology changes.

5.3 The Scheme will be reviewed every three years.

6.0 IMPLICATIONS

Finance

6.1 None.

Financial Implications:

One Off Costs

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

Annually Recurring Costs/ (Savings)

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

Legal

6.2 The Scheme of Delegation to Officers supports the discharges of the IJB's statutory duties and provides a framework through which matters delegated to the IJB may be delegated to officers or its committees.

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	None

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

7.0 DIRECTIONS

7.1

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

8.0 CONSULTATIONS

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

9.0 BACKGROUND PAPERS

9.1 N/A

APPENDIX

Inverclyde Health & Social Care Partnership

INVERCLYDE INTEGRATION JOINT BOARD

SCHEME OF DELEGATION

OCTOBER 2019

1. Introduction

1.1 The Inverclyde Integration Joint Board (IIJB) is a statutory corporate body with its own legal personality. It is established under the Public Bodies (Joint Working) (Scotland) Act 2014 and has the responsibilities and powers conferred by that Act and associated statutory regulations.

1.2 The IIJB only has one member of staff - the Chief Officer. It has other officers who are not members of its staff but who carry out duties for it (for example, the Chief Financial Officer, the Standards Officer, the Chief Internal Auditor). It also receives support from officers and employees of the Council and the Health Board. They are not employed by the IIJB but are managed by the Chief Officer.

1.3 To help ensure sound decision-making, adequate control and good governance the IIJB has approved this Scheme of Delegation to its officers. The Scheme sets out the powers and responsibilities of significance to the IIJB's discharge of its statutory responsibilities which it has chosen to delegate to those officers.

1.4 It does not contain any delegation of powers or duties in relation to the Council or the Health Board or their members of staff. They are separate legal bodies with different duties, powers and interests in relation to the integration of health and social care. They will have their own internal rules and delegations of powers in relation to their own interests.

1.5 Each of the posts covered by the Scheme has its own role description that were used when the posts were first filled. It is not the Scheme's purpose to replace those or duplicate them or repeat them. The Scheme is part of a governance framework for efficient, effective and accountable decision-making amongst the IIJB, its committees and its officers.

2. General considerations

2.1 The Scheme is not an exhaustive list of things that officers can do on behalf of the IIJB. It records the significant and standing delegations of powers and responsibility to officers.

2.2 It does not record temporary or one-off instructions or delegations to officers. Those are recorded in minutes of IIJB and committee meetings. As a general rule, delegations which will last for more than six months are included, and others are not.

2.3 Subject to the specific provisions in the Scheme and the IIJB's Standing Orders and Financial Regulations, powers delegated include anything which is calculated to facilitate, or is conducive or incidental to, their discharge.

2.4 In using a delegated power, officers must have regard to and comply with the following over-arching considerations:-

a) They must comply with the law;

b) They must have regard to statutory guidance;

c) They must act within the terms of the Integration Scheme;

d) They must not depart from the terms of the Strategic Plan;

e) They must comply with the IIJB's Standing Orders and Financial Regulations;

f) They must not act where matters are reserved to the IIJB or delegated to a committee;

g) They must act in accordance with IIJB policies, procedures and instructions;

h) They must not act in relation to issues which are politically sensitive or controversial.

2.5 Officers may delegate the use of their powers to other officers or employees of the Council or Health Board providing support to the IIJB. If they do so, they must ensure adequate controls and reporting arrangements are in place. Notwithstanding any such sub-delegation, they remain accountable directly and personally to the IIJB.

3. Specific Powers Reserved to the Integration Joint Board

3.1 The powers which are reserved to the IIJB or its committees are comprised of those which must, in terms of statute, be reserved, and those which the IIJB has, itself, chosen to reserve. Powers which are not reserved are delegated, in accordance with the provisions of the Integration Scheme and this Scheme.

3.2 The following is a comprehensive list of what is reserved to the IIJB or any of its committees:

a) Any other functions or remit which is, in terms of statute or legal requirement bound to be undertaken by the IIJB itself;

b) To establish such committees, sub-committees and joint committees as may be considered appropriate to conduct business and to appoint and remove Chairs, Vice-Chairs and members of committees and outside bodies;

c) The approval of the annual Budget;

d) The approval of the Financial Strategy;

e) The approval of the IIJB's Accounts;

f) The approval or amendment of the Standing Orders regulating meetings proceedings and business of the IIJB and Committees and contracts in so far as it relates to business services, the engagement of consultants, or external advisors for specialist advice, subject to necessary approvals through the Council and Health Board's Procurement Standing Orders, Schemes of Delegation and Procurement Regulations;

g) The approval or amendment of the Scheme of Delegation, detailing those functions delegated by the IIJB to its officers;

h) The decision to co-operate or combine with other Integration Joint Boards in the provision of services other than by way of collaborative agreement;

i) The approval or amendment of the Strategic Plan including the Financial Plan;

j) To deal with matters reserved to the IJB by Standing Orders, Financial Regulations and other schemes approved by the IIJB;

k) To issue Directions to the Council and Health Board under sections 26 and 27 of the 2014 Act, in line with the Integration Scheme and legislative framework sitting around the CEOs of the Partners;

l) The approval of the Clinical Care Governance Framework.

4. Chief Officer

4.1 As a matter of law, the Chief Officer is employed by either Inverclyde Council or NHS Greater Glasgow and Clyde and seconded to the IIJB as its only member of staff.

4.2 The Chief Officer is accountable to the IIJB. Operationally, the Chief Officer also manages the Inverclyde Health and Social Care Partnership and therefore also holds positions of authority and responsibility in both the Council and Health Board. In that role, as manager of the Inverclyde Health and Social Care Partnership, the Chief Officer is managed jointly by the Chief Executives of the Council and the Health Board.

4.3 The Chief Officer has the following delegated powers and responsibilities:-

a) The statutory position of Chief Officer in terms of section 10 of the Public Bodies (Joint Working) (Scotland) Act 2014;

b) Providing corporate and strategic advice and direction to the IIJB;

c) Liaising with the Chair and Vice-Chair in relation to meetings of the IIJB and its committees, and ensuring the timeous preparation, delivery and publication of agendas and reports for those meetings;

d) Implementing the Integration Scheme;

e) Developing, implementing and reviewing the Strategic Plan and other policies determined by the IIJB;

f) Implementing decisions, instructions and directions made by the IIJB;

g) Establishing and supporting the Strategic Planning Group;

h) Appointing a competent substitute to act in his or her absence or incapacity;

i) In consultation with the IIJB Chair, determining whether a matter is likely to be politically sensitive or controversial;

j) Where a matter arises of such urgency that it cannot await a decision of the IIJB, in prior consultation with the IIJB Chair, Vice-Chair and Standards Officer, taking urgent action on behalf of the IIJB. All action taken under this delegated power shall be reported to the next available meeting of the IIJB;

k) Collecting, monitoring and periodic reporting to the IIJB and the public of service performance and providing service information for the annual statutory performance report;

l) Collating service and financial performance information and providing the annual statutory performance report for IIJB approval;

m) Issuing directions to the Council and Health Board on the IIJB's instructions and monitoring and reporting on compliance by the Council and Health Board;

n) Maintaining the IIJB's risk register, monitoring risk and taking mitigating action, reporting on risk to the IIJB;

o) Representing the IIJB on the Inverclyde Alliance Board and ensuring the IIJB's participation in the community planning process;

p) Ensuring adequate provision of professional, technical and administrative support services by the Council and/or Health Board to the IIJB;

q) Ensuring the IIJB's compliance with statutory regimes such as best value, public sector equality duties, freedom of information, data protection, climate change, etc.;

r) Providing and operating a complaints handling procedure and liaising with and complying with the requirements of the SPSO;

s) Implementing a public and stakeholder engagement strategy and communications and public relations arrangements;

t) Business continuity planning;

u) Liaising with other IJBs in the NHS Greater Glasgow and Clyde area, and with the Council and the Health Board, in relation to both integrated and non-integrated functions;

v) Dealing with inspections by regulatory authorities;

w) Responding to consultations on non-controversial or technical issues, subject to those responses being reported to the IIJB for information.

4.4 The Chief Officer is a non-voting member of the IIJB, and a member of the Strategic Planning Group.

5. Chief Financial Officer

5.1 The Chief Financial Officer cannot be a member of staff of the IIJB and does not have to be an officer of the Council or the Health Board. It is for the IIJB to determine the appropriate appointment and contractual arrangements in consultation with the Council and the Health Board.

5.2 The local authority financial and accounting regime is applied as a matter of law to the IIJB. The Chief Financial Officer therefore carries the duties of what in Council terms is the "Section 95 Officer". That position includes ensuring compliance with relevant legislation and guidance, including Part VII of the Local Government (Scotland) Act 1973, Part I of the Local Government in Scotland Act 2003 and the Local Authority Accounts (Scotland) Regulations 2014.

5.3 The Chief Financial Officer has the following delegated powers and responsibilities:-

a) The statutory responsibility for the proper administration of the IIJB's financial affairs in terms of section 95 of the Local Government (Scotland) Act 1973, as applied by section 13 of the Public Bodies (Joint Working) (Scotland) Act 2014;

b) Establishing, maintaining, applying and reviewing Financial Regulations;

c) Accounting record-keeping, financial management and accounting control systems;

d) Ensuring that proper accounting practices are observed in the financial administration of the IIJB;

e) Providing strategic financial advice, planning, forecasting and direction;

f) Liaising and negotiating with the Council and the Health Board in relation to their annual budget contributions, efficiencies, budget pressures and in-year and end-of-year adjustments;

g) Financial performance and budgets - monitoring, periodic reporting and providing financial information for the statutory annual performance report;

h) Provision of the annual financial statement required to accompany the Strategic Plan;

i) Preparing the Annual Accounts and abstract and accompanying statements, signing them and securing their submission for external audit;

j) Publishing the unaudited Annual Accounts for public inspection, advertising their availability and responding to any objections made to them;

k) Reporting the audited Annual Accounts and external auditor's report to the IIJB for approval, arranging for their signature, submitting them to the external auditor and publishing them;

l) Securing compliance with relevant statutory financial regimes in relation to the financial administration of the IIJB;

m) Reporting to the IIJB and publishing any report or special report or the findings of the Accounts Commission following any hearing on a report or special report, in terms of Part VII of the Local Government (Scotland) Act 1973;

n) Liability insurance and other indemnity arrangements;

o) Liaison with and supporting the IIJB's Chief Internal Auditor and the Audit Committee in relation to the internal audit function;

p) Reviewing the IIJB's system of internal control;

q) Preparation of the annual governance statement to accompany the Annual Accounts;

r) Liaison and cooperation with the IIJB's external auditor and the Accounts Commission.

5.4 The Chief Financial Officer is a non-voting member of the IJB.

6. Chief Internal Auditor

6.1 The Chief Internal Auditor cannot be a member of staff of the IIJB and does not have to be an officer of the Council or the Health Board. It is for the IIJB to determine the appropriate appointment and contractual arrangements in consultation with the Council and the Health Board.

6.2 The local authority financial and accounting regime is applied as a matter of law to the IIJB. That requires the IIJB to establish and maintain a professional and independent internal auditing service in accordance with recognised standards and practices in relation to internal auditing. The post is also governed by Part VII of the Local Government (Scotland) Act 1973, Part I of the Local Government in Scotland Act 2003 and the Local Authority Accounts (Scotland) Regulations 2014.

6.3 The Chief Internal Auditor has the following delegated powers and responsibilities:-

a) Ensuring the provision of a professional and independent internal auditing service in accordance with recognised standards and practices in relation to internal auditing;

b) Obtaining approval of the IIJB Internal Audit Charter;

c) Preparing, submitting for approval, implementing and reporting on an annual Internal Audit Plan;

d) Supporting and advising the Audit Committee in fulfilling its remit;

e) Liaising with and supporting the Chair of the Audit Committee in relation to that role;

f) Conducting audits and investigations as required by the Internal Audit Plan or as directed by the Chief Officer or the Audit Committee;

g) Reporting to the Audit Committee on audits and investigations carried out and on other matters within its remit;

h) Liaising and cooperating with the Internal Auditors for the Council, the Health Board and other IJBs in the NHS Greater Glasgow and Clyde area;

i) Liaising and cooperating with the IIJB external auditors.

6.4 The Chief Internal Auditor is not a member of the IIJB.

7. Standards Officer

7.1 The Standards Officer cannot be a member of staff of the IIJB and does not have to be an officer of the Council or the Health Board. It is for the IIJB to determine the appropriate appointment and contractual arrangements in consultation with the Council and the Health Board.

7.2 The Standards Officer is a statutory position required under regime of ethical standard in public life in Scotland. It carries statutory duties as well as additional duties contained in guidance by the Standards Commission.

7.3 The Standards Officer has the following delegated powers and responsibilities:-

a) The statutory role defined in the Ethical Standards in Public Life etc. (Scotland) Act 2000 (Register of Interests) Regulations 2003;

b) Having regard to and applying the Standards Commission's Advice on the Role of a Standards Officer;

c) Ensuring IIJB members are eligible for membership;

d) Establishing, maintaining, reviewing and publishing a Register of Interests for IIJB members;

e) Adoption, approval, maintenance and review of a Code of Conduct for IIJB members;

f) Advising and assisting IIJB members in relation to the Register of Interests and the Code of Conduct;

g) Ensuring IIJB compliance with its other general duties under the Ethical Standards in Public Life etc. (Scotland) Act 2000 and related statutory regulations and guidance;

h) Liaising with the Commissioner for Ethical Standards in Public Life and the Standards Commission;

i) Establishing, reviewing and reporting on a local Corporate Governance framework;

j) Consulting with the Chief Officer in relation to the taking of urgent action on behalf of the IIJB in terms of Paragraph 4.3(j) of this Scheme;

k) Liaising with the Internal Auditor in relation to the internal audit function

7.4 The Standards Officer is not a member of the IIJB.

Inverclyde Integration Joint Board

Tuesday 10 September 2019 at 2pm

Present: Councillors J Clocherty, L Quinn, L Rebecchi and E Robertson, Dr D Lyons, Ms D McErlean, Dr H MacDonald, Dr D McCormick, Ms L Long, Ms S McAlees, Ms L Aird, Ms G Eardley, Ms D McCrone, Mr H McLeod, Mr W Clements, Ms C Boyd and Mr S McLachlan.

Chair: Councillor Clocherty presided.

In attendance: Head of Health & Community Care, Head of Mental Health, Addictions & Homelessness, Ms A Mailey (for Head of Strategy & Support Services), Mr A Brown, Service Manager (Assessment and Care), Ms J Allan, Service Manager (Older People's Services), Ms V Pollock (for Head of Legal & Property Services) and Ms S Lang (Legal & Property Services).

65 Apologies, Substitutions and Declarations of Interest **65**

Apologies for absence were intimated on behalf of Mr S Carr and Mr A Cowan.

No declarations of interest were intimated.

66 Non-Voting Membership of the Integration Joint Board **66**

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

Decided:

(1) that the resignation of Mr Ian Bruce as the third sector representative non-voting member of the Inverclyde Integration Joint Board be noted, and

(2) that it be agreed to appoint Mr Bill Clements as the third sector representative non-voting member of the Integration Joint Board.

67 Inverclyde Integration Joint Board (IJB) Audit Committee – Appointment of Non-Voting Members **67**

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

Decided: that agreement be given to the appointment of Ms Gemma Eardley and Mr Stevie McLachlan to serve as non-voting members of the IJB Audit Committee.

68 Minute of Meeting of Inverclyde Integration Joint Board of 24 June 2019 **68**

There was submitted the minute of the Inverclyde Integration Joint Board of 24 June 2019.

Decided: that the minute be agreed.

69 Rolling Action List **69**

There was submitted a rolling action list of items arising from previous decisions of the Integration Joint Board.

During the course of discussion on this item, reference was made to the action in respect of Sandyford Sexual Health Services. In this regard, Ms Long advised that the proposals for the future of the service were currently the subject of a consultation exercise and had not yet been submitted to the Glasgow Integration Joint Board. Any changes would be reported back.

It was noted also that the review of out-of-hours provision would be submitted to the November meeting of the Integration Joint Board.

Decided: that the rolling action list be noted.

70 Annual Report to the Integration Joint Board (IJB) and the Controller of Audit for the Financial Year Ended 31 March 2019 **70**

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership appending the Annual Report and Auditors' letter to the Inverclyde Integration Joint Board for the financial year ended 31 March 2019 which had been prepared by the IJB's External Auditors, Audit Scotland.

Decided:

(1) that the contents of the Annual Report to the Integration Joint Board and Controller of Audit for the financial year ended 31 March 2019 be endorsed;

(2) that the Chair, Chief Officer and Chief Financial Officer be authorised to accept and sign the final 2018/19 Accounts on behalf of the IJB; and

(3) that the Letter of Representation set out in Appendix 2 of the Annual Report be endorsed and that approval be given to the signing of this by the Chief Financial Officer.

71 Financial Monitoring Report 2018/19 - Period to 30 June 2019, Period 3 **71**

There was submitted an updated report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership on the Revenue and Capital budgets, other income streams and earmarked reserves position for the current year as at Period 3 to 30 June 2019.

Decided:

(1) that the current Period 3 forecast position for 2019/20 and the Period 3 detailed report contained in Appendices 1 to 3 be noted;

(2) that approval be given to the proposed budget realignments and virement set out 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 set out in Appendix 5;

(3) that approval be given to the planned use of the Transformation Fund set out in Appendix 6;

(4) that the planned use of the Integrated Care Fund and Delayed Discharge monies set out in Appendix 7 be noted;

(5) that the current Capital position set out in Appendix 8 be noted; and

(6) that the current earmarked reserves position set out in Appendix 9 be noted.

72 Ministerial Strategic Group (MSG) Integration Action Plan **72**

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on the development of an Improvement Action Plan for Inverclyde in relation to proposals made by the Ministerial Strategic Group (MSG) for Health and Community Care in its national review of progress of integration.

Decided: that approval be given to the Action Plan set out in the appendix to the report and that regular update reports on progress with its implementation be submitted to the Integration Joint Board.

73 Review of Inverclyde HSCP Alcohol and Drug Services – Progress Report **73**

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

Decided:

(1) that the progress of the recommendations arising from the review of the HSCP Alcohol and Drug Services be noted;

(2) that a further report be submitted in due course on the progress of the integrated service; and

(3) that it be noted that the review was part of Big Action 5 due to be delivered by 2020.

74 Annual Performance Report 2018-2019 **74**

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on the overall performance of Inverclyde Health & Social Care Partnership for the period 1 April 2018 to 31 March 2019.

During the course of discussion on this item, reference was made to the information provided in relation to breastfed babies and a question was asked as to whether the statistic that 1 in 7 babies were exclusively breastfed at 6-8 weeks referred to Inverclyde as a whole or only to SIMD areas. Ms Mailey confirmed that she would clarify the position. Councillor Quinn also requested that in future reports, information be provided on breastfeeding rates across Scotland as a whole.

Decided:

(1) that approval be given to the Health & Social Care Partnership's Annual Performance Report for 2018/19; and

(2) that Members acknowledge the improvements achieved during the third year of the Partnership and the further foundations which had been established and which continued to drive forward transformational change.

75 Criminal Justice Social Work Inspection **75**

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership advising of an inspection of Criminal Justice Social Work which had commenced on 1 May 2019 and had now concluded.

Decided:

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

(2) that a further report be submitted following publication of the inspection report.

76 Technology Enabled Care (TEC) **76**

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on the development of Technology Enabled Care (TEC) within Inverclyde and advising of the positive outcomes for people using the service.

Decided:

(1) that the achievements within Technology Enabled Care (TEC) be noted and that support be given to the HSCP's continued role in the national digital transformation which would link with the local Digital Strategy as outlined in the HSCP Strategic Plan 2019-2024;

(2) that the future financial pressures and potential costs as a result of the changeover from analogue to digital by telecommunication providers be noted, it being anticipated that these costs could be in the region of £500,000 with ongoing connectivity costs after the first two years of potentially £80,000 annually; and

(3) that a further report be submitted when feedback from national workstreams had been concluded.

77 Access 1st **77**

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership advising of the implementation of the HSCP Access 1st Service and providing an update on its initial six months performance since January 2019 together with an overview of the development plan up to April 2020.

Decided:

(1) that the activity and performance of Access 1st in its initial six months be noted and that agreement be given to the workplan outlined in paragraph 7.2 of the report; and

(2) that a six monthly report on Access 1st be submitted to the Integration Joint Board.

78 Inverclyde Integration Joint Board Audit Committee – 19 March 2019 **78**

There was submitted minute of the Inverclyde Integration Joint Board (IJB) Audit Committee of 19 March 2019.

In relation to the IJB Audit Committee earlier that day, Councillor Robertson, who chaired the meeting, advised the Board as follows:

(1) In relation to the Internal Audit Progress report, the only outstanding actions related to Directions and that Scottish Government guidance was required before timeframes could be amended;

(2) The Internal Audit planned activity for the year had been agreed;

(3) Audit Scotland had presented an unqualified set of accounts and the only issue noted in the Annual Report was in respect of Set Aside costs;

(4) A position had been agreed in respect of Reserves with Prescribing and part of the Older People Residential budget now being General Reserves.

Decided:

(1) that the minute of the meeting of the IJB Audit Committee of 19 March 2019 be noted; and

(2) that the update in respect of the issues arising from the meeting of the IJB Audit Committee of 10 September 2019 be noted.

79 NHS Greater Glasgow and Clyde Musculoskeletal (MSK) Physiotherapy Services **79**

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on the performance of the Musculoskeletal (MSK) Physiotherapy Service hosted on Inverclyde HSCP's behalf by West Dunbartonshire HSCP.

During the course of discussion on this item, clarification was sought as to patients requiring to be seen within 48 hours and the meaning of periods of unavailability and Ms Mailey undertook to respond to these points.

Decided: that the Musculoskeletal (MSK) Physiotherapy Service Annual Report 2018/19 for Inverclyde Health & Social Care Partnership, including the proposed actions to reduce waiting times, be noted.

80 Staff Governance Plan **80**

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership appending the Staff Governance Plan developed by Officers and staff side representatives through the Staff Partnership Forum (SPF).

Decided: that the Staff Governance Plan be noted.

81 Scottish Government Report on Out-of-Area Placements and Delayed Discharge for People with Learning Disabilities and Complex Needs **81**

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership advising of Inverclyde HSCP's position in relation to the 2018 Scottish Government Report 'Coming Home – Out-of-Area Placements and Delayed Discharge for People with Learning Disabilities and Complex Needs'.

Decided:

(1) that it be noted that Inverclyde HSCP was continuing to reduce the historical placement of people with a learning disability outwith Inverclyde and the wider NHS Greater Glasgow and Clyde boundary, with the number standing at 12 in July 2019;

(2) that it be noted that Inverclyde HSCP had no patients in long stay/assessment learning disability beds; and

(3) that it be noted that Inverclyde HSCP had no out-of-Scotland placements which was in line with Scottish Government recommendations.

82 Chief Officer's Report **82**

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

Ms Long advised the Board that the reference at paragraph 5.5 to Grade H posts should be to Grade I posts throughout.

Decided: that the report 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)
Progress of Learning Disability (LD) Redesign	**6**
Governance of HSCP Commissioned External Organisations	**6 & 9**

83 Progress of Learning Disability (LD) Redesign **83**

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership advising of the progress of the Learning Disability (LD) Redesign and seeking approval for the project to move to the site investigation phase in order to progress with a new build LD Community Hub.

The Board agreed (1) to note the preferred option following site appraisal and that the Business Case as outlined in Big Action 4 of the Strategic Plan would be submitted to the Board in January 2020, (2) to approve the creation of an earmarked reserve for site investigation works and (3) to note the future plans to request Capital expenditure from the Council following site investigation works, all as detailed in the Appendix.

84 Governance of HSCP Commissioned External Organisations **84**

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

Decided:

(1) that the governance report for the period 30 March to 19 July 2019 be noted; and

(2) that Members acknowledge that Officers regard the control mechanisms in place through the Governance meetings as sufficiently robust to ensure ongoing quality and safety and of fostering of a commissioning culture of continuous improvement.

INVERCLYDE INTEGRATION JOINT BOARD

ROLLING ACTION LIST

Meeting Date and Minute Reference	Action	Responsible Officer	Timescale	Progress/Update/Outcome	Status
15 May 2018 (Para 36(5))	Enhancing Children's Wellbeing – Support for Inverclyde GIRFEC Pathway – Update Report	Sharon McAlees	January 2019	Report delayed to November/December IJB	January 2020 IJB
11 September 2018 (Para 55(3))	Sandyford Sexual Health Services – Update on Direction of Travel	Helen Watson	March 2019	Once agreed by Glasgow IJB	January 2020 IJB
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	Complete
19 March 2019 (Para 19(3))	Strategic Plan Reporting Framework (Autumn 2019)	Helen Watson	September 2019	SPG agreed reporting framework to Development Session in October.	November IJB
19 March 2019 (Para 27(3))	Learning Disability Out-of-Area Placements report on placements (within 12 months of March 2019)	Allen Stevenson	September	Report to September IJG.	Complete
14 May 2019 (Para 35(2))	Review of Alcohol & Drug Service – Phase 2 Recommendations and Associated Implementation Plan (after agreement by Programme Board and Staff Partnership)	Deborah Gillespie	September	Report to September IJB	Complete

AGENDA ITEM NO: 6

Meeting Date and Minute Reference	Action	Responsible Officer	Timescale	Progress/Update/Outcome	Status
14 May 2019 (Para 36(2))	Progress of test of change within 'New Pathways for Service Users' Project	Deborah Gillespie	January 2020	CORRA Project being recruited	January 2020 IJB
14 May 2019 (Para 37(3))	Update on Implementation of Primary Care Improvement Plan – November 2019	Allen Stevenson	November	On November IJB	November IJB
14 May 2019 (Para 42(2))	MSK Hosted Physiotherapy Services – Waiting Times: Attendance by Representative	Helen Watson	September	Report to September IJB	Complete
14 May 2019 (Para 44(2))	Review of Out-of-Hours Provision (after summer 2019)	Helen Watson	November	On November IJB	November IJB
24 June 2019 (Para 55(3))	Appointment of Non-Voting Members to IJB Audit Committee (September 2019)	Vicky Pollock	September 2019	Report to September IJB	Complete
24 June 2019 (Para 63(4))	Locality Planning Groups – Communications and Engagement Strategy (September 2019)	Helen Watson	January 2020	Paper on communication strategy to SPG then to IJB	January 2020 IJB
24 June 2019 (Para 63(5))	Locality Planning Groups – Progress Report (Early 2020)	Helen Watson	January 2020	Update report	January 2020 IJB
10 September 2019 (Para 73(2))	Alcohol and Drug Services – Progress of Integrated Service	Deborah Gillespie	March 2020	Development Session	March 2020 IJB

10 September 2019 (Para 75(2))	Criminal Justice Social Work Inspection – Further report following publication of Inspection Report	Sharon McAlees	January IJB	Awaiting publication of report	January IJB
10 September 2019 (Para 76(3))	Technology Enabled Care (TEC) – Further report on conclusion of feedback from National Workstreams	Allen Stevenson	March 2020 IJB	On conclusion of national review	March IJB

AGENDA ITEM NO: 7

Report To:	**Inverclyde Integration Joint Board**	**Date:**	**4 November 2019**
Report By:	**Louise Long** **Corporate Director (Chief Officer)** **Inverclyde Health & Social Care Partnership**	**Report No:**	**IJB/67/2019/LA**
Contact Officer:	**Lesley Aird** **Chief Financial Officer**	**Contact No:**	**01475 715381**
Subject:	**FINANCIAL MONITORING REPORT 2018/19 – PERIOD TO 31 AUGUST 2019, PERIOD 5**		

1.0 PURPOSE

1.1 The purpose of this report is to advise the Inverclyde Integration Joint Board (IJB) of the Revenue and Capital Budgets, other Income Streams and Earmarked Reserves position for the current year with a detailed report as at Period 5 to 31 August 2019.

1.2 The report also seeks approval for the financial framework being developed to support the implementation of the Five Year Adult Mental Health Strategy across Greater Glasgow and Clyde.

2.0 SUMMARY

2.1 The detailed report outlines the financial position at Period 5 to the end of August 2019. The current year end operating projection for the Partnership is a projected overspend of £0.015m, after a transfer of £0.398m to Earmarked Reserves (EMR) agreed through the previous report. The IJB is expected to utilise a net £2.017m of its Earmarked Reserves in year on previously agreed projects and spend, including the impact of any transfers to/from reserves as a result of anticipated over and underspends.

2.2 At Period 5 there is a projected overspend of £0.015m on Social Care Services after the transfer to EMR. The main elements of the overspend are detailed within this report and attached appendices.

2.3 Health services are currently projected to outturn in line with the revised budget.

2.4 The Chief Officer and Heads of Service will continue to work to mitigate any projected budget pressures and keep the overall IJB budget in balance for the remainder of the year. It is proposed that as in previous years, any over or underspend is taken from or added to IJB reserves.

2.5 The report outlines the current projected spend for the Transformation Fund, Integrated Care Fund and Delayed Discharges money.

2.6 The assets used by the IJB and related capital budgets are held by the Council and Health Board. Planned capital spend in relation to Partnership activity is budgeted as £1.093m for 2019/20 with an actual spend to date of £0.247m.

2.7 The IJB holds a number of Earmarked and General Reserves; these are managed in line with the IJB Reserves Policy. The total Earmarked Reserves available at the start of this

financial year were £6.271m, with £1.010m in Un-Earmarked Reserves, giving a total Reserve of £7.281. The projected year-end position is a carry forward of £5.264m.

2.8 A financial framework has been developed to support the implementation of the Five Year Adult Mental Health Strategy which all 6 GG&C IJBs are asked to consider and approve.

2.9 A series of savings proposals have been developed to bridge the anticipated funding gap for 2020/21. Some of these proposals will be part of a public consultation.

3.0 RECOMMENDATIONS

3.1 It is recommended that the Integration Joint Board:

1. Notes the current Period 5 forecast position for 2019/20 and Period 5 detailed report contained in Appendices 1-3;
2. Approves the proposed budget realignments and virement (Appendix 4) and authorises officers to issue revised Directions to the Council and/or Health Board as required on the basis of the revised figures enclosed (Appendix 5);
3. Approves the planned use of the Transformation Fund (Appendix 6);
4. Notes the planned use of the Integrated Care Fund and Delayed Discharge monies (Appendix 7);
5. Notes the current Capital position (Appendix 8);
6. Notes the current Earmarked and Un-Earmarked Reserves position (Appendix 9);
7. Approves the proposed change of use of the Dementia Friendly Inverclyde Earmarked Reserve;
8. Approves the proposed Mental Health Strategy financial framework which will support the implementation of the Five Year Adult Mental Health Strategy;
9. Notes the 2020/21 savings proposals and public consultation process.

Louise Long
Corporate Director (Chief Officer)

Lesley Aird
Chief Financial Officer

4.0 BACKGROUND

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

4.2 The IJB Budget for 2019/20 was set on 24 June 2019. The table below summarises the agreed budget and funding together with the projected operating outturn at end August:

	Revised Budget 2019/20 £000	Projected Outturn £000	Projected Over/(Under) Spend £000
Social Work Services	66,755	66,771	15
Health Services	72,895	72,895	0
Set Aside	16,857	16,857	0
HSCP NET EXPENDITURE	**156,507**	**156,523**	**15**
FUNDED BY			
Transfer from / (to) Reserves	(398)	(383)	15
NHS Contribution to the IJB	106,376	106,376	0
Council Contribution to the IJB	50,529	50,529	0
HSCP OPERATING SURPLUS/(DEFICIT)	**156,507**	**156,523**	**15**
Planned Use of Reserves	(2,017)	(2,017)	
Annual Accounts CIES Position	**(2,017)**	**(2,017)**	**0**

4.3 Updated Finance Position and Forecasting to Yearend

Timelines for Committee paper submission mean that, by necessity, finance reports are often a couple of months old by the time they come to the IJB. This creates potential governance issues:

- If the Board is not seeing up-to-date financial forecasts and projections decision making and financial governance is weakened; this is particularly important in the second half of each financial year
- For the IJB, month end and committee timelines mean that the October report comes to the IJB in late January and the December report in mid-March

These are being addressed as follows:

- An updated finance summary detailing any significant changes to financial forecasts from the report date to the current period will be provided as part of the monitoring report presentation from the October report onwards

This ensures that the Board still receives the full detailed finance pack but is also updated on any substantive changes to the forecast position in between the pack date and the meeting date.

5.0 SOCIAL WORK SERVICES

5.1 The projected outturn for social work services at 31 August is a £0.015m overspend.

5.2 The Social Work budget includes agreed savings of £1.429m. It is anticipated that this will be delivered in full during the year.

Appendix 2 contains details of the Social Work outturn projection. The main variances are detailed below with further detail provided in Appendix 2A. As at Period 5, there is a projected overspend of £0.015m, after the approved transfer of funds to the Learning Disability Hub earmarked reserve. The main elements of the overspend are:

- Increased projected overspends of £0.151m and £0.065m within Learning Disabilities and Physical Disabilities respectively against client commitments following a review of the respite projection within Learning Disabilities and additional external packages within Physical Disabilities.
- A £0.062m projected under-recovery of income from other local authorities within Learning Disabilities. This is consistent with current levels of income and last year's outturn.
- A projected overspend of £0.182m on agency workers within Mental Health due to an increased pressure on meeting service demands resulting from staff vacancies and difficulty in recruiting.
- As reported at period 3, a projected overspend of £0.312m due to one client's package cost shared between Criminal Justice and Learning Disabilities.

In the main offset in by:

- Additional turnover savings being projected across services £0.563m.
- A £0.048m projected underspend resulting from the partial implementation of Ethical Care in 2019/20.
- Over-recovery of income for residential fees of £0.113m.

6.0 HEALTH SERVICES

6.1 The projected outturn for health services at 31 August is in line with the revised budget.

6.2 The total budget pressure for Health was £0.657m which has been covered by efficiencies made in previous years and additional in year uplift and continuing care monies.

6.3 Mental Health Inpatients

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

6.4 At Period 5, the year to date overspend on Mental Health is £0.120m.

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

6.6 Prescribing

This is currently projected as in line with budget. This has been based on latest advice from the prescribing teams. Any overall over or underspend on prescribing will be taken from or transferred to a Prescribing Smoothing Reserve, in place to cover one-off in-year pressures linked to short supply etc. The prescribing position will be closely monitored throughout the year.

6.7 To mitigate the risk associated with prescribing cost volatility, the IJB agreed as part of its 2018/19 and 2019/20 budgets to invest additional monies into prescribing. However, due to the uncertain, externally influenced nature of prescribing costs, this remains an area of potential financial risk going forward.

6.8 GP Prescribing is experiencing in-year pressure due to increased premiums paid for drugs that are on short supply. There is every likelihood that the short supply issues will continue

for the remainder of the financial year, therefore we have estimated using our full prescribing budget assuming that the current short supply issues are not resolved and no further drugs go on short supply. It must be emphasised that GP Prescribing is an extremely volatile area and a drug going on short supply can have significant financial consequences.

6.9 There is an expectation that some money will be recoverable from Community Pharmacists (CP) as the nationally set tariffs currently being paid for drugs are estimated to generate profit margins to CPs in excess of the minimum amount agreed.

6.10 Set Aside

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

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

7.0 VIREMENT AND OTHER BUDGET MOVEMENTS

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

8.0 TRANSFORMATION FUND, INTEGRATED CARE FUND & DELAYED DISCHARGE

8.1 Transformation Fund

The Transformation Fund was set up at the end of 2017/18. The Fund was increased at the end of 2018/19 from in-year underspends. At the beginning of this financial year the Fund had grown to £2.505m. Spend against the plan is done on a bids basis through the Transformation Board. Appendix 6 details the current agreed commitments against the fund. At Period 5, there is £1.676m committed and £0.829m still available from the fund. Proposals with a total value in excess of £0.100m will require the prior approval of the IJB.

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

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

9.0 CURRENT CAPITAL POSITION - nil Variance

9.1 The Social Work capital budget is £1.861m over the life of the projects with £1.093m budgeted to be spent in 2019/20, comprising:

- £0.995m for the replacement of Crosshill Children's Home,
- £0.055m for the upgrade of the Equipment Store in the Inverclyde Centre for Independent Living,
- £0.043m for projects complete on site.

9.2 Crosshill Children's Home:

The former Neil Street Children's Home is in use as temporary decant accommodation for the Crosshill residents.

- The demolition of the existing Crosshill building was completed in Autumn 2018. Main contract work commenced on site in October 2018.

- Foundation and drainage works were completed 1st Quarter 2019. As previously reported, site issues had delayed the progress of the foundations and this affected the delivery time of the timber kit. The external timber kit and roof trusses have now been installed.

- The first fix of mechanical and electrical works in progress. Internal partitions being sheeted. Pipework for sprinkler system installed.

- The Contractor has intimated further delays which are subject to dispute.

- The original Contract Period was 39 calendar weeks with completion in July 2019 however as previously reported the delays above have impacted the completion date. The Contractor is currently intimating completion January 2020.

9.3 Inverclyde Centre for Independent Living

The works to the above are being progressed in conjunction with essential roofing works. The HSCP funded element addresses alterations to the decontamination area to comply with current hygiene regulations. The replacement of the existing roof covering which contains asbestos is being funded from the Core Property General Allocation. The store will be decanted for the duration of the works.

- The store has been decanted.
- Initial asbestos removal has been completed.
- The contractor for the main works has been appointed and a pre-start meeting held to discuss the restrictions of the site and the operational requirements of the existing service.
- Works should commence mid-October subject to approval of the works method statements, with a completion in December.

10.0 EARMARKED RESERVES

10.1 The IJB holds a number of Earmarked and Un-Earmarked Reserves; these are managed in line with the IJB Reserves Policy. As part of the 2018/19 year-end, following feedback from the June IJB, a portion of the IJB's Budget Smoothing Reserves have been reclassified as Un-Earmarked rather than Earmarked. Following this, the total Earmarked Reserves available at the start of this financial year were £6.271m, with £1.010m in Un-Earmarked Reserves, giving a total Reserve of £7.281. To date at Period 5, £1.774m of new Reserves are expected in-year, £1.230m has been spent, projected carry forward at the year end is £5.264m. Appendix 9 shows all Reserves under the following categories:

Earmarked Reserves

- Scottish Government Funding - funding ring-fenced for specific initiatives
- Existing Projects/Commitments - many of these are for projects that span more than 1 financial year

- Transformation Projects – non-recurring funding to deliver transformational changes
- Budget Smoothing - monies held as a contingency against one-off pressures in the IJB's more volatile budgets eg Children & Families Residential

Un-Earmarked Reserves

- General

10.2 Dementia Friendly Inverclyde EMR £0.100m. Originally this was intended to be invested in helping make buildings more Dementia Friendly however with the launch of the new Dementia Strategy the IJB is asked to agree to a change of use to allow the money to be invested in line with the new strategy and not solely on buildings work.

11.0 STATUTORY ACCOUNTS COMPREHENSIVE INCOME & EXPENDITURE STATEMENT (CIES)

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

11.2 The creation and use of Reserves during the year, while not impacting on the operating position, will impact the year-end CIES outturn. For 2019/20, it is anticipated that as a portion of the brought forward £7.281m and any new Reserves are used the CIES will reflect a deficit. At Period 5, that CIES deficit is projected to be the same as the projected movement in Reserves detailed in Paragraph 10.1 above and Appendix 9.

12.0 FINANCIAL FRAMEWORK FOR THE FIVE YEAR MENTAL HEALTH SERVICES STRATEGY

12.1 Local investment in Mental Health Action 15 and the employment of additional mental health workers are closely aligned to NHSGGC's Five Year Adult Mental Health Services Strategy which was presented and approved by the six HSCP Boards last year. This strategy is being taken forward by the Greater Glasgow and Clyde Mental Health Programme Board with the objective of delivering a whole systems approach to Adult Mental Health Services including:

- Adult Mental Inpatient Beds;
- Specialist Adult Mental Health Services;
- Perinatal Services;
- Trauma Services; and
- Unscheduled Care Services

12.2 The Strategy recognises that these services should continue to be delivered on a system wide basis to ensure access is equitable for all individuals who require them. In addition, the strategy aims to standardise local services to ensure the same levels and types of interventions are delivered across the Board area.

12.3 Work is being progressed on an implementation programme which will be available later this year. This programme requires to be supported by a detailed financial framework (similar to the continuing care financial framework) to redistribute current mental health budgets to support this whole system approach.

12.4 The Strategy's financial premise is that resources will shift with service change, in particular shifting the balance of care by reducing reliance on high cost inpatient services and investing in community based infrastructure. This has been supported by the principles of the financial framework as follows:

- Support system-wide and local planning and decision-making;
- Offer a framework that is fair and equitable for all partners;
- Enable investments to be made which support delivery of the strategy, irrespective of where the budget is held;
- Support service redesign on a systems-wide basis; and
- Support collaborative working across the partners and deliver the optimum use of the resources across Greater Glasgow and Clyde, including workforce planning.

12.5 The proposed financial framework will identify those budgets linked to disinvestment across the whole system and re-allocated across the six partnerships based on their share of NRAC (National Resource Allocation Committee) in the year the reallocation takes place. This is consistent with the approach of other system-wide financial frameworks.

12.6 Individual HSCP's will then be able to use this funding to undertake local and board-wide investment in line with the Five Year Strategy. Board-wide investment will be funded jointly again on an NRAC basis.

13.0 2020/21 SAVINGS PROPOSALS

13.1 At its development session in October the IJB reviewed a number of savings proposals for 2020/21. A number of savings proposals relating to the 2020/21 budget will be subject to a public consultation exercise. The full budget and final proposals relating to savings will come to the IJB for approval by March 2020 once the consultation process is concluded and funding offers have been confirmed by both partners.

13.0 DIRECTIONS

13.1

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

14.0 IMPLICATIONS

14.1 **FINANCE**

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

One off Costs

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

Annually Recurring Costs / (Savings)

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

LEGAL

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

HUMAN RESOURCES

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

EQUALITIES

14.4 There are no equality issues within this report.

Has an Equality Impact Assessment been carried out?

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

14.5 How does this report address our Equality Outcomes?

There are no Equalities Outcomes implications within this report.

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

14.6 **CLINICAL OR CARE GOVERNANCE IMPLICATIONS**

There are no governance issues within this report.

14.7 **NATIONAL WELLBEING OUTCOMES**

How does this report support delivery of the National Wellbeing Outcomes

There are no National Wellbeing Outcomes implications within this report.

National Wellbeing Outcome	**Implications**

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

15.0 CONSULTATION

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

16.0 BACKGROUND PAPERS

16.1 None.

APPENDIX 1

INVERCLYDE HSCP

REVENUE BUDGET 2019/20 PROJECTED POSITION

PERIOD 5: 1 April 2019 - 31 August 2019

SUBJECTIVE ANALYSIS	Budget 2019/20 £000	Revised Budget 2019/20 £000	Projected Out-turn 2019/20 £000	Projected Over/(Under) Spend £000	Percentage Variance
Employee Costs	49,264	51,775	51,212	(563)	-1.1%
Property Costs	1,121	1,076	1,066	(10)	-0.9%
Supplies & Services	49,521	49,603	50,538	935	1.9%
Family Health Services	24,617	25,244	25,244	0	0.0%
Prescribing	18,054	18,262	18,262	0	0.0%
Resource Transfer *	0	(398)	(398)	0	0.0%
Income	(5,426)	(5,911)	(6,258)	(347)	5.9%
HSCP NET DIRECT EXPENDITURE	**137,151**	**139,650**	**139,666**	**15**	**5.8%**
Set Aside	16,857	16,857	16,857	0	0.0%
HSCP NET TOTAL EXPENDITURE	**154,008**	**156,507**	**156,523**	**15**	**0.0%**

OBJECTIVE ANALYSIS	Budget 2019/20 £000	Revised Budget 2019/20 £000	Projected Out-turn 2019/20 £000	Projected Over/(Under) Spend £000	Percentage Variance
Strategy & Support Services	2,138	2,114	2,104	(10)	-0.5%
Older Persons	28,267	28,591	28,384	(207)	-0.7%
Learning Disabilities	11,510	11,703	11,717	13	0.1%
Mental Health - Communities	6,541	6,805	6,936	131	1.9%
Mental Health - Inpatient Services	8,400	9,162	9,162	0	0.0%
Children & Families	12,774	13,768	13,894	125	0.9%
Physical & Sensory	2,828	2,872	2,919	47	1.6%
Addiction / Substance Misuse	3,324	3,489	3,275	(214)	-6.1%
Assessment & Care Management / Health & Community Care	7,583	8,872	8,882	10	0.1%
Support / Management / Admin	5,769	6,678	6,557	(121)	-1.8%
Criminal Justice / Prison Service **	0	20	252	232	0.0%
Homelessness	743	1,026	1,035	9	0.9%
Family Health Services	24,618	25,244	25,244	0	0.0%
Prescribing	18,262	18,262	18,262	0	0.0%
Change Fund	1,228	1,044	1,044	0	0.0%
Unallocated Funds	3,167	0	0	0	0.0%
HSCP NET DIRECT EXPENDITURE	**137,151**	**139,650**	**139,666**	**15**	**0.0%**
Set Aside	16,857	16,857	16,857	0	0.0%
HSCP NET TOTAL EXPENDITURE	**154,008**	**156,507**	**156,523**	**15**	**0.0%**
FUNDED BY					
NHS Contribution to the IJB	86,534	89,519	89,519	0	0.0%
NHS Contribution for Set Aside	16,857	16,857	16,857	0	0.0%
Council Contribution to the IJB	50,617	50,529	50,529	0	0.0%
Transfer from / (to) Reserves	0	(398)	(383)	15	0.0%
HSCP NET INCOME	**154,008**	**156,507**	**156,522**	**15**	**0.0%**
HSCP OPERATING SURPLUS/(DEFICIT)	**0**	**0**	**0**	**0**	**0.0%**
Anticipated movement in reserves ***	(1,747)	(2,017)	(2,017)		
HSCP ANNUAL ACCOUNTS REPORTING SURPLUS/(DEFICIT)	**(1,747)**	**(2,017)**	**(2,017)**		

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

*** See Reserves Analysis for full breakdown

APPENDIX 2

SOCIAL CARE

REVENUE BUDGET PROJECTED POSITION 2018/19

PERIOD 5: 1 April 2019 - 31 August 2019

2018/19 Actual £000	SUBJECTIVE ANALYSIS	Budget 2019/20 £000	Revised Budget 2019/20 £000	Projected Out-turn 2019/20 £000	Projected Over/(Under) Spend £000	Percentage Variance
	SOCIAL CARE					
26,882	Employee Costs	28,443	27,946	27,383	(563)	-2.0%
1,028	Property costs	1,115	1,071	1,061	(10)	-0.9%
1,185	Supplies and Services	912	960	956	(4)	-0.4%
411	Transport and Plant	381	377	394	17	4.4%
799	Administration Costs	783	744	731	(13)	-1.7%
39,552	Payments to Other Bodies	41,117	40,634	41,569	935	2.3%
(16,765)	Resource Transfer	(16,751)	(16,624)	(16,624)	0	0.0%
(5,980)	Income	(5,382)	(4,578)	(4,925)	(347)	7.6%
	Transfer to Earmarked Reserves	0	(398)	(398)	0	0.0%
47,112	**SOCIAL CARE NET EXPENDITURE**	**50,617**	**50,131**	**50,147**	**15**	**0.0%**

2018/19 Actual £000	OBJECTIVE ANALYSIS	Budget 2019/20 £000	Revised Budget 2019/20 £000	Projected Out-turn 2019/20 £000	Projected Over/(Under) Spend £000	Percentage Variance
	SOCIAL CARE					
1,802	Strategy & Support Services	1,700	1,677	1,667	(10)	-0.6%
27,154	Older Persons	28,267	28,591	28,384	(207)	-0.7%
11,054	Learning Disabilities	11,049	11,196	11,210	13	0.1%
3,740	Mental Health	3,539	3,644	3,775	131	3.6%
10,079	Children & Families	9,837	10,524	10,650	125	1.2%
2,921	Physical & Sensory	2,828	2,872	2,919	47	1.6%
1,759	Addiction / Substance Misuse	1,772	1,751	1,537	(214)	-12.2%
2,507	Business Support	3,087	3,083	2,962	(121)	-3.9%
2,101	Assessment & Care Management	2,123	2,371	2,381	10	0.4%
(32)	Criminal Justice / Scottish Prison Service	0	20	252	232	0.0%
(16,764)	Resource Transfer	(16,751)	(16,624)	(16,624)	0	0.0%
0	Unallocated Funds	2,424	0	0	0	0.0%
791	Homelessness	743	1,026	1,035	9	0.9%
47,112	**SOCIAL CARE NET EXPENDITURE**	**50,617**	**50,131**	**50,147**	**15**	**0.0%**

2018/19 Actual £000	COUNCIL CONTRIBUTION TO THE IJB	Budget 2019/20 £000	Revised Budget 2019/20 £000	Projected Out-turn 2019/20 £000	Projected Over/(Under) Spend £000	Percentage Variance
49,653	**Council Contribution to the IJB**	**50,617**	**50,529**	**50,529**	**0**	**0.0%**
(2,541)	**Transfer from / (to) Reserves**	**0**	**(398)**	**(383)**	**15**	

APPENDIX 2A

SOCIAL CARE
PERIOD 5: 1 April 2019 - 31 August 2019

Extract from report to the Health & Social Care Committee

Children & Families: Projected £125,000 (1.19%) overspend
The projected overspend primarily relates to employee costs and in the main relates to residential accommodation where there is a requirement for minimum staffing levels. This is a continuing pressure area.

The projected overspend is £44,000 more than reported at period 3 and is largely due to a £20,000 projected overspend on transport costs due to an increase in taxi usage within Residential services children's units based on current spend levels continuing to the end of the financial year.

Any over/ underspends on adoption, fostering, kinship and children's external residential accommodation and continuing care are transferred to the respective earmarked reserve at the end of the year. The balance on the two reserves as at 1 April 2019 is £1,407,000. At period 5 there is a projected net overspend of £183,000 on children's external residential accommodation, adoption, fostering and kinship and continuing care. These costs are not included in the reported projected spend.

Criminal Justice: Projected £232,000 (12.75%) overspend
The position is unchanged from that reported at period 3.

Older People: Projected £207,000 (0.81%) underspend
The projected underspend is £208,000 more than last reported to Committee and comprises:
- A projected £25,000 underspend on employee costs. This is a reduction in expenditure of £102,000 from the position reported at period 3 and is as a result of slippage in anticipated start dates within homecare, partially offset by increased spend on additional hours and sessionals.
- A projected underspend of £22,000 is now being reported for external transport within day care services based on the continuation of current spend levels.
- A projected overspend of £29,000 on external homecare. This is an increase of £49,000 from the position reported at period 3 and is due to increased number of external homecare clients.
- An increased underspend of £48,000 relating to the partial implementation of Ethical Care is now projected, up from £35,000 reported at period 3.
- An increased over-recovery of income of £149,000 is now projected, up £102,000 from the position reported at period 3. In the main this is due to additional income projected for residential fees, based on assessed income received to date.
- As reported at period 3, there are projected underspends on external day care of £35,000 and £22,000 against the housing wardens contract.

Any over / underspends on residential & nursing accommodation are transferred to the earmarked reserve at the end of the year. The balance on the residential & nursing accommodation reserve is £226,000 as at 1 April 2019, with £700,000 also available in the IJB free reserves, At period 5 there is a projected overspend of £247,000, which would be funded from the earmarked reserves at the end of the year it if continues. These costs are not included in the reported projected spend.

Learning Disabilities: Projected £13,000 (0.17%) overspend
The projected spend is £94,000 higher than the position reported at period 3 and comprises:
- A projected overspend of £151,000 on client commitments within Payments to other Bodies. This is an increase of £133,000 on the position reported at period 3 and is due to a correction to the respite projection of £96,000 together with the impact of various package reviews.
- Projected under-recovery of income of £72,000 is now being reported, primarily against income from other local authorities. This is consistent with current levels of income and last year's out-turn.
- A projected underspend of £187,000 on employee costs, an increase of £38,000 on the position reported at period 3 and is due to over-achievement of the turnover target as a result of slippage in filling vacant posts.
- A projected underspend of £26,000 is now being reported for external transport based on the continuation of current spend levels and is in line with last year's outturn.

Physical & Sensory: Projected £47,000 (1.94%) overspend
The projected overspend is £18,000 more than reported at period 3 and mainly comprises an increase of £25,000 in the projected overspend on client commitments, together with other minor movements.

Assessment & Care Management: Projected £10,000 (0.45%) overspend
The projected overspend has increased slightly by £4,000 and comprises:
- The projected spend on employee costs has reduced by £58,000 from the position reported at period 3 to an underspend of £54,000, which in the main is due to additional turnover savings being achieved.
- A projected overspend of £43,000 is now being reported for external transport based on the continuation of current spend levels and is in line with last year's outturn.

Mental Health: Projected £131,000 (9.22%) overspend
The projected spend has increased by £141,000 from the position reported at period 3 and comprises:
- The projected underspend on employee costs has reduced by £17,000 to £50,000 from the position reported at period 3. This is due to vacant posts being filled earlier than anticipated.

- A £22,000 projected underspend within legal costs is now being reported. This is consistent with current levels of income and last year's out-turn.
- A £182,000 overspend on agency workers, an increase of £97,000 from the position reported at period 3 due to the need for additional agency staff for meeting increased pressure on service demands resulting from staff vacancies and difficulty in recruiting.
- The projected spend on externally provided commissioned services has increased by £46,000 to an overspend of £5,000 and is due to a combination of increase in client numbers and changes to packages.

Addictions: Projected £214,000 (22.08%) underspend
The projected underspend has increased by £69,000 from the position reported at period 3 and comprises:
- The projected underspend on employee costs has increased by £51,000 to £185,000 and is mainly due to additional turnover being achieved.
- The projected underspend on client commitments has increased by £19,000 to £29,000 from the position reported at period 3 and is due to a reduction in client numbers.

Business Support: Projected £121,000 (3.53%) underspend
The projected underspend has decreased by £3,000 since period 3 report to Committee and comprises:
- The projected underspend on employee costs has increased to £70,000.
- As reported at period 3 a projected underspend of £68,000 against unfunded criminal justice pay inflation which at this stage is not required.

APPENDIX 3

HEALTH

REVENUE BUDGET PROJECTED POSITION 2018/19

PERIOD 5: 1 April 2019 - 31 August 2019

2018/19 Actual £000	SUBJECTIVE ANALYSIS	Budget 2019/20 £000	Revised Budget 2019/20 £000	Projected Out-turn 2019/20 £000	Projected Over/(Under) Spend £000	Percentage Variance
	HEALTH					
22,075	Employee Costs	20,821	23,829	23,829	0	0.0%
20	Property	5	5	5	0	0.0%
5,815	Supplies & Services	5,586	6,888	6,888	0	0.0%
25,547	Family Health Services (net)	24,617	25,244	25,244	0	0.0%
18,394	Prescribing (net)	18,054	18,262	18,262	0	0.0%
16,764	Resource Transfer	16,751	16,624	16,624	0	0.0%
	Unallocated Funds/(Savings)	743	0	0	0	0.0%
(1,171)	Income	(44)	(1,333)	(1,333)	0	0.0%
87,444	**HEALTH NET DIRECT EXPENDITURE**	**86,534.0**	**89,519**	**89,519**	**0**	**0.0%**
16,439	Set Aside	16,857	16,857	16,857	0	0.0%
103,883	**HEALTH NET DIRECT EXPENDITURE**	**103,391**	**106,376**	**106,376**	**0**	**0.0%**

2018/19 Actual £000	OBJECTIVE ANALYSIS	Budget 2019/20 £000	Revised Budget 2019/20 £000	Projected Out-turn 2019/20 £000	Projected Over/(Under) Spend £000	Percentage Variance
	HEALTH					
2,993	Children & Families	2,937	3,244	3,244	0	0.0%
6,081	Health & Community Care	5,460	6,501	6,501	0	0.0%
2,118	Management & Admin	2,682	3,595	3,595	0	0.0%
480	Learning Disabilities	461	507	507	0	0.0%
1,537	Addictions	1,552	1,738	1,738	0	0.0%
2,972	Mental Health - Communities	3,002	3,161	3,161	0	0.0%
8,729	Mental Health - Inpatient Services	8,400	9,162	9,162	0	0.0%
499	Strategy & Support Services	438	437	437	0	0.0%
1,133	Change Fund	1,228	1,044	1,044	0	0.0%
25,547	Family Health Services	24,618	25,244	25,244	0	0.0%
18,591	Prescribing	18,262	18,262	18,262	0	0.0%
	Unallocated Funds/(Savings)	743	0	0	0	0.0%
16,764	Resource Transfer	16,751	16,624	16,624	0	0.0%
87,444	**HEALTH NET DIRECT EXPENDITURE**	**86,534.0**	**89,519**	**89,519**	**0**	**0.0%**
16,439	Set Aside	16,857	16,857	16,857	0	0.0%
103,883	**HEALTH NET DIRECT EXPENDITURE**	**103,391**	**106,376**	**106,376**	**0**	**0.0%**

2018/19 Actual £000	HEALTH CONTRIBUTION TO THE IJB	Budget 2019/20 £000	Revised Budget 2019/20 £000	Projected Out-turn 2019/20 £000	Projected Over/(Under) Spend £000	Percentage Variance
103,883	**NHS Contribution to the IJB**	**103,391**	**106,376**	**106,376**	**0**	**0.0%**

Budget Movements 2019/20

Appendix 4

Inverclyde HSCP	Approved Budget	Movements				Revised Budget
Service	2019/20 £000	Inflation £000	Virement £000	Supplementary Budgets £000	Transfers (to)/ from Earmarked Reserves £000	2019/20 £000
Children & Families	12,774	0	995	0	0	13,768
Criminal Justice	0	0	20	0	0	20
Older Persons	28,267	0	324	0	0	28,591
Learning Disabilities	11,510	0	309	0	116	11,935
Physical & Sensory	2,828	0	44	0	0	2,872
Assessment & Care Management/ Health & Community Care	7,583	0	765	524	0	8,872
Mental Health - Communities	6,541	0	166	98	0	6,805
Mental Health - In Patient Services	8,400	0	762	0	0	9,162
Addiction / Substance Misuse	3,324	0	120	45	0	3,489
Homelessness	743	0	283	0	0	1,026
Strategy & Support Services	2,138	0	(24)	0	0	2,114
Management, Admin & Business Support	5,769	0	(636)	1,827	282	7,243
Family Health Services	24,618	0	153	473	0	25,244
Prescribing	18,262	0	0	0	0	18,262
Change Fund	1,228	0	(114)	(70)	0	1,044
Resource Transfer	0	0	(0)	0	0	(0)
Unallocated Funds *	3,167	0	(3,167)	0	0	0
Totals	137,151	0	0	2,897	398	140,447

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

Virement Analysis

Budget Virements since last report	Increase Budget £000	(Decrease) Budget £000
Health - Reallocation of budget relating to additional Pay As If At Work costs (PAIAW)		
Children & Families	1	
Health & Community Care	7	
Mental Health - Communities	6	
Mental Health - Inpatient Services	23	
Management, Admin & Business Support		37
Health - Reallocation of Integrated Care and Delayed Discharge Funding		
Health & Community Care	67	
Mental Health - Communities	6	
Mental Health - Inpatient Services	23	
Change Fund		187
Management, Admin & Business Support	8	354
Family Health Services	473	
Resource Transfer		36
	614	614

Supplementary Budget Movement Detail

	£000	£000
Health & Community Care		**524**
Additional Scot Govt Funding for Hospices for Superannuation increase	38	
PCIP Funding 2019/20 Tranche 1	486	
Mental Health Communities		**98**
Action 15 Funding 2019/20 Tranche 1	98	
Addiction / Substance Misuse		**45**
ADP Funding 2019/20 Tranche 1	45	
Integrated Care Fund		**(70)**
Funding transferred to Acute for Stroke Outreach Team - Non Recurring	(70)	
Management & Admin		**1,827**
Health - Budget realignment linked to uplift	976	
Social Care - £88k linked to Advice Services EMR already passed across in 18/19	(88)	
Additional Syrian Refugee Funding Non Recurring	8	
Additional Scot Govt Funding to cover Superannuation cost increase	931	
Family Health Services		**473**
Additional in year funding - Non Cash Limited Budget	473	
		2,897

APPENDIX 5

INVERCLYDE HSCP Health and Social Care Partnership

INVERCLYDE INTEGRATION JOINT BOARD

DIRECTION

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

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

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

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

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

Associated Budget:

SUBJECTIVE ANALYSIS	Budget 2019/20 £000
SOCIAL CARE	
Employee Costs	27,946
Property costs	1,071
Supplies and Services	960
Transport and Plant	377
Administration Costs	744
Payments to Other Bodies	40,634
Income (incl Resource Transfer)	(21,202)
Transfer to EMR	(398)
SOCIAL CARE NET EXPENDITURE	**50,131**

OBJECTIVE ANALYSIS	Budget 2019/20 £000
SOCIAL CARE	
Strategy & Support Services	1,677
Older Persons	28,591
Learning Disabilities	11,196
Mental Health	3,644
Children & Families	10,524
Physical & Sensory	2,872
Addiction / Substance Misuse	1,751
Business Support	3,083
Assessment & Care Management	2,371
Criminal Justice / Scottish Prison	20
Change Fund	0
Homelessness	1,026
Unallocated Budget Changes	0
Resource Transfer	(16,624)
SOCIAL CARE NET EXPENDITURE	**50,131**

This direction is effective from 4 November 2019.

INVERCLYDE INTEGRATION JOINT BOARD

DIRECTION

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

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

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

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

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

Associated Budget:

SUBJECTIVE ANALYSIS	Budget 2019/20 £000
HEALTH	
Employee Costs	23,829
Property costs	5
Supplies and Services	6,888
Family Health Services (net)	25,244
Prescribing (net)	18,262
Resources Transfer	16,624
Unidentified Savings	0
Income	(1,333)
HEALTH NET DIRECT EXPENDITURE	**89,519**
Set Aside	16,857
NET EXPENDITURE INCLUDING SCF	**106,376**

OBJECTIVE ANALYSIS	Budget 2019/20 £000
HEALTH	
Children & Families	3,244
Health & Community Care	6,501
Management & Admin	3,595
Learning Disabilities	507
Addictions	1,738
Mental Health - Communities	3,161
Mental Health - Inpatient Services	9,162
Strategy & Support Services	437
Change Fund	1,044
Family Health Services	25,244
Prescribing	18,262
Unallocated Funds/(Savings)	0
Resource Transfer	16,624
HEALTH NET DIRECT EXPENDITURE	**89,519**
Set Aside	16,857
NET EXPENDITURE INCLUDING SCF	**106,376**

This direction is effective from 4 November 2019.

APPENDIX 6

INVERCLYDE HSCP
TRANSFORMATION FUND
PERIOD 5: 1 April 2019 - 31 August 2019

Total Fund at 31/03	2,505,000
Balance Committed to Date	1,676,286
Balance Still to be Committed	828,714

Project Title	Service Area	Approved IJB/TB	Date Approved	Updated Agreed Funding	Spend to date	Balance to spend
CELSIS Project	Children's Services	IJB	18/06/18	31,600	20,800	10,800
Infant Feeding Coordinator - FT 18 mths	Children's Services	TB	12/09/18	27,900	21,500	6,400
Infant Feeding Coordinator - FT 18 mths - Part 2	Children's Services	TB	09/01/19	9,200	0	9,200
ICIL - Joint Equipment Store Upgrade	HCC	IJB	11/09/18	70,000	0	70,000
Unscheduled Care Plan 2018/19 - Interim Funding till NHSGG&C Funds allocated	Health & Community Care	SMT	19/09/18	44,804	33,866	10,938
Winter Plan 2018/19 - 7 month project - interim funding till NHSGG&C winter plan funding allocated	Health & Community Care	SMT	19/09/18	73,640	73,640	0
Sheltered Housing Support Services Review	Health & Community Care	TB	27/09/18	59,370	0	59,370
Equipment Store Stock system - £50k capital plus 1.5 yrs revenue costs up to £20k in total	ICIL	TB	09/01/19	70,000	0	70,000
TEC Reablement & Support to live independently. 6 month extension of H Grade post approved.	Homecare	TB	09/01/19	22,340	0	22,340
OOH Community Nursing & Homecare Review - 6 mths Band 8A	Community Nursing	TB	09/01/19	7,000	6,600	400
OOH Nursing & Homecare Review Extension	Community Nursing	TB	28/08/19	6,800	0	6,800
Long Term Conditions Nurses - 2 x 1wte Band 5 nurses to cover Diabetes, COPD and Hyper-tension for a fixed term of one year.	Community Nursing	SMT	09/01/19	80,500	60,300	20,200

Project Title	Service Area	Approved IJB/TB	Date Approved	Updated Agreed Funding	Spend to date	Balance to spend
Match Funding for CORRA bid to pilot 7 day Addictions Services	Addictions	IJB	29/01/19	150,000	0	150,000
Localities Enagement Officer - 1 year	Strategy & Support Services	TB	27/03/19	61,000	9,843	51,157
Young Persons Engagement Officer 18 mths Big Actions 1 & 2	Children's Services	TB	27/03/19	51,100	0	51,100
Domestic Abuse	Children's and Criminal Justice Services	TB	27/03/19	20,000	0	20,000
Signposting/Care Navigation	Health & Community Care	TB	27/03/19	10,400	0	10,400
CAMHS - Tier 3 service development - £50k per annum for 3 years	Children & Families	IJB	24/06/19	300,000	0	300,000
Legal Support - Commissioning £85k over 2 years. Approved 1 year initially.	Quality & Development	TB	01/05/19	42,500	14,127	28,373
Priority Management & Resiliance Training	All	TB	01/05/19	76,500	0	76,500
SWIFT replacement project - extension of Project Manager contract by one year and employ fixed term Project Assistant for one year.	Quality & Development	TB	26/06/19	95,240	0	95,240
Homelessness Team Agile Working/new network. Provions of 9 laptops and 3 desktops for staff at Crown House.	Homelessness Team	TB	26/06/19	5,092	0	5,092
Temp HR advisor for 18 months to support absence management process and occupational health provision within HSCP.	Strategy & Support Services	TB	26/06/19	66,000	0	66,000
IDEAS project - commissioning of dedicated staff to solely complete claims	Quality & Development	TB	26/06/19	5,000	0	5,000
Autism Clinical/Project Therapist	Specialist Children's Services	TB	28/08/19	90,300	0	90,300
Strategic Commissioning Team - progressing the priorities on the Commissioning List.	Strategy & Support Services	IJB	10/09/19	200,000	0	200,000

APPENDIX 7

INVERCLYDE HSCP
INTEGRATED CARE FUND & DELAYED DISCHARGE BUDGET
PERIOD 5: 1 April 2019 - 31 August 2019

Integrated Care Fund (ICF)

By Organisation	Revised Budget	Projected outturn	Variance	YTD Actuals
HSCP Council	801,690	801,690	0	319,300
HSCP Council Third Sector	204,750	204,750	0	149,330
HSCP Health	115,980	115,980	0	49,000
Acute	70,000	70,000	0	70,000
	1,192,420	**1,192,420**	**0**	**587,630**

Delayed Discharge (DD)

Summary of allocations	Revised Budget	Projected outturn	Variance	YTD Actuals
Council	557,240	557,240	0	180,850
Health	144,300	144,300	0	60,000
Acute	50,000	50,000	0	50,000
	751,540	**751,540**	**0**	**290,850**

APPENDIX 8

INVERCLYDE HSCP - CAPITAL BUDGET 2018/19

PERIOD 5: 1 April 2019 - 31 August 2019

Project Name	Est Total Cost £000	Actual to 31/3/19 £000	Approved Budget 2019/20 £000	Actual YTD £000	Est 2020/21 £000	Est 2021/22 £000	Future Years £000
SOCIAL CARE							
Crosshill Children's Home Replacement	1,748	582	995	247	171	0	0
Inverclyde Centre for Independent Living Equipment Store Upgrade	70	0	55	0	15	0	0
Completed on site	43	0	43	0	0	0	0
Social Care Total	**1,861**	**582**	**1,093**	**247**	**186**	**0**	**0**
HEALTH							
Health Total	0	0	0	0	0	0	0
Grand Total HSCP	**1,861**	**582**	**1,093**	**247**	**186**	**0**	**0**

EARMARKED RESERVES POSITION STATEMENT **APPENDIX 9**

INVERCLYDE HSCP

PERIOD 5: 1 April 2019 - 31 August 2019

Project	Lead Officer/ Responsible Manager	Planned Use By Date	b/f Funding 2018/19 £000	New Funding 2019/20 £000	Total Funding 2019/20 £000	YTD Actual 2019/20 £000	Projected Net Spend 2019/20 £000	Amount to be Earmarked for Future Years £000	Lead Officer Update
Scottish Government Funding			**333**	**0**	**333**	**0**	**333**	**0**	
Mental Health Action 15		31/03/2020	98		98		98	0	In year underspend will be carried forward earmarked for use on this SG initiative
ADP		31/03/2020	235		235		235	0	In year underspend will be carried forward earmarked for use on this SG initiative
Existing Projects/Commitments			**2,077**	**1,774**	**3,851**	**1,094**	**2,499**	**1,318**	
Self Directed Support	Alan Brown	31/03/2020	43		43		43	0	This supports the continuing promotion of SDS and full spend is projected for 2019/20.
Growth Fund - Loan Default Write Off	Helen Watson	ongoing	25		25		1	24	Loans administered on behalf of DWP by the credit union and the Council has responsibility for paying any unpaid debt. This requires to be kept until all loans are repaid and no debts exist.
Integrated Care Fund	Allen Stevenson	ongoing	11	1,042	1,053	469	1,006	47	The Integrated Care Fund funding has been allocated to a number of projects, including reablement, housing and third sector & community capacity projects. Full spend is expected for 2019/20.
Delayed Discharge	Allen Stevenson	ongoing	428	334	762	202	592	136	Delayed Discharge funding has been allocated to specific projects, including overnight home support and out of hours support.
CJA Preparatory Work	Sharon McAlees	31/03/2020	112		112	23	67	45	Budget is for post to address the changes in Community Justice (£67k), shortfall of savings target for 2019/20 (£20k) and also £25k for Whole Systems Approach.
Swift Replacement Programme	Helen Watson	30/09/2019	27		27	22	27	0	One year post from September 18 to progress replacement client information system for SWIFT plus upgrade costs.
Service Reviews	Alan Best	31/03/2021	240		240	88	234	6	Funding for two posts to carry out service reviews. Posts appointed to in September 2018. Funding for 1 grade L post and 2 grade H/I posts to 31/03/2020, all posts currently filled. Funding for one year for Your Voice and TAG support.
Continuous Care	Sharon McAlees	ongoing	675		675	12	134	541	To address continuing care legislation. Based on period 5 projections it is assumed that £134k of the EMR will be spent at the end of 19/20.
Rapid Rehousing Transition Plan (RRTP)	Deborah Gillepsie	31/03/2020	30		30		30	0	Funding to support RRTP development
Dementia Friendly Inverclyde	Deborah Gillepsie	tbc once Strategy finalised	100		100		0	100	Dementia Friendly Inverclyde. Dementia Strategy reviewed, action plan being revised. iHub 2 year project to develop Care Coordination
Primary Care Support	Allen Stevenson	31/03/2020	241		241	178	200	41	Monies carried forward at y/end for slippage on GP Premises and PCIP investment programmes
Contribution to Partner Capital Projects	Lesley Aird	ongoing	145		145		65	80	Funding to support various capital projects linked to HSCP service delivery
New LD Centre	Allen Stevenson	31/03/2021	0	398	398	100	100	298	LD Redesign estimated spend for site investigation to be £50k per site and to be incurred in 2019/20. Balance to be spent in future years.
Transformation Projects			**2,815**	**0**	**2,815**	**65**	**500**	**2,315**	

Project	Lead Officer/ Responsible Manager	Planned Use By Date	b/f Funding 2018/19 £000	New Funding 2019/20 £000	Total Funding 2019/20 £000	YTD Actual 2019/20 £000	Projected Net Spend 2019/20 £000	Amount to be Earmarked for Future Years £000	Lead Officer Update
Transformation Fund	Louise Long	ongoing	2,505		2,505	65	500	2,005	Funding will be allocated for transformation projects on a bids basis controlled through the Transformation Board. Additional in year funds linked to anticipated Health & Social Care underspends
Mental Health Transformation	Louise Long	ongoing	310		310		0	310	Anticipated that this will be required to fund future budget pressures and additional one off costs linked to MH service redesign. Funding will be allocated from the fund on a bids basis controlled through the Transformation Board
Budget Smoothing			**1,046**	**0**	**1,046**	**71**	**425**	**621**	
C&F Adoption, Fostering Residential Budget Smoothing	Sharon McAlees	ongoing	732		732	71	316	416	This reserve is used to smooth the spend on children's residential accommodation, adoption, fostering & kinship costs over the years. Projection assumes £316k of the EMR will be spent at the end of 19/20.
Advice Service Smoothing	Helen Watson	31/03/2020	88		88		88	0	EMR budget from Anti Poverty to assist in achieving £105k savings within Planning & Improvement services.
Residential & Nursing Placements	Allen Stevenson	ongoing	226		226		21	205	This reserve is used to smooth the spend on nursing and residential care beds across the years. At present the projection assumes that the 2019/20 core budget will be spent in full.
TOTAL EARMARKED			**6,271**	**1,774**	**8,045**	**1,230**	**3,757**	**4,254**	
UN-EARMARKED RESERVES									
General			1,010		1,010			1,010	
			1,010	**0**	**1,010**	**0**	**0**	**1,010**	
TOTAL IJB RESERVES			**7,281**	**1,774**	**9,055**	**1,230**	**3,757**	**5,264**	

b/f Funding	7,281
Earmark to be carried forward	5,264
Projected Movement in Reserves	**(2,017)**

AGENDA ITEM NO: 8

Report To:	**Inverclyde Integration Joint Board**	**Date: 4 November 2019**
Report By:	**Louise Long Corporate Director (Chief Officer) Inverclyde Health & Social Care Partnership**	**Report No: IJB/65/2019/SMcA**
Contact Officer:	**Sharon McAlees Head of Children's Service and Criminal Justice**	**Contact No: 01475 715282**
Subject:	**WHOLE SYSTEMS APPROACH**	

1.0 PURPOSE

1.1 The purpose of this report is to advise Inverclyde Integration Joint Board about new Scottish Government funding to support local authorities with the reinvigoration and extension of the Whole System Approach (WSA) to youth offending.

1.2 The report outlines the spending proposal of the funding for 2018/19 and 2019/20.

2.0 SUMMARY

2.1 The Whole Systems Approach was launched in 2011 based on significant evidence that outcomes for young people involved in offending could be better served by diverting them from statutory measures, secure care and custody.

2.2. The Whole Systems Approach has delivered successes for young people, victims and communities. The annual numbers of offence referrals for children's hearings, young people appearing in court and being sentenced to custody have fallen markedly over the past 8-10 years.

2.3 Recent indicators suggest that some of the positive outcomes of WSA have started to take an adverse direction. There has been an increase in the number of referrals to the Children's Reporter however these are not being converted into hearings or compulsory supervision orders. This would suggest that that more children are being drawn into formal systems when they do not actually require compulsory measures. In response to this, the Justice Board and COSLA agreed that renewed local efforts should be directed at the preventative and planning stage, early and effective intervention.

2.4 The Scottish Government and COSLA identified new funding of £25,000 to be disbursed to each local authority for 2018-19, with a further £25,000 in 2019-20. The funding is aimed at supporting local authorities to reinvigorate the WSA to offending for young people up to 18 years of age and, wherever possible, to care-experienced young people up to 26 years of age.

2.5 The Scottish Government and COSLA have highlighted the success of the approach taken by Community Justice Partnerships through the introduction of

Lead Officers and have suggested that this is the route local authorities should take for youth justice.

2.6 The Scottish Government has confirmed its commitment to making available a further £25,000 for 2019-20 to each local authority to paid through the local government General Revenue Grant subject to the use of the funding for 2018-19 which was made available to tackle the following priorities:

- Ensuring youth justice is reflected as a priority in Children's Service Plans, Community Justice Plans and other strategic planning arrangements.
- Ensuring a person-centred approach which improves support for children and young people and delivers better transitions.
- Should local authorities and partners conclude need, they may also allow an extension of WSA to some areas to support young people up to the age of 21 or 26 if care experienced.

The Scottish Government is aware that Inverclyde was not in position to spend the 2018/19 allocation and has confirmed that as the funding was allocated through the General Revenue Grant, then local authorities may carry this forward. Scottish Government are however keen that the funding is utilised to ensure that the needs of children in trouble are prioritised by all community based partnerships, encouraging coordinated strategic planning in support of targeted and preventative services which can be sustained after the funding period.

2.7 Across Scotland,local authorities have mainly deployed the funding across five key areas where they are seeking to address areas such as managing high levels of risk, and strengthening, prevention and early intervention.

2.8 Within Inverclyde there is a small number of young people at risk of causing harm to themselves and others due to consequences of their own behaviour or the consequences of others towards them. This small group of young people are often identified as young people at risk of becoming looked after and accommodated or who are transitioning from youth custody back into the community. The Whole Systems funding would provide an opportunity to:

- Implement a structured multi-agency framework of assessment and risk management specific to vulnerable high risk young people.
- Provide training for staff.
- Provide intervention and support on a wrap-around basis when statutory agencies are not available either via direct commissioning or developing and upskilling existing sessional staff.

3.0 RECOMMENDATIONS

3.1 That Inverclyde Integration Joint Board notes the content of this report and endorses the proposal to:

1. Develop services to provide interventions to vulnerable and high-risk young people up to the age of 21 or 26 if care-experienced.

2. Develop and implement a consistent model of risk assessment and management for vulnerable high-risk young people.

Louise Long
Chief Officer

4.0 BACKGROUND

4.1 Low level offending is common in childhood however those involved in patterns of more serious and persistent offending are often our most vulnerable and traumatised young people, who have experienced multiple adverse childhood experiences and have had poor education experiences. Whilst different interventions and support may have been offered they have not always been successful in stemming the young person's journey through the youth justice system and into the adult criminal justice system.

4.2 The Whole Systems Approach to youth offending was introduced in 2011 based on the above knowledge and evidence that showed outcomes for young people involved in offending could be better served by diverting young people away from statutory formal measures and a recognition that contact with the youth justice system is the biggest factor in whether a young person will continue to offend.

4.3 The Whole Systems Approach introduced three policy strands:

- Early and Effective Intervention.
- Diversion from prosecution (keeping young people out the criminal justice system).
- Reintegration and transition support from secure care and custody.

4.4 Practitioners believe that the Whole Systems Approach facilitated improved outcomes for young people through closer multi-agency working, data sharing and a strong incorporation of welfare and wellbeing in decision-making and practice.

4.5 Across Scotland local authorities have utilised the additional funding across five key areas:

- Appointment of a worker to review and further develop Whole Systems. This had been the initial thinking from a service perspective in Inverclyde and was the advised route by the Scottish Government. The CMT was not in support of this proposal.
- Funding a specific project, carers or sessional staff.
- Staff training and development.
- Extend or scope the extension of Whole Systems to 21 years or 26 years, if care-experienced.

4.6 The utilisation of some of the above enables children's service planning and community justice planning partners to address key Whole Systems Approach priorities of:

- Ensuring youth justice is reflected as a priority in Children's Service Plans, Community Justice Plans and other strategic planning arrangements.
- Ensuring a person-centred approach which improves support for children and young people and delivers better transitions.
- Providing the opportunity to extend the Whole Systems Approach to support young people up to the age of 21 or 26 if care experienced.

4.7 The evaluation of Whole Systems Approach highlighted a reduction in detected offences, a reduction in referrals to the Children's Reporter and a decline in youth custody. Within Inverclyde however, we continue to face challenges with effectively managing a small number of vulnerable young people with complex needs who are at risk of harm or who present a risk to others. This group of young people are at risk of becoming involved in offending, becoming accommodated or are in a cycle of offending and youth custody.

4.8 The rollout of Community Justice Lead Officers across Scotland has been a successful approach to supporting the community planning partners in the

reducing reoffending agenda. A reinvigorated Whole Systems Approach incorporating a revised and updated standardised risk management framework including targeted intervention to this small group of young people which would enable the children's services planning and community justice partnership to deliver on the following areas:

- Assist partners to work together to identify when children are in trouble and to intervene in a coordinated way.
- Ensure systems are in place to enable partner agencies to intervene early to keep young people out of formal systems.
- Support young people who are already in formal systems – children's hearing/court.
- Ensure consistent approaches to risk assessment and management of high risk young people.
- Ensure that youth offending is rooted in GIRFEC pathways.

4.9 Work is currently underway developing a vulnerable young person's risk management framework as outlined above. This is intended to complement the existing child protection, adult support and protection and MAPPA procedures. The additional funding will enable this framework to be effectively implemented at an increased pace and enable roll out of training to staff. Additional resource will also support specific targeted services to young people that are flexible, responsive and available at times when social work staff are not available – evenings and weekends. It is proposed that the additional funding be utilised to support this area of work.

4.10 The risk framework will be developed on a multi-disciplinary basis with potential support from outwith Inverclyde for a small cost, however it will require training for all staff across the HSCP, Education, community and the third sector. £18k will support the training programme.

4.11 A sessional staff budget will be established to support young people at risk in the community and school. The use of sessional staff will be monitored through Child Planning meetings, however a budget of £20k for 2019/20 will be allocated.

5.0 IMPLICATIONS

FINANCE

5.1 Scottish Government are providing £25,000 2018/19 and 2019/20

One Off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
Children and Families	Employee Costs	19/20	20k	N/a	Scottish Government
Children and Families	Other Expenditure	19/20	18k	N/a	Whole System Approach

Annually Recurring Costs / (Savings)

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

LEGAL

5.2 There are no legal issues within this report

HUMAN RESOURCES

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

EQUALITIES

5.4 Has an Equality Impact Assessment been carried out?

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

5.4.1 How does this report address our Equality Outcomes?

There are no equality issues 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 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 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.

AGENDA ITEM NO: 9

Report To:	**Inverclyde Integration Joint Board**	**Date: 4 November 2019**
Report By:	**Louise Long** **Corporate Director, (Chief Officer)** **Inverclyde Health and Social Care Partnership (HSCP)**	**Report No:** **IJB/64/2019/HW**
Contact Officer:	**Helen Watson** **Head of Strategy and Support Services** **Inverclyde Health and Social Care Partnership**	**Contact No:** **01475 715285**
Subject:	**INVERCLYDE HSCP MARKET FACILITATION AND COMMISSIONING PLAN UPDATE 2019 TO 2024**	

1.0 PURPOSE

1.1 The purpose of this report is to seek approval from the Integration Joint Board (IJB) to publish the updated Market Facilitation and Commissioning Plan 2019 to 2024 and start the implementation process for the plan.

2.0 SUMMARY

2.1 As a requirement of the Public Bodies (Joint Working) (Scotland) Act 2014, Integration Joint Boards are required to produce a Market Facilitation Plan.

2.2 The 2014 Act requires that a Market Facilitation Plan is produced to set out our Health and Social Care commissioning priorities and intentions for Inverclyde going forward over the duration of the overarching Strategic Plan 2019 to 2024.

2.3 As stated in our Strategic Plan, our vision is based on:

Inverclyde is a caring and compassionate community working together to address inequalities and assist everyone to live active, healthy and fulfilling lives.
"Improving Lives".

3.0 RECOMMENDATIONS

3.1 The Integration Joint Board is asked to approve the updated draft Inverclyde HSCP Market Facilitation and Commissioning Plan covering the period 2019 to 2024 in line with the new HSCP Strategic Plan 2019 to 2024.

3.2 The Integration Joint Board is asked to approve the funding to support commissioning activity and the Market Facilitation and Commissioning Plan.

Louise Long
Corporate Director, (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

4.1 The Inverclyde Health and Social Care Partnership (HSCP) operates in accordance with the Public Bodies (Joint Working) (Scotland) Act 2014.

4.2 The 2014 Act requires that a Market Facilitation Plan is produced to set out our Health and Social Care commissioning priorities and intentions for Inverclyde going forward over the duration of the overarching Strategic Plan 2019 - 2024.

4.3 The Market Facilitation and Commissioning Plan represents the communication with service providers, service users, carers and other stakeholders about the future shape of our local Health and Social Care market.

4.4 By implementing the Plan, we can ensure that we are responsive to the changing needs of Inverclyde service users. The Plan aims to identify what the future demand for care and support might look like and thereby help support and shape the market to meet our future needs.

4.5 This requires structured activities and well planned engagement. Mature and constructive partnership working is critical in ensuring that we create an innovative and flexible approach to service delivery. Inverclyde HSCP wants to continue to work in partnership and develop a market that delivers improved experiences and outcomes for the service users of Inverclyde who use the services now and will do in the future. This is underpinned by the Public Bodies (Joint Working) (Scotland) Act 2014 principles of integration to improve the quality and consistency of services for patients, carers, service users and their families, and provide seamless, joined-up quality health and social care services in order to care for people in their homes or a homely setting where it is safe to do so. Continuous service and quality improvement are therefore fundamental to ensuring service users are at the heart of what we do but also that the Partnership uses its experiences to measure its performance against these principles.

4.6 The document is, therefore, aimed at existing and potential providers of Health and Social Care Services. It represents the beginning of communication to find the best ways to use available resources in the context of complex change and challenges.

4.7 The Market Facilitation and Commissioning Plan was collaboratively produced by the Strategic Planning Group.

5.0 COMMUNICATION AND ENGAGEMENT PROGRESS TO DATE

5.1 To support the establishment and development of Locality Planning Groups (LPGs) and ensure locality based communications and engagement processes are in place, Inverclyde HSCP has secured a senior manager on a one year fixed term secondment from Argyll and Bute HSCP through Service Level Agreement (SLA) until 31st March 2020.

5.2 The HSCP Localities and Engagement Officer is working with Inverclyde Council Policy Officers to establish the six Locality Planning Groups (LPGs) which includes a process for inviting expressions of interest from community members to join their Locality Planning Group (LPG) and / or respective Communications and Engagement Group. Following recent locality planning community engagement events (August / September 2019), a few community members have put themselves forward, however there is still some further work required to ensure we attain good representation in each locality. Locality Planning Groups (LPGs) and their respective Communications and Engagement Groups will be established by December 2019

5.3 Locality Planning Groups (LPGs) will be responsible for the development of their respective Locality Action Plans outlining how they will drive forward and deliver

transformation change in line with agreed strategic policy and priority areas, including Inverclyde HSCP Strategic Plan 2019 – 2024 and the Alliance Local Outcomes Improvement Plan (LOIP). This will enable service planning at a local level with local communities, as recommended in the Marmot Review ("Fair Society, Healthy Lives", 2010) and Christie Commission Report ("Report on the Future of Public Services", 2011).

5.4 Locality Action Plans will be developed and implemented through collaboration with local communities and people who use our services; this is an important step as we build up towards community empowerment as required under the terms of the Community Empowerment (Scotland) Act 2015. This is further underpinned by the Principles of Integration as outlined in the HSCP Strategic Plan 2019 – 2024 whereby "services must be integrated from the point of view of service users, and planned and led in a way which is engaged with the community".

5.5 The Community Empowerment (Scotland) Act 2015 also provides a range of new powers to strengthen the voices of communities in the decisions that matter to them. It makes particular provisions on participation in public decision-making, and the role that Participatory Budgeting can play in this.

5.6 Nationally, there is a COSLA and Scottish Government agreement for 1% of a Local Authorities budget to be decided using Participatory Budgeting by 2020/21.

5.7 Inverclyde HSCP Communication and Engagement Strategy is being revised to ensure consistency against agreed standards for all future communication and engagement activities in line with relevant Legislation, Statutory Guidance and best practice principles. As the Locality Planning Groups (LPGs) will be aligned to Inverclyde Alliance locality areas, it is proposed that the revised Strategy will be the agreed baseline standard which will ensure consistency across all community planning partners, including Inverclyde HSCP. The strategy will also ensure we build continuous quality improvement into all future engagement activities in line with good practice principles.

6.0 COMMISSIONING WORKPLAN

6.1 Inverclyde HSCP currently spends in the region of £35 million annually on commissioned Health and Social Care services.

6.2 The commissioning work plan sets out our priorities for processing contractual arrangements with providers for the commissioning of services based on priority and linked to the direction of the Strategic Plan and the Market Facilitation and Commissioning Plan.

6.3 The Commissioning Work plan currently contains 59 Providers (78 Services). This work involves Direct Awards, Tenders and Grants to Contract arrangements which are currently being progressed.

6.4 Additional resources of full time legal support, Procurement Officer and Strategic Commissioning Support Officer posts have recently been agreed to assist the progress of the Commissioning work.

7.0 IMPLICATIONS

FINANCE

7.1 **Financial Implications**:

There are no financial implication from this report

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
Transformation Board		2 years	£200k		

Annually Recurring Costs/ (Savings)

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

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
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. However, it will impact on lots of groups which have been considered under the Equality Outcomes below.

7.4.1 **How does this report address our Equality Outcomes?**

a) **People, including individuals from the above protected characteristic groups, can access HSCP services.**

The Market Facilitation and Commissioning Plan sets out the current provision of health and social care services across Inverclyde for all service user groups including those with protected characteristics.

b) **Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.**

The Market Facilitation and Commissioning Plan makes reference to the equalities mainstreaming report and equality outcomes and how services are built around people with protected characteristics through the assessment of need.

c) **People with protected characteristics feel safe within their communities.**

The Market Facilitation and Commissioning Plan states that we put people first in the assessment and support process, to find solutions to meet their care needs and

deliver improved outcomes.

d) **People with protected characteristics feel included in the planning and developing of services.**

This Market Facilitation and Commissioning Plan was shared and consulted on through the SPG with representatives from all partners and stakeholders, including representatives of people with protected characteristics.

e) **HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.**

The Market Facilitation and Commissioning Plan is a sub-set of the Inverclyde HSCP Strategic Plan. Equality and diversity is part of our core learning and development programme.

f) **Opportunities to support Learning Disability service users experiencing gender based violence are maximised.**

This Market Facilitation and Commissioning Plan does not directly relate to this outcome.

g) **Positive attitudes towards the resettled refugee community in Inverclyde are promoted.**

This Market Facilitation and Commissioning Plan does not directly relate to this outcome.

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

7.5 There are no governance issues within this report.

7.6 **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 Market Facilitation and Commissioning Plan promotes the right of choice for service users based on their assessed needs, support networks and assets.

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.**

The Market Facilitation and Commissioning Plan promotes the national wellbeing outcomes in terms of the HSCP commitment to person-centred assessment, need, privacy, choice and least use of statutory interventions.

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

The Market Facilitation and Commissioning Plan promotes the right of choice to use services that will meet assessed need such as Self-Directed Support.

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

It is the core values of the HSCP that people are at the centre of improving lives. Our strategic commissioning themes have these principles at the forefront of

commissioning services regardless of which partners provide the assessed needs of service users.

e) **Health and social care services contribute to reducing health inequalities.**

This Market Facilitation and Commissioning Plan will re-enforce to the market our commitment to commissioning services which will contribute to reducing health inequality.

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 Market Facilitation and Commissioning Plan promotes the use of assessment including carers' needs and the contribution they make to the provision of care and support.

g) **People using health and social care services are safe from harm.**

The Market Facilitation and Commissioning Plan includes safety as part of the strategic commissioning theme.

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.**

This Market Facilitation and Commissioning Plan will engage with providers and health and social care staff.

8.0 DIRECTIONS

8.1

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

9.0 CONSULTATION

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

10.0 LIST OF BACKGROUND PAPERS

10.1 Public Bodies (Joint Working) (Scotland) Act 2014.

HSCP Strategic Plan 2019 – 2024.

Market Facilitation and Commissioning Plan 2019-2024

Working Better Together

MARKET FACILITATION PLAN
2019 – 2024

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SECTION 1

Market Facilitation and Commissioning Plan

All Health and Social Care Partnerships (HSCP), including Inverclyde HSCP must respond appropriately to the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 (the 2014 Act), often referred to as the integration legislation.

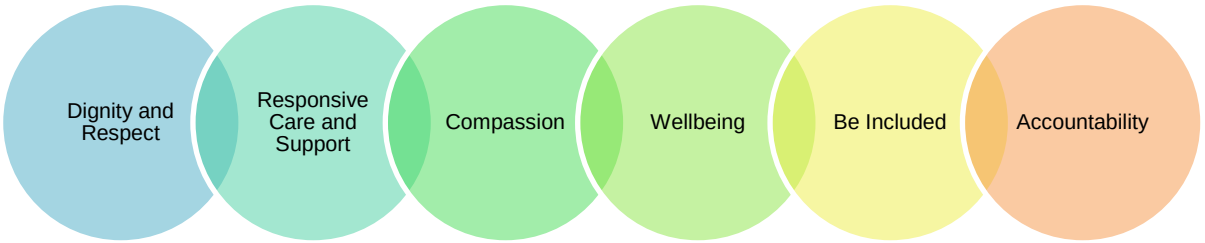
The 2014 Act also requires that a Market Facilitation Plan is produced to set out our Health and Social Care commissioning priorities and intentions for Inverclyde going forward over the duration of the new overarching Strategic Plan 2019 to 2024.

The new Strategic Plan for 2019 to 2024 sets out our vision as:

Inverclyde is a caring and compassionate community working together to address inequalities and assist everone to live active, healthy and fulfilling lives.

"Improving Lives"

Our Vision is underpinned by 6 Big Actions and based on the values of:



This Market Facilitation and Commissioning Plan represents the communication with service providers, service users, carers and other stakeholders about the future shape of our local Health and Social Care market. By implementing the Plan, we can ensure that we are responsive to the changing needs of Inverclyde service users. This Plan aims to identify what the future demand for care and support might look like and thereby help support and shape the market to meet our future needs.

We are committed to ensuring Inverclyde service users are well cared for and that people who need help to stay safe and well are able to exercise choice and control over their support. Inverclyde HSCP currently spends in the region **of £35 million** annually on commissioned Health and Social Care Services.

To deliver our commitment we need to ensure the people who use our services can choose from a number of care and support providers and have a variety of creative support options available to them.

To deliver new models of provision in Inverclyde, we recognise that commissioners and providers alike need to build improved arrangements for working together, to improve quality, increase choice for service users and their carers and deliver a more responsive and efficient commissioning process.

This requires structured activities and well planned engagement. Mature and constructive partnership working is critical in ensuring that we create an innovative

and flexible approach to service delivery.

This document is, therefore, aimed at existing and potential providers of Health and Social Care Services. It represents the beginning of communication to find the best ways to use available resources in the context of complex change and challenges.

As set out in our Strategic Plan 2019 to 2024 our 6 Big Actions are underpinned by our vision and values and will inform our Market Facilitation and Commissioning Plans in the future. Our 6 Big Actions are:

Big Action 1	• Reducing inequalities by building stronger communities and improving physical and mentsl health.
Big Action 2	• A nurturing Inverclyde will give our children and young people the best start in life.
Big Action 3	• Together we will protect our population.
Big Action 4	• We will support more people to fulfil their right to live at home or in a homely setting and promote independent living, together we will maximise opportunities to provide stable sustainable housing for all.
Big Action 5	• Together we will reduce the use of, and harm from alcohol, tobacco and drugs.
Big Action 6	• We will build on the strengths of our people and our community.

What is Market Facilitation?

Market facilitation can be defined as follows:

> ***"Based on a good understanding of need and demand, market facilitation is the process by which strategic commissioners ensure there is diverse, appropriate and affordable provision available to meet needs and deliver effective outcomes both now and in the future".***

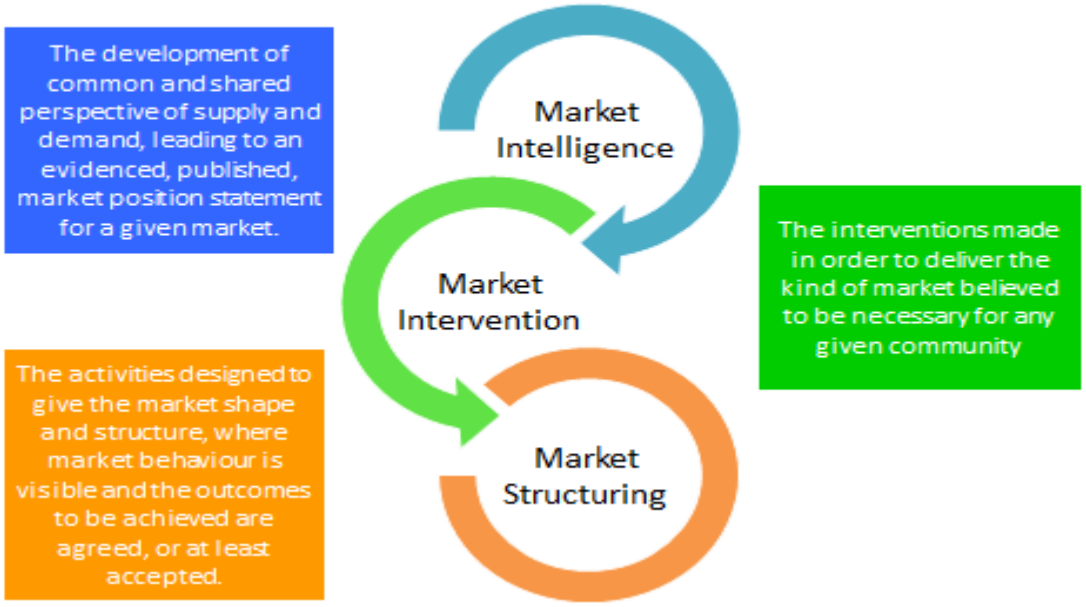
Inverclyde HSCP wishes to continue the communication with the people who use the services, carers providers and other stakeholders about the vision of the local Health and Social Care market in Inverclyde.

Inverclyde HSCP wants to continue to work in partnership and develop a market that delivers improved experiences and outcomes for the service users of Inverclyde who use the services now and will do in the future. This is underpinned by the Public Bodies (Joint Working) (Scotland) Act 2014 principles of integration to improve the quality and consistency of services for patients, carers, service users and their families, and provide seamless, joined up quality health and social care services in order to care for people in their homes or a homely setting where it is safe to do so. Continuous service and quality improvement is therefore fundamental to ensuring service users are at the heart of what we do but also that the Partnership uses their experiences to measure it's performance against these principles.

Market facilitation will help us and our partners take a strategic approach to understanding and meeting local need for Inverclyde's Health and Social Care Services. It also recognises the role that social care and support partners have in actively contributing towards economic growth in the Inverclyde area, whilst creating employment opportunities for Inverclyde service users.

There are three commonly understood elements of market facilitation. These are market intelligence, market structure and market intervention as described below;

MARKET FACILITATION



Market Intelligence

Market intelligence means a comprehensive understanding of the evidence base for future local supply and demand and is the foundation of successful market facilitation.

Market intelligence helps commissioners to understand the structure of the market, the key players, current market, scope for innovation, market capacity and capability and barriers to entry to the market.

It involves ensuring that we are well informed about the market, understand the factors that influence demand and supply and that we have a clear vision of what good quality care looks like and the outcomes that it will achieve. It will ensure we are aware of any deficiencies in current provision and preventing or managing supplier and market failure.

Market Structuring

Changing and adapting the core activities of commissioning and contracting to use a broader range of activities. Making explicit to providers how commissioners intend to perform and behave in influencing the market.

Essentially, this means we need to work with a broader range of providers in a variety of different ways. We will continue to work with residential, nursing, home and day care providers, but will also be working more closely with a range of other organisations and providers in the private and voluntary sectors, including housing providers to ensure we can improve service user's wellbeing.

It may mean identifying and removing barriers to market entry faced by specific providers, developing channels to produce ideas from providers of new models of care or piloting innovative approaches. As strategic commissioners, we also need to understand and take into account the impact our decisions may have on the overall structure of the market.

Market Intervention

This brings the results of the intelligence activity and the market structuring together into a potential number of intervention activities.

Helping to support investment may include; stimulating particular parts of the market with incentives, offering specialist training, providing support with business planning, working with providers and service users in order to deliver good quality information, creating vehicles for consumer feedback on service provision or help to stimulate community based partnerships.

Working with providers to support the delivery of our vision locally can however, only be achieved through practical, well understood and targeted intervention activity.

SECTION 2

Who is this Plan is for?

This document is aimed at existing and new providers of health and social care. It sets out the vision for the future of Inverclyde Health and Social Care markets:

> ***"We are committed to stimulating a diverse, active market where innovation and energy is encouraged and rewarded and where poor standards of practice are identified and addressed."***

This Plan will enable providers of Health and Social Care to have a better understanding of our intentions as a purchaser of services and how we might respond to the personalisation of health and social care.

It will also assist voluntary and community organisations to learn about our requirements and contracting activities and thereby help them to build on their knowledge of local needs in order to develop new activities and services.

People interested in local business development and social enterprise can also learn about possible new opportunities in the market and explore in partnership with us, how to enter the social care and support market and thereby offer innovative ideas and solutions for users of services.

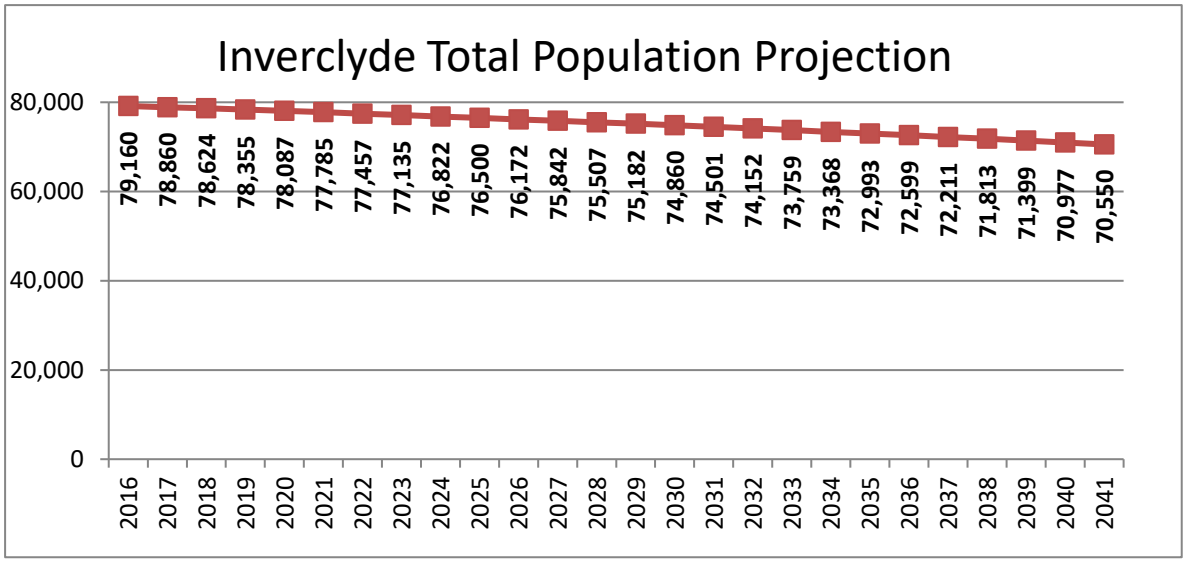
The Plan will also help service users of Health and Social Care and their families/carers have a greater understanding about the possibilities for change. This may therefore help to lead to greater choice and control. Additionally, it will help individuals become proactive in shaping not only their own support solutions, but those of others in Inverclyde.

SECTION 3

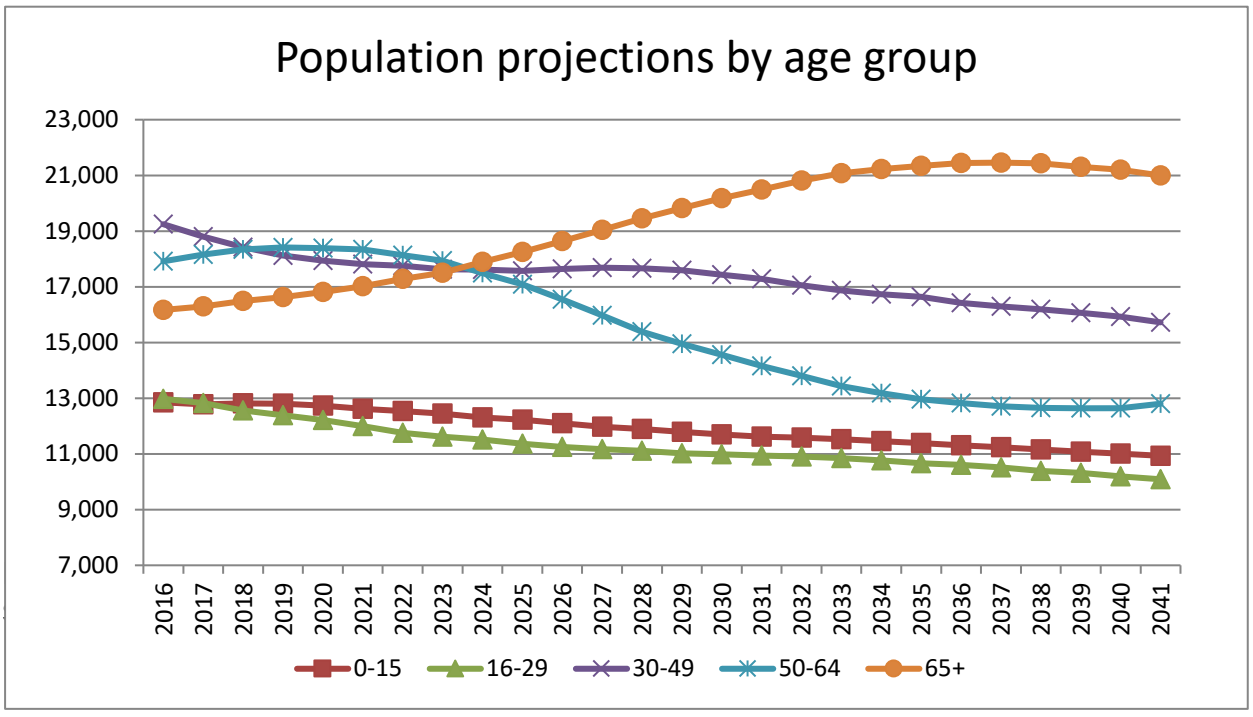
Drivers for Change

Population Projections

Inverclyde has an estimated population of 78,150 as of June 2018. The population in general within Inverclyde is decreasing; by the year 2041 Inverclyde's population will have decreased to an estimated projection of 70,550 people. This decrease also brings challenges for Health and Social Care Services provision.



From the population of age groups it is evident that by 2041 the largest population subset will be those ages 65+ while all other age groups are projected to decrease.

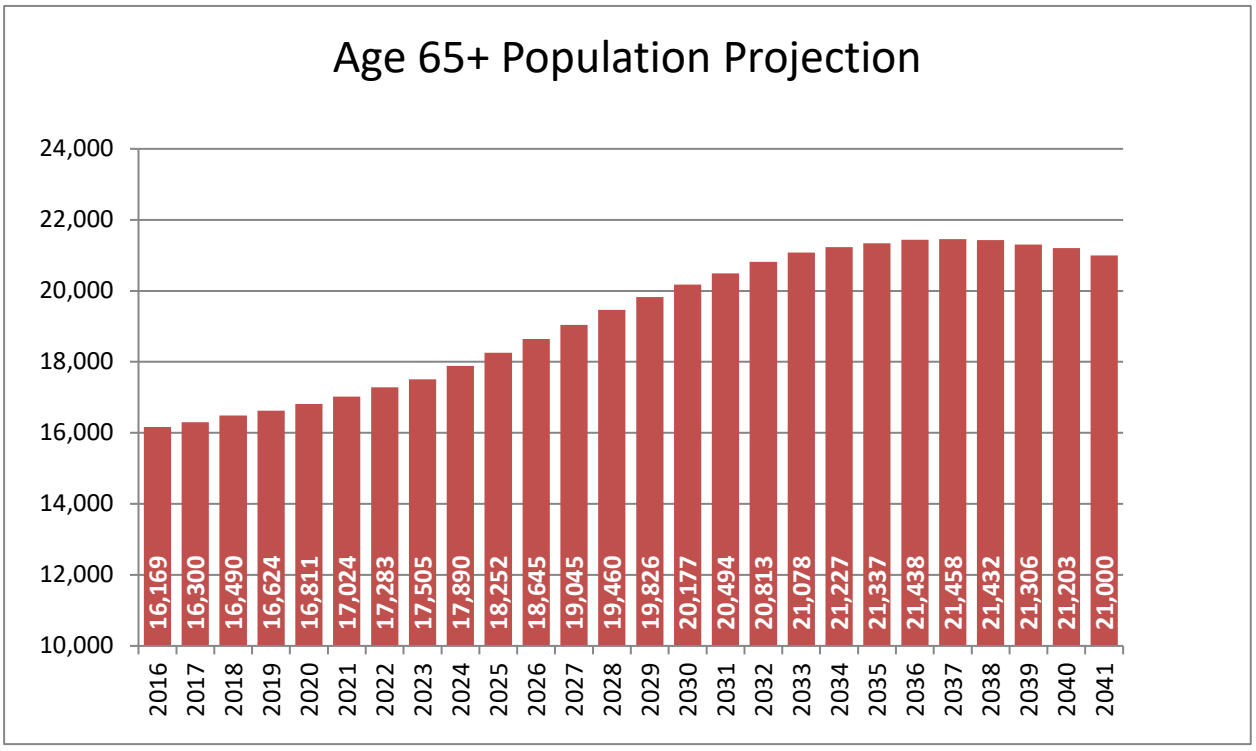


For Providers, understanding the current and projected customer base is essential in successful business planning.

Ageing Population

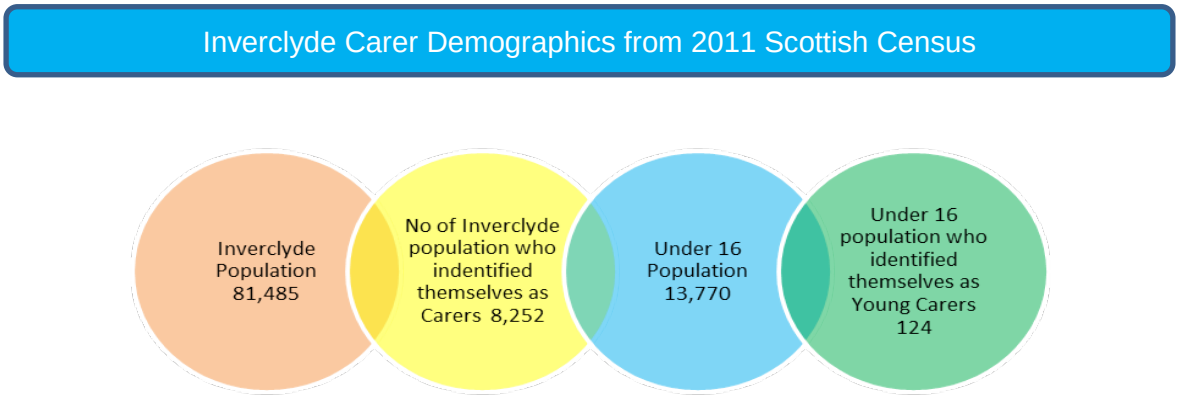
People within the Inverclyde area are living longer, many with long term conditions many people aged over 60 years contribute greatly to society through volunteering within their community and caring for relatives. Simultaneously, this brings new challenges. The way that Health and Social Care is being provided therefore must change to meet current and future demands, as well as rising public expectations. The current delivery of Health and Social Care is unsustainable, due to an ageing population; growing numbers of older people living with multiple conditions and complex needs and the continuing shift in the pattern of disease towards long term conditions.

The population of older people is rising, as of June 2018 the population of 65+ age group in Inverclyde was estimated at 16,382. By 2041 the 65+ age group population projected growth will be 21,000, an increase of 28%. This will lead to an increase on reliance on Health and Social Care Services.



In conjunction with an ageing population an increase in multiple and long-term conditions can be anticipated, which has an impact on emergency hospital admissions as well as potential delays in discharge. Another challenge is the increase of dependency of the wider society on carers.

The Scottish Census 2011 highlighted that there were 8,252 of Inverclyde's population who identified themselves as Carers.



A key priority outcome for Inverclyde is to identify "hidden carers" through a range of initiatives and encourage them to seek the advice, guidance and support which is on offer to assist them in their future caring role. From 2014 the number of registered carers has been increasing as the table below indicates.

Carers Registered with Inverclyde Carers Centre	
Year	No of Registered Carers
2014/2015	2208
2015/2016	2345
2016/2017	2581
2018/2019	2677
2019	3068 as of 15th July 2019

For more information on key priority outcomes for all carers the Carer and Young Carers Strategy 2017 – 2022 can be found at: https://www.inverclyde.gov.uk/health-and-social-care/support-for-carers/inverclyde-carer-young-carer-strategy-2017-2022

Health Inequalities

It is important that we are able to monitor progress towards local outcomes, through focusing on the priority areas identified and continue to reduce health inequalities through positive health and social outcomes. Deprivation is a risk factor for the vast majority of conditions. Health and Social Care and support services must continue to reduce health inequalities through delivering positive health and social outcomes.

Advances in medical science are enabling more people to live for longer, many with long term conditions and this is continuing to change the shape and make up of our population and will thus continue to lead to greater demand for social care and support.

Responding to Change

Recognising the level of change, the traditional ways in which Health and Social Care Services are structured and delivered are becoming unsustainable. To support the fundamental change required an effective approach to market facilitation is essential. We are committed to deliver more seamless services through the integration of local Health and Social Care Services.

The NHS Strategic Context

NHS GGC and Inverclyde IJB have a shared responsibility for strategic planning and service delivery across the boundaries of primary, community and secondary care and a key priority is to reduce demand for acute services and ensure that patients who no longer require acute care are discharged home or move into HSCP delivered services in a timely manner.

Clinical Case for Change

There are a number of key clinical drivers that underpin the changing environment in which care is delivered. Recognising this landscape and the evident shift of care from more traditional in-patient beds to local community based models will be key in developing future models.

Improve Quality of Service Provision

Supporting people to achieve the outcomes they want for themselves will need a focus on further development of the skills of our Health and Social Care and support workforce and the ways in which we motivate and support people who want to contribute as volunteers.

Innovation

Providers who re-shape their service delivery models, to include the provision of opportunities to learn about living well and practical help to maintain health and wellbeing, will be well placed to respond to future commissioning opportunities.

Asset Based Approaches

Inverclyde HSCP recognises the value of the assets in our community – our service users, their social connections and the wide range of activities and services in our community, not all of which are immediately recognisable as a health or social care service. In particular we are interested in:

Coproduction

There is broad recognition that services that are designed and delivered in partnership with service users result in improved outcomes and user satisfaction. Services delivered in a coproduction model are proven to reduce reliance on support and support recovery. We aspire for all health and care services in Inverclyde to take such an approach wherever possible.

Community Empowerment

The Community Empowerment Act gives communities the right to a greater say over how public services are delivered to them. We recognise this opportunity for enhancing public involvement and are keen to make it as easy as possible for people to become involved in how services are designed and delivered.

People need to be empowered to shape their own local services in response to local priorities, and in response to this we have developed six Locality Planning Groups (LPGs). These will be responsible for the development of their respective Locality Action Plans outlining how they will drive forward and deliver transformation change in line with agreed strategic policy and priority areas, including Inverclyde HSCP Strategic Plan 2019 – 2024 and the Alliance Local Outcomes Improvement Plan (LOIP). This will enable service planning at a local level with local communities, as recommended in the Marmot Review ("Fair Society, Healthy Lives", 2010) and Christie Commission Report ("Report on the Future of Public Services", 2011). It will also help to inform what needs to be commissioned in order to deliver the changes that localities have identifies as being the most impactful, and on what people tell us is important to them.

We aim to use locality planning to maintain a clear line of sight to the most vulnerable and the most excluded citizens in our community to plan and deliver the services they need.

Community Resources

We recognise the hundreds of community resources that already exist in Inverclyde provided by both the public and third sector. Community centres, advice services, sports clubs, arts groups, social activities, peer support and many more.

We want service users to be able to access the activities that they enjoy and benefit from. We also want them to feel enabled to establish new activities and services where there are gaps in delivery.

Partnership

HSCP resources are finite and increasingly stretched to meet the demands placed upon it. We want to maximise the overall resource available by working effectively with our public and third sector partners to identify resources that do and could come into Inverclyde that can contribute to health and social care. This approach will see Inverclyde HSCP working as a partner rather than a commissioner in some cases.

Removing Barriers

It is important to identify where there are barriers to market entry and we need to work with providers and other stakeholders to see how these might be overcome. There is also a need to ensure that procurement arrangements do not hinder the development of creative solutions in the commissioning of Health and Social Care Services.

Pressures on Spending

At a time of severe constraint on public finances, Health and Social Care Services are

being delivered within an increasingly challenging financial environment.

At a time of constraint and demands on Health and Social Care Services we cannot meet the rising demand for support by simply spending more. Doing more of the same is no longer an option. Together with providers, we need to develop new and financially sustainable services to meet service users' needs.

Responsive Workforce

A skilled and competent workforce, across all sectors, is required to ensure tailored care is provided to meet the needs of service users and their carers. Care will be delivered in a collaborative and multi-agency way which will require changing knowledge and skills.

It is recognised that service quality levels are often critically dependent on the quality and engagement of the workforce through fair work practices, including the Living Wage. Inverclyde HSCP encourages all providers to pay the living wage. Paying the living wage offers clear benefits to employers which can have a positive impact in value for money and service deliver.

Ethical Care Charter

The Ethical Care Charter created and produced by Unison Trade Union has been adopted by Inverclyde HSCP. This charter is in recognition of the achievement of quality standards in homecare practice by Inverclyde HSCP. It pledges to ensure homecare employees' will be treated fairly, paid the living wage, paid travelling expenses and travel time and the removal of zero hours based employment terms and conditions. This is important because the HSCP believe that when staff feel respected and valued, they are more motivated to deliver the very best care they can. The Homecare tender which commenced in April 2018 included The Ethical Care Charter within the Fair Work Practice question which equates to 25% of the overall quality score.

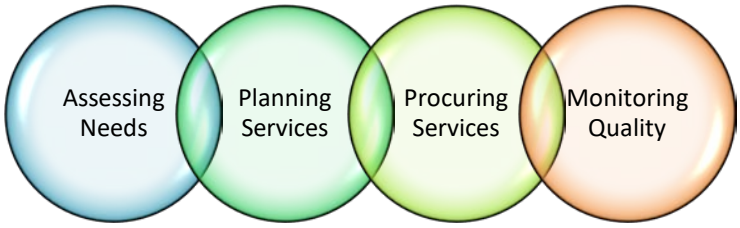
SECTION 4

Our Approach to Commissioning

What is Commissioning

Commissioning is the process by which the HSCP plan, purchase and monitor care services.

Commissioning comprises of a range of activities which include;



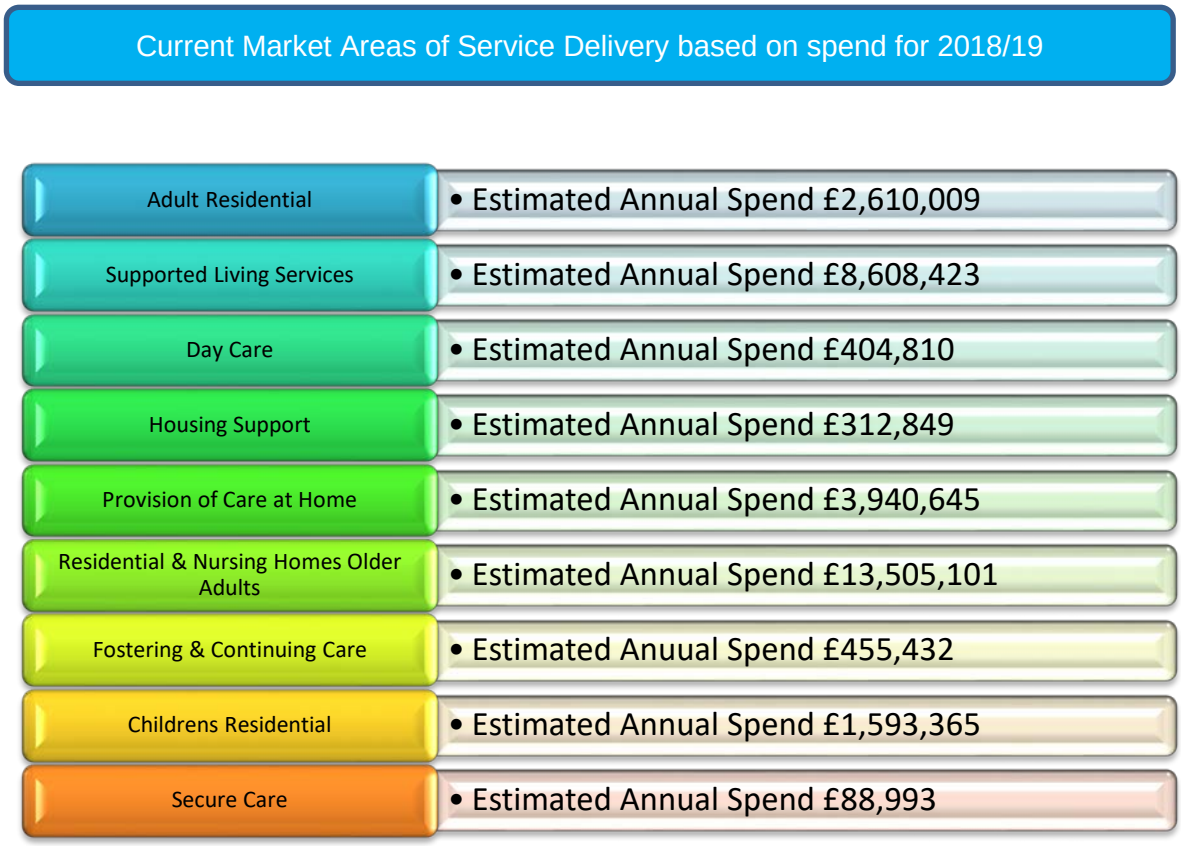
HSCP is responsible for commissioning public funded health and social care services.

Scope of Services

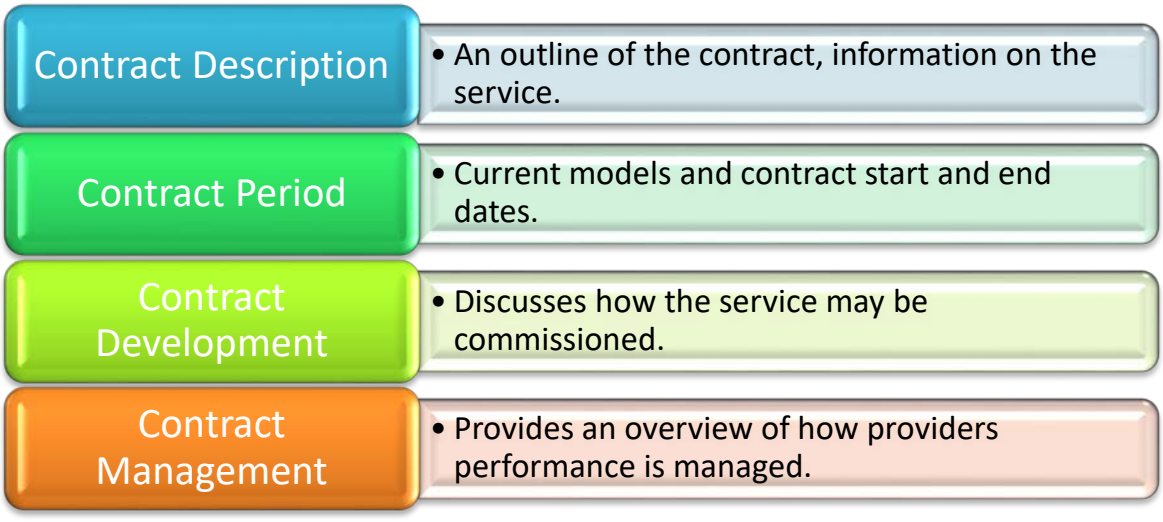
Inverclyde Health and Social Care Partnership have an existing range of excellent Health and Social Care Services. Currently the HSCP is organised around four service areas;

- Children Services and Criminal Justice
- Health and Community Care
- Mental Health, Addictions and Homelessness
- Strategy and Support Services

Within the service areas the current market areas of service delivery are;



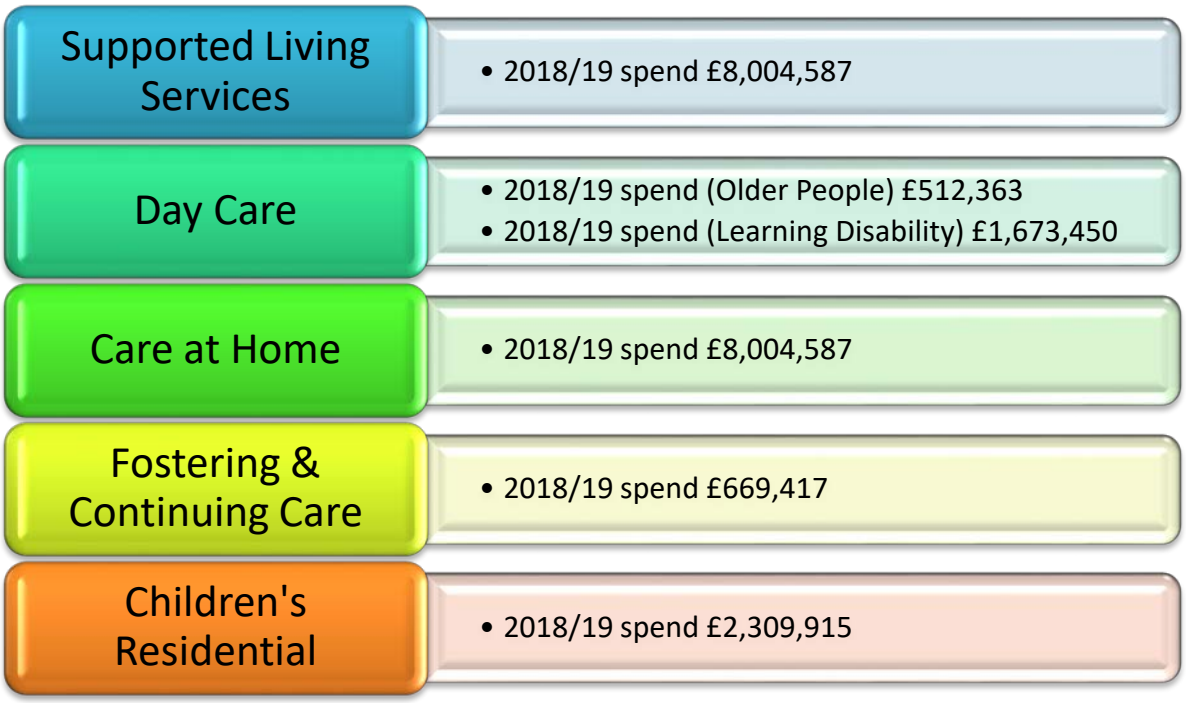
For each of the current market areas a contract summary is included at Appendix 1. The contract summary reports provide information on;



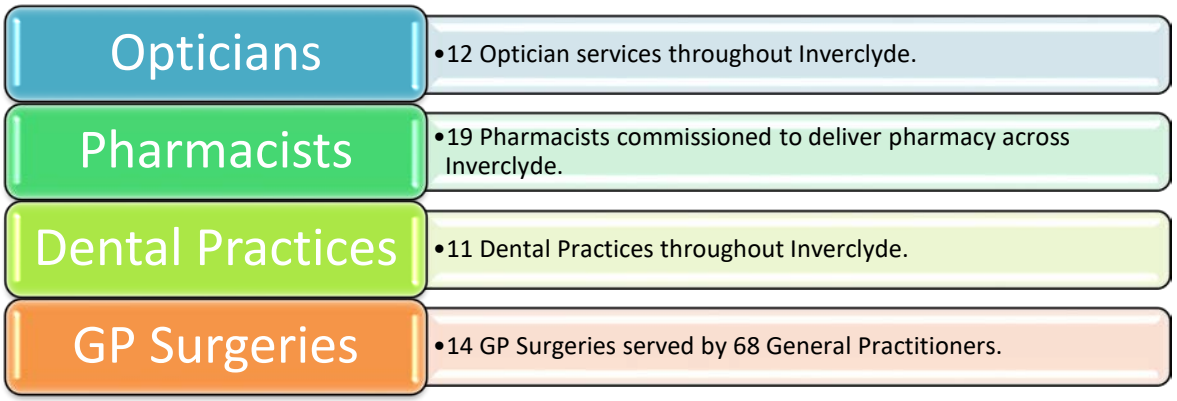
There are also contracts which are negotiated due to the nature of the contract required.

Internal Spend

Alongside commissioned services the HSCP have in house provision which provides a diverse range of social care services including day care, children's residential, fostering and adoption services, respite, care at home, housing support and temporary accommodation.



Health Based Services



SECTION 5

Our Commissioning Intentions – The Future

Commissioning Themes – 6 Big Actions

Inverclyde Health and Social Care Partnership will now be commissioning based on our 6 Big Actions:

Big Action 1	•Reducing inequalities by building stronger communities and improving physical and mentsl health.
Big Action 2	•A nurturing Inverclyde will give our children and young people the best start in life.
Big Action 3	•Together we will protect our population.
Big Action 4	•We will support more people to fulfil their right to live at home or in a homely setting and promote independent living, together we will maximise opportunities to provide stable sustainable housing for all.
Big Action 5	•Together we will reduce the use of, and harm from alcohol, tobacco and drugs.
Big Action 6	•We will build on the strengths of our people and our community.

The HSCP will encourage providers to be more flexible and creative in how they provide services. The introduction of the six big actions will bring further opportunities for creativity, innovation, stimulate growth and diversity in the market and empower service users or those who act on their behalf to decide how their outcomes are best met.

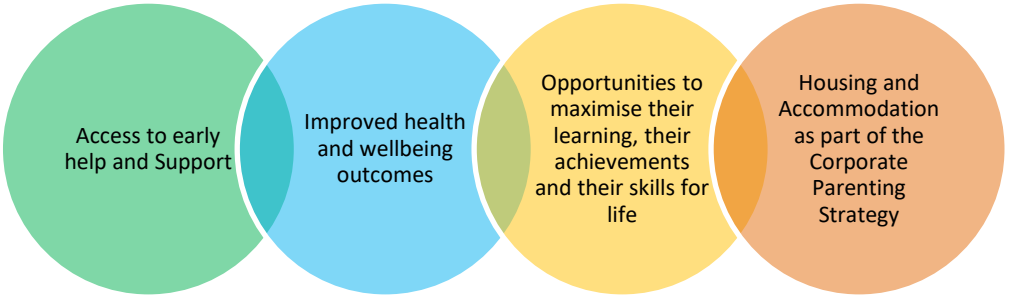
The big actions will cut across all care groups rather than work in care group silos, this will allow providers to identify opportunities for collaboration across services and focus on better outcomes that make a real difference to the lives of individuals, families and communities rather than targets.

As we move forward and commission by big action themes we will identify any opportunities to work with partners to commission services across care groups; for example:

"Big Action 1" – has relevance to all ages and with full range of support needs. It does not make sense to commission services to support recovery on behalf of older people, people with mental health and learning disabilities. By commissioning against our strategic commissioning themes the HSCP will be in a stronger position to ensure that our commissioning is based on person centered outcomes.

"Big Action 2" - The Inverclyde Integrated Children and Young People's Service Plan 2017 – 2020 sets out our joint vision and agreed approach to improving outcomes for children.

Our priorities are that children and young people in Inverclyde have:



For more information on the Children and Young People's Service Plan 2017 – 2020 go to: https://www.inverclyde.gov.uk/health-and-social-care/support-for-children-families/joint-childrens-services-planning

Changing Landscape for Commissioning:

There is a statutory requirement for joint working between HSCP's and hospital to plan for;

- Accident and Emergency services provided in a hospital;
- Inpatient hospital service relating to;
    - General medicine
    - Geriatric medicine
    - Rehabilitation medicine
    - Respiratory medicine

Palliative care service provided in a hospital.

Therefore transforming our current provision into a more effective and patient-centered system will be at the heart of our planning with the acute sector - Particularly with regard to unscheduled care.

Moving Forward Together

Inverclyde HSCP has been a key partner in the development of Moving Forward Together. Moving Forward Together (MFT) is a programme of work that brings together the Greater Glasgow & Clyde NHS Board and Acute Hospitals Sector, as well as the 6 HSCPs that fall within the NHS Board catchment (Inverclyde; Glasgow City; Renfrewshire; East Renfrewshire; East Dunbartonshire and West Dunbartonshire). MFT will develop and deliver a transformational change programme, aligned to National and Regional policies and strategies. This is our first venture as a whole system to develop the future strategy, essentially, health and social care services need to modernise to keep pace with the changes that are taking place in technology; innovations in supported self-care, and the integration of Community Health and Social Work services. MFT describes how NHSGGC will deliver across all health and social care services, with particular focus

on the benefits of integration at local levels. Good health is fostered by a range of supports, not just health services, and MFT recognises this. The MFT programme emphasises quality and the need to deliver safe, effective, person-centred and sustainable care to meet the current and future needs of our population. The programme reinforces the need to design support and care around specific needs of individuals and different segments of our population, not around existing organisations and services. There will be continuous engagement opportunities to involve communities in developing, leading and influencing strands of this work through locality based Communications and Engagement Groups.

This new system of care will be organised in the most effective way to provide safe, effective person centered and sustainable care to meet the current and future needs of our population. It will be designed to:

- Support and empower people to improve their own health
- Support people to live independently at home for longer
- Empower and support people to manage their own long term conditions
- Enable people to stay in their communities accessing the care they need
- Enable people to access high quality primary and community care services close to home
- Provide access to world class hospital based care when the required level of care or treatment cannot be provided in the community
- Deliver hospital care on an ambulatory or day case basis whenever possible
- Provide highly specialist hospital services for the people of Greater Glasgow and Clyde and for some services, in the West of Scotland

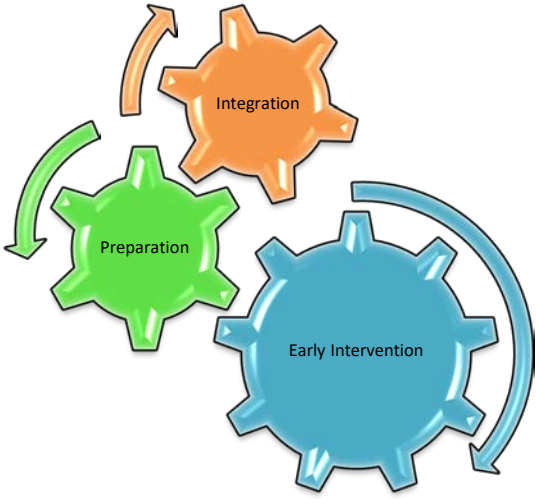
This will be developed through the Moving Forward Together Programme. This will see a Core Team of multidisciplinary healthcare and social care clinical and managerial staff from across Greater Glasgow and Clyde working collaboratively. They will work in partnership with Scottish Government, neighbouring NHS Boards, Local Authorities, Scottish Ambulance Service, Third Sector and Education. They will engage with the full range of people1 in an open, transparent and accessible way and use their feedback to shape the development of transformational change through the six Locality Planning Groups (LPGs).

As there is a key focus on delivering care outwith hospital settings, maximizing care delivery in the local community, this will change the model of care in the future and will impact on the commissioning landscape for the HSCP.

How providers can begin to prepare

The HSCP is committed to delivering seamless services through the integration of Health and Social Care and support services. Providers who re-shape their service delivery models will be better placed to respond to future commissioning opportunities. Providers should therefore:

- Consider how their services can support prevention, early intervention and recovery focus and how they support people to be as independent as possible; Develop models of care that focus on holistic wellbeing for the service user to achieve personal and social outcomes, rather than delivering personal care tasks a focus towards shorter term intensive care packages aimed at reablement and returning home;



- Consider how their services work within local communities and how they support the building of capacity within those communities. The use of assistive technology needs to be further embedded into mainstream support provision; capacity building within the unpaid carers sector; services for people with learning disabilities will need to offer a broader range of stimulating experiences for the service user and carer;

- Consider how services can deliver a combination of intervention to support prevention, early intervention and recovery.

- Empower individuals to change behaviours and promote self care/management approaches.

- Recognise that increasingly the purchasing partner will no longer be the Local Authority/NHS but will be the service user. This will require providers to market their services differently and mean that they will need to make access to their services more straightforward;

- Consider the need to find innovative ways to design and provide support which will increase the need to better involve and engage service users and their families/carers. Focus should be on maximising independence even for service

users who need a higher level of long term support; and offer a broader range of stimulating experiences for service users and carers;

- Develop ways to record, evidence, analyse and report on outcomes. Ensure evaluations shows the impact of their activities rather than the number of people whom a service was provided or hours delivered;

- Find better ways to engage with and link service users with other opportunities in the community, particularly within the context of individual budgets, maximising independence and a general broadening of the potential social care and support market;

- Require innovation and develop new approaches to be marketed to service users directly or by engaging with commissioners, in order to deliver personalisation;

- Create smarter partnership working opportunities, eg: sharing expertise, resources or back office support to increase impact and efficiency. This could be via formal or informal arrangements;

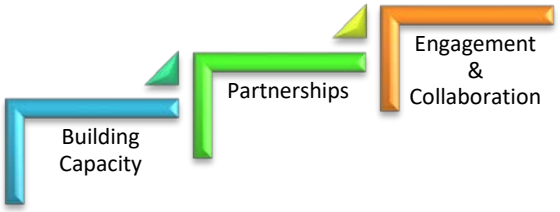
- With Self Directed Support, the emphasis on personalisation, the delivery of individual outcomes means that we need to consider new delivery models of health and social care;

- Information and advice in the market is expected to grow to support people in taking choice and control over how their needs are met;

- There are also an increasing number of people self-funding the social care and support that they need. However, regardless of how social care and support is funded, people wish greater choice, control and flexibility over how their Health and Social Care needs are met.

Approaches we consider important

There are a number of approaches that we feel are important to ensure we can effectively inform, engage and consult with the market. Setting out how we want to develop the market in Inverclyde and what we need to achieve to realise our vision is not enough. We must also be clear about how we plan to engage with the market to do this.



We intend to develop engagement through a number of different mechanisms including the following:

Provider Events

Events to engage with the market to share strategic commissioning intentions, direction of travel and to inform discussion about new models of provision and to gauge feedback from the market place on our plans.

Forums for Specific Provider Markets

Regular forums to engage with specific sectors within the wider market place to discuss strategic commissioning intentions and direction of travel and how they may impact on specific sectors of the market around new models of provision.

Direct Engagement with Providers

Meetings and working groups with different providers as and when required to facilitate the development and realisation of new models of service provision. This level of engagement is necessary to model the care and support services required in the community to support the accommodation plus model of provision.

The HSCP currently have direct engagement with Providers at the 6 monthly Governance meetings, these meetings allow providers to discuss potential development opportunities and any issues they wish to share.

Locality Planning Groups (LPGs)

Inverclyde HSCP is establishing six localities to enable service planning at local level and within natural communities. Locality Planning Groups (LPGs) will be responsible for the development of their respective Locality Action Plans outlining how they will drive forward and deliver transformation change in line with agreed strategic policy and priority areas, including Inverclyde HSCP Strategic Plan 2019 – 2024 and the Alliance Local Outcomes Improvement Plan (LOIP), and they will articulate their commissioining intentions. This will enable service planning at a local level with local communities, as

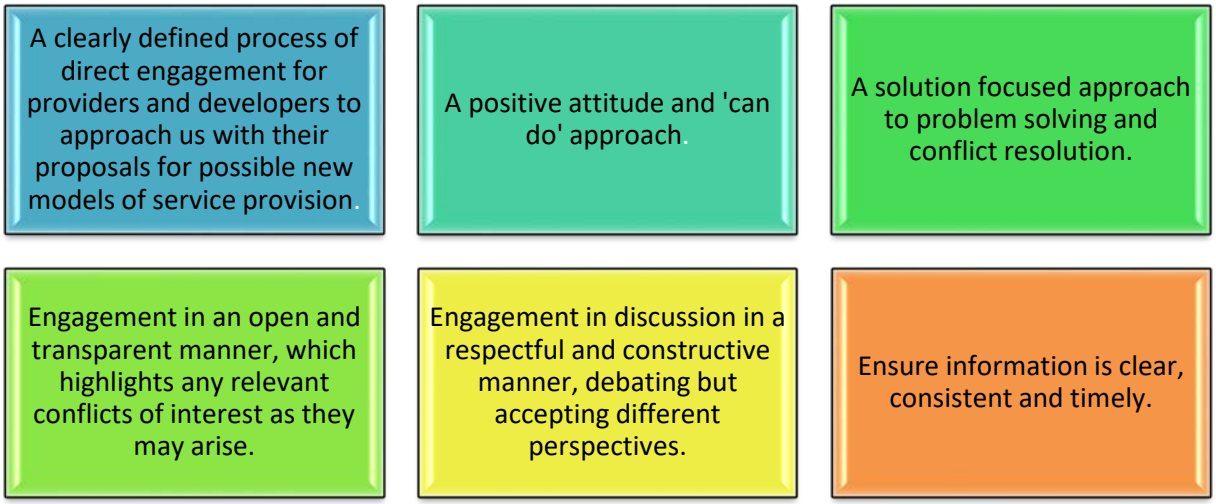
recommended in the Marmot Review ("Fair Society, Healthy Lives", 2010) and Christie Commission Report ("Report on the Future of Public Services", 2011).

Our Locality Planning Groups (LPGs) will be central to improving the social and economic circumstances within our communities, and reducing inequalities. The challenges in meeting increasing demand and addressing the widening gap in health inequalities is emphasised in the Marmot Review Report 'Fair Society, Healthy Lives' of 2010. The Review proposes an evidence based strategy to address the social determinants of health - the conditions in which people are born, grow, live and age - which can lead to health inequalities or other unequal outcomes.

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

The Inverclyde HSCP Strategic Plan 2019 – 2024 states that during the early implementation phase, the current three localities (east, West and Central) will move to six localities to align with the Community Planning Partnership (Inverclyde Alliance). The HSCP and Inverclyde Alliance are committed to working better together because we know that's what makes a real difference. Our six Locality Planning Groups (LPGs) are reflected below.

Through the above approaches we will encourage:



Inverclyde HSCP is committed to developing greater trust and supporting providers, so collectively we are open and prepared to share information about funding, service activity and costs (within reasonable confidentiality).

SECTION 6 - Governance

The Integration Joint Board

Inverclyde Integration Joint Board (IJB) is a distinct legal body which was created by Inverclyde Council and NHS Greater Glasgow and Clyde, and approved by Scottish Ministers in line with the legislation.

The IJB is a decision-making body that meets regularly to discuss, plan and decide how health and social care services are delivered in Inverclyde. All IJB decisions are in line with the Strategic Plan which is why it is such an important document. Membership of the IJB is wide consisting of:

- Four Elected Members (Councillors).
- Four NHS Non-Executive Directors
- Carer Representative
- Service User Representative
- Staff-side Representative x 2
- Clinical Director
- Chief Nurse
- Chief Social Work Officer
- Acute Sector Clinician
- Third Sector Representative x 2
- Chief Officer
- Chief Financial Officer

In line with the legal requirements, the IJB established a Strategic Planning Group with wide representation from partners as noted below including carers and community representatives, who are responsible for shaping and monitoring the effectiveness of the plan.
The Strategic Planning Group is chaired by the Chief Officer and has representation from:

- Service Users
- Carers
- People Involvement Advisory Network
- The local Third / Voluntary Sector
- The Independent Sector
- The Acute Hospitals Sector
- Social Work Services
- Community Health Services
- Primary Care
- Nursing
- Allied Health Professionals
- Inverclyde Housing Associations Forum
- Inverclyde Council Strategic Housing Services
- Staff-side
- Inverclyde Community Planning Partnership

It is important that we engage with people in their own communities so we have locality and local plans that link with Community Planning Partners.

The Chief Officer is accountable to the IJB and the Chief Executive of the local authority and health board for the performance and quality of the partnerships delegated functions.

Governance

In order to ensure we are meeting our performance and quality the Strategic Commissioning Team report to the Inverclyde Integration Joint Board Committee members on matters relating to the HSCP governance process for externally commissioned social care services. The governance report provides a strategic overview of performance, quality and contract compliance of services provided by external independent, third sector and voluntary organisations.

The governance arrangements ensure that contracted services maintain quality service provision, meet financial governance requirements and are an active partner in the strategic commissioning cycle.

SECTION 7

CONCLUSION

It is Inverclyde Health and Social Care Partnership's intention to continue to work with providers and include other interested stakeholders to improve our market intelligence, in order to effectively plan our business and make known to the market our intentions for the coming years in line with the direction of our Strategic Plan 2019 to 2024

The market facilitation and commissioning plan provides a platform;

- For providers and commissioners to strengthen their relationship and continue to work together to improve outcomes for Inverclyde's service users.

- To work effectively to create capacity to utilise the budgets we have in order to meet the increasing demand on Inverclyde's Health and Social Care Services.

Inverclyde Health and Social Care Partnership in return would ask the market to provide feedback, bring opportunities for improvement and raise concerns with a focus on solutions to ensure we embed continuous service improvement into our day to day business in line with the principles of integration underpinned by Legislation. Engagement will take place through existing and new communication and engagement channels and in line with agreed standards as outlined in the revised Communications and Engagement Strategy, as well as the work being carried out within our six Locality Planning Groups (LPGs), and Provider Forums. Through these routes we will realise with the aim of developing a joint action plan to support the delivery of the Market Facilitation and Commissioning Plan.

The aim of the plan is to communicate these messages and thereafter enable and provide a basis for early engagement and onging collaboration with the market on how best to respond to these key messages.

Working Better Together

Appendix 1

ADULT RESIDENTIAL Estimated Annual Spend 2018/19 - £2,610,009	
CONTRACT DESCRIPTION	A number of contracts are in place to provide care for adults who have an assessed need to be supported in a care home environment. The spend relates to the Scotland Excel Care Home for Adults with Learning Disabilities contract and other contracts for individuals with a physical disability or severe and enduring mental health problems and purchased out of area placements for adults with a learning disability.
CONTRACT PERIODS	The Scotland Excel Care Home for Adults with Learning Disabilities Framework was retendered in 2019. This Framework will be in place for a period of 2 years with an option to extend for one year and one year. Individual contracts with providers are on-going and spot purchase agreements cover individual service contracts only and have no defined end date.
CONTRACT DEVELOPMENT	Discussions to migrate the spot purchased out of area placements to the Scotland Excel framework terms and conditions with providers who are on the framework are on-going. Contractual arrangements will be put in place for those placements out with the framework.
CONTRACT MANAGEMENT	The Strategic Commissioning Team, within Inverclyde Health and Social Care Partnerships Quality and Development Service, have responsibility for monitoring the performance of each individual home and liaising directly with Scotland Excel regarding any contract matters that may arise. Management and review of individual cases is undertaken by Assessment and Care Management teams in Adult Services. Provider governance meetings are held twice per year.

SUPPORTED LIVING SERVICES Estimated Annual Spend 2018/19 - £8,608,423	
CONTRACT DESCRIPTION	A Framework Agreement, of 10 providers for the provision of Supported Living Services and other individual contracts which meets the assessed needs of service users due to learning disability, physical disability, sensory impairment, mental illness, addiction or are homeless. Additional spot purchases for out of area placements are also included.
CONTRACT PERIODS	The Framework was established in February 2018 for a period of 2 years until February 2020. Thereafter there is an option to further extend the framework for 2 years on a year by year basis. A decision on whether the extension period will be activated will be communicated towards the end of 2019.
CONTRACT DEVELOPMENT	The contract was developed to harmonise rates for providers who were delivering Housing Support (Supported Living) Services. Providers submitted a rate up to a capped level to which they could provide the "core service" as set out in the service specification. Following a service user assessment an enhanced rate (+5%) of the tendered rate is awarded to those providers who can evidence a specialist service being provided as set out in the service specification.
CONTRACT MANAGEMENT	Work is allocated through Resource Allocation Groups. One for Learning and Physical Disability services and another for Mental Health, Addiction and Homelessness Services. The Strategic Commissioning Team, within Inverclyde HSCP Quality and Development Service, has responsibility for monitoring the performance of each provider. Management and review of individual cases is undertaken by Assessment and Care Management teams in Adult Services. Provider governance meetings are held twice per year.

DAY CARE Estimated Annual Spend 2018/19 - £404,810	
CONTRACT DESCRIPTION	A Day Care Framework Agreement is in place to provide day care services to older people. Service provision is allocated in two lots Greenock East Port Glasgow and Greenock Central/Gourock.
CONTRACT PERIODS	The Framework Agreement was established in July 2017 for a period of 2 years until June 2019 with an option to extend for one year and one year. The Framework is currently in the first extended year to June 2020 with a further option to extend until June 2021 which will be decided in early 2020.
CONTRACT DEVELOPMENT	Day care services for older people were reviewed in 2016/17. Objectives included working with providers to agree standard terms and establish framework agreements. Block funding agreements were withdrawn. Rates were harmonised to ensure that costs were standardized across the service provision. Additional services such as meals are paid for separately by the service user.
CONTRACT MANAGEMENT	Placements are allocated by service users' choice of provider. Contract Management is undertaken by the Strategic Commissioning Team. Management and review of individual cases is undertaken by the HSCP Assessment and Care Management and Care at Home Teams. Providers' governance meetings are held at least twice a year.

HOUSING SUPPORT Estimated Annual Spend 2018/19 - £312,849	
CONTRACT DESCRIPTION	Individual agreements in place with 3 Providers to provide Housing Support Services across 13 Sheltered Housing Complexes across Inverclyde.
CONTRACT PERIODS	Contract commenced on 1st April 2019 for a period of 2 years until 31st March 2021.
CONTRACT DEVELOPMENT	A review of Housing Support began in December 2017 and resulted in a redesigned Housing Support Service model being implemented focusing on prevention of social isolation.
CONTRACT MANAGEMENT	Current arrangements in Sheltered Housing Complexes are that all tenants are offered a Housing Support Service from the Warden. Contract Management is undertaken by the Strategic Commissioning Team within the HSCP Quality and Development Service. Management and review of individual cases is undertaken by the Inverclyde HSCP Assessment and Care Management Team.

PROVISION OF CARE AT HOME Estimated Annual Spend 2018/19 - £3,940,645	
CONTRACT DESCRIPTION	The Care at Home Framework Agreement consists of 5 providers at present, delivering Care at Home services across the Inverclyde HSCP area. Services are allocated in lots, with the provider in each area being offered packages of care before being offered to Ad-Hoc providers who have capacity.
CONTRACT PERIODS	The Framework was established in April 2018 and will be for a period of 2 years until March 2020. There is an option to extend for 2 years, on a year by year basis. A decision to extend the Framework will be made at the end of 2019.
CONTRACT DEVELOPMENT	Future plans to introduce block referrals in the next Framework are being considered. This will allow opportunities for work to be allocated in larger service blocks to support providers recruiting and retaining staff, to reduce travel time and support more efficient ways of working.
CONTRACT MANAGEMENT	Currently work is allocated by individual Home Support Officers, and Contract Management is undertaken by the Strategic Commissioning Team within the HSCP Quality and Development service. Management and review of individual cases is undertaken by the Inverclyde HSCP Assessment and Care Management and Care at Home Teams. Providers' governance meetings are held at least twice a year.

RESIDENTIAL & NURSING HOMES OLDER ADULTS Estimated Annual Spend 2018/19 - £13,505,101	
CONTRACT DESCRIPTION	There is a National Care Home Contract (NCHC) in place which provides care for approximately 600 older adults in the Inverclyde HSCP area, who have a need for the support offered in a care home environment. Placements are made on assessed need, and older adults may be placed within either a residential home or a nursing home depending on the outcome of their assessment. Terms and conditions are set at a national level and apply to all contracted care homes. All residential and nursing homes in the Inverclyde area have signed up to the NCHC.
CONTRACT PERIODS	The National Care Home Contract is a rolling contract, NCHC weekly fee rates, levels of care and support and terms are re-negotiated annually. These annual agreements are led by Scotland Excel and cover both residential and nursing homes.
CONTRACT DEVELOPMENT	Scotland Excel is working alongside HSCP's and COSLA to help develop service specifications for the NCHC. New specifications are also being considered for more specialist services, which could be commissioned locally in the future under the NCHC. The sector is also committed to improving workforce matters and, in particular, to increase care staff pay scales to the Living Wage.
CONTRACT MANAGEMENT	Packages of care are allocated and agreed by a resource panel. The panel's role is to ensure the needs of the older adult are best met and available budget is utilised effectively. The Strategic Commissioning Team, within the HSCP's Quality and Development Service, are responsible for monitoring the performance of each individual care home. Scotland Excel provides support at a strategic level, with financial risk assessment and continuity planning in the event of any large scale closure of a resource. Management and review of individual cases is undertaken by Inverclyde HSCP Community Care teams in Adult Services. Providers' governance meetings are held on a six monthly basis.

NATIONAL FOSTERING & CONTINUING CARE FRAMEWORK Estimated Annual Spend 2018/19 - £455,432	
CONTRACT DESCRIPTION	The National Fostering & Continuing Care Framework enables Local Authorities to purchase fostering and continuing care placements from independent and voluntary providers as a supplement to their internal provision. Fostering services provide family based care for children and young people who cannot live with their own families. Foster care can be for a short period or longer term placements. The framework covers both core services, enhanced or specialist services and also short breaks and has been developed in a context of change in national legislation and policy.
CONTRACT PERIODS	The National Fostering and Continuing Care Framework started on 25th March 2017 and will run for a period of 2 years to 24th March 2019. There is a 2 year extension option which has been agreed therefore the Framework will end on 24th March 2021. Work will begin early 2020 to tender for a new framework to be in place for March 2021 when the existing one expires.
CONTRACT DEVELOPMENT	All current external placements for foster care are purchased via the Scotland Excel Framework.
CONTRACT MANAGEMENT	Scotland Excel manages this framework on behalf of participating Local Authorities. Local Authorities provide Scotland Excel with management information and costs of packages to inform statistical reporting. Packages of care are allocated and agreed by Inverclyde HSCP's Service Managers and Head of Service for Children and Families Services. The Strategic Commissioning Team, within Inverclyde HSCP's Quality and Development Service, has the responsibility for monitoring the performance of each service and liaising directly with Scotland Excel regarding any contract matters that may arise. Management and review of individual cases is undertaken by Inverclyde HSCP Children and Family Services. Provider governance meetings take place on a yearly basis.

NATIONAL CHILDREN'S RESIDENTIAL FRAMEWORK Estimated Annual Spend 2018/19 - £1,593,365	
CONTRACT DESCRIPTION	The National Children's Residential Framework enables Local Authorities to purchase placements within independent children's residential care, care and education, residential short breaks and day education services. The framework provides Local Authorities with clear and transparent pricing information and confirms which services are included within the agreed fee and costs of any additional services available. The Framework Agreement places a strong focus on the quality of service being delivered with the principles of GIRFEC (Getting It Right for Every Child).
CONTRACT PERIODS	The 2nd National Children's Residential Care Framework commenced on 1st April 2018 and will run for a period of 2 years to 31st March 2020. There is an option to extend one year and one year which could see the Framework extended until 31st March 2022.
CONTRACT DEVELOPMENT	The previous Scotland Excel Framework for Children's Residential Services was successful therefore in partnership with Scotland Excel and participating local authorities a new tendering exercise was progressed, the new tender included legislative changes and considered continuing care, it also included a process for local authorities to migrate exisiting placements onto the new framework.
CONTRACT MANAGEMENT	Scotland Excel manages this framework on behalf of participating Local Authorities. Local Authorities provide Scotland Excel with management information and costs of packages to inform statistical reporting. Packages of care are allocated and agreed by Inverclyde HSCP's Service Managers and Head of Service for Children and Families Services. The Strategic Commissioning Team, within Inverclyde HSCP's Quality and Development Service, has the responsibility for monitoring the performance of each service and liaising directly with Scotland Excel regarding any contract matters that may arise. Management and review of individual cases is undertaken by Inverclyde HSCP Children and Family Services.

NATIONAL CHILDRENS SECURE CARE FRAMEWORK Estimated Annual Spend 2018/19 - £88,993	
CONTRACT DESCRIPTION	The National Children's Secure Care Framework enables Local Authorities to purchase placements within independent children's secure care services. The primary function of the service is to provide a safe and secure environment within an approved facility to a child or young person who meets the secure care criteria as defined by the relevant legislation. The framework provides Local Authorities with clear and transparent pricing information and places a strong focus on the quality of service being delivered with the principles of GIRFEC.(Getting It Right for Every Child).
CONTRACT PERIODS	The 2nd Scotland Excel Framework for Children's Secure Care Services started on 1st April 2017 for a period of 2 years until 31st March 2019 with an option to extend one year and one year until 31st March 2020. Agreement was made by all participating local authorities to extend for the further 2 years which we are currently in.
CONTRACT DEVELOPMENT	The current National Children's Secure Care Framework will expire on 31st March 2020; all purchasing Local Authorities have agreed to delegate the development of the new contract to the Secure Care Strategic Board Commissioning Workstream. The new specification for this framework will be based on the national standards.
CONTRACT MANAGEMENT	Scotland Excel manages this framework on behalf of participating Local Authorities. Local Authorities provide Scotland Excel with management information and costs of packages to inform statistical reporting. Packages of care are allocated and agreed by Inverclyde HSCP's Service Managers and Head of Service for Children and Families Services. The Strategic Commissioning Team, within Inverclyde HSCP's Quality and Development Service, has the responsibility for monitoring the performance of each service and liaising directly with Scotland Excel regarding any contract matters that may arise. Management and review of individual cases is undertaken by Inverclyde HSCP Children and Family Services.

AGENDA ITEM NO: 10

Report To:	**Inverclyde Integration Joint Board**	**Date: 4 November 2019**
Report By:	**Louise Long** **Corporate Director (Chief Officer)** **Inverclyde Health & Social Care Partnership**	**Report No: IJB/73/2019/DG**
Contact Officer:	**Deborah Gillespie** **Head of Mental Health, Homelessness and Addictions**	**Contact No: 01475 715284**
Subject:	**Mental Health Strategy and Improvement Programmes**	

1.0 PURPOSE

1.1 The purpose of this report is to provide an update on developments to take forward the mental health strategy within Inverclyde, and to present the Mental Health Strategic Needs Assessment.

2.0 SUMMARY

2.1 The HSCP has convened a multi-agency Inverclyde Mental Health Programme Board (IMHPB) which has oversight of the range of work streams and provides a local context for delivery of both the NHSGG&C and national mental health strategies.

2.2 The range of improvements is significant requiring partnership working across the system and includes primary and secondary care, third sector, and public involvement, Police Scotland, Community Planning and the Alliance Board.

2.3 In order to inform the focus of work, a strategic needs assessment has been developed and is included as an appendix 1.

2.4 Inverclyde was chosen to work in partnership with Health Improvement Scotland and Alzheimer Scotland as the Dementia Care Co-ordination Site. This is the subject of a separate report.

2.5 The programme of work is supported by investment from Action 15 funding from the Scottish Government, detailed at Appendix 2.

3.0 RECOMMENDATIONS

3.1 The Integration Joint Board is asked to:

(1) Note progress in delivery of mental health improvement in Inverclyde.

(2) Note the content and key evidence within the Mental Health Strategic Needs Assessment.

(3) Agree to commission a review of Mental Health Officers model of service delivery.

(4) Agree the investment of Action 15 funding as detailed in Appendix 2.

5) Agree a further updated report detailing the outcome of the peer recovery model will be presented to a future IJB

Louise Long
Chief Officer

4.0 BACKGROUND

4.1 Delivering improvement in mental health services is taking place within a complex landscape with direction provided by a number of strategies/ policies:

- Action 15 Implementation Plan (National Mental Health Strategy 2017-2027).
- Primary Care Improvement Plan- Primary Care Mental Health.
- NHSGG&C Adult Mental Health Strategy.
- Children & Young People's local development work- Mental Health task force.
- NHSGG&C Older People's Mental Health Strategy development.
- Review of Inverclyde Addictions Services.

Within Inverclyde HSCP the Inverclyde Mental Health Programme Board (IMHPB) has been established to oversee these programmes. This reports to the Integration Joint Board and met for the first time in March 2019.

4.2 The role and remit of the Inverclyde Mental Health Programme Board (IMHPB) is:

- To promote, support and facilitate active participation of all relevant stakeholders in the range of mental health improvement programmes in Inverclyde including the appropriate service user groups. This will include ensuring capacity is built within service user groups.

- To ensure that progress against the individual implementation and improvement plans is sustained.

- To work collaboratively to help ensure that work streams/ aligned programmes connect strategically.

- To have oversight of financial resources, making recommendations on use of resources if and when required.

- To agree any key messages for communication about changes occurring as part of the overall improvement programmes.

This group meets quarterly and is chaired by the Chief Officer Inverclyde HSCP.

4.3.1 **Key Messages from Mental Health Strategic Needs Assessment**

An early action of the IMHPB was to commission a detailed strategic needs assessment which was completed in July 2019 and will continue to be updated as additional data becomes available. In particular, the inclusion of data on health and wellbeing of young people when the report from the survey in schools becomes available later in the year.

4.3.2 Deprivation is a major factor in health inequalities and mental wellbeing. There are also national inequalities in mental and physical health care including access and associated resources.

- Only 1 in 3 people who would benefit from treatment for a mental illness currently receive it, on current estimates.
- People with life-long mental illness are likely to die 15-20 years prematurely because of physical ill-health.
  People with a mental health problem are more likely than others to wait longer than 4 hours in an Emergency Department.

4.3.3 Drawing on a range of local health information and service delivery data, the following is key evidence required to be used to inform the planning and delivery of services:

- Positive perceptions of mental and emotional wellbeing are highest in the age

groups 16-24 and 65-74 and lowest in the age groups 55-64 and 75+.

- Social isolation and loneliness have a significant impact on mental health with people in all age groups reporting feeling lonely in the last 2 weeks, this being most apparent in those aged 16-24 and 75+.
- The number of patients with a serious mental illness is highest in the central GP cluster and is increasing in all clusters (East and West).
- The number of patients with newly diagnosed depression continues to increase and is slightly higher in West GP cluster than East and Central.
- Rates of serious mental illness and depression are higher in Inverclyde than Scotland and NHSGG&C.
- Rates of Dementia are higher than Scotland and NHSG&C however rates of hospital stay for these patients have more than halved since 2013/14.
- Referrals to CAMHS following the increasing trend across Scotland however waiting times in Inverclyde remain lower than in NHSGG&C and Scotland.
- Inverclyde central GP cluster has 2 ½ times the rate of alcohol related admissions than West cluster.
- Drug related hospital stays within Inverclyde Central Locality are the highest in Scotland.
- 25.8% decrease in probable suicides in Inverclyde between 2004-2018.
- 73.5% of probable suicides between 2011- 2017 were male.
- Upward trend in referrals for people in crisis with an even split between male and female however 65% of referrals are from the 16-44 age category.
- 30% increase in volume of mental health related police incidents since 2017 with the highest rate of incidents in Greenock town centre datazone.
- Referrals to both the Primary Care and Older People's Mental Health Teams are increasing.
- Stress and mental health amongst the highest reasons for referral to Community Link Workers based in GP practices.
- Range of social/ peer support connections made by Community Connectors improving physical and mental health and wellbeing.

4.4 **Work streams**

The range of work required in response to both local need and to address the expectations from the range of policies and strategies detailed in 4.1 is being taken forward through a number of work streams, reporting to the Programme Board. These are detailed below, with information about the current areas of focus and progress to date.

4.4.1 **Prevention and Primary Care**

Improving support within primary care is explicit both within the Primary Care Improvement Plan and the national strategy with funding allocated in both streams. A workshop was held in June 2019 which explored current data and challenges in supporting mental wellbeing, distress and recovery in primary care. Key areas in which to test changes were identified as:

- Explore the development of multi-function hubs (distress & recovery).
- Embed Distress Brief Interventions (DBI).
- Development of Peer Support work.
- Navigator role for crisis/ attendance at Emergency Department.
- Impact of trauma training framework in practice.

4.4.2 **Community Services**

A review of the Community Mental Health Team operational processes is underway to identify opportunities to improve efficiency and effectiveness within the service, promoting the principles of easy access in and out of service, and the right level of intervention at the right time. This is informed by the Efficient and Effective Community Team workstream of the NHSGG&C five year strategy. Phase 1 process mapping,

demand and capacity will be complete by the end of October. Phase 2 will concentrate on interface and pathway arrangements.

An action plan supporting sustainability of the Mental Health Officer (MHO) service has been produced in response to pressures arising from increased demand and reduced capacity within the MHO service provision. Immediate action includes refocusing of the team with agency backfill support, along with a temporary transfer to the full time MHO service of a staff member from within the HSCP. MHO availability via agencies on the Scotland Excel Framework is being explored.

A further action is overall review of the Mental Health Officer service being commissioned to scope service demand, capacity and activity. National and local priorities will inform outputs including agreement on the preferred model for sustainable service delivery and opportunities to improve efficiency and effectiveness within the service. The commissioning is expected to be complete by the end of October 2019 with the review process commencing thereafter.

4.4.3 **Distress & Unscheduled Care**

An NHSGG&C wide Multi-Agency Distress Collaborative reported earlier in 2019, key recommendations were that HSCPs should consider:

- Alternative responses to distress.
- Consolidation and further development of existing practice around Repeat Presentations to Emergency Departments.
- Increase distress response training to multi-agency groups.

Engagement is underway with the national lead for Distress Brief Interventions (DBI). DBI is about offering timely *Connected Compassionate Support* to those in distress. Based on our exploration of commissioning and delivering this service, a proposal is to be written outlining the case for implementation in Inverclyde.

A training needs analysis will be undertaken around distress, suicide prevention and trauma informed practice to understand the current landscape and formulate an approach which encompasses all partner agencies. Approaches to addressing unscheduled care including the navigator role will be the subject of a separate report.

A critical element of unscheduled care is requirement for acute admissions. The general landscape will be shifting to further improve the community focus and capacity for unscheduled care. Whilst there continues to be local provision for acute admissions the national issue of shortage of Psychiatrists could impact on the service in the future. This is both in terms of Consultant provision and consequent impact for adequate supervision of the medical training programme.

4.4.4 **Recovery**

A recovery strategy is in development which will include approaches across Mental Health, Alcohol and Drugs and link with reablement approaches. Consultation with service users and carers has been key to establishing our approaches with events being held in 2016 and 2018. Reflecting on the outcomes of these events we will:

- Continue to build on partnership working with all individuals and groups, communities and services.
- Support people to develop the skills they need to work effectively together.
- Support staff to learn skills in co-production and to skill up service users and carers so that they can participate in an informed and confident way.
- Continue to support carers by recognising their specific needs and their expertise.
- Promote the creation of Recovery Standards across Inverclyde that evaluate how effectively services support social inclusion, equality, financial inclusion and mental health recovery.

- Promote peer led approaches to support and recovery.

The Recovery workstream of the NHSGG&C Mental Health five year strategy specifically supports the promotion of a recovery ethos within all commissioned and directly provided services and the development of:

- Recovery colleges.
- Peer support worker model.
- Provision of training/ awareness of recovery orientated services for staff, patients and carers.
- Pilot of a recovery planning tool to promote realistic medicine.
- Recovery conversation cafes/ activities.

Inverclyde is a pilot site for the employment of peer support workers within our mental health teams. This is a test of change and will explore the role that peer support can have in supporting people during admission to hospital, facilitating timely discharges, and engagement with recovery-focused community support. These posts are currently being recruited to and appropriate applicants have now been shortlisted for interview.

4.4.5 The implementation of the elements of the programme of work is supported by investment from Action 15 funding from the national Mental Health Strategy 2017-2027, and this includes investment in GG&C wide developments in relation to unscheduled care and recovery, the details of which are within the attached Appendix 2. The scope and range of the work programme is extensive and requires additional support to implementation, and this investment includes provision for a programme manager on a fixed term basis.

5.0 CONCLUSION

5.1 A work plan is being developed to take forward these areas of work, ensuring coherence and interface with work across the HSCP including the Alcohol and Drug Service review outcome, Community Justice Plan and the Children and Young People's Mental Health Tier 2 service development.

6.0 IMPLICATIONS

6.1 FINANCE

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

Annually Recurring Costs / (Savings)

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

LEGAL

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. Individual change programmes will have Equality Impact Assessments undertaken.

6.4.2 How does this report address our Equality Outcomes?

Equalities Outcome	**Implications**
People, including individuals from the above protected characteristic groups, can access HSCP services.	Positive - Increase access to mental health support and interventions.
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	Positive – increase access to mental health support and interventions
People with protected characteristics feel safe within their communities.	None
People with protected characteristics feel included in the planning and developing of services.	Positive – continuing involvement in service development
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	Positive – training of staff across HSCP services and wider agencies to ensure all 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

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

6.6 **NATIONAL WELLBEING OUTCOMES**

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

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 will ensure service users and the wider community have access to a wider range of support including peer support and self management programmes.

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 programme will continue to develop a recovery oriented approach to ensuring people with mental health needs can enjoy a positive quality of life.
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.	Identifying and responding to carers mental health needs will impact on enabling the caring role.
People using health and social care services are safe from harm.	Development of responses to distress and unscheduled care will support management of people experiencing mental health crises at risk of harm.
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	Staff are engaged with development of new and improved approaches within evidence based practice.
Resources are used effectively in the provision of health and social care services.	The focus of work to enhance and support prevention, early intervention and self-management will enable best use of resources targeted to need.

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 There is representation from Your Voice and the Mental Health Reference Group on IMHPB. Service user involvement has also been included in various projects/ tests of change such as Multi-Agency Distress Collaborative and Recovery and as such forms part of plans for delivery of services.

9.0 BACKGROUND PAPERS

9.1 Appendix 1- Inverclyde HSCP Mental Health Strategic Needs Assessment.

APPENDIX 1

MENTAL HEALTH & WELLBEING

HEALTH NEEDS ASSESSMENT

SEPTEMBER 2019

Introduction 2
Mental Health & Wellbeing 3
Prevalence 5
Burden of disease 8
Dementia 10
Children and young people 13
Substance misuse 15
Police incidents 26
Medicines and prescribing 28
Inpatient activity 30
Community mental health 33

Introduction

Deprivation is a major factor in health inequalities:

- There is a social gradient in health – the lower a person's social position, the worse his or her health
- Health inequalities result from social inequalities[1]

A little over 40% of the population of Inverclyde (33,500 people) are in the top 20% most deprived data zones in Scotland. 22,000 people in Greenock Central Locality live in an area considered one of the worst for health deprivation in Scotland. This is not to say that every one of those individuals is health deprived but that the overall area that they live in is. Healthy Life Expectancy (years lived in a 'healthy' state) is lower than that for Scotland and overall Life Expectancy in Inverclyde is lower for both males and females than for Scotland. Despite recent increases in Inverclyde, a gap between those in the different localities of Inverclyde remains. Men and women in Kilmacolm central will live longer than those in Greenock Central (male = 14 years, women = 15 years).

There are also inequalities in mental and physical health care including access and associated resources.

- Only 1 in 3 people who would benefit from treatment for a mental illness currently receive it, on current estimates.
- People with life-long mental illness are likely to die 15-20 years prematurely because of physical ill-health.
- People with a mental health problem are more likely than others to wait longer than 4 hours in an Emergency Department[2]

The following needs assessment considers data from a variety of sources and highlights the impact of local socio-economic circumstances on mental health and wellbeing within Inverclyde.

[1] Fair Society, Healthy Lives (The Marmot Review) 2010
[2] Mental Health Strategy 2017 – 2027 Scottish Government

Mental Health & Wellbeing

Wellbeing is linked to mental health in that it attempts to measure how happy and content people are in their everyday lives. Self-reported views of health and wellbeing are shown in Figure 1[3]. There are evident gaps between those living in the most deprived areas and those in the rest of Inverclyde.

Figure 1 Self- Reported Views of Health

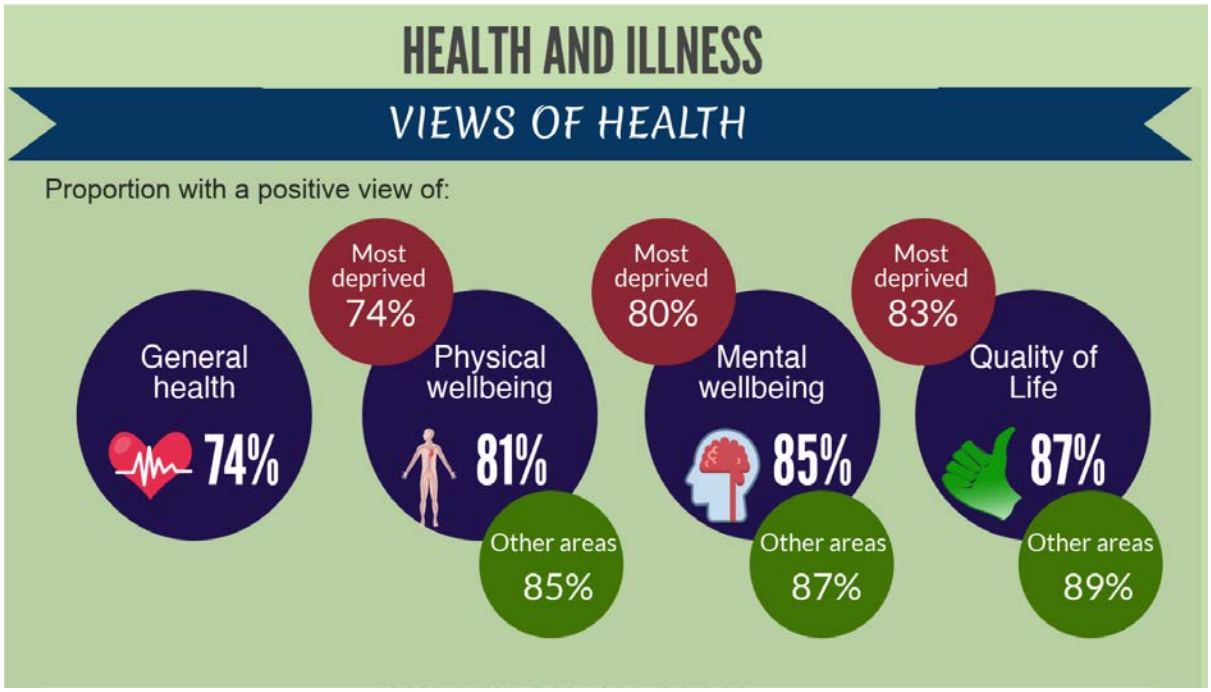


Figure 2 and 3 show the views of wellbeing by age and by deprivation. Positive perceptions of mental and emotional wellbeing are highest in the age groups 16-24 and 65-74 and lowest in the age groups 55-64 and 75+. Overall quality of life however is highest for those aged 16-24 and 25-34 and lowest in the most deprived 15% of the population.

[3] Inverclyde HSCP health and wellbeing survey 2018

Figure 2 Positive Perception of Mental and Emotional Wellbeing by Age

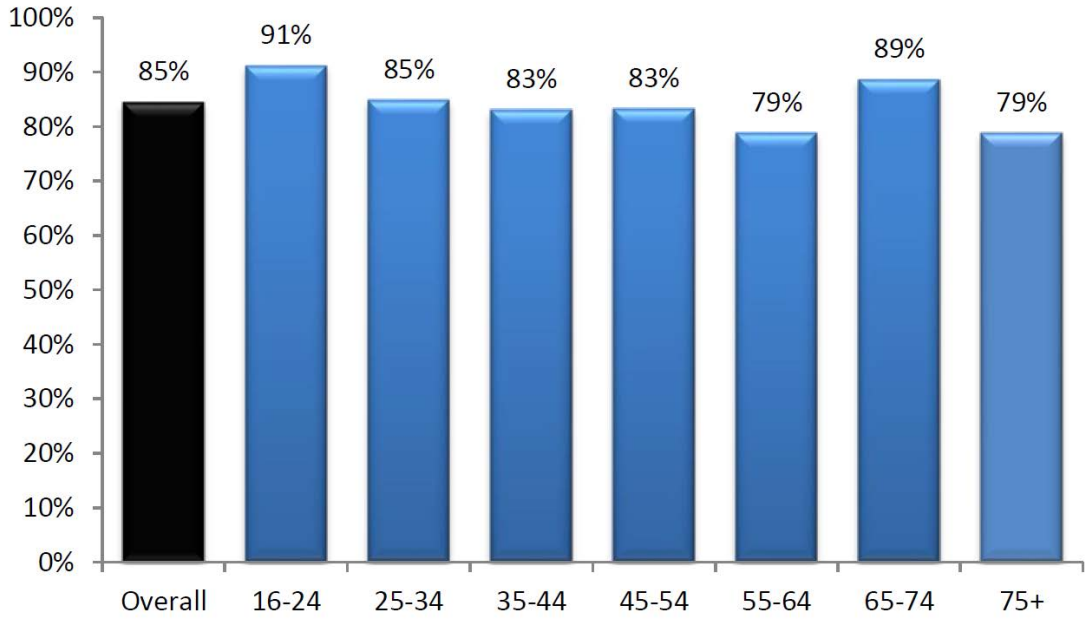
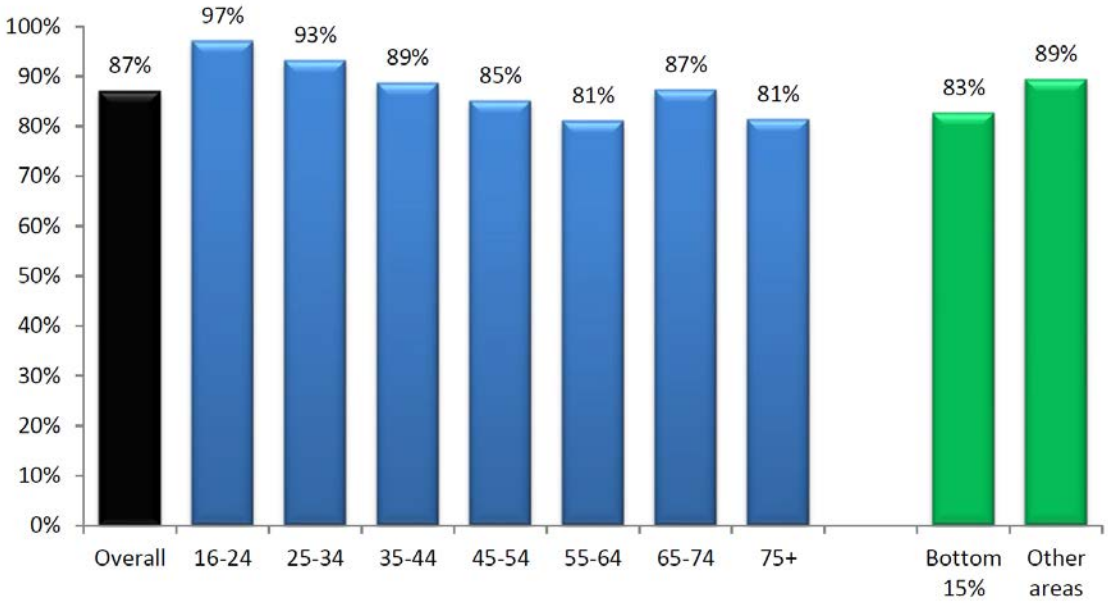
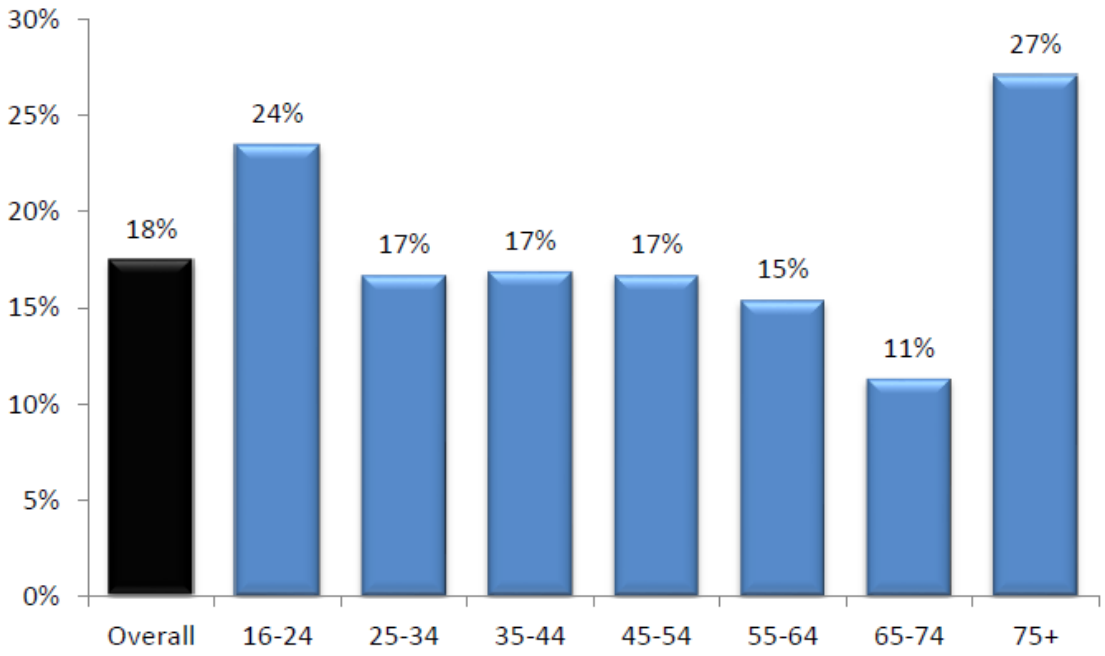


Figure 3 Positive Perception of Quality of Life by Age and Deprivation



It is acknowledged that social isolation and loneliness can affect anyone at all ages and stages of life. There is increasing recognition of social isolation and loneliness as major public health issues that can have a significant impact on a person's physical and mental health. The Inverclyde Health & Wellbeing Survey shows that 9% of our population feel socially isolated from family and friends and that there were people in all age groups who described feeling lonely some of the time in the previous 2 weeks (Figure 4). This was most apparent in the age groups 16-24 (24%) and 75+ (27%). Older people are more likely to live alone and therefore be at risk of social isolation. In contrast those in the older age groups are more likely to report a sense of belonging to their local area.

Figure 4 Proportion who had felt lonely at least some of the time in the last 2 weeks



Prevalence

Prevalence information on mental health conditions is available from primary care data sources. This information is based on the historic Quality & Outcomes Framework (QOF) data which measured achievement for practices against a range of evidence-based indicators, with points and payments awarded according to the level of achievement. This data is presented as GP Cluster information- East, Central and West clusters (Appendix 1).

The tables below show the number of patients in each cluster that were on the disease register for specific diseases from 2015/16 to 2017/18.

Figure 5 - Number of patients on the mental health disease register 2015/16 – 2017/18

Mental Health	2015/16	2016/17	2017/18
Inverclyde East	267	257	280
Inverclyde Central	279	280	412
Inverclyde West	341	339	346
Inverclyde HSCP	887	876	1038

Source: PCI dashboards, ISD Scotland

The mental health definition only includes patients with serious mental illness, defined as schizophrenia, bipolar affective disorder or other psychoses.

The number of patients on the mental health disease register in Inverclyde increased between 2016/17 and 2017/18 by 18%. The majority of this was the result of an increase in Inverclyde Central. During this time there was a practice merger in Inverclyde Central and it *may be that practice records were reviewed and updated after the merger, meaning more patients were identified.*

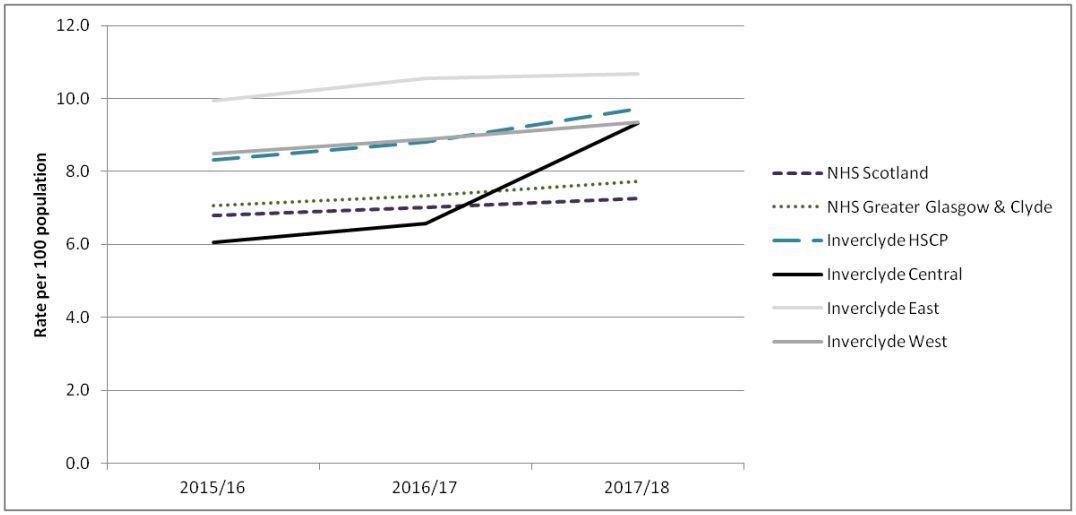
Depression statistics are based on newly diagnosed cases of depression:

Figure 6 - Number of patients on depression disease register 2015/16 – 2017/18

Depression	2015/16	2016/17	2017/18
Inverclyde East	2,214	2,324	2,513
Inverclyde Central	1,112	1,193	2,649
Inverclyde West	2,472	2,597	2,729
Inverclyde HSCP	5,798	6,114	7,891

Source: PCI dashboards, ISD Scotland

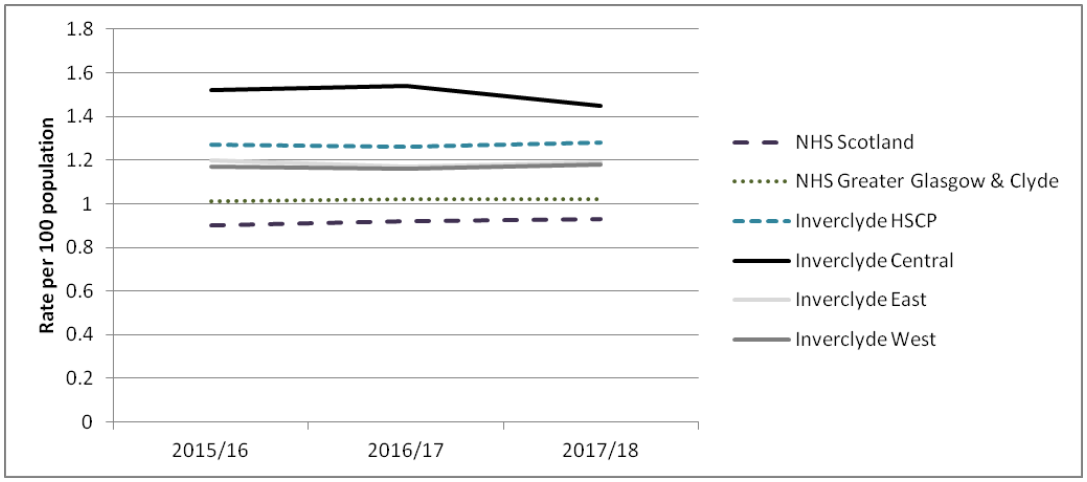
Figure 7 - Rate of depression per 100 population



Source: PCI dashboards, ISD Scotland

The number of patients with a depression diagnosis had increased in each of the last three financial years although there has been more than a doubling of cases in Inverclyde Central between 2016/17 and 2017/18 (again this may be due to the previously mentioned practice merger). Overall, newly diagnosed depression cases increased by 30% in Inverclyde during those years. Increases in depression cases are to be expected due, in part, to the cumulative nature of this register.

Figure 8 - Rate of mental health patients per 100 population



Source: PCI dashboards, ISD Scotland

Burden of disease

Burden of disease is a measurement designed to take into account how death and ill health are affected by a number of disease and injury risk factors. Burden of disease studies use a single composite measure which combines the years lost because of early death (years of life lost - YLL) and years lost because people are living in less than ideal health (years lived with disability - YLD). The measure used to describe the overall burden of disease is called the disability-adjusted life year (DALY).

Figure 9 below shows the rate of mental health DALYs. The rate in Inverclyde is higher than both NHS GG&C and Scotland for all three disease types meaning the burden is greater.

Figure 9 – Mental health diseases DALY rates per 100,000 population

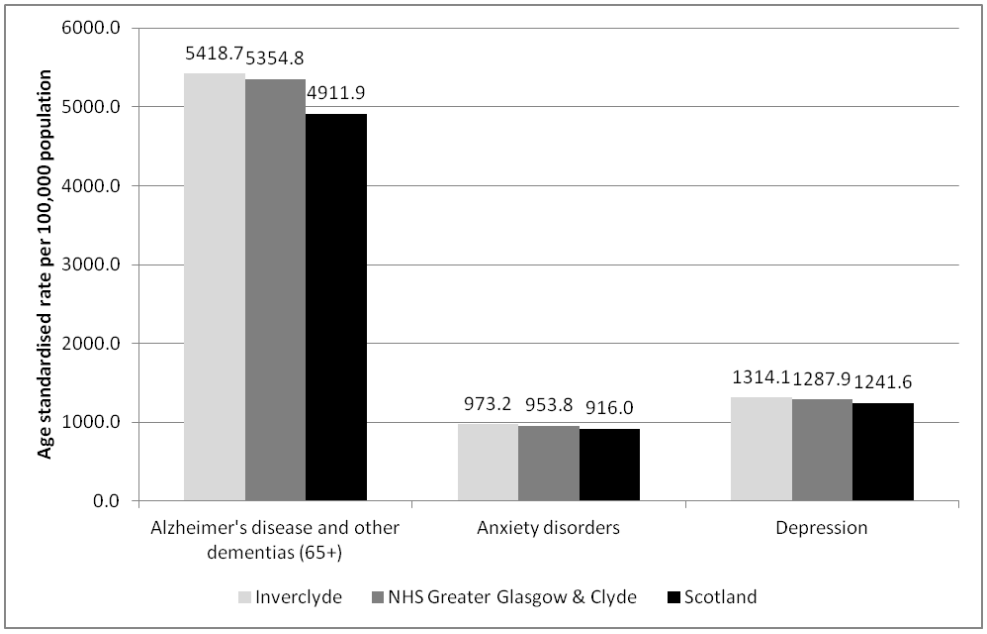
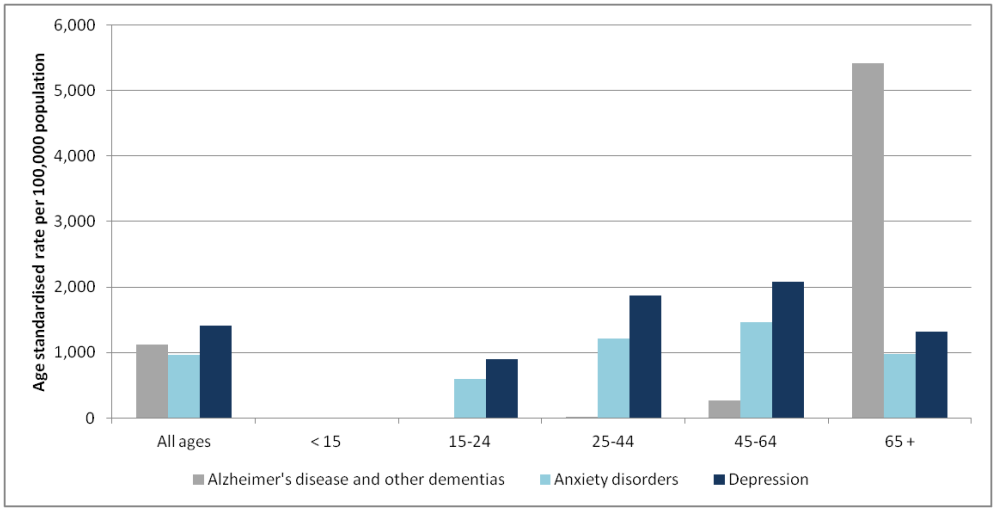


Figure 10 demonstrates the age breakdown of the three diseases for Inverclyde. The DALY rates for anxiety disorders and depression are greatest in the 45-64 age group, whilst Alzheimer's and other dementia is greatest for those aged 65 and over.

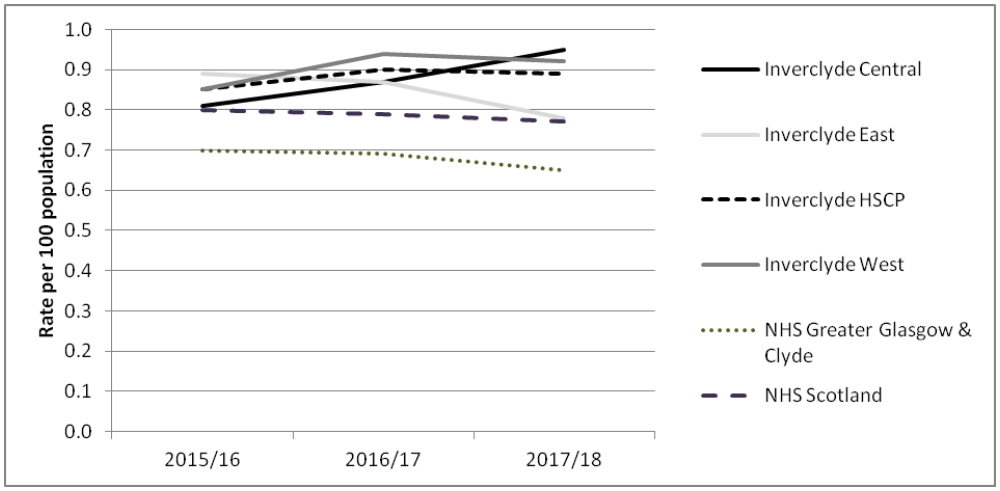
Figure 10 – Inverclyde DALY rates for mental health diseases by age group



Dementia

Dementia prevalence and diagnosis

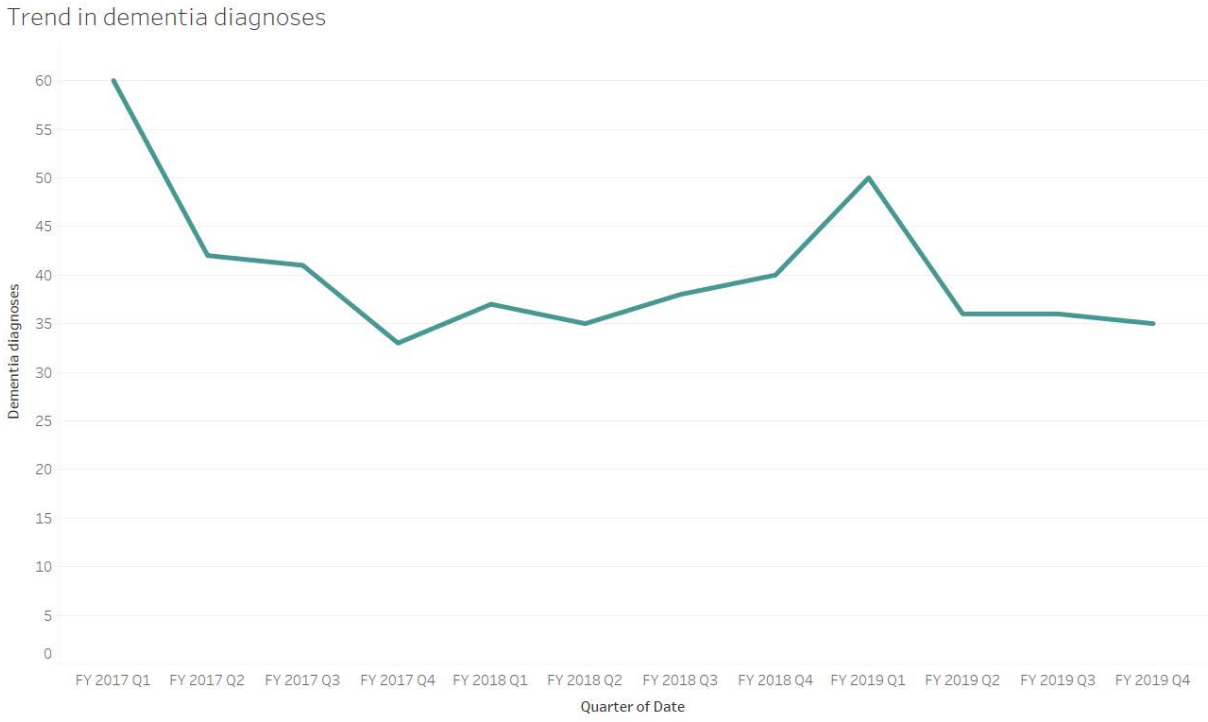
Figure 11 - Rate of dementia per 100 population



Source: PCI dashboards

Overall the rate of dementia is higher in Inverclyde than Scotland and has risen higher in Central Cluster than elsewhere. The overall rate in NHSGG&C has fallen more dramatically than for Inverclyde since 2016/17.

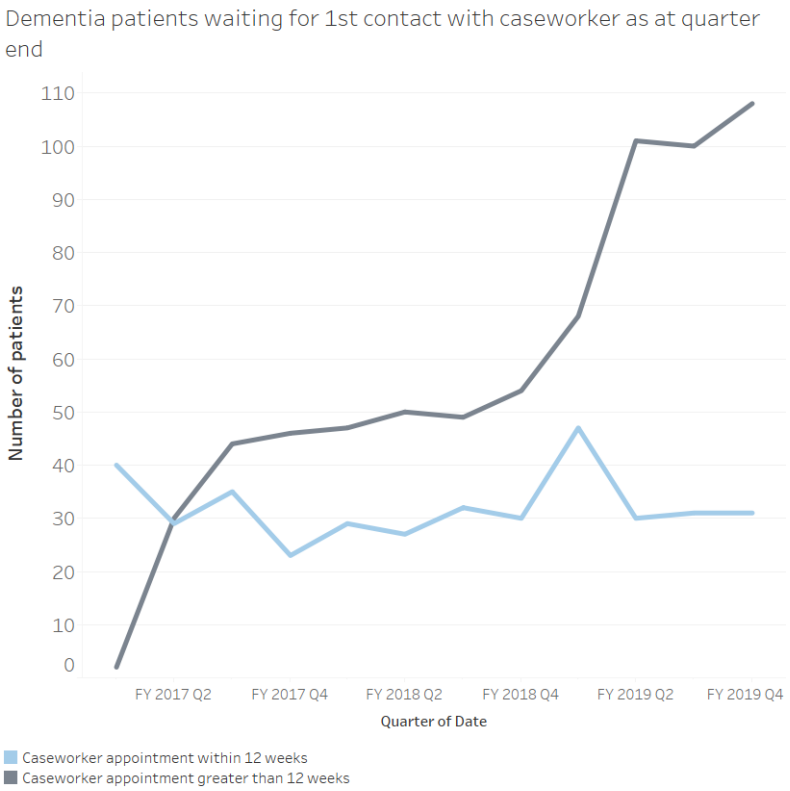
Figure 12 - Trend in dementia diagnoses Inverclyde



Source: Inverclyde HSCP Mental Health Quarterly Service Report Q4 2018/19

Post diagnostic support

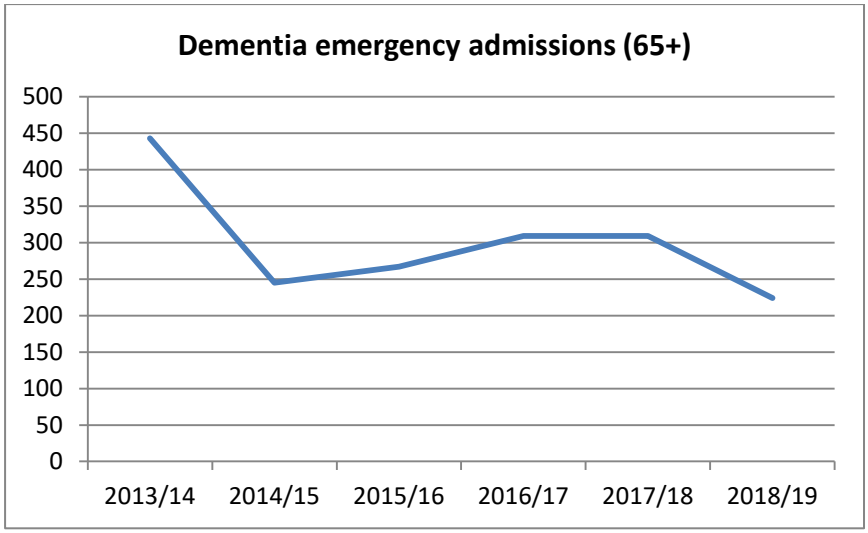
Figure 13 – Post diagnosis dementia support



Source: Inverclyde HSCP Mental Health Quarterly Service Report Q4 2018/19

All patients receiving a new diagnosis of Dementia within Scotland are offered 1 year post- diagnostic support coordinated by a named link worker. There has been an increase in the number of patients waiting longer than 12 weeks for their first contact with a caseworker following a dementia diagnosis due to a vacancy within the service.

Figure 14 - Acute admissions for people with dementia - Inverclyde



Source: SMR01

Emergency admissions in acute hospitals where dementia is recorded at any point.

These are all admissions to any ward/department that is in an acute hospital and not a specialist mental health facility. The reduction in these admissions may be directly related to increased levels of support available within community and people's own homes through the Home First approach in Inverclyde.

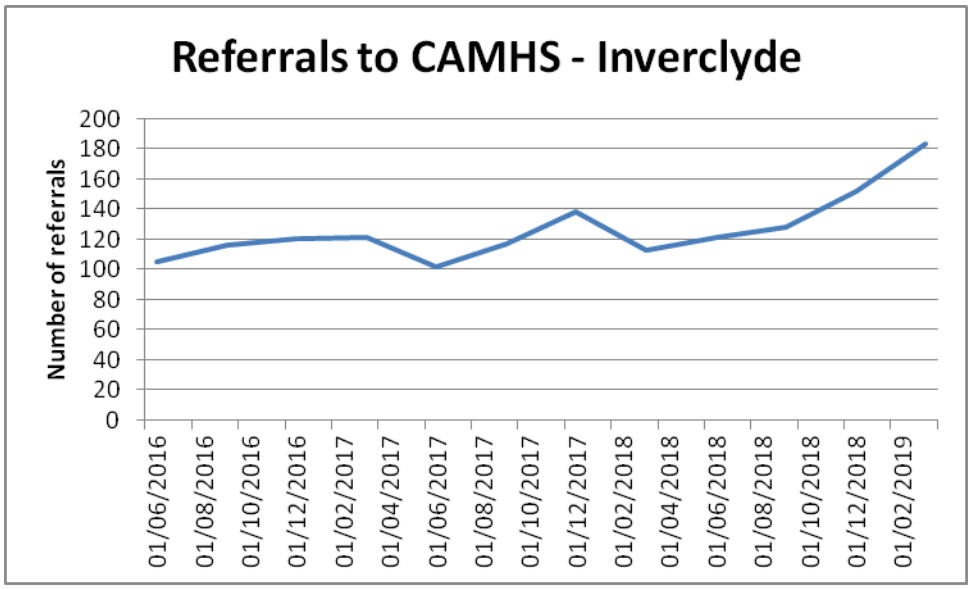
Children and young people

*A health and wellbeing survey is being undertaken and data will be inserted here when available in Autumn 2019

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.

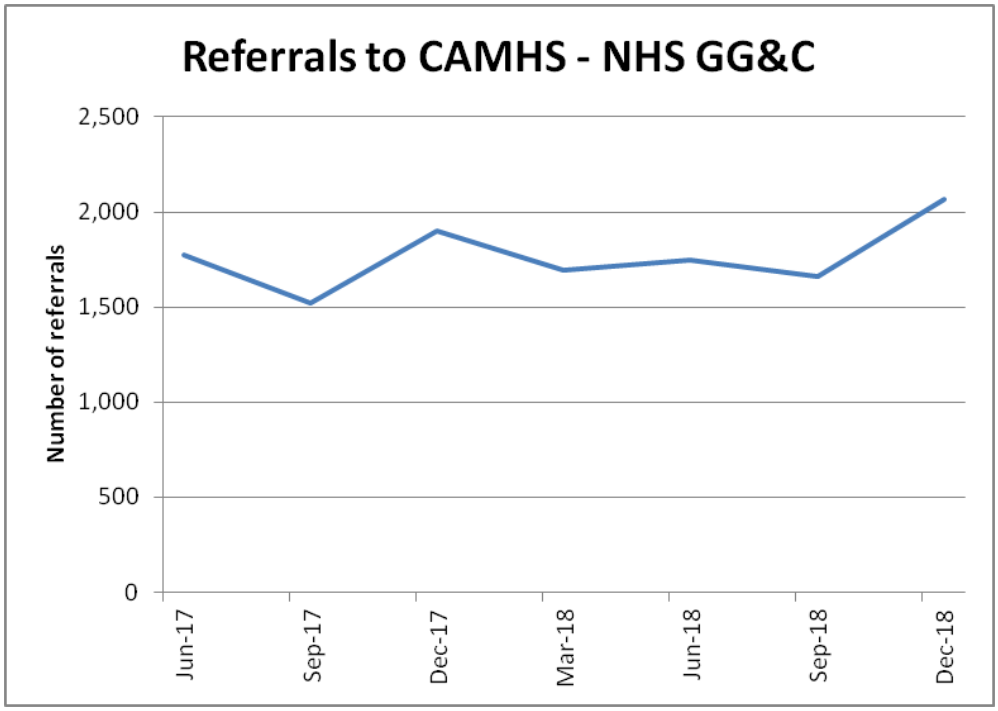
There are a number of factors that contribute to the reason why a child may require a child protection registration. This includes drug and alcohol misuse in families, as well as domestic abuse. The rate of child protection registrations with parental drug misuse is higher in Inverclyde than both GG&C and Scotland and this has been the trend since 2014. Rates for cases with parental alcohol misuse are lower than drugs in Inverclyde, having fallen from 2014. Child protection rates with alcohol misuse are similar between all three Inverclyde localities.

Figure 15 – Referrals to CAMHS Inverclyde



Source: CAMHS, Specialist Children's Services

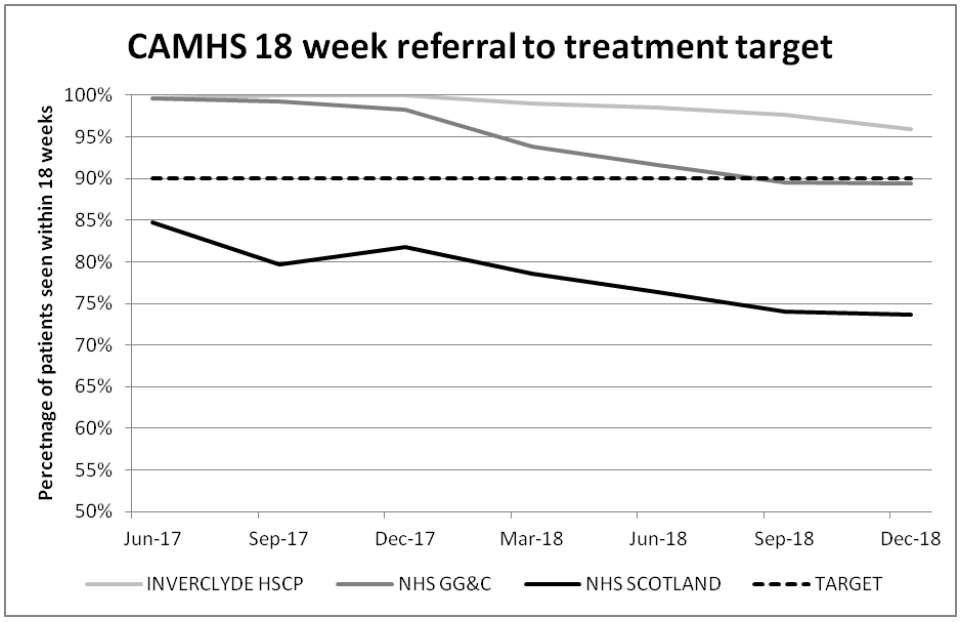
Figure 16 – Referrals to CAMHS NHS GG&C



Source: ISD Child and Adolescent Mental Health Services in Scotland: Waiting Times, Service Demand, and Workforce

Referrals to CAMHS follow the increasing trend seen across Scotland whilst waiting times in Inverclyde remain lower than in NHSGG&C and Scotland.

Figure 17 – CAMHS 18 week referral to treatment by area



Sources: ISD Child and Adolescent Mental Health Services in Scotland: Waiting Times, Service Demand, and Workforce and CAMHS, Specialist Children's Services

Substance misuse

Alcohol

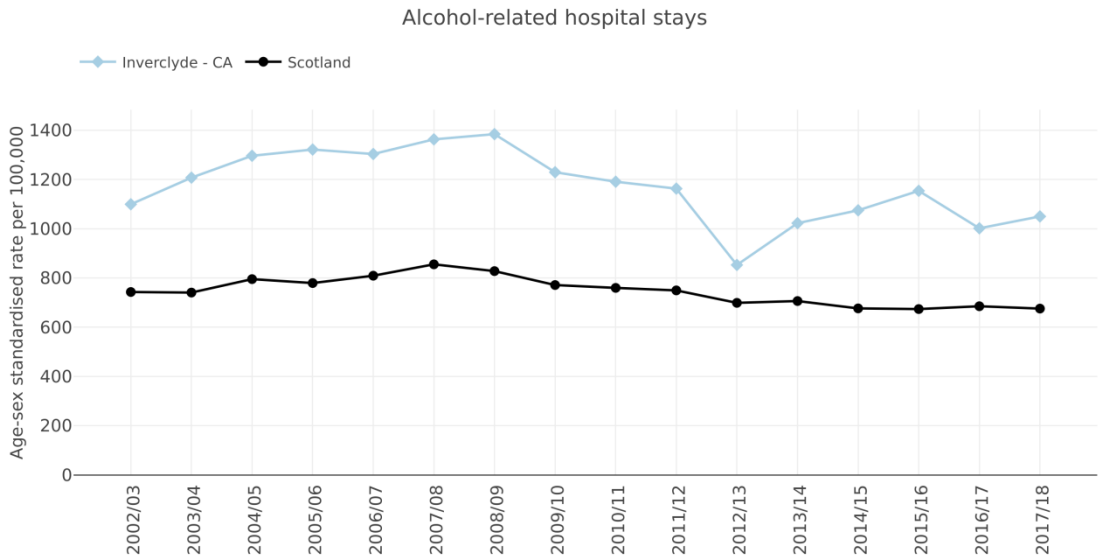
Figure 18 - Alcohol Related Hospital Statistics 2010/11 – 2017/18

Inverclyde	EASR Standardised hospital stay rate	Number of hospital stays
2010/11	1192.2	954
2011/12	1163.2	938
2012/13	851.5	688
2013/14	1020.2	811
2014/15	1072.5	849
2015/16	1151.3	906
2016/17	1001.2	794
2017/18	1035.7	822

Source: ISD Scotland

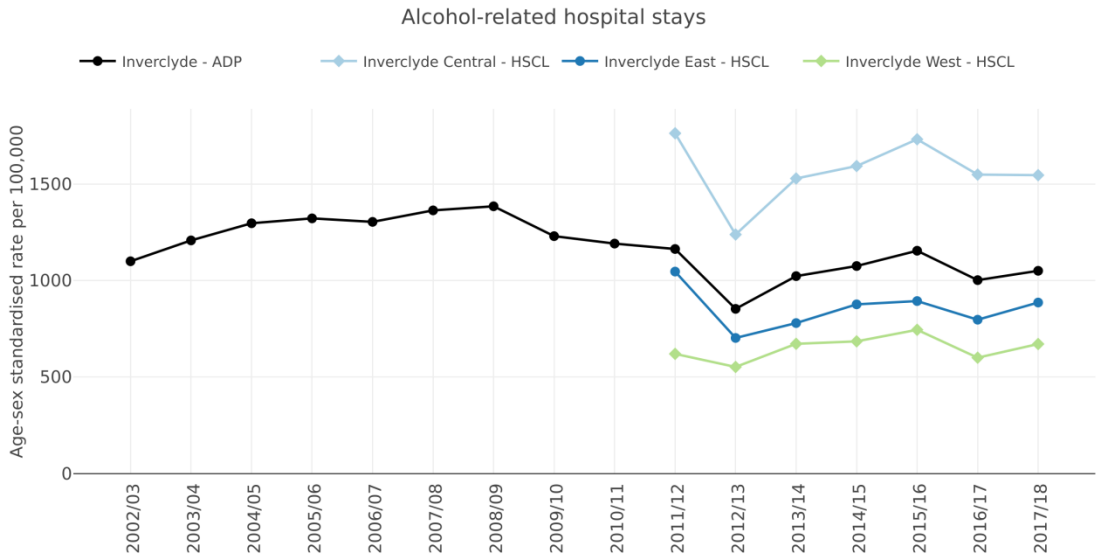
Figure 19 shows the trend information since 2002/03 for alcohol related stays; Inverclyde has consistently had higher rates than the Scottish total. Figure 20 shows a comparison between the localities and the overall Inverclyde rate. The area with the highest rate is Inverclyde Central, with a rate in 2016/17 nearly 2 ½ times greater than the lowest rate in Inverclyde West.

Figure 19 - Alcohol related stays



Source: ScotPHO

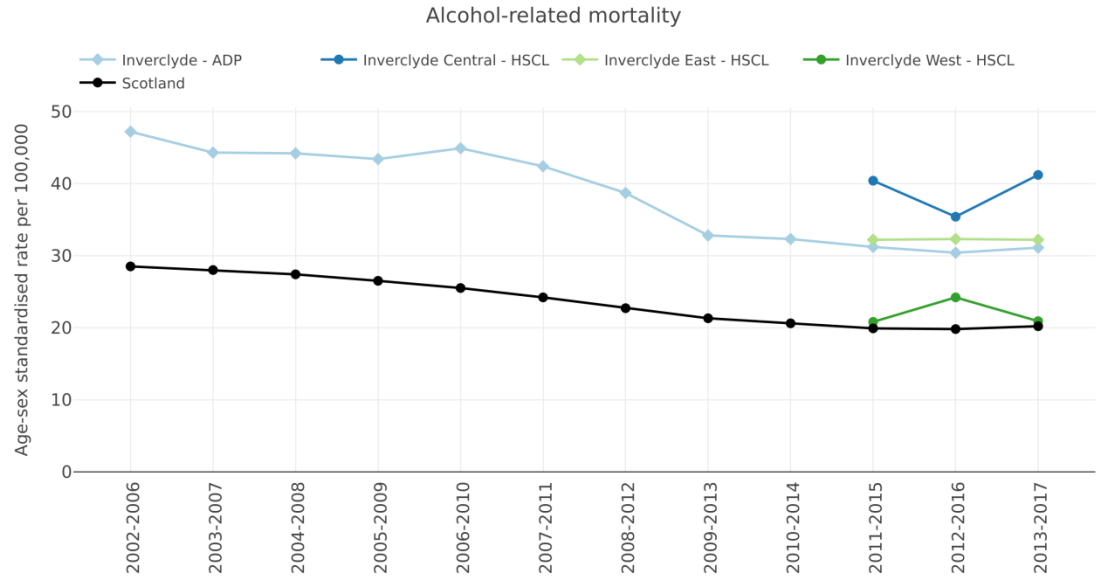
Figure 20 - Alcohol related stays by locality



Source: ScotPHO

Similar to the rate for stays, the rate for alcohol related mortality in Inverclyde is higher than the Scottish average.

Figure 21 - Alcohol related mortality



Source: ScotPHO

In 2017, the alcohol mortality rate in Inverclyde was the third highest amongst local authorities/alcohol and drugs partnerships in the country.

Figure 22 - Alcohol related mortality

Year	Inverclyde EASR standardised alcohol mortality rate	National EASR standardised alcohol mortality rate
2010	48.4	26.1
2011	42.4	24.2
2012	38.7	22.7
2013	32.8	21.3
2014	32.3	20.6
2015	31.2	19.9
2016	30.4	19.8
2017	31.1	20.2

Source: ScotPHO

Excessive or binge drinking is a reason why alcohol use can lead to emergency department attendances or admission to hospital.

The 2017/18 Health and Wellbeing survey asked those who drank alcohol how often they had 6 or more units if female, or 8 or more if male on a single occasion in the last year. In total, 56% of drinkers had drunk alcohol at this level in the last year

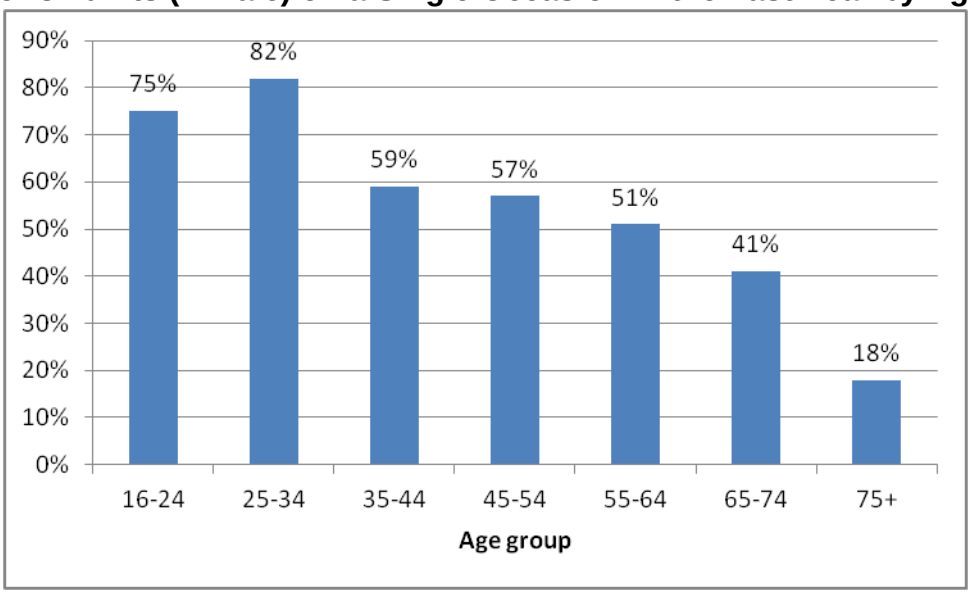
• Drinkers aged under 35 were the most likely to have binged in the last year.

• Men were more likely than women to have binged (61% compared to 52%)

• Drinkers in the most deprived areas were more likely to have binged (62% compared to 54%)

An age breakdown of binge drinking is shown in figure 23.

Figure 23 - Proportion of Alcohol Drinkers who had Exceeded 6+ Units (if female) or 8+ units (if male) on a Single Occasion in the Last Year by Age



Source: NHS Greater Glasgow & Clyde Heath and Wellbeing Report 2017/18

In 2017/18 the NHS Greater Glasgow & Clyde Health and Wellbeing survey asked respondents about their alcohol intake. Those in the youngest and oldest age groups were the least likely to drink alcohol, 41% of 16-14 year olds and 43% of people aged 75 above did not drink alcohol. Across Inverclyde, 32% of respondents did not drink alcohol, compared to 17% nationally. This self-reported data does not correlate with the hospital admission statistics where Inverclyde has higher rates of alcohol related admissions compared to Scotland. The 2017/18 questions about alcohol consumption differed to previous NHSGG&C health and wellbeing surveys, so it was not possible to examine trends.

Drugs

Because the drug using population is hidden, prevalence figures can only ever be estimates. The prevalence of drug misuse can be derived from numerous sources, for example from surveys (among the general adult population, among school children, among prisoners), from drug offences and drug seizures recorded by the police, from drug testing in prisons, from drug users coming into contact with health care providers because of their drug use or coming forward for treatment. Due to this issue data is difficult to gather and is not frequently updated. In 2015/16 in Inverclyde there were an estimated 1,500 people aged 15-64 with a problem drug use.[4]

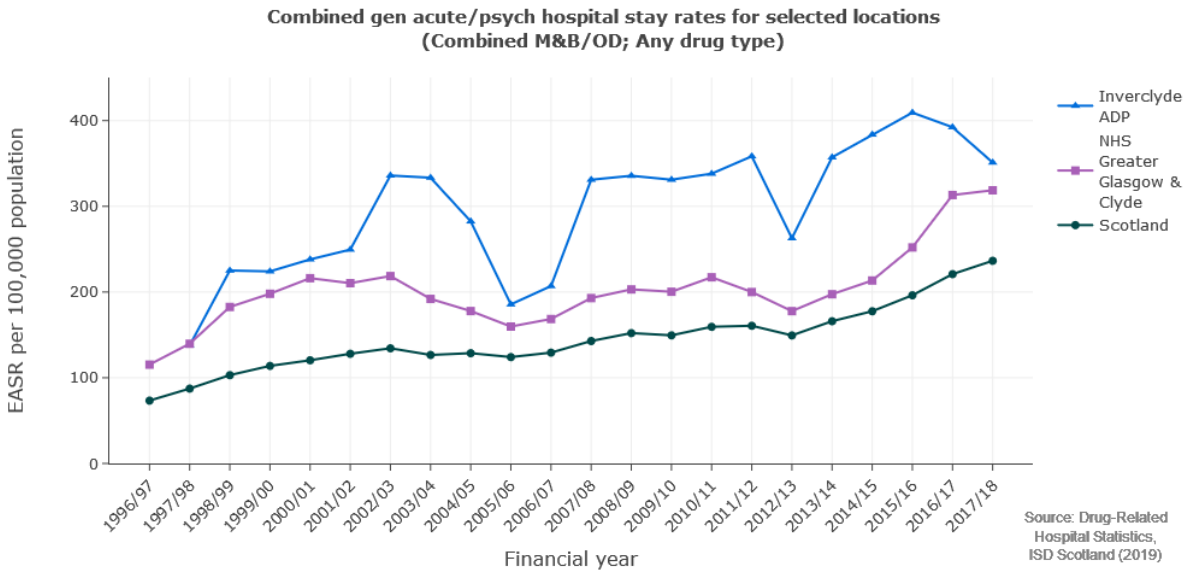
Problem drug use can lead to a number of health and social problems and drug-related hospital stays for the Inverclyde area are higher than the Scottish average. There is

[4] http://www.isdscotland.org/Health-Topics/Drugs-and-Alcohol-Misuse/Publications/2019-03-05/2019-03-05-Drug-Prevalence-2015-16-Report.pdf

however a clear difference between the locality geographies. Drug related stays in Inverclyde East and Central are higher than the Scottish average but the rate in the Central locality is the highest in the whole country at 517.4 stays per 100,000 population.[5]

Figure 22 shows the comparison of age-standardised rates of drug related stays per 100,000 populations between Inverclyde, NHS GG&C and Scotland.

Figure 24 - Trend in drug-related hospital stays

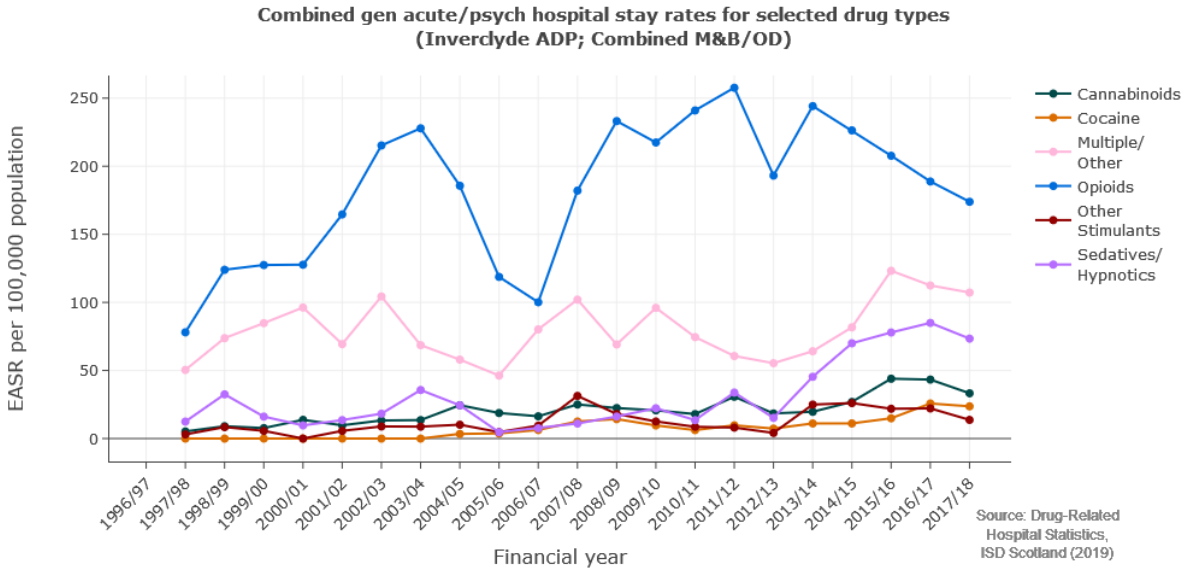


Source: Drug- related hospital statistics ISD Scotland 2019

Nearly half of the drug related stays in Inverclyde involve opioids, although as figure 23 demonstrates, there has been a downward trend in the rate of stays for this drug type since 2013/14.

[5] ScotPHO drug profile

Figure 25 - Trend in drug-related hospital stays Inverclyde by drug type



Source: Drug- related hospital statistics ISD Scotland 2019

Figure 26 - Estimated number of individuals with problem drug use by Council area (ages 15 to 64); 2015/16

Council area	Estimated number of people with a problem drug use
Inverclyde	1500

Source: ISD Scotland

The estimated prevalence of those with a problem drug use increased in Inverclyde between 2009/10 and 2012/13 but fell slightly between 2012/13 and 2015/16. This is in contrast to Scotland as a whole, where the estimated percentage of the population with a problem drug use has fallen year on year. In 2015/16 The estimated prevalence in Inverclyde is the highest of all the alcohol and drug partnerships in Scotland.

Figure 27 - Estimated prevalence of problem drug use by Council area (ages 15 to 64)

Council Area	Estimated Prevalence 2009/10	Estimated Prevalence 2012/13	Estimated Prevalence 2015/16
	%	%	%
Inverclyde	2.61	3.2	2.91
Scotland	1.71	1.68	1.62

Source: ISD Scotland

Problem drug use is higher amongst males than females. In 2015/16, the estimated prevalence amongst males aged 15-64 in Inverclyde was 4.4% and for females 1.6%. Both of these figures were higher than the Scottish averages of 2.4% and 0.9% respectively.

Inverclyde has statistically worse rates of drug prevalence in both men and women, drug related hospital stays, and drug mortality in comparison with Scotland as a whole. The rates for hospital stays related to drugs and the drug mortality rate are the highest in the country.[6]

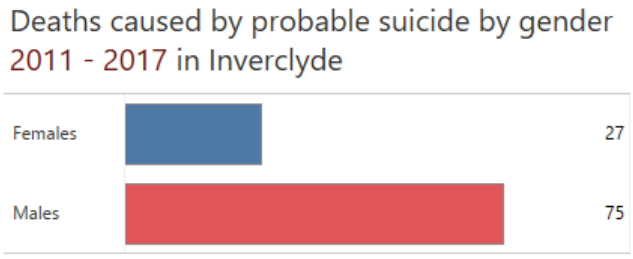
For those aged under 16, the Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) reports on drug use among 13 and 15 year olds. The latest statistics for 2013 show that the percentage of 15 year olds who had reported drug use in the previous year was higher in Inverclyde than for Scotland as a whole, 19% versus 16%.[7]

Inverclyde Alcohol and Drug Partnership has made the reduction of drug prevalence a target as part of its Strategic Plan.

Suicide

Suicide statistics are presented as aggregated data due to the sensitive nature of the topic, and some data has been suppressed because the analysis results in small numbers where individuals could potentially be identified. This is especially so when broken down to smaller geographic areas such as local authorities. The following tables show the latest suicide statistics for Inverclyde.

Figure 28 - Deaths caused by probable suicide – Inverclyde council area patients aged 16 and over by gender, 2011-17

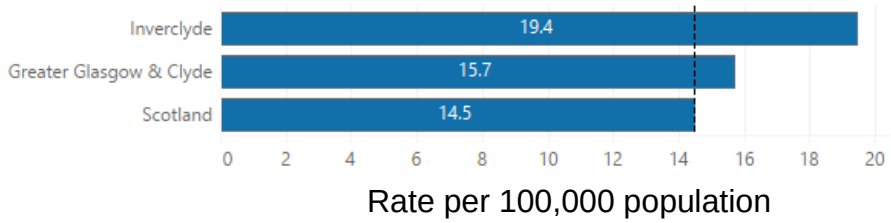


Source: NRS

Figure 29 shows a comparison of the rate of suicide between Inverclyde, NHS Greater Glasgow & Clyde and Scotland. Inverclyde has a higher rate than both the board and the Scottish average.

[6] ScotPHO Drugs Profile
[7] Scottish Schools Adolescent Lifestyle and Substance Use Survey 2013

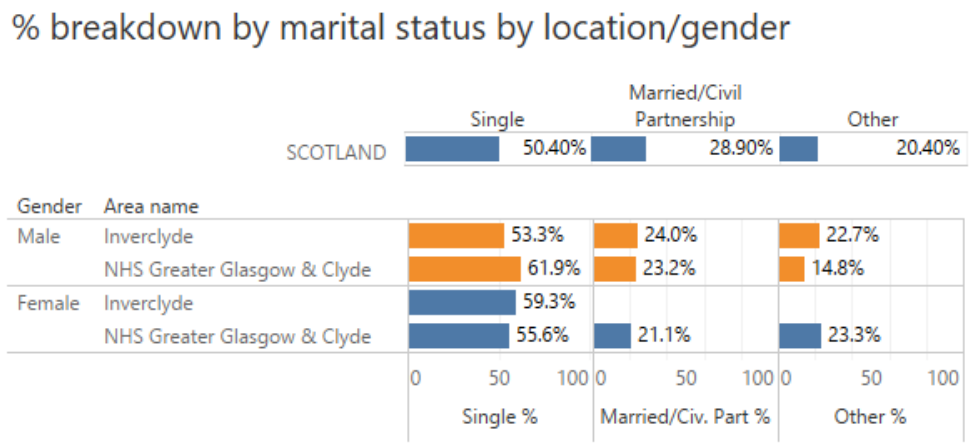
Figure 29 - Deaths caused by probable suicide – Age standardised rates for persons aged 5 years and over, by selected areas in Scotland, 2009-15



Source: NRS

Figure 30 splits the suicide data into sex and marital status.[8] For males in Inverclyde, a higher percentage of suicides are for those who have a marital status of "Other" compared to the board average. This group includes those who are divorced or widowed.

Figure 30 - Deaths caused by probable suicide by marital status – persons aged 16 and over[9]

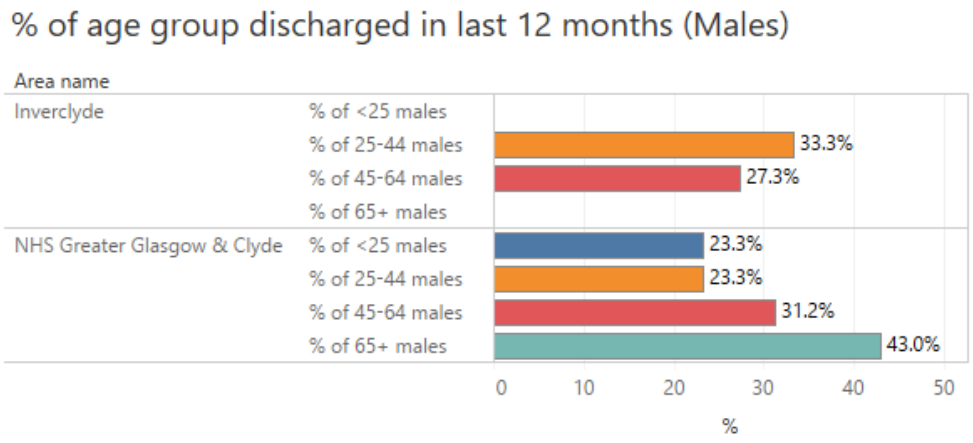


Source: NRS

Figures 31 and 32 show the percentage of deaths cause by probable suicide where the patient had had a discharge from an acute hospital in the 12 months prior to death. The percentage statistics relate to the percentage of the age group who had a discharge in the previous year. For example, 33% of males aged 25-44 had had a hospital discharge compared to 60% of females in the same age group. Data has been suppressed where there are low numbers of people in the different categories which means that there may have been patients with a hospital discharge in the blank rows but they are not shown.

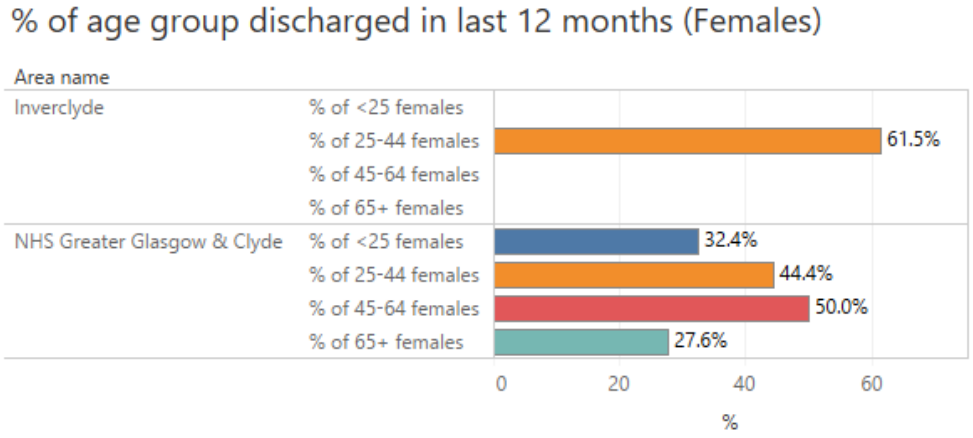
[8] Scottish data is not available by gender.
[9] Some data has been suppressed due to low numbers

Figure 31 - Deaths caused by probable suicide – male patients discharged from a general acute hospital within 12 months prior to death, by age group.



Source: NRS

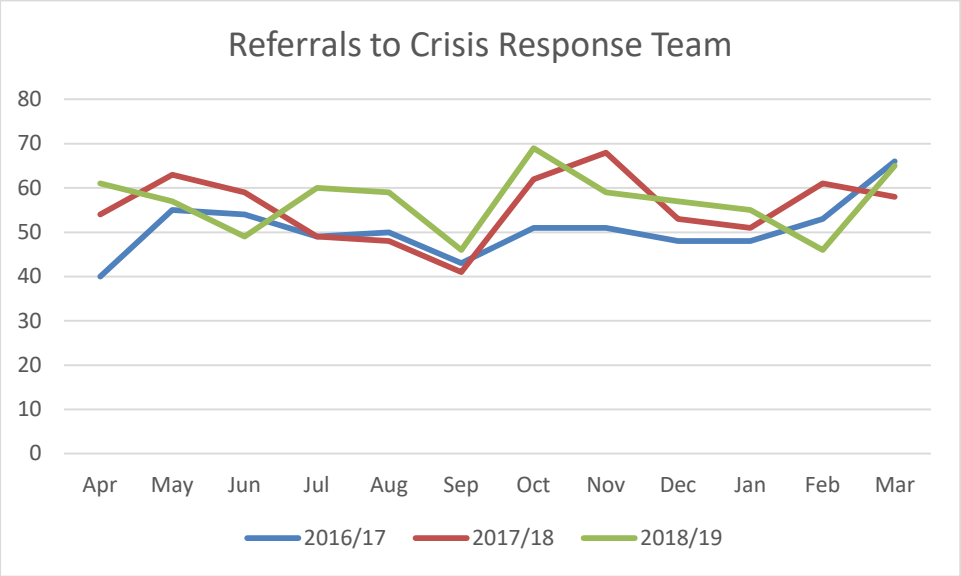
Figure 32 - Deaths caused by probable suicide – female patients discharged from a general acute hospital within 12 months prior to death, by age group.



Source: NRS

Crisis response

Figure 33 Referrals to Inverclyde Community Response Team by month 2016-2019



During this time 61 referrals (8.7%) were rejected by CRS. 49.6% were males and 50.4% were females. There is an upward trend in referrals for people in crisis requiring a community response.

Figure 34 Total yearly referrals to Community Response Team

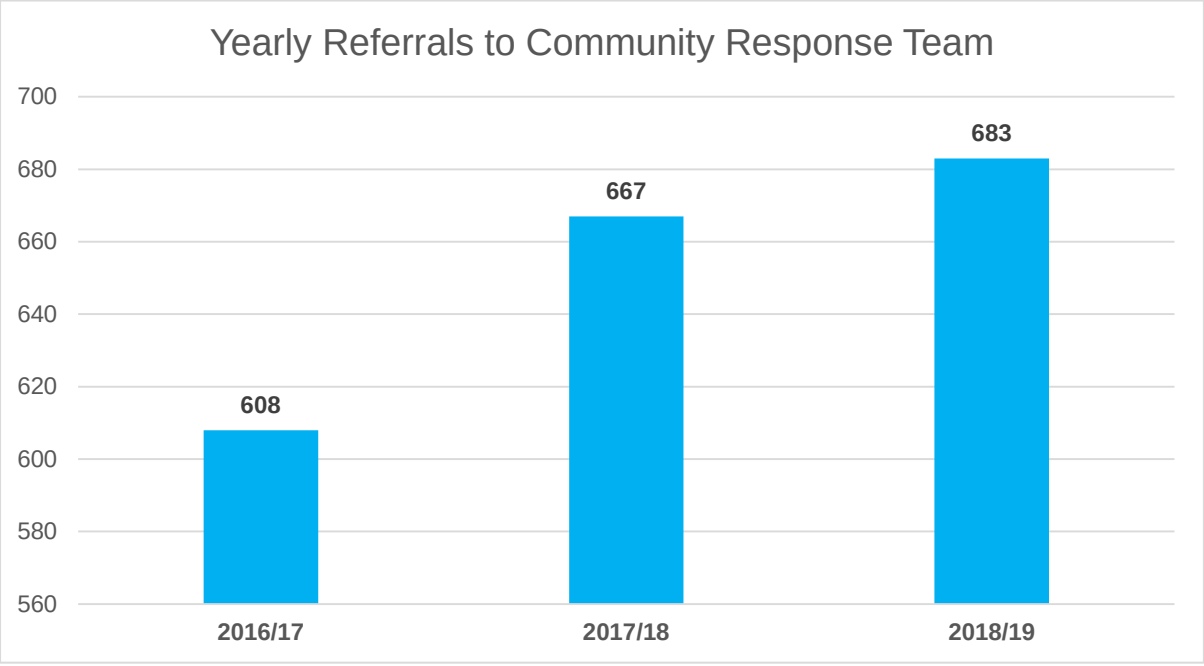


Figure 35 Breakdown of CRS referrals by age

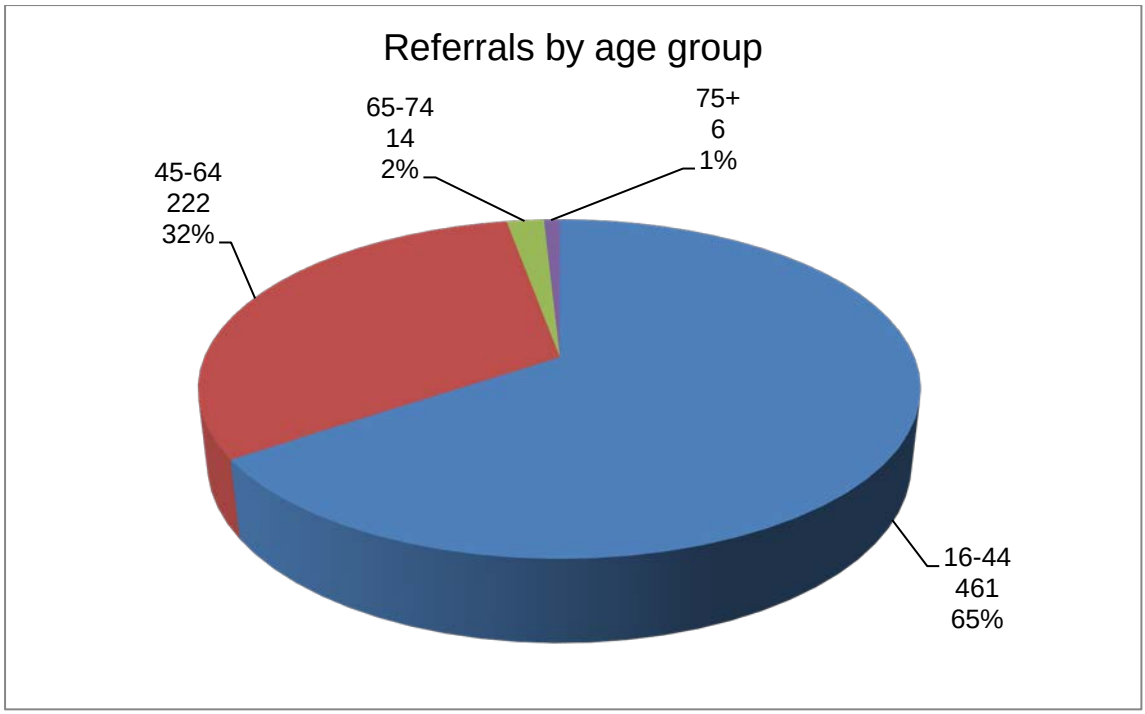
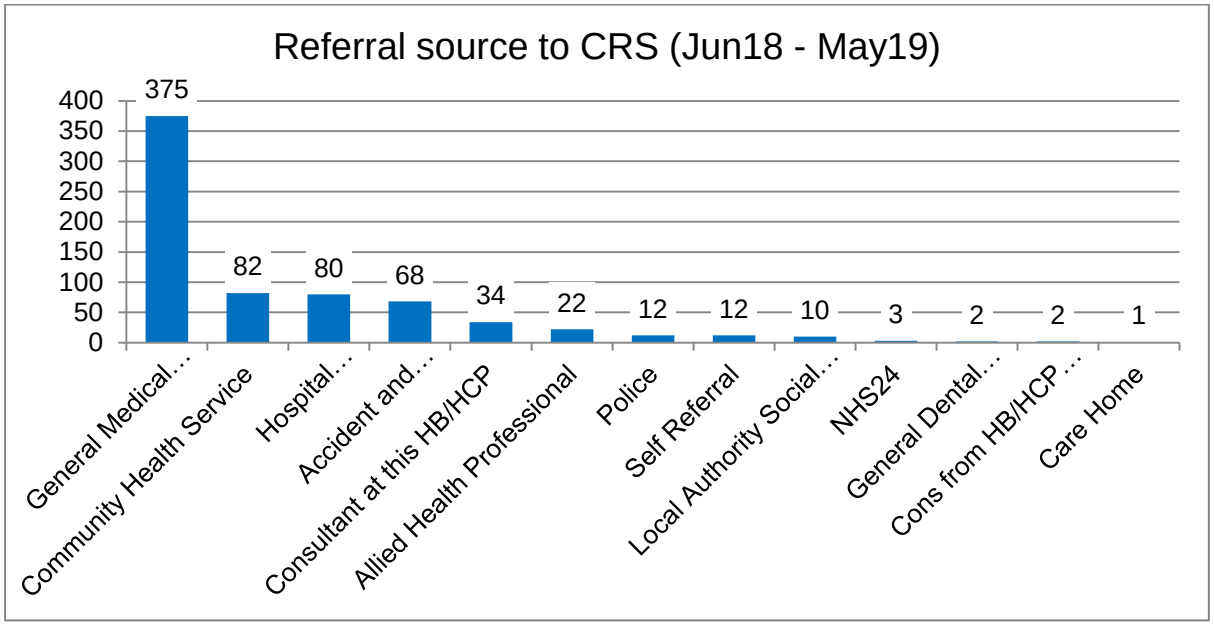


Figure 36 Source of referrals to CRS (1 year snapshot)



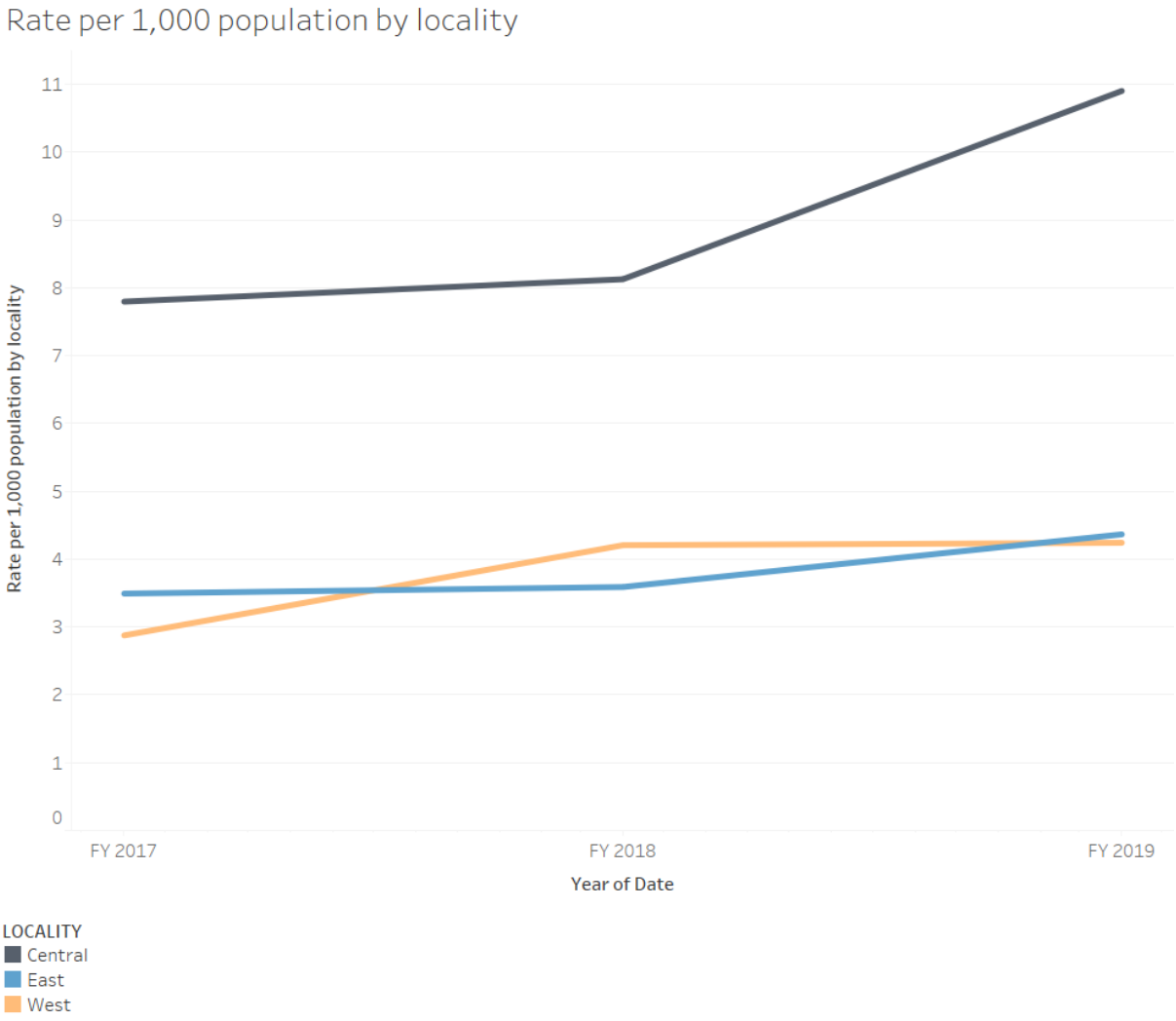
Police incidents

Police incidents indicating involvement of mental health, suicide attempts, and self-harm. Note that there may be a significant element of under-recording as identification of incidents relies upon call-handlers/officers firstly recognising involvement of mental health issues within the incident, and applying the relevant codes.

Nonetheless the data does show an increase of 30% in volume of mental health related police incidents in Inverclyde compared to the preceding two year average.

This is the result of increases in the incidents that have taken place within the Central and East localities. The chart below shows the three year trend for the rate of incidence by locality. In the Central locality is increased from 8.1 to 10.9 incidents per 1,000 population and in the East from 3.6 to 4.4.

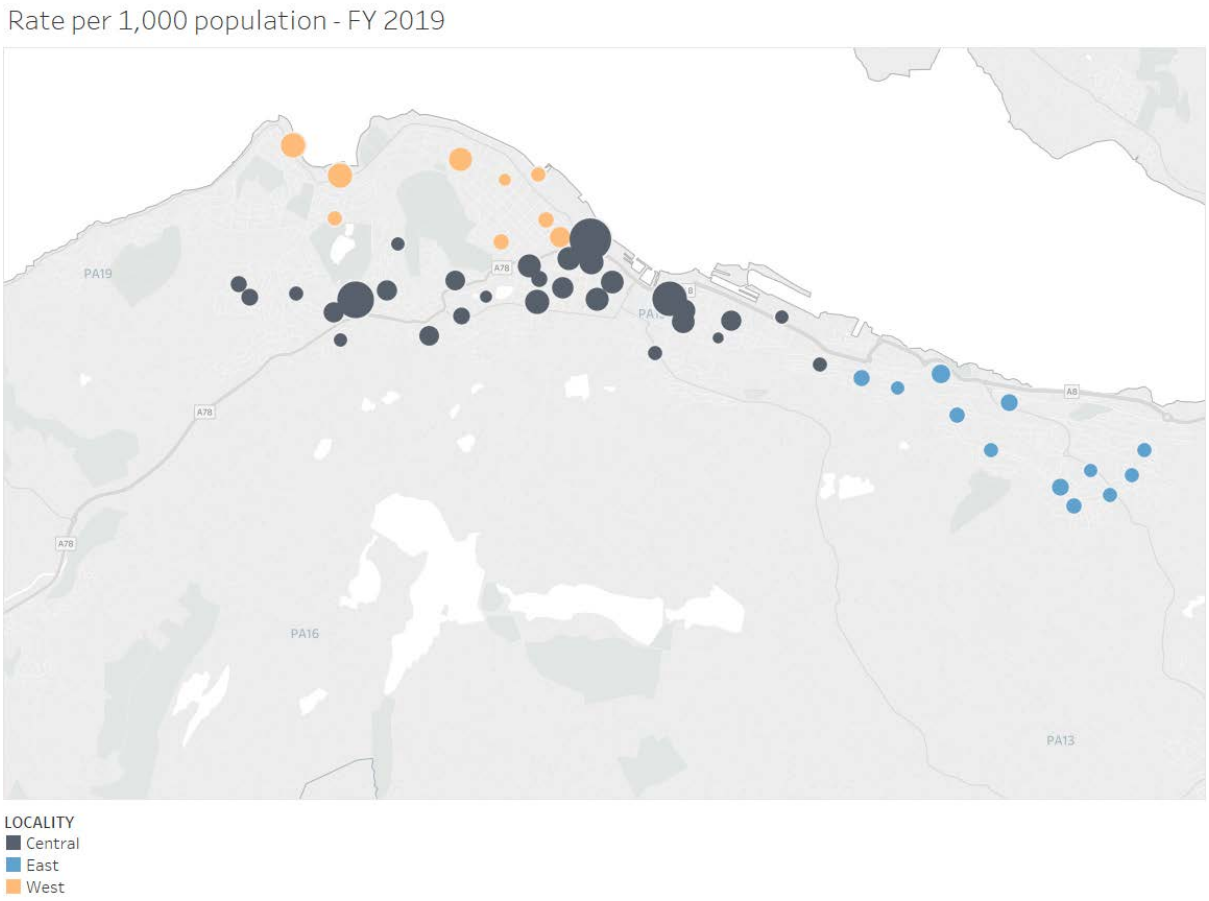
Figure 37 – Rate of police mental health incidents by locality



The map in figure 38 shows the rate per 1,000 population by location of incident in 2018/19 and the larger circles represent the locations with higher incidence rates. Some data has been suppressed due to low numbers of incidents.

The location is based on the datazone that the incident took place in, and shows that the three datazones that encompass Greenock town centre (including Inverclyde Homelessness Centre), Inverclyde Royal Hospital, and the Police Station in Greenock have the highest rate of mental health incidents for the police.

Figure 38 – Map of Police mental health incidents by datazone[10]



[10] Areas with fewer than 4 incidents have been excluded

Medicines and prescribing

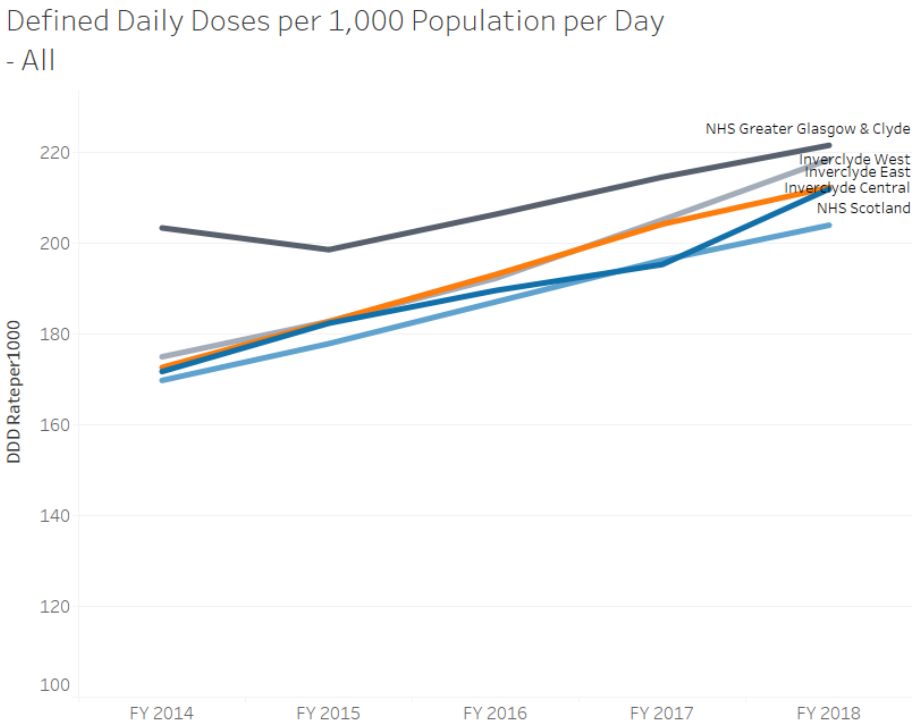
Medicines for Mental Health

The Defined Daily Dose (DDD) is the assumed average maintenance dose per day for a drug used for its main indication in adults (WHO 2018). The DDD allows comparison between population groups and to assess trends in drug consumption.

Significant clinical work was done previously by Prescribing Support Pharmacists in Inverclyde to ensure that prescribing for mental health conditions, particularly for depression is clinically appropriate and meets accepted indicators. The DDD for drugs used for all mental health conditions and for anti-depressants lies somewhere between the NHSGG&C and NHS Scotland average for each Inverclyde cluster. For anti-psychotic prescribing however, all clusters are above the average for NHS Scotland with central cluster being higher than the NHSGG&C DDD.

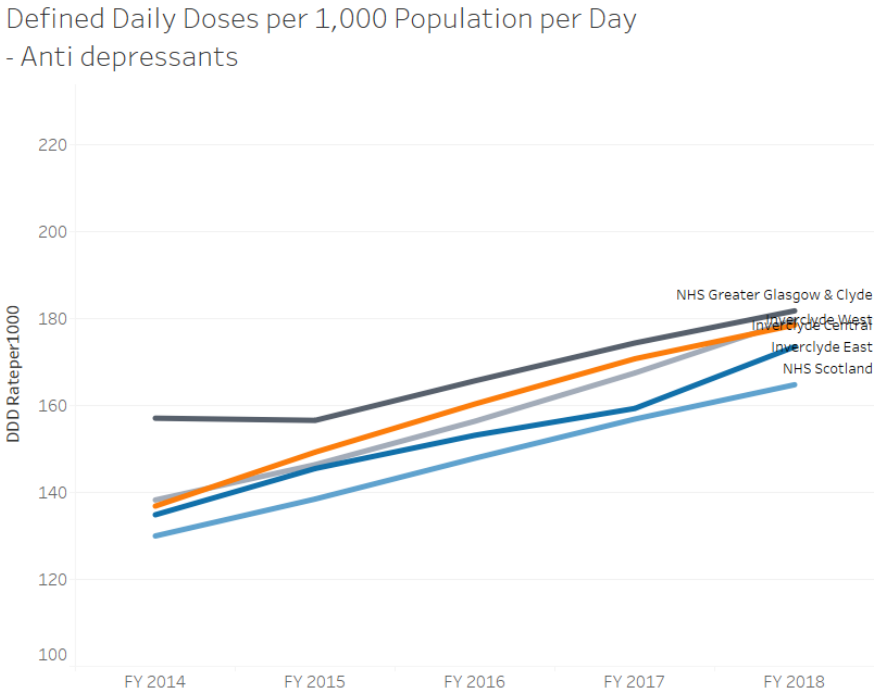
Comparison – all MH medicines for financial years

Figure 39 – Defined daily doses rate for all mental health conditions per 1,000 population



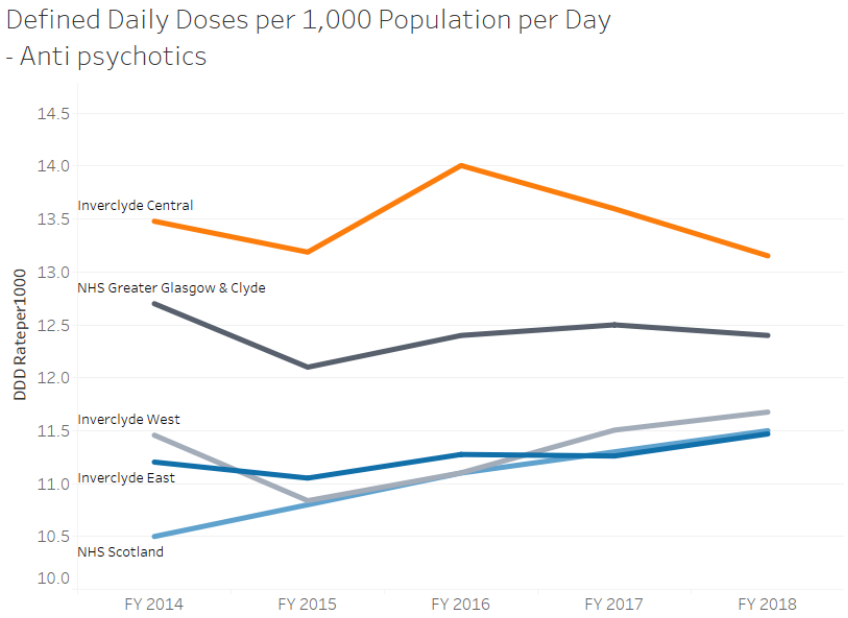
Source: PRISMS prescribing information system

Figure 40 – Defined daily doses rate for anti-depressants per 1,000 population



Source: PRISMS prescribing information system

Figure 41 – Defined daily doses rate for anti-psychotics per 1,000 population



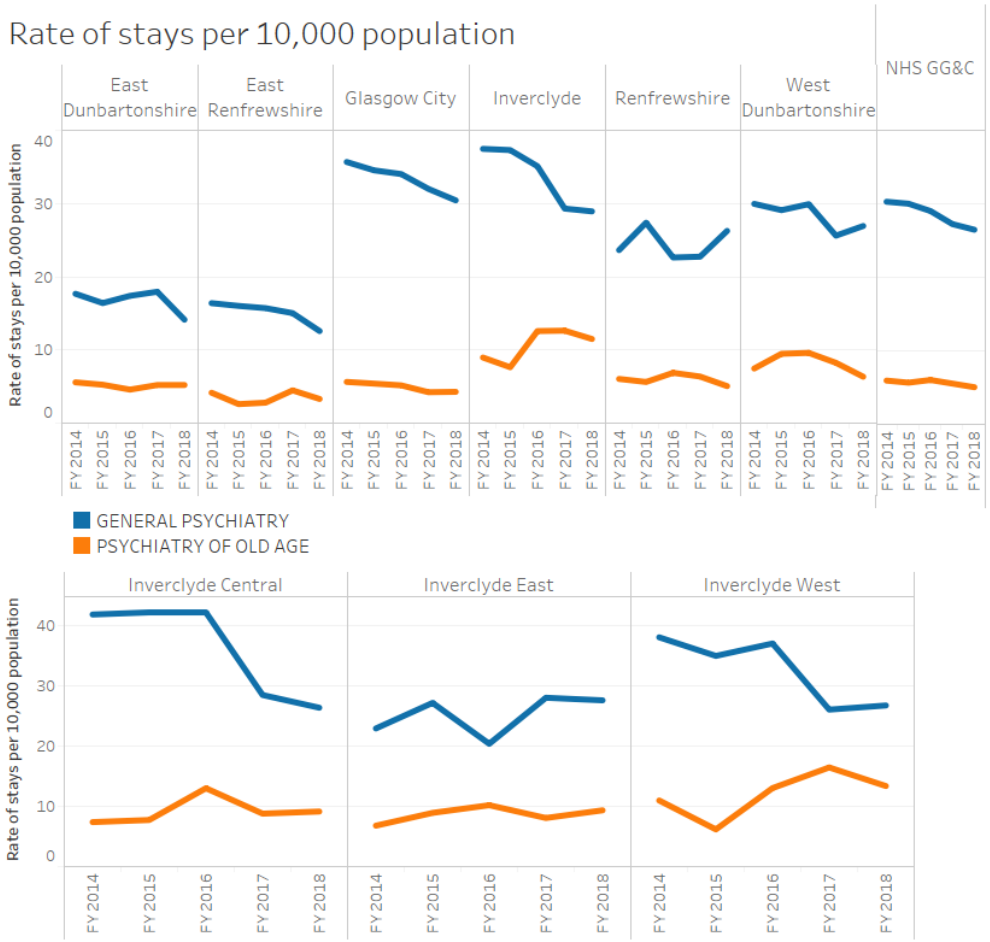
Inpatient activity

Figure 42 - SMR04 Mental Health stays rates per 10,000 populations

Rate of stays per 10,000 population

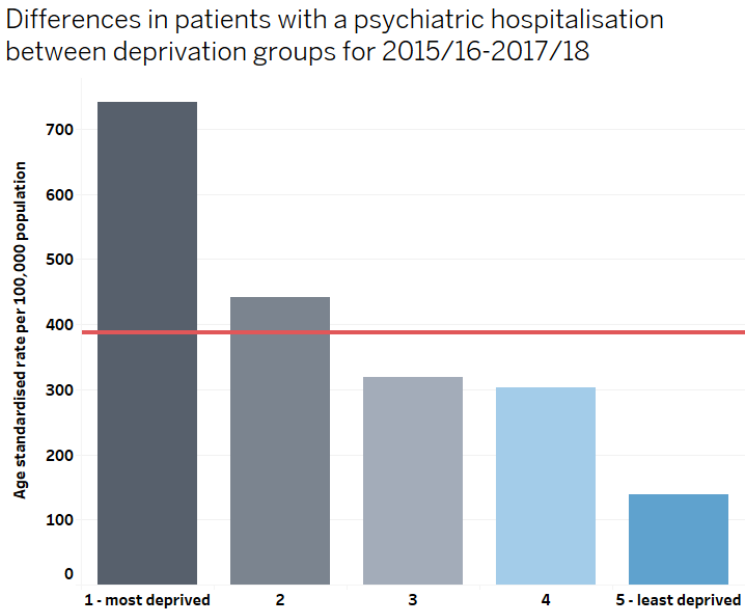
HSCP	FY 2014		FY 2015		FY 2016		FY 2017		FY 2018	
	GENERAL PSYCHIATRY	PSYCHIATRY OF OLD AGE	GENERAL PSYCHIATRY	PSYCHIATRY OF OLD AGE	GENERAL PSYCHIATRY	PSYCHIATRY OF OLD AGE	GENERAL PSYCHIATRY	PSYCHIATRY OF OLD AGE	GENERAL PSYCHIATRY	PSYCHIATRY OF OLD AGE
East Dunbartonshire	17.7	5.6	16.4	5.2	17.4	4.6	17.9	5.2	14.1	5.2
East Renfrewshire	16.4	4.2	16.0	2.6	15.7	2.8	15.0	4.5	12.6	3.3
Glasgow City	35.7	5.6	34.5	5.4	34.0	5.2	32.0	4.2	30.4	4.3
Inverclyde	37.5	9.0	37.3	7.6	35.1	12.6	29.3	12.6	28.9	11.5
Renfrewshire	23.6	6.0	27.4	5.6	22.6	6.9	22.7	6.4	26.3	5.1
West Dunbartonshire	30.0	7.5	29.1	9.5	29.9	9.6	25.6	8.2	26.9	6.3
NHS GG&C	30.3	5.9	30.0	5.7	29.0	6.0	27.2	5.5	26.5	5.1

GP Cluster	FY 2014		FY 2015		FY 2016		FY 2017		FY 2018	
	GENERAL PSYCHIATRY	PSYCHIATRY OF OLD AGE	GENERAL PSYCHIATRY	PSYCHIATRY OF OLD AGE	GENERAL PSYCHIATRY	PSYCHIATRY OF OLD AGE	GENERAL PSYCHIATRY	PSYCHIATRY OF OLD AGE	GENERAL PSYCHIATRY	PSYCHIATRY OF OLD AGE
Inverclyde Central	41.7	7.4	42.1	7.7	42.1	13.0	28.4	8.8	26.3	9.1
Inverclyde East	22.9	6.8	27.1	8.9	20.3	10.2	28.0	8.0	27.5	9.3
Inverclyde West	38.0	10.9	34.9	6.2	36.9	13.0	26.0	16.4	26.7	13.3



Source – AcaDMe

Figure 43 Inverclyde psychiatric hospitalisation rates by deprivation quintile

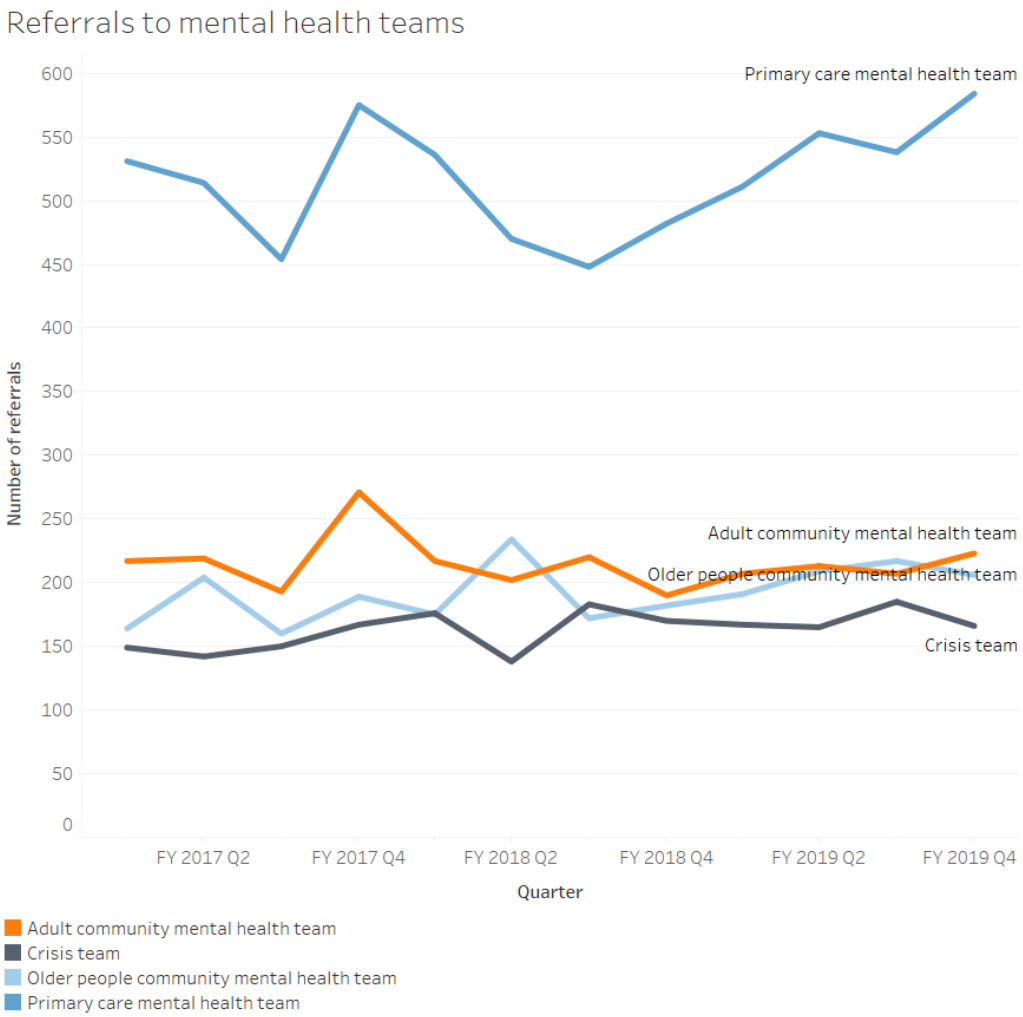


Source: ScotPHO Health Inequalities

- The inequality gap is the difference between the most deprived group and the overall average value. The inequality gap in Inverclyde for psychiatric hospitalisations is equivalent to 532 patients each year.
- The most deprived areas have 87% more patients than the overall average in Inverclyde.
- Patients with a psychiatric hospitalisation would be 64% lower if the levels of the least deprived area were experienced across the whole population.

Community mental health

Figure 44 - Referrals to Inverclyde mental health teams 2016/17 – 2018/19



Source: Inverclyde HSCP Mental Health Quarterly Service Report

Referrals to primary care mental health team and older people's mental health team have been increasing from Q3 2017/18 to Q4 2018/19 whilst all other referrals have remained relatively stable.

Figure 45 Yearly referrals to CMHT and OPCMHT 2016-2109

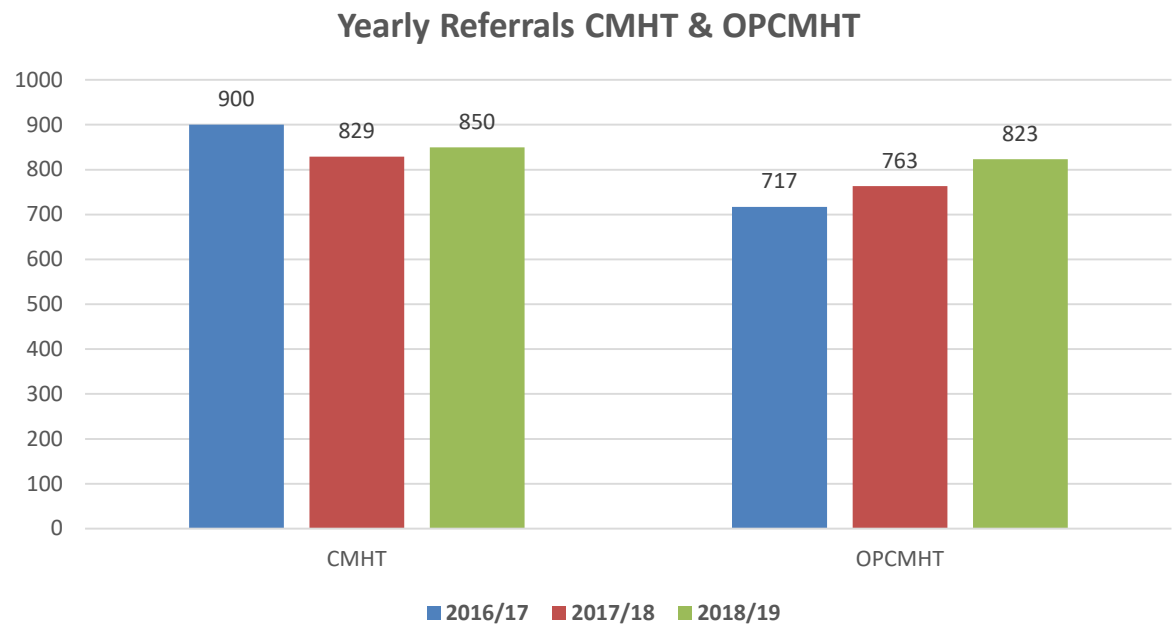
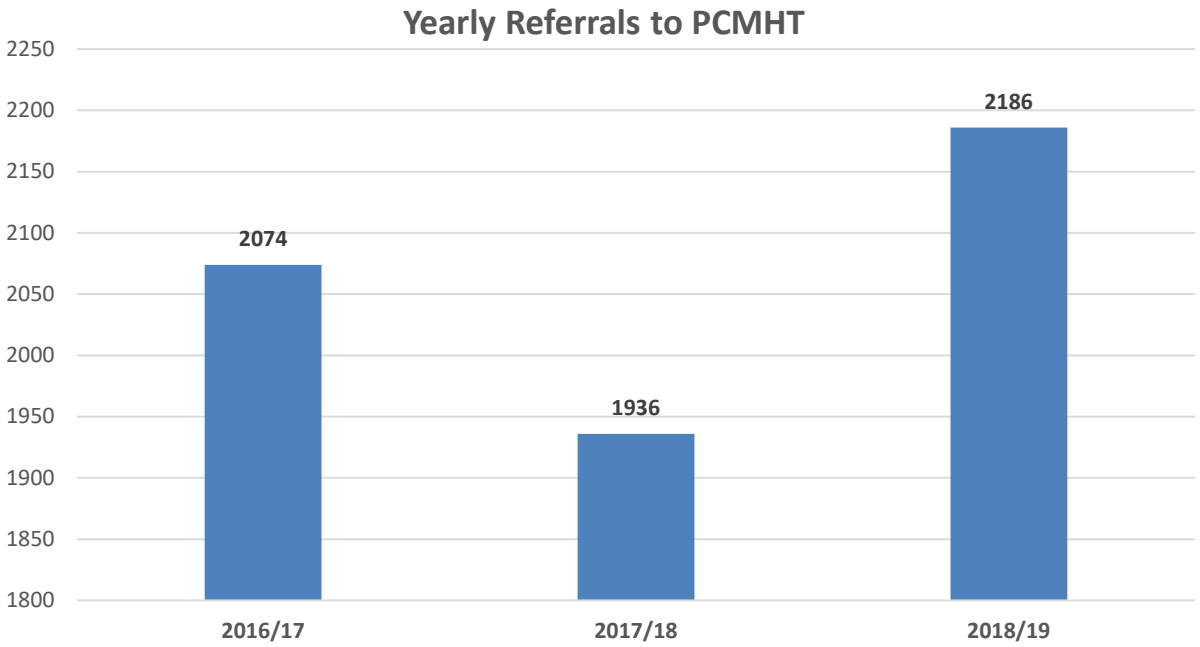


Figure 46 Yearly referrals to Primary Care Mental Health Team 2016 - 2019



Within primary care the Community Link Worker (CLW) is a relatively new addition to the multi-disciplinary team. The CLW is a generalist social practitioner based in a GP practice serving a socio-economically deprived community, who uses non clinical support to allow people to set goals and overcome barriers, in order that they can take greater control of their health and well-being. Figure 47 and 48 show that stress and mental health are amongst the highest reasons for referral alongside a range of issues related to socio-economic circumstances and that identifying sources of support for these issues is a key outcome of the CLW role. Helping people access financial and welfare benefits advice can positively impact on people's mental wellbeing.

Figure 47 – Reason for referral to Community Link Worker Dec 2017 – Mar 2019

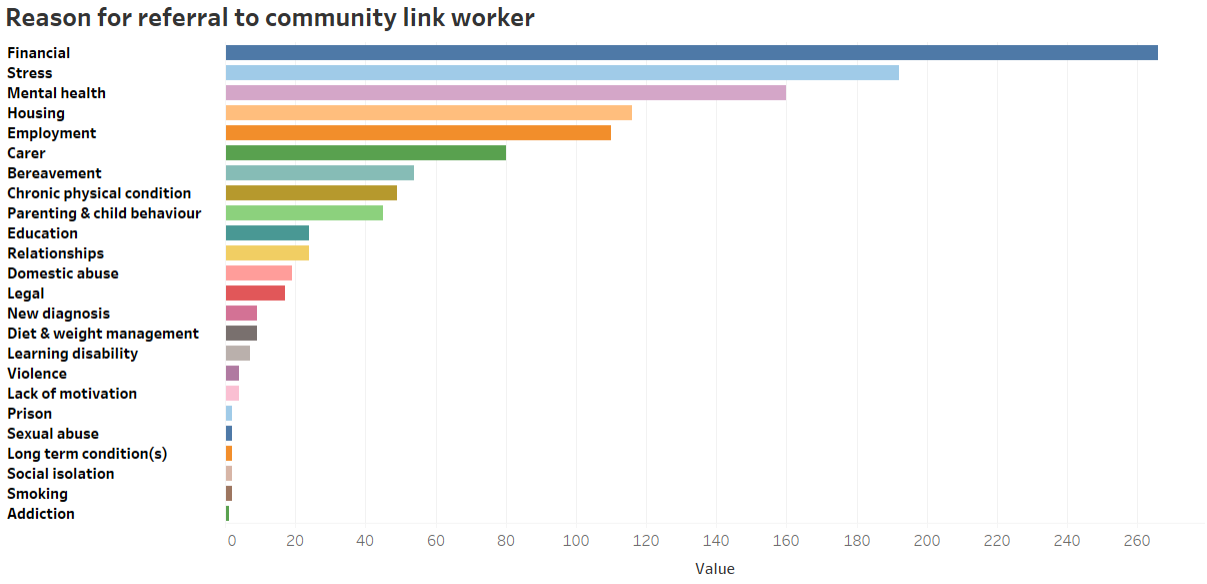
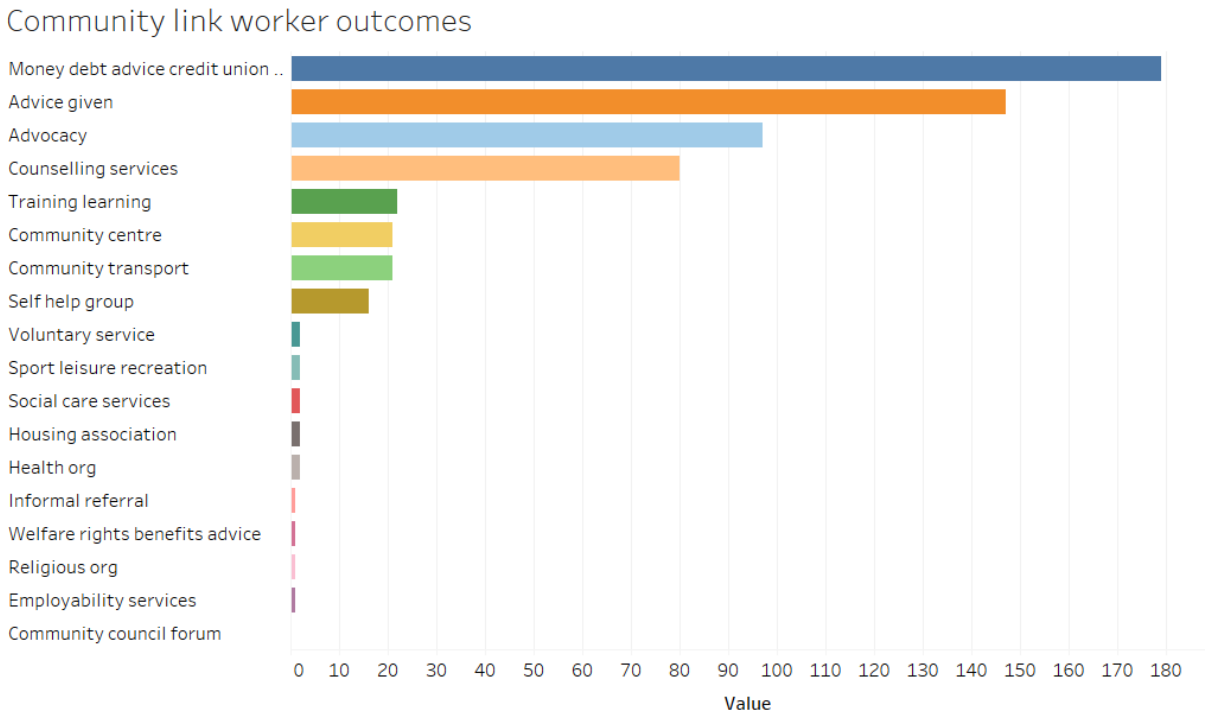


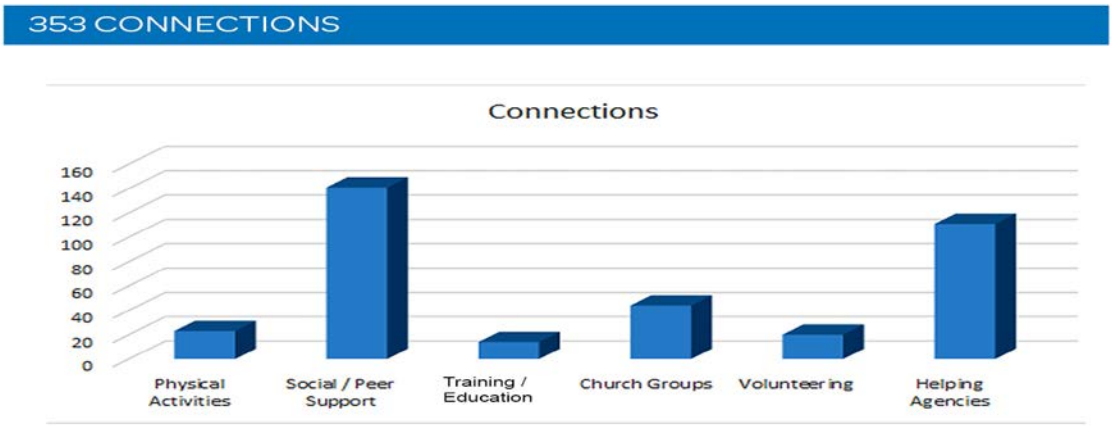
Figure 48 – Outcomes for Community Link Worker Dec 2017 – Mar 2019



Community Connectors

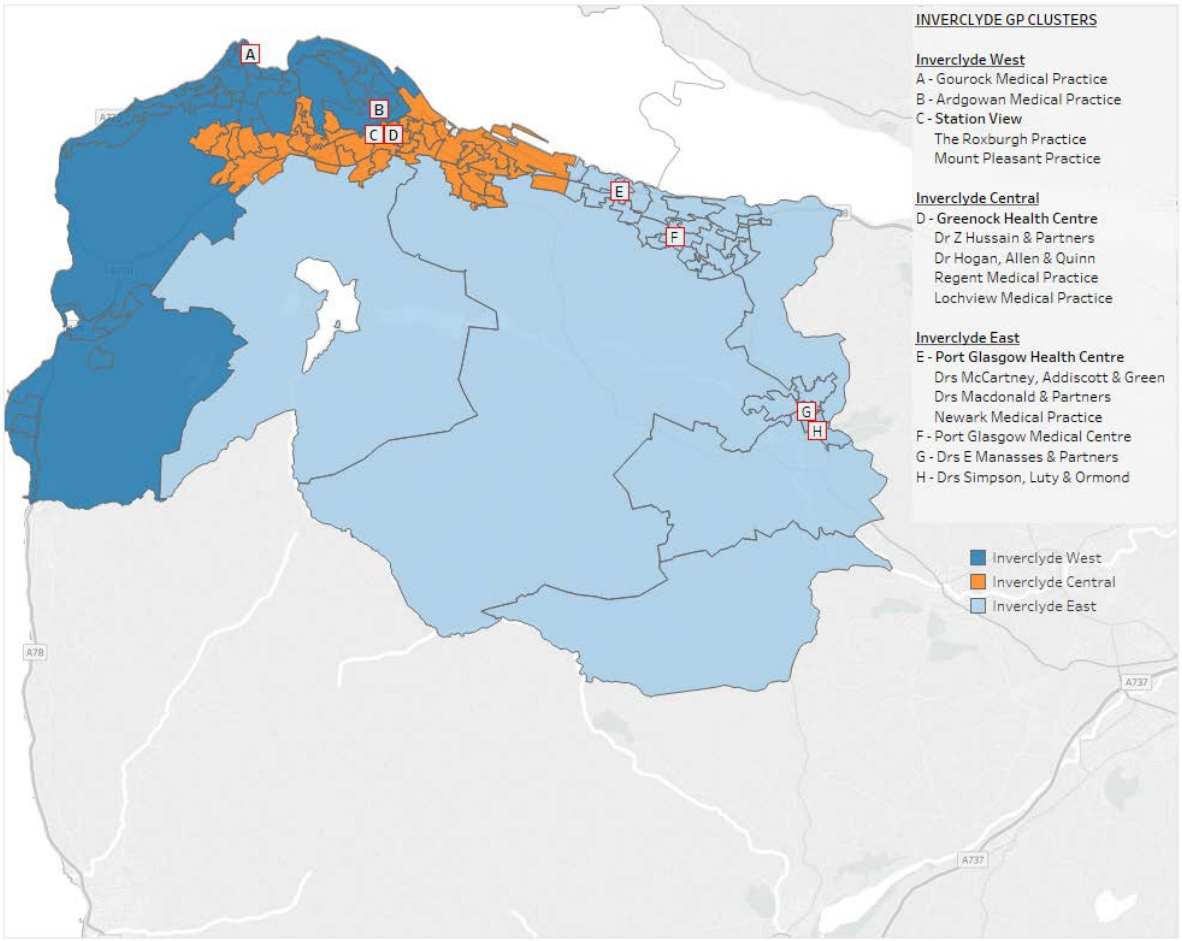
Community Connectors aim to provide connections to local activities, facilities and resources whilst providing short term light support and encouragement for local people to connect, improve their health and wellbeing, reduce their social exclusion, and assist those suffering from low mood. Community Connectors also motivate and encourage people to live as full an independent life as possible. The Community Connectors are based in the community and offer short term assistance to help identify and access resources and activities which help individuals achieve their personal goals. The majority of connections made are for social/ peer support enabling individuals to take better control over their health and wellbeing. Peer support can be very effective in changing health-related behaviour & encouraging the self-management of long-term health conditions and issues surrounding mental health.

Figure 49- Connections Made Between April 2018 - March 2019



Appendix 1

Inverclyde GP Clusters


A
B
C
D
E
F
G
H
A78
A737
A737
INVERCLYDE GP CLUSTERS
Inverclyde West
A - Gourock Medical Practice
B - Ardgowan Medical Practice
C - Station View
The Roxburgh Practice
Mount Pleasant Practice
Inverclyde Central
D - Greenock Health Centre
Dr Z Hussain & Partners
Dr Hogan, Allen & Quinn
Regent Medical Practice
Lochview Medical Practice
Inverclyde East
E - Port Glasgow Health Centre
Drs McCartney, Addiscott & Green
Drs Macdonald & Partners
Newark Medical Practice
F - Port Glasgow Medical Centre
G - Drs E Manasses & Partners
H - Drs Simpson, Luty & Ormond
Inverclyde West
Inverclyde Central
Inverclyde East

2018-2022 INVESTMENT PLANS AND REPORTING TEMPLATE Appendix 2

ACTION 15 - INVERCLYDE

Investment Area	Key Challenge	Proposal & Intended Outcome	Anticipated Investment Measure	18/19		19/20		20/21		21/22	
				£	wte	£	wte	£	wte	£	wte
Prevention & Early Intervention	Increase Cognitive Behaviour Therapy service.	2.64wte OT and Nursing staff within various settings, undertaking CBT training.		0	2.64	0	2.64	0	2.64	0	2.64
	Respond to stress and distress	Investment to support responses to stress and distress - indicative		0	0.00	3,617	0.33	14,901	0.33	15,348	0.33
	Investment in Primary Care Mental Health Pathways	1wte Band 6 PC MH Nurse started Jan 2019.	Increased access for older people to primary care mental health support	9,800	1.00	44,000	1.00	45,320	1.00	46,680	1.00
share of Board wide projects:	*Computerised CBT Service*			0	0.00	1,439	0.09	9,132	0.24	9,407	0.24
	Mental Health & suicide prevention training			491	0.08	4,269	0.15	9,725	0.22	7,327	0.22
	Digital support			0	0.00	443		1,478	0.07	2,439	0.07
	bipolar Programme			0	0.00	0		6,174	0.41	24,694	0.41
	Dementia - young Onsent Dementia			0	0.00	1,677	0.07	2,439	0.07	2,513	0.07
Productivity	Extend access to Psychiatric Liaison Service within A&E and Acute Hospital care.	Senior Crisis Practitioner 1wte Band 6 started Jan 2019, further Liaison nurse started Sept 2019.	Reduce attendances at A&E; increased home based interventions; support to timely discharge for older people within acute setting.	9,900	1.00	53,400	2.00	66,176	2.00	68,162	2.00
	Support young people with parental mental ill health.	Targeted support - indicative investment of 0.33wte Band 6 equivalent role starting Jan 2020		0	0.00	3,617	0.33	14,901	0.33	15,348	0.33
Share of Board wide projects:	*Adult Liaison services to Acute Hospitals*			0	0.00	6,176	0.22	43,348	0.67	44,510	0.67
	OOH CPNs			0	0.00	6,651	0.30	13,700	0.30	14,111	0.30
	Policy Custody			0	0.00	6,637	0.30	13,672	0.30	14,115	0.30
	Borderline Personality Disorder			8,900	0.17	18,343	0.50	35,518	0.65	36,584	0.65
	Project management Support			0	0.00	5,000	0.15	7,354	0.15	7,850	0.15
Recovery	Prevention and recovery practice development to include peer support.	Support to development of recovery peer support workers supplementary to board wide investment - indicative investment of 0.33wte Band 6 equivalent role starting Jan 2020		0	0.00	3,617	0.33	14,901	0.33	15,348	0.33
	Supporting people with Mental ill health back to work.	Third sector provision of support to employment (individual placement support).	Sustainining and increasing access to employment; support to employers.	0	0.00	20,537	1.00	49,288	1.00	50,767	1.00
Share of Board wide projects:	*Recovery Peer support workers & Ops Mgr*			0	0.00	11,148	0.52	26,930	0.52	27,743	0.52
	Psychological interventions in Prisons			0	0.00	8,546	0.69	32,966	0.69	33,955	0.69

Year	Available funding	Planned Expenditure	(Over)/Underspend
18/19	181,485	29,091	152,394
19/20	280,189	199,116	81,073
20/21	395,968	407,923	(11,955)
21/22	527,957	436,898	91,059
	1,385,599	**1,073,028**	**312,571**

AGENDA ITEM NO: 11

Report To:	**Inverclyde Integration Joint Board**	**Date: 4 November 2019**
Report By:	**Louise Long** **Corporate Director (Chief Officer)** **Inverclyde Health & Social Care Partnership**	**Report No: IJB/70/2019/HW**
Contact Officer:	**Helen Watson** **Head of Service** **Strategy and Support Services**	**Contact No: 01475 715285**
Subject:	**OUT OF HOURS SERVICES REVIEW UPDATE**	

1.0 PURPOSE

1.1 This report provides an update to the Integration Joint Board on work to develop an appropriate and sustainable response to health and social care need that emerges outwith standard working hours. This relates to evenings and night-time, weekends and public holidays.

2.0 SUMMARY

2.1 Inverclyde's out of hours services and responses have grown over the years, but not always in a consistent or joined up way. The reality has been that individual services have been developed reflecting specific initiatives, government priorities or individual service gaps. Recent pressures due to increased demand, demographic pressures, changes to the workforce and reduced financial resources mean that we need to review our out of hours services, with a view to channelling our resources (both staff and money) to deliver the best possible response to planned and unplanned out of hours need.

2.2 Initial scoping of out of hours resources and demand indicates that services working outwith standard working hours respond to a range of need, some planned and some unplanned. There is a degree of joint working between services, but this is variable and tends to be anchored in relationships rather than defined policy.

2.3 The issues relating to staffing and resources are being experienced across the whole of the NHS Greater Glasgow and Clyde area, so a review is underway across the wider system too. Alongside this, we are undertaking some Inverclyde-specific review work, which is being guided by the principles of the wider review, but takes account of important local strengths that we would wish to preserve.

3.0 RECOMMENDATIONS

3.1 That the Inverclyde Integration Joint Board notes the work to date and comment to the Chief Officer as appropriate.

Louise Long
Chief Officer

4.0 BACKGROUND

4.1 Since the HSCP was established, it has been working in a context of rising levels of need and demand, within both in-hours and out of hours provision. These rising levels were predicted within the Commission on the Future Delivery of Public Services, 2011 (otherwise known as the Christie Commission Report), and it was recognised that integrating health and social care services was an important enabler to ensuring that people received the best possible support in terms of both quality and value for money.

4.2 In Inverclyde, officers have taken a wide view of integration, recognising that to be fully effective, integration of health and social care services presents an opportunity to redefine our relationship with service users; carers, and third and independent sector providers. This is true for both in-hours and out of hours services, so much can be learned from the work to date on in-hours services.

4.3 Our local review therefore aims to:

- identify the totality of HSCP out of hours working
- identify associated but non-HSCP out of hours working
- review the connections between these, with a view to strengthening links, referral routes and handovers
- define how local supports and services will link with the proposed NHS Greater Glasgow and Clyde (NHSGGC) Urgent Care Resource Hub (UCRH) model.

4.4 A local out of hours review group has been established, including representatives from services that currently provide a 24/7 or extended hours response. These services include:

- Homecare
- District Nursing
- Technology Enabled Care
- Allied Health Professions
- Learning Disability
- GP OOH and Primary Care
- Addictions
- Homelessness
- Mental Health
- Children & Families
- Criminal Justice
- Social Work Standby
- Home1st and Hospital Discharge
- Mental Health Inpatients

Although the HSCP does not manage the Inverclyde Royal Hospital, the group also includes representation from the hospital, to support the development of clear referral and redirection routes relating to unplanned out of hours activity at the IRH. This will also support clarification of how local activity fits with the wider NHSGGC urgent out of hours care review and its proposed Urgent Care Resource Hub model.

4.5 The local review will consider the totality of our out of hours response, including both planned and unplanned care. This recognises that in order to sustain people safely and comfortably in their own homes, there can be a need for routine out of hours or through the night care.

4.6 The local review will submit an initial report to the Senior Management Team early in the new year.

4.7 Related to the NHSGGC-wide work, the NHS Board has commissioned a review of GP Out of Hours services. This recognises that GPs are independent contractors and that their responsibilities are defined within the context of the new General Medical Services (nGMS) contract. It also recognises that each HSCP has a Primary Care Improvement Plan (PCIP) in place as part of a significant change programme within primary care and GP practices. The PCIPs will take at least 3 years to fully implement, and although substantial progress has been made, a number of system-wide challenges have been identified which will have to be addressed to ensure delivery. These include:

- The time required to engage with GPs and others to develop and implement new models while continuing to deliver services under pressure;
- Time and capacity required to recruit new staff and support into new roles;
- Addressing the increasing number of closures of GP out of hours service, due to GP availability;
- Accommodation challenges to host new Multi-Disciplinary Team (MDT) members in or near to practices;
- Availability of key groups of staff and risks of destabilisation as staff move from existing roles;
- Balancing locally identified needs and priorities with the requirements set out in the contract and the MoU;
- Developing approaches which work for all practices, in particular small practices;
- Local deployment of resource to ensure fairness, transparency and equity;
- Capacity for change management within HSCPs and within GP practices, to implement new ways of working and maximise the impact of the MDT and new roles.

4.8 Inverclyde HSCP is in a unique position insofar as we have already begun to deliver on many areas through the New Ways test of change programme that began here in 2015/16, funded through the former Primary Care Transformation Fund. Local Inverclyde GPs and the HSCP have been clear on priorities and have been progressing these however the funding now allocated by Scottish Government has meant that essentially Inverclyde has been at a standstill position since 2018 as there is no capacity to increase staffing levels or services within current funding until 2022/22. We are keen to ensure that the progress to date is fully anchored and that our wider out of hours review enhances and strengthens the quality of provision that we are able to deliver.

5.0 IMPLICATIONS

5.1 **FINANCE**

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

Annually Recurring Costs / (Savings)

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

LEGAL

5.2 There are no legal implications from this report

HUMAN RESOURCES

5.3 There are no implications from this report

EQUALITIES

5.4 Has an Equality Impact Assessment been carried out?

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

5.4.1 The intelligence contained in this report reflects on the performance of the HSCP against the equality outcomes.

5.4.2 How does this report address our Equality Outcomes?

Equalities Outcome	**Implications**
People, including individuals from the above protected characteristic groups, can access HSCP services.	Our out of hours response will be sensitive to the specific needs of people with protected characteristics.
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	The same high standards are expected for services addressing the full range of vulnerabilities without discrimination or stigma
People with protected characteristics feel safe within their communities.	Having clarity about what can be accessed at all hours of the day or night will help to foster confidence that people will get the right support when it is needed.
People with protected characteristics feel included in the planning and developing of services.	We will share our progress with the Strategic Planning Group and Locality Planning Groups to ensure that all members of our communities have ample opportunity to contribute to or challenge our plans.
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	By bringing together all services that provide out of hours responses, staff will gain a better understanding of the needs and challenges facing people with protected characteristics.
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

5.5 Any changes to out of hours provision will be reviewed by the Clinical and Care Governance Group to ensure that strong governance is in place.

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.	Our aim is to promote good health and to prevent ill health. By offering the right support, from the right service and at the right time, we will foster a culture of supported self-management and service user 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	People's care needs will be increasingly met in the home and in the community, so the out of hours support needs to reflect this shift.
People who use health and social care services have positive experiences of those services, and have their dignity respected.	In Inverclyde, individuals and communities have come to expect services that are of a high quality and are well co-ordinated. The out of hours review will retain this requirement.
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	The focus on this outcome is ensuring that Inverclyde HSCP provides seamless, patient focused and sustainable services which maintain the quality of life for people who use the services.
Health and social care services contribute to reducing health inequalities.	Reducing health inequalities involves action on the broader social issues that can affect a person's health and wellbeing including housing, income and poverty, loneliness and isolation and employment.
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.	A clear, appropriate and reliable out of hours response will support carers to have the

	confidence to continue in their caring role.
People using health and social care services are safe from harm.	Under the Adult Support and Protection (Scotland) Act 2007, staff have a duty to report concerns relating to adults at risk. All out of hours responders will be appropriately trained.
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 inclusive format of the working group will ensure that all affected staff will have ample opportunity to ensure that their contribution is defined and appropriate to their skills and training.
Resources are used effectively in the provision of health and social care services.	By reviewing the totality of our out of hours service we will ensure that we make the most of the skills and expertise that are available.

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 LIST OF BACKGROUND PAPERS

8.1 Terms of Reference for the Review Group.

AGENDA ITEM NO: 12

Report To:	**Inverclyde Integration Joint Board**	**Date: 4 November 2019**
Report By:	**Louise Long** **Corporate Director (Chief Officer)** **Inverclyde Health & Social Care Partnership**	**Report No: IJB/63/2019/HW**
Contact Office	**Helen Watson** **Head of Service** **Strategy and Support Services**	**Contact No: 01475 715285**
Subject:	**MEMORANDUM OF UNDERSTANDING BETWEEN INTEGRATION JOINT BOARDS AND INDEPENDENT HOSPICES**	

1.0 PURPOSE

1.1 The purpose of this paper is to inform the IJB of the development of a Memorandum of Understanding (MoU) between IJBs and independent hospices. The MoU builds on the existing national arrangements and represents a wider statement of intent, recognising the statutory role (set out in the Public Bodies (Joint Working) (Scotland) Act 2014) of IJBs in commissioning palliative care services.

2.0 SUMMARY

2.1 The aim of the Memorandum of Understanding is to provide a strategic and financial framework for integration authorities and independent hospices to work in partnership to deliver high quality, responsive and personalised palliative and end of life care. It describes the principles of partnerships that should apply in the development of Service Level Agreements, contracts or commissioning plans developed in a local context.

2.2 To ensure the successful delivery of the MoU at a local level, there are a number of responsibilities for both the IJB and Ardgowan Hospice. This includes the joint planning, design and commissioning of the palliative care functions based on an assessment of local population needs, in line with the HSCP's Strategic Plan 2019-24. The responsibilities are detailed in sections 5.2 and 5.3 of this paper.

3.0 RECOMMENDATIONS

3.1 It is recommended that the Integration Joint Board adopts the national Memorandum of Understanding between Integration Joint Boards and Independent Scottish Hospices for local delivery in Inverclyde.

Louise Long, Chief Officer

Helen Watson, Head of Strategy & Support Services

4.0 BACKGROUND

4.1 Hospices play an important role in the provision of local palliative care services. They work in partnership with Primary Care, District Nurses and other Third Sector organisations. There is one hospice in Inverclyde (Ardgowan), where services were previously planned and commissioned through the NHS Greater Glasgow and Clyde Health Board. From 1st April 2016, this responsibility lies with Inverclyde HSCP.

4.2 Ardgowan Hospice has 8 beds and provides 8 day places over 1 day, with a new model opening offering satellite clinics in Port Glasgow and Gourock with information hubs. The hospice also provides a range of other related services (outpatients, community nurse specialists, AHP services, complementary therapies, bereavement services, training and education).

4.3 The MoU has been jointly signed by the Chair of the Health and Social Care Scotland (HSCPs) Chief Officers' Group and the Chair of the Hospices' Leadership Group. IJBs are encouraged to adopt and apply this within their local context to create a framework within which HSCPs and hospices can collaborate to provide effective support to people with palliative care needs.

4.4 Over the last 12 months, Ron Culley (Chief Officer, Western Isles) led a short-term working group with representatives from partnerships, the Scottish Hospices Leadership Group and the Scottish Government to develop a memorandum of understanding (MoU). The parties have agreed on the content of the MoU and the intention is that this will cover an initial two-year period.

5.0 MEMORANDUM OF UNDERSTANDING (MOU) - IJBS AND HOSPICES

5.1 IJBs are asked to adopt the MoU in order to create a framework within which IJBs and hospices can collaborate to provide effective support to people with palliative care needs. The letter dated 15/07/19 to IJB Chairs from Vicky Irons, Chair Health and Social Care Scotland Chief Officers' Group is attached as Appendix 1 and the Memorandum of Understanding between IJBs and Independent Scottish Hospices is attached as Appendix 2.

5.2 Responsibilities for Integration Joint Boards in the MoU include:

- Planning, design and commissioning of the palliative care functions delegated to them under the 2014 Act based on an assessment of local population needs, in line with the IJB Strategic Plan.
- The development of a local commissioning plan, in partnership with independent hospices and collaborating with other key stakeholders.
- Ensuring that all statutory obligations to people with palliative and end of life care needs are met.
- Ensuring that local SLAs are established and maintained which provide financial stability and which operate on the basis of full cost transparency across both parties.
- Decisions need to be taken in line with all relevant procurement law and strategy.

5.3 Responsibilities for Independent Hospices in the MoU include:

- Contribute to the development of local commissioning strategies underpinning effective palliative and end of life care.
- Work with IJBs to ensure that the hospice's total operating costs are understood within local SLAs.
- Continue to deliver high quality service arrangements, which align with the referral mechanisms and operating systems of local HSCPs.

5.4 Next Steps

The HSCP currently works closely with the hospice through regular governance meetings co-chaired by the HSCP Head of Health and Community Care and the Chief Executive from the Hospice. This group will have responsibility for the local delivery of the Memorandum of Understanding (MoU).

5.5 Subject to approval from the IJB on the national Memorandum of Understanding between IJBs and Independent Scottish Hospices an update on local delivery in Inverclyde will be reported to the IJB at a future meeting.

6.0 IMPLICATIONS

6.1 FINANCE

There are no direct financial implications within this report.

One off Costs

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

Annually Recurring Costs / (Savings)

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

LEGAL

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 There are no equality issues within this report.

6.4.1 Has an Equality Impact Assessment been carried out?

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

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

6.5 **CLINICAL OR CARE GOVERNANCE IMPLICATIONS**

There are no governance issues within this report.

6.6 **NATIONAL WELLBEING OUTCOMES**

How does this report support delivery of the National Wellbeing Outcomes

There are no National Wellbeing Outcomes implications within this report.

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	None
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	The services offered by the hospice support this outcome.
People who use health and social care services have positive experiences of those services, and have their dignity respected.	The hospice values are rooted in dignity and respect.
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	High quality palliative and end of life care focuses on quality of life and the best possible experience.
Health and social care services contribute to reducing health inequalities.	Access is based on need.
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 CONSULTATION

8.1 This report has been prepared after due consultation with the Chief Officer and Ardgowan Hospice.

Appendix 1

Vicky Irons
Chair, Health and Social Care Scotland Chief Officer Group
St Margaret's House
Orchardbank Business Park
Forfar
DD8 1WS

Date: 15 July 2019

Dear IJB chair

Over the last 12 months, Ron Culley (Chief Officer, Western Isles) has led a short-term working group with representatives from partnerships, the Scottish Hospices Leadership Group and the Scottish Government to develop a memorandum of understanding (MoU). The parties have now agreed on the content of the MoU and the intention is that this will cover an initial two year period.
This MoU between integration joint boards and independent hospices builds on the arrangements set out in CEL 12 and represents a wider statement of intent, recognising the statutory role (set out in the Public Bodies (Joint Working) (Scotland) Act 2014) of Integration Joint Boards in commissioning palliative care services.
The aim of the MoU is to provide a strategic and financial framework for integration authorities and independent hospices to work in partnership to deliver high quality, responsive and personalised palliative and end of life care. It describes the principles of partnerships that should apply in the development of SLAs, contracts or commissioning plans developed in a local context.
The MoU has been jointly signed by the Chair of the Chief Officers Group and the Chair of the Hospices Leadership Group.
We are writing to you to make you aware of the national MoU and to encourage you to adopt and apply this within your local context by putting it to your members for agreement. As you might imagine, the wording and framing of the MoU was carefully negotiated over a number of months, so we are asking partnerships to adopt it as it is. As indicated above, it serves to create a framework within which IJBs and hospices can collaborate to provide effective support to people with palliative care needs.
If you have any questions, please don't hesitate to contact us or our colleague Ron Culley (ron.culley@nhs.net).
Best wishes

Vicky Irons
Chair, Chief Officer Group
Health and Social Care Scotland

Rhona Baillie
Deputy Chair
Scottish Hospices Leadership Group

Appendix 2

Memorandum of Understanding between Integration Joint Boards and Independent Scottish Hospices

Introduction

Across Scotland, Health and Social Care Partnerships and independent hospices are committed to a future which will ensure the provision of high quality and person-centred palliative and end of life care, made available to all who need it, when they need it. This ambition is founded on the following over-arching principles:

- A partnership based on parity of esteem and a commitment to shape palliative care services together;
- A recognition of the importance of financial stability, both within the partnership as a whole and for each independent hospice;
- A commitment to operate openly and transparently, cultivating a position of trust, building strong relationships which are resilient to disagreement and financial pressures;
- A recognition that hospices are autonomous organisations with considerable skills, expertise and charitable income, who nevertheless operate within local health and social care systems and whose aims are aligned to local commissioning strategies.

In approving this Memorandum of Understanding, all parties agree to abide by these principles.

Scope of the Memorandum of Understanding

The principles underpinning the commissioning relationship between NHS Boards and independent hospices specialising in palliative and end of life care in Scotland were set out in a Scottish Government letter to NHS Chief Executives in 2012,[1] commonly referred to as CEL 12. This document has since governed the commissioning relationship between Health Boards and independent hospices.

However, following the Public Bodies (Joint Working) (Scotland) Act 2014, all Health Boards have been required to establish Integration Authorities with their Local Authority partners. Within this context, the functions and resources associated with the provision of palliative and end of life care are now the preserve of Scotland's Integration Authorities.

The terms of CEL 12 do not apply to those Integration Authorities who have established Integration Joint Boards, since in these circumstances the Health Board is no longer the commissioner of palliative and end of life care. By contrast, CEL 12 continues to apply to those Integration Authorities which have elected to establish the NHS Board as a Lead Agency under the 2014 Act. The collaborative commissioning process as set out in CEL 12 has come to fuller fruition in the commissioning process set out in the Public Bodies (Joint Working) (Scotland) Act 2014.

In order to clarify any ambiguities in understanding in the national policy framework, a working group was established to develop a Memorandum of Understanding between Scotland's Integration Joint Boards and Independent Hospices. The Working Group involved representatives of senior management within Integration Authorities, independent hospices, the Scottish Partnership for Palliative Care, Healthcare Improvement Scotland and the Scottish Government. Scotland's independent hospices are represented by the Scottish Hospice Leadership Group, which has formed to represent the interests of independent hospices at a national level.

This Memorandum of Understanding ("MOU") between Integration Joint Boards and independent hospices builds on the arrangements set out in CEL 12 and represents a wider statement of intent, recognising the statutory role (set out in the Public Bodies (Joint Working) (Scotland) Act 2014) ("the Act") of Integration Joint Boards in commissioning palliative care services.

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[1] *A Partnership For Better Palliative And End Of Life Care: Creating A New Relationship Between Independent Adult Hospices And NHS Boards In Scotland*

For the purposes of this MOU, we refer to Integration Joint Boards (IJBs) as the responsible party for the planning and commissioning of palliative care services. When the document refers to independent hospices, this also includes Marie Curie, a UK-wide organisation, which currently runs two hospices in Scotland as part of its wider provision of specialist palliative care services. The MOU does not include provisions made to secure specialist palliative care for children, which is provided by CHAS, and which is subject to separate financial governance arrangements.

The MOU will cover an initial two year period (1 April 2019 to 31 March 2021) and is structured to set out the key aspects relevant to facilitating the delivery of effective joint commissioning. It does not impinge on the autonomy of independent hospices as charitable organisations, although it does encourage the establishment and maintenance of Service Level Agreements (SLAs) to govern the relationship between independent hospices and Integration Joint Boards within local systems. SLAs will define mutual expectations and place rights and responsibilities on both parties.

The aim of the MOU is to provide a strategic and financial framework for Integration Authorities and independent hospices to work in partnership to deliver high quality, responsive and personalised palliative and end of life care. It describes the principles of partnership that should apply in the development of SLAs, contracts or commissioning plans developed in a local context.

This MOU will be reviewed and updated by the Scottish Hospice Leadership Group and the IJB Chief Officers parties before 31 March 2021.

Policy Context

The Strategic Framework for Action on Palliative and End of Life Care is Scotland's national policy and is a direct response to the resolution passed in 2014 by the World Health Assembly, requiring all governments to recognise palliative care and to make provision for it in their national health policies.

Launched by Cabinet Secretary for Health, Wellbeing and Sport in December 2015, it outlines the key actions to be taken that will allow everyone in Scotland to receive services that respond to their individual palliative and end of life care needs. The Framework seeks to drive a new culture of openness about death, dying and improvement and sets out to achieve the following outcomes:

- People receive health and social care that supports their wellbeing, irrespective of their diagnosis, age, socio-economic background, care setting or proximity to death.
- People have opportunities to discuss and plan for future possible decline in health, preferably before a crisis occurs, and are supported to retain independence for as long as possible.
- People know how to help and support each other at times of increased health need and in bereavement, recognising the importance of families and communities working alongside formal services.
- People access cultures, resources, systems and processes within health and social care services that empower staff to exercise their skills and provide high quality person-centred care.

The national policy is currently being implemented via a National Implementation and Advisory Group, comprised of representatives of the Scottish Government, Integration Authorities, independent hospices, community care bodies and a range of other stakeholders.

Following the establishment of Integration Authorities, the Scottish Government has also published guidance on a range of subjects, including on strategic commissioning. This was followed up by a specific publication on the commissioning of palliative and end of life care in April 2018.

The guidance describes the key considerations when planning, designing and commissioning palliative and end of life care, including understanding local data and trends around mortality; activity levels and any variation within those; service and support arrangements across the local health and social care system, including any gaps; a map of the total resources available to the partnership - the analysis of which will underpin the key reforms that emerge from local commissioning plans. It will be important that once the total resource is understood (including the total capacity of the hospices), opportunities are taken to reimagine how it can be invested to improve outcomes.

Effective commissioning will result in a comprehensive and cohesive approach to the planning and improvement of palliative and end of life care. It will situate palliative and end of life care as integral aspects of the care delivered by any health or social care professional, focusing on the person, not the disease, and applying a holistic approach to meet the physical, practical, functional, social, emotional and spiritual needs of patients and carers facing progressive illness and bereavement.

The following principles should underpin the approach to commissioning:

- transparency and openness
- a focus on system outcomes
- clinical effectiveness
- cost effectiveness
- value for money

It is important that local commissioning plans also consider national priorities. The Scottish Government's national delivery plan sets out a number of high level ambitions to ensure that the right supports and services are in place for people at the end of life. By 2021, we should seek to ensure that:

- Everyone who needs palliative care will get the right care, in the right setting to meet their needs;
- All who would benefit from a 'Key Information Summary' will have access to it;
- The availability of care options will be improved by doubling palliative end of life provision in the community, which will result in fewer people dying in a hospital setting.

Partnerships should consider these priorities within the context of local commissioning plans.

HSCPs should collaborate with independent hospices as *equal partners*, and both parties will actively contribute to the development and delivery of local commissioning strategies. Independent hospices bring considerable expertise, capacity and resource to the commissioning table and this should be recognised in the commissioning relationship. Through their volunteering capacity, charitable income sources, clinical and strategic leadership, hospices have a strong track record of developing personalised, responsive and imaginative palliative care, which will be important to build upon as part of the commissioning process.

Responsibilities (of parties to the MOU)

The respective responsibilities of the parties to this MOU are:

Integration Joint Board responsibilities:

- Planning, design and commissioning of the palliative care functions delegated to them under the 2014 Act based on an assessment of local population needs, in line with the IJB Strategic Plan.
- The development of a local commissioning plan, in partnership with independent hospices and collaborating with other key stakeholders.
- Where there is an independent hospice providing services to more than one IJB, the IJBs will collaborate under Section 22 of the 2014 Act in relation to the effective and efficient use of resources (e.g. buildings, staff and equipment) to achieve coherence and equity across service planning, design and commissioning.
- Ensuring that all statutory obligations to people with palliative and end of life care needs are met.
- Ensuring that local SLAs are established and maintained which provide financial stability and which operate on the basis of full cost transparency across both parties.
- Decisions need to be taken in line with all relevant procurement law and strategy.

Independent Hospice responsibilities:

- Contribute to the development of local commissioning strategies underpinning effective palliative and end of life care.
- Work with IJBs to ensure that the hospice's total operating costs are understood within local SLAs.
- Continue to deliver high quality service arrangements, which align with the referral mechanisms and operating systems of local Health and Social Care Partnerships.

Wider Engagement
IJBs have a statutory duty via the Public Bodies (Joint Working) (Prescribed Consultees) (Scotland) Regulations 2014 to consult a wide range of local stakeholders and professional groups on their local strategies and take decisions on the size and shape of local health and social care services on a collective basis based on dialogue with the local communities and service users.

In relation to the development of local commissioning plans, that would include (but not be limited to): patients, their families and carers; local communities; health and social care professionals; hospices (both NHS and independent); social care providers

In order to ensure that the provision of any new or reconfigured service has a patient-centred approach to care based on an understanding of patients' needs, life circumstances and experiences, it is important that patients, carers and communities are engaged as key stakeholders in the planning and delivery of new services. HSCPs should ensure that this engagement is a key part of their local commissioning plans.

Resources
Integration Joint Boards and Scottish Hospices invest millions of pounds annually in the provision of palliative and end of life care. Independent hospices in particular make a significant contribution to Scotland's health economy, generating over £50 million in charitable donations from the public, which supplements core statutory funding. In service to their overall mission, independent hospices will continue to bring these charitable resources to the table.

One of the primary functions of CEL 12 was to outline the financial contribution that Health Boards should make to the running costs of independent hospices. Specifically, it was proposed that 50% of agreed running costs be met by Health Boards, and the CEL 12 letter defined the parameters of what could fall within the scope of agreed costs.

However, this led in some instances to a transactional relationship developing between Health Boards and hospices, which focused on how the agreed costs should be understood. The Scottish Hospice Leadership Group has also produced evidence that the gap between actual and agreed costs has grown over time, thereby eroding the worth of the original commitment.

Within this context, this MOU does not prescribe the proportion of agreed costs to be met by Integration Joint Boards. Rather, it envisages a new relationship developing, based on the following principles:

- A transparent assessment of the *total* resource both parties bring to the table, including charitable income sources;
- A transparent assessment of the *total* costs of service provision, analysed through an "open book" approach between Integration Joint Boards and independent adult hospices
- Value for money and efficiency
- Benchmarking of costs, activity and quality
- Quality outcome measures

This process should avoid the need to debate what counts as *agreed* costs in favour of a relationship that looks at the *total* operating costs of independent hospices, which will include back office costs associated with fundraising, corporate functions, marketing and promotion, volunteering, and management. Within this context it will be important to describe existing patterns of expenditure and impending pressures. National organisations should be transparent in allocating overheads against local hospice running costs. Likewise, there is an expectation that IJBs will provide transparency in respect of their financial position, including the impact of any budgetary adjustments on the palliative care agenda.

In particular, the need for independent hospices to provide pay increases in line with NHS arrangements should be recognised. This further assumes that independent hospices will want to move towards the Agenda for Change pay model. Hospices, IJBs and, where relevant, the Scottish Government, will consider how best to fund any pay increases. These arrangements should be set out within local Service Level Agreements.

There should be a commitment to agree and sign-off Service Level Agreements in a timely fashion, as part of the overall commissioning cycle. A three year agreement is preferred as a means of delivering financial stability, which is especially important during times of service redesign. In the absence of redesign, it is important to note that while

this MoU moves away from a specific agreement to meet 50% of agreed costs, individual hospices should not receive a *reduction* in financial support from IJBs against 2018/19 levels, for this could foment the very financial instability that the MoU seeks to protect against. In circumstances where services are being redesigned, overall financial contributions will necessarily be reconsidered, and in these cases, it is important that funding levels are commensurate with the new service provided.

It is also important to note that IJBs do not hold capital budgets and so if hospices want to enter into discussion about accessing capital investment for health and social care buildings, this will require the Health Board and/or Local Authority's participation.

Conflict Resolution

It is important that local provision is made for conflict resolution. Given that the parties to this MoU consistently operate under financial pressure, mechanisms should be in place to remedy disputes. Such disputes may emerge out of the financial or wider commissioning relationship. In the event of any disagreement or dispute between the parties, they will use their best endeavours to reach a resolution without resort to conciliation or mediation. If conciliation or mediation becomes required an independent third party will be sought as deemed acceptable to the NHS Board/HSCP and Partner/Provider.

Oversight

The national working group will monitor the development of local commissioning plans and associated SLA's to consider whether the terms of the MOU are applied consistently and abide by the spirit of partnership.

The benchmarking of the cost, activity and quality of independent adult hospice services should be done at local level but the national working group may also consider this benchmarking to support local partnerships.

Healthcare Improvement Scotland is available to partnerships to support quality and service improvement.

Signatories

Signed on behalf of IJB Chief Officers

Name: Vicki Irons, Chief Officer, Angus HSCP and Chair, Chief Officers, Health and Social Care Scotland

Signed on behalf of the Scottish Hospice Leadership Group

Name: Rhona Baillie, the Prince & Princess of Wales Hospice and Deputy Chair, Scottish Hospices Leadership Group

Integration Joint Boards	Independent Hospices
Aberdeen City Aberdeenshire Angus Argyll and Bute Clackmannanshire and Stirling Dumfries and Galloway Dundee City East Ayrshire East Dunbartonshire East Lothian East Renfrewshire Edinburgh City Falkirk Fife Glasgow City Highland Inverclyde Midlothian Moray North Ayrshire North Lanarkshire Orkney Islands Perth and Kinross Renfrewshire Scottish Borders Shetland Islands South Ayrshire South Lanarkshire West Dunbartonshire Western Isles West Lothian	ACCORD Hospice Ardgowan Hospice Ayrshire Hospice Bethesda Hospice Highland Hospice Kilbryde Hospice Marie Curie Hospice Prince and Princess of Wales Hospice St Andrew's Hospice St Columba's Hospice St Vincent's Hospice Strathcarron Hospice

Annex A: Palliative Care

Palliative Care
Palliative care is defined by the World Health Organisation as "an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and

relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual".

Specialist Palliative Care
Specialist Palliative Care is the active total care of patients with progressive, advanced disease and their families. Care is provided by a multi-professional team who have undergone recognised specialist palliative care training. The aim of the care is to provide physical, psychological, social and spiritual support, and it will involve practitioners with a broad mix of skills. (Tebbit, 1999)
Specialist Palliative Care requires effective multi-professional working within specialist teams and co-ordination across a wide range of professions to ensure that all appropriate patients, including those with non-malignant disease, can access the appropriate service and achieve the best quality of life possible.

These teams work in partnership with those who provide generalist palliative care, to ensure that patients' and families' complex needs are met.
Complex needs are identified as needs that cannot be addressed through simple or routine interventions/care.

Specialist Palliative Care seeks to:

- meet complex needs through a multi-professional team that meets regularly, and where individual team members understand and respect each other's roles and specialist expertise;
- enable team members to be proactive in their contact, assessment and treatment of patients and their families/carers;
- discern, respect and meet the cultural, spiritual and religious needs, traditions and practices of patients and their families/carers;
- recognise the importance of including the needs of families in the patient's care, since good family care improves patients' quality of life and contributes positively to the bereavement process;
- share knowledge and expertise as widely as possible;
- promote and participate in research in order to advance the speciality's knowledge base for the benefit of patients and carers.

A number of essential components make up a specialist palliative care service and the lists below are not exhaustive. These include:

- effective communication
- symptom control
- rehabilitation
- education and training
- research and audit
- continuity of care
- terminal care
- bereavement support for adults, young people and children

The core clinical specialist palliative care services comprise:

- In-Patient care facilities for the purposes of symptom management, rehabilitation and terminal care
- 24 hour access to the In- Patient service which includes specialist medical and adequate specialist nursing cover
- 24 hour telephone advice service for healthcare professionals
- 24 hour telephone support service for known out-patients and their carers
- Day services provided by an out-patient model or day hospice model where patients attend for a determined part of the day (e.g. from 11-3)
- Education programme
- Research and audit undertaken within a framework of clinical governance
- Formalised arrangements for specialist input to local and community hospitals
- Spiritual and psychological/counselling support services'

Key Elements of Specialist Palliative Care within a Specialist Palliative Care Unit

The core team comprises dedicated sessional input from

- Chaplain
- Doctors
- Nurses
- Occupational therapist
- Pharmacist
- Physiotherapist
- Social worker
- Counsellor

The range of integrated service components which can meet patients' needs at different stages of the disease process will include written referral guidelines to;

- Bereavement services
- Community specialist palliative care services
- Complementary therapies
- Counselling services
- Day services
- Hospital specialist palliative care services
- Lymphoedema services
- Patient transport services
- Psychological support services
- Social services
- Spiritual support services

ANNEX B: MEMBERSHIP OF SHORT LIFE WORKING GROUP

- Rhona Baillie, The Prince and Princess of Wales Hospice
- Helen Simpson, Accord Hospice
- Jackie Stone, St Columba's Hospice
- Craig Cunningham, South Lanarkshire HSPC
- Steven Fitzpatrick, Glasgow City HSPC
- Karen Jarvis, Renfrewshire HSPC

- Michael Kellet, Fife HSPC
- Pam Gowans, Moray HSCP
- Ron Culley, Western Isles HSPC (Chair)
- Mark Hazelwood, Scottish Partnership for Palliative Care
- Tim Warren, Scottish Government
- Christina Naismith, Scottish Government
- Diana Hekerem, Healthcare Improvement Scotland

AGENDA ITEM NO: 13

Report To:	**Inverclyde Integration Joint Board**	**Date: 4 November 2019**
Report By:	**Louise Long Corporate Director (Chief Officer) Inverclyde Health & Social Care Partnership**	**Report No: IJB/75/2019/AS**
Contact Officer:	**Allen Stevenson Head of Health and Community Care Inverclyde Health and Social Care Partnership (HSCP)**	**Contact No: 01475 715212**
Subject:	**Winter Plan 2019/20**	

1.0 PURPOSE

1.1 The purpose of this report is to advise the Board of the HSCP preparations for Winter pressures in 2019/20 and request necessary resources to meet the projected seasonal demands.

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 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 Winter Plan and agree additional one-off resources from the Transformation Fund to sustain positive performance whilst addressing the seasonal pressures presented by winter and note the ongoing work to identify recurring funding for this.

Louise Long
Chief Officer

4.0 BACKGROUND

4.1 As previously reported to the Board in May 2019, 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.

5.0 WINTER PROJECTIONS

It is acknowledged that last winter provided exceptional challenges to the Health and Social Care system in Greater Glasgow and Clyde. Though we did not experience 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.

Information from the Scottish Government collated from System Watch (Update: 26/09/2019) has identified that respiratory contacts have increased by 5% and this is coupled with concerns around the virulent flu virus experienced in Australia over their winter. There are also long range weather reports that Scotland may be subject to harsher seasonal weather than we have experienced over the past two winters.

Inverclyde acknowledges the importance of continuing 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 equally important to keep to agreed processes and procedures even at times of high pressure on the system across Acute and HSCP.

6.0 INVERCLYDE HOME 1ST WINTER PLAN 2019/20

This year's Winter Plan is building upon our year-round response to care and support as identified in the Home 1st Plan. We have identified a number of key areas to focus upon to ensure we produce the best outcomes for people within our resources.

6.1 7 Day Service

We will continue to work in partnership with local Care Homes to accept safe weekend and evening discharges for new admissions.

Following last Winter's successful Pilot we wish to again increase capacity in our Home Care Service to cover 175 hours per week to focus upon evening and weekend discharges for new service users as well as restarting existing packages.

6.2 Test of Change Care Co-ordination

Co-ordination of Emergency Department Frequent Re-Attenders will utilise existing

Locality Meetings to identify people at risk of hospital re-attendance and implement review and development of appropriate support to address unnecessary presentation. This will be across Health and Community Care (including OPMHT) and have a similar process in place to address frequent attendances of people known to Alcohol and Drugs Service and Community Mental Health Team.

6.3 Day Care Services

A further Test of Change is to utilise Day Care Services to prevent unscheduled attendances at hospital. This will identify 10 Frailty Day Places which will help to address isolation and anxiety amongst Older People which we have identified as a factor for some attendances and admissions. These will be short term placements with clear link to reablement and accessing community supports.

6.4 Assessment and Care Coordination at Emergency Department

We also intend to support the strengthening of decision-making at the Emergency Department with greater knowledge of community resources and services to allow safe return home rather than to admit. To support this we are requesting funding for 6 months to cover a Care Management post which would link directly to IRH Emergency Department complete assessments and return people home with support thus avoiding unnecessary admissions.

6.5 Choose the Right Service

We have also extended our local Choose the Right Service campaign to cover attendance at emergency department and families with children.

7.0 CAPACITY AND RESOURCES PROPOSAL

Based on learning from previous years, Inverclyde HSCP has identified extra capacity as a contingency against increased seasonal pressures. The proposal is to fund extra resources on a one-off basis in 2019/20 from the IJB Transformation Fund to address key pressures that will develop during the coming winter period. Going forward, officers will work with NHSGG&C colleagues to identify recurrent funding to support this. By concentrating on key areas we will ensure capacity is secured across our community resources.

Last winter we demonstrated the success of an increased Home Care response team, providing evening, out-of-hours and weekend cover to allow safe discharge over 7 days. We are proposing an increase in capacity of 174 hours per week for 8 months totalling £94,650.

- Increase of 35 hours per week to meet increase in demand for evening service which are complex cases, ensuring timely discharge
- Response team – floating team for 140 hours to cover all new urgent discharges and hold until care can be picked up by mainstream provision.

Also based on last winter's experience, we are requesting increased assessment and care co-ordination capacity at IRH based within the discharge team but working to support the Emergency Department.

- One Grade 7/8 post for 6 months from December 2019 £23,010

The implementation of Home 1st over the past 4 years has led to a consistent and sustained approach to successfully address the issue of delayed discharge and bed days lost. Previous temporary monies have demonstrated the success of

action taken to address increased pressure presented by winter.

The request is to allocate funding to support the plan to address winter pressures over the coming years allowing for pre planning and early recruitment to these posts.

Team	**Posts**	**Budget Including on costs**
Weekend & Evening response Team	**4 HSW Grade 3 x 35 Hrs**	**£63,090**
Evening capacity	**4 HSW Grade 3 x 17.5Hhrs**	**£31,560**
Care Manager	**Grade H x 1**	**£23,005**

8.0 SUMMARY

The content of this report is to ensure that Board members are informed about performance in relation to hospital discharge which was sustained over the winter period 2018/19. Certainly it would appear that delays and bed days lost had a minimal effect upon the pressures felt by the Acute sector in Inverclyde.

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.

Along with colleagues in the Acute sector, we have put in place the Home 1st (Winter Plan) 2019/20 action plan 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 in light of additional seasonal pressures.

9.0 IMPLICATIONS

FINANCE

9.1 Financial Implications

One off Costs

Cost Centre	**Budget Heading**	**Budget Years**	**Proposed Spend this Report £000**	**Virement From**	**Other Comments**
Homecare	Employee Costs	19/20	94	N/A	Homecare Response Team
Discharge Team	Employee Costs	19/20	23	N/A	Care Manager Post

Annually Recurring Costs / (Savings)

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

9.2 **LEGAL**

There are no legal implications in respect of this report.

9.3 **HUMAN RESOURCES**

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

9.4 **EQUALITIES**

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.

9.4.1 How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	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.
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.	HSCP includes an equalities-sensitive approach to including all groups in the planning and development of services.
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	Hospital Discharge processes and guidance are inclusive of people with protected characteristics, Assessment and Care Management guidance has elements within it to ensure that services and

	practitioners take an equalities-sensitive approach to practice.
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	Hospital discharge processes and guidance apply to adults with learning disability and apply to the work of the Community Learning Disability Team.
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.

9.5 **CLINICAL OR CARE GOVERNANCE IMPLICATIONS**

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

9.6 **NATIONAL WELLBEING OUTCOMES**

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

National Wellbeing Outcome	**Implications**
People are able to look after and improve their own health and wellbeing and live in good health for longer.	Hospital discharge process is committed to ensuring high-quality services that support individuals to maximise their wellbeing and independence.
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.
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.
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.
Health and social care services contribute to reducing health inequalities.	Hospital discharge process supports the outcome of reducing health inequalities.
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	The 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.
People using health and social care services are safe from harm.	The HSCP has as its priority to safeguard service users.
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.
Resources are used effectively in the provision of health and social care services.	None

10.0 DIRECTIONS

10.1

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

11.0 CONSULTATION

11.1 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.

12.0 BACKGROUND PAPERS

12.1 None.

AGENDA ITEM NO: 14

Report To:	**Inverclyde Integration Joint Board**	**Date: 4 November 2019**
Report By:	**Louise Long Corporate Director (Chief Officer) Inverclyde Health & Social Care Partnership**	**Report No: IJB/69/2019/AS**
Contact Officer	**Allen Stevenson Head of Service: Health and Community Care, Inverclyde Health and Social Care Partnership (HSCP)**	**Contact No: 01475 715212**
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 challenges to implementation and the steps taken to address these.

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 Despite the 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. The availability of staff and challenges with recruitment and retention compound this.

2.3 The GP Sub-Committee of the Local Area Medical Committee did not approve any PCIP from the 6 HSCPs in NHSGG&C for 19/20 due to their concerns that the plans will not fully implement the MOU. Scottish Government Primary Care Division is aware of this and Inverclyde retains a good working relationship with our local GP Sub-Committee representative in progressing local plans.

3.0 RECOMMENDATIONS

3.1 That the progress made in implementing the Primary Care Improvement Plan and the associated challenges be noted.

3.2 That it be agreed that a further update report be made to the Integration Joint Board in May 2020.

Louise Long
Chief Officer

4.0 BACKGROUND

4.1 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 was developed for 2019/20 and was submitted for approval to the GP Sub-Committee.

4.2 There are a number of challenges around levels of funding from the Scottish Government and recruitment and retention of appropriately skilled staff. For these reasons the GP Sub-Committee did not approve any of the 6 PCIPs within the NHSGG&C and the NHS Board has received updates on this. These issues continue to be a feature of discussion between the national group of Chief Officers and Scottish Government, the national Primary Care Leads Group and at the GMS Oversight Group which brings together the Scottish GP Committee (SGPC), SG, NHS Board CEOs and HSCP Chief Officer representatives.

4.3 The local governance process is via the Primary Care Implementation Group chaired by the HSCP Clinical Director. There is also an NHSGG&C Primary Care Programme Board chaired by the Chief Officer responsible for Primary Care. This group is working to address recruitment and retention across NHSGG&C and continues to be a forum for collaborating on relevant issues and escalating these to Scottish Government.

4.4 **Challenges and updates to delivery of 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. During winter 2019 a pilot of the new clinic model for pre-school flu vaccination will take place in Port Glasgow Health Centre.

There are significant cross-system challenges to delivering the range of adult immunisation programmes which include availability of staff at key times (such as during flu season), clinic accommodation and IT infrastructure. A national group has recently been convened involving colleagues from NHS NES, Scottish Government Primary Care Directorate, Health Protection Scotland and other stakeholders to plan the way forward for discussion of the professional, governance and employment issues surrounding the possible use of Health Care Support Workers in delivering flu vaccination (across all care groups). A pan NHSGG&C Adult Immunisation Group meets monthly to progress plans.

4.5 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 however we now recognise that this model relies heavily on highly banded, senior pharmacists. Development is underway to skill mix appropriate workload to Technician and Assistant grade staff. There has been significant impact of maternity leave within this team and we have also started to see vacancies not being filled with staff choosing to work in or closer to Glasgow. As a whole, the pan NHSGG&C recruitment approach is now seeing a decline in applicants and available posts filled.

4.6 Community Treatment & Care Services (CTCS)

The development of the service remains limited, with pace and capacity being determined by availability of the Primary Care Improvement Fund which will continue to be a limiting factor in fully developing this service in line with the MOU commitments. We will continue to engage with our local GPs on how this service develops and the associated timescales.

4.7 Urgent Care (Advanced Practitioners)

Plans to maintain our existing Advanced Nurse Practitioner (ANP) capacity continue with further roll out of ANPs in the next financial year. Based on our experience and that across the board, it is evident that we will be required to recruit trainee ANPs to support our workforce implementation plan due to the lack of suitably qualified staff to fill these relatively new posts in primary care.

Funded by SAS, we continue to have the support of specialist paramedics within two practices however the staffing has reduced from four to two staff and SAS have continued to have challenges recruiting to Inverclyde. Whilst there has been a hiatus within Gourock Medical practice, this service has now recommenced with a trainee specialist paramedic joining in the last few weeks. We expect to have these staff deployed from SAS until the end of 19/20 however we await confirmation from SAS.

4.8 Additional Professionals -Advanced Physiotherapy Practitioners

Recruitment and retention continues to be an issue for delivery of the Advanced Physiotherapy service due to post holders leaving to work elsewhere in Glasgow. A further recruitment process is underway however if this post cannot be filled in October then we will ask our GPs if they wish to convert this post to an ANP post and begin rolling out ANPs earlier than planned. There is also significant impact on the existing MSK services in NHSGG&C as it is this pool of staff who predominantly apply for these new posts.

4.8.1 Additional Professionals – Mental Health

There is congruence with the work to develop Action 15 of the five year mental health strategy and an engagement workshop focusing on primary care was held in June 2019. Our current focus is on developing the approach to mental wellbeing and to responding to distress in primary care, both of which were a focus of discussion at the workshop. Engagement is underway with the national lead for Distress Brief Interventions (DBI). DBI is about offering timely *Connected Compassionate Support* to those in distress. Based on our exploration of commissioning and delivering this service, a proposal is to be written outlining the case for implementation in Inverclyde.

4.9 Community Link Workers (CLW)

Community Link Workers will be in place within all 14 practices by the end of November 2019. CLWs continue to have a significant impact on those with whom they work who often have particularly complex and/ or chaotic lives. The CLW service along with Community Connectors are subject to a commissioning process which is expected to be completed in time for April 2020.

5.0 IMPLICATIONS

5.1 FINANCE

There was slight slippage which created a small underspend in 2018/19 which was carried forward within Earmarked Reserves. The agreed rephased funding available in 19/20 is £1,266,000 and £1,904,000 in 20/21.

FUNDING 19/20	£1,266,000
NR carry forward from 18/19 EMR	£19,700
ESTIMATED UNDERSPEND IN 19/20	**£5,177**

LEGAL

5.2 There are no legal issues raised in this report.

HUMAN RESOURCES

5.3 As advised, recruitment and retention remain a significant factor in developing the multi-disciplinary teams.

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.	Through better availability and signposting of the range of primary care support/

	professionals, availability of appointments with the right profession at the right time
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	A wider MDT approach with additional/ extended skills to positively supporting individuals.
People who use health and social care services have positive experiences of those services, and have their dignity respected.	Improved access to a wider range of professionals and education on services available within the wider primary care/ community setting.
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Improved access to a wider range of professionals and education on services available within the wider primary care/ community setting.
Health and social care services contribute to reducing health inequalities.	Improved access and support within the communities with greatest need.
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	None
People using health and social care services are safe from harm.	None
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	None
Resources are used effectively in the provision of health and social care services.	Development of the MDT and additional investment will support practices and GPs to continue deliver primary care consistently and effectively.

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 None

AGENDA ITEM NO: 15

Report To:	**Inverclyde Integration Joint Board**	**Date:**	**4 November 2019**
Report By:	**Louise Long Corporate Director (Chief Officer) Inverclyde Health & Social Care Partnership**	**Report No:**	**IJB/66/2019/sMcA**
Contact Officer	**Sharon McAlees Head of Children's Services & Criminal Justice**	**Contact No:**	**01475 715282**
Subject:	**Inverclyde Community Justice Partnership Annual Report 2018-2019**		

1.0 PURPOSE

1.1 The purpose of this report is to present to the Inverclyde Integration Joint Board the Inverclyde Community Justice Partnership Annual Report 2018-2019.

2.0 SUMMARY

2.1 The Community Justice (Scotland) Act 2016 provides the statutory framework for the model of community justice. The Act stipulates adherence must be given to the National Strategy for Community Justice, the Community Justice Outcomes Performance and Improvement Framework and associated Guidance in the development of a local Community Justice Outcomes Improvement Plan and subsequent Annual Reports.

2.2 The Inverclyde Community Justice Outcomes Improvement Plan 2017-2022 was submitted to the Scottish Government on 31st March 2017, with full local responsibility for implementation commencing on 1st April 2017.

2.3 Section 23 of the Community Justice (Scotland) Act 2016 requires the community justice partners of a local authority area to publish an annual report and that this is also submitted to Community Justice Scotland.

2.4 Extensive progress has been made over the past year, including the embedding of the community justice agenda across community planning.

3.0 RECOMMENDATIONS

3.1 It is recommended that the Integration Joint Board:

a. Notes and gives comment on the Inverclyde Community Justice Partnership Annual Report 2018-2019.
b. Notes that the Annual Report has been approved by the Inverclyde Alliance Board.

Louise Long
(Corporate Director) Chief Officer

4.0 BACKGROUND

4.1 The Community Justice (Scotland) Act 2016 provides the statutory framework for the model of community justice in Scotland. This model enables strategic planning and delivering of community justice services with a focus on collaboration and involvement at a local level and with people who use services.

4.2 The Act outlines the functions for community justice partners and expectations around local arrangements and reporting of progress of local Community Justice Outcomes Improvement Plan with the publication of an Annual Report.

4.3 The Annual Report must include detail on each nationally determined outcome and any local determined outcome. Partners must also use the relevant indicators as outlined in the Community Justice Outcomes Performance and Improvement Framework.

4.4 The national community justice outcomes consist of four structural outcomes and three person-centric outcomes as outlined below:

Structural Outcomes	Person-Centric Outcomes
• Communities improve their understanding and participation in community justice.	• Life chances are improved through needs, including health, financial inclusion, housing and safety being addressed.
• Partners plan and deliver services in a more strategic and collaborative way.	• People develop positive relationships and more opportunities to participate and contribute through education, employment and leisure activities.
• Effective interventions are delivered to prevent and reduce the risk of further offending.	• Individuals resilience and capacity for change and self-management are enhanced.
• People have better access to the services they require, including welfare, health and wellbeing, housing and employability.	

4.5 Inverclyde Community Justice Partnership has also agreed six local priorities. These include:

a) Housing and homelessness;
b) Employability;
c) Access to GP / Primary Care;
d) Early intervention;
e) Domestic abuse and
f) Women involved in the justice system.

4.6 The Annual Report has two distinct sections. Firstly there is a community-facing, easy read section that gives an outline of what has been achieved in each of the local priorities.

4.7 The second section of the Annual Report uses the required template provided by Community Justice Scotland and outlines progress against both the national and local outcomes.

4.8 Considerable progress and significant achievements have been made over the last year. This includes the embedding of the community justice agenda across community planning. Highlights of achievements include:

- Following a successful bid with the Employability Service, we have piloted a “Resilience Project”. This is an innovative model of supported employment and the pilot included three key elements. Firstly, the entire model was based on the

evidence base of applying the “resilience doughnut”, a strength based tool, for people involved in the justice system. We delivered multi-agency training in the use of this tool. Secondly, Recruit with Conviction delivered training on supporting people with convictions in the application and interview stages, particularly focusing on disclosure of previous convictions. The Scottish Drugs Forum also delivered training on Stigma and a further session on Equality and Diversity in Recovery. The third element was the actual piloting of applying the resilience doughnut in supported employment. Stepwell were commissioned to do this, using their cook school facilities as a supported employment placement. Seventeen people participated in this pilot and we are currently evaluating this.

- We have completed all of the preparatory work necessary to commence the Women’s Project, funded by the Community Fund. This has included establishing a Steering Group and for this Steering Group to prepare a comprehensive Delivery Plan before preparing job descriptions for the project for a Project Manager, Community Worker and Data Analyst. The Community Fund has subsequently released funding for this project whereby we were able to commence the recruitment process.
- We have adopted an innovative model to tackle domestic abuse, Up2U that is an evidence based programme that adopts a healthy relationships approach. This model will be jointly delivered by Criminal Justice Social Work and Children’s Services and will provide a suitable intervention for those who are court-mandated to undertake the programme as well as being available to those who agree to participate in this programme on a voluntary basis.
- The Greater Glasgow and Clyde Health Board Community Justice and Health improvement Group, of which Inverclyde is a member, commissioned a Trauma Training Analysis for Criminal Justice Social Work, Addiction and Homelessness staff and the published findings will now inform how we ensure staff are delivering trauma informed practice and trained at the level required as outlined in the Scottish Psychological Trauma and Adversity Training Plan, published by NHS Education for Scotland.

4.9 The whole essence of the Community Justice model is in being able to develop local services based on local need. In going forward, this is an opportune time to adopt a whole systems approach.

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					

5.1.1 A Community Justice Lead Officer was appointed in September 2015 using the Scottish Government’s transition funding allocation of £50,000 to Inverclyde. There is however an annual shortfall and the Criminal Justice Social Work budget is currently being utilised to meet these costs.

5.1.2 Subsequent funding allocation of £50,000 was agreed by Scottish Government for the period 2016-2017; 2017-2018; 2018-2019 and more recently 2019-2020. This highlights

the temporary nature of funding and the need to articulate at appropriate national forums the case for a long-term commitment to funding to ensure the successful implementation of the community justice agenda.

LEGAL

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

HUMAN RESOURCES

5.3 There are no implications.

EQUALITIES

5.4 Has an Equality Impact Assessment been carried out?

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

5.4.1 How does this report address our Equality Outcomes?

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

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

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

5.6 **NATIONAL WELLBEING OUTCOMES**

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

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

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

6.0 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.

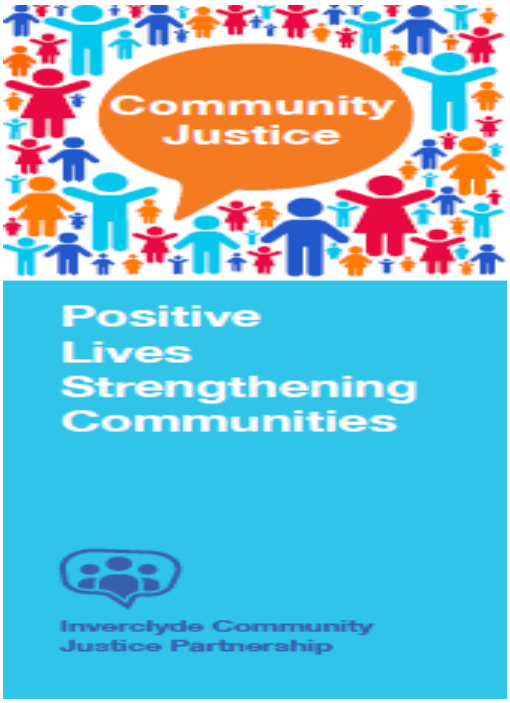
8.0 BACKGROUND PAPERS

8.1 Inverclyde Community Justice Partnership Annual Report 2018-2019.

APPENDIX

Inverclyde Community Justice Partnership Annual Report

2018 / 2019



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

Arabic

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

Cantonese

本文件也可應要求，製作成其他語文或特大字體版本，也可製作成錄音帶。

Gaelic

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

Hindi

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

Mandarin

本文件也可应要求，制作成其它语文或特大字体版本，也可制作成录音带。

Polish

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

Punjabi

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

Urdu

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

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Inverclyde Community Justice Partnership

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1. Foreword

Councillor Stephen McCabe, Leader of Inverclyde Council and Chair of Inverclyde Alliance Board

As Chair of the Inverclyde Alliance Board, the Inverclyde Community Planning Partnership, I welcome the Inverclyde Community Justice Partnership Annual Report 2018 / 2019.

This partnership is still in its infancy, only being established on 1st April 2017, and yet there is clear evidence of how very complex issues are being tackled in our communities, demonstrating innovation and best practice.

There is a very real ripple effect of crime that goes beyond the person who has committed a crime, to impact on victims, witnesses, families and our communities. The Inverclyde Community Justice Partnership has a significant role in reducing re-offending by ensuring early help is available that can address the root causes of crime. No single partner agency can achieve this in isolation, but it is only through effective partnership working that we can deliver positive community justice outcomes.

I am looking forward to seeing how the Inverclyde Community Justice Partnership develops in realising their vision of “Improving Lives, Strengthening Communities”.

2. Introduction

The Community Justice (Scotland) Act 2016 set out the legislative framework for community justice, including the requirement for partners to prepare an Annual Report outlining their activities to progress the community justice agenda in the specific Local Authority area.

Inverclyde Community Justice Partnership was established on 1st April 20017 and includes the following partners:

The Inverclyde Community Justice Partnership also has strong links with other strategic partnerships including:

We produced a five year plan, Inverclyde Community Justice Outcomes Improvement Plan in 2017. This set out a clear direction of travel and actions we anticipated achieving during this time frame. Building on this, we published our first Annual Report in 2018. This detailed both our achievements in this first year and included our local priorities.

This Annual Report is divided into two parts, the first is intended for a wider audience of people, while the second part, Appendix A, is a specific template that Inverclyde Community Justice Partnership is required to submit to Community Justice Scotland.

The Inverclyde Community Justice Partnership published its first Community Justice Outcomes Improvement Plan in March 2017. This is a five-year plan that sets out a clear sense of direction in implementing community justice at a local level. Use this link to read this plan https://tinyurl.com/ycf5emno.

3. What Did We Achieve?

This section provides an overview of the achievements of the Inverclyde Community Justice Partnership and specifically to each of our local priorities during 2018 / 2019.

a. Strengthening Partnership

The Inverclyde Community Justice Partnership has continued to meet every eight weeks. In addition to this, there are separate quarterly meetings with the Crown Office and Procurator Fiscal Service and another with Greater Glasgow and Clyde Health Board. The core function of these meetings is to:

- ✓ Plan what is needing to be done together
- ✓ Do what was agreed
- ✓ Check if what is being done is working
- ✓ Act on what is working and learn from what has not worked well or could have worked better

Highlights of the activities agreed for each of our local priorities are outlined in the remainder of our annual report.

Inverclyde Community Justice Partnership also has an annual development session. This is an essential "taking stock" time. This year we invited two representatives from other areas, Pan-Ayrshire and East Dunbartonshire to learn from their best practice.

From the Development Session the partnership agreed we should:

- ✓ Undertake a Strategic Needs Assessment using available data
- ✓ Further refine our local priorities
- ✓ Develop task groups to drive the work forward

b. Employability

Following a successful joint funding bid with the Employability Service to Scottish Government's Employability Innovation and Integration Fund, we have been able to provide a pilot project, the Resilience Project. This is targeting people who are involved in the criminal justice system and includes various elements:

The project uses the "resilience doughnut", a strength based tool. Various training sessions were delivered to a wide range of staff in the use of this tool.

In addition Recruit with Conviction delivered training on disclosure requirements and how these are changing as part of supporting people when applying for employment

The Scottish Drug Forum delivered training on Stigma and Equalities and Diversity in Recovery.

An Employer Engagement session was also held with local employers.

A local Social Enterprise were successful in securing the tender for the delivery of a six month pilot using the resilience doughnut with people as a tool as part of a supported employment placement. 17 people who were all involved in the criminal justice system participated in this pilot.

Kyle's Story

Kyle is a 25 year old who experienced a turbulent childhood and most of his life has involved violence. Kyle has served previous custodial sentences and community orders.

Kyle independently approached The Trust, who delivers our local employability pipeline, indicating an interest in the catering industry. Kyle completed a six week accredited training course. Kyle was on a CPO with an Unpaid Work Requirement. A referral was made for Kyle to be part of our employability pilot, the Resilience Project where he could build on learning catering skills while also having access to counselling as part of the project.

Kyle successfully completed his CPO and continued with the Resilience Project on a voluntary basis and is currently being supported to seek employment.

c. Housing and Homelessness

Following on from our Housing and Homelessness event last year, it was agreed to establish a task group to develop a Youth Housing Statement. This group organised a specific event that was co-designed by young people. At this event young people told us what we are doing well in supporting them as well as identifying opportunities for improvement. These formed the basis of our Youth Housing Statement.

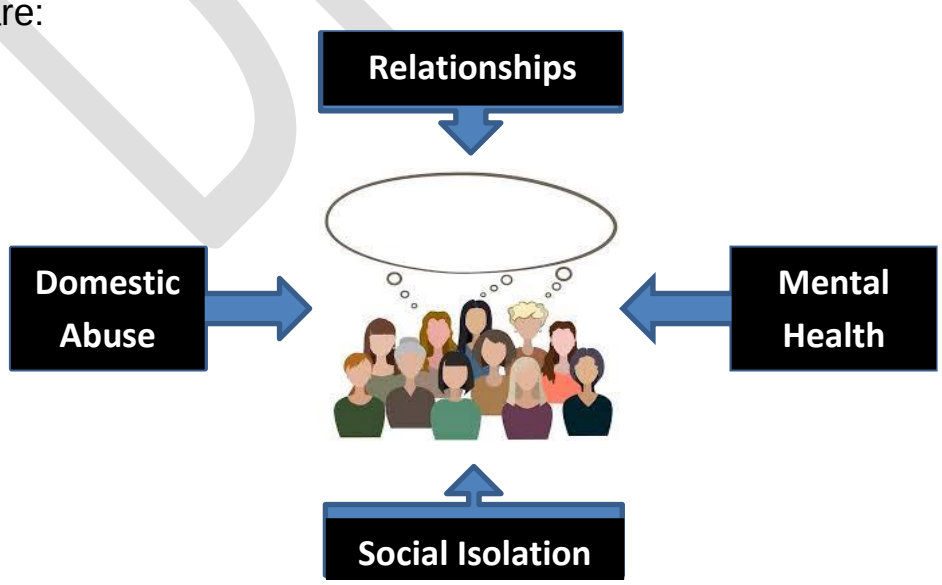
There are also strong links between the Community Justice Partnership and the HSCP Housing Partnership. This has enabled a specific section to be included in the HSCP Housing Contribution Statement reflecting the needs of people involved in the justice system as well as agreeing actions as part of this plan for improvement.
One such action being progressed is consideration of the local implementation of the Sustainable Housing On Release for Everyone standards focusing on people leaving custody following a short term sentence who may experience homelessness. This action is reflected in the HSCP's Rapid Rehousing Transition Plan.

d. Women Involved in the Justice System

We had outlined in last year's annual report the work we had done in making a successful bid to the Big Lottery for funding from the Early Action System Change fund under the category of women involved in the justice system.

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

Women involved in the justice system have told us that their top four needs are:



We have now established a Steering Group for the project. This includes representation from:

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

The Steering Group has developed a detailed plan for the project, including what we aim to achieve by key timescales. They have also developed job descriptions and started the recruitment process. The Community Fund (formerly Big Lottery) released funding for the project on 31st January 2019. At this point the recruitment process was able to commence for the appointment of a Project Manager and Data Analyst (hosted by HSCP) and a Community Worker (hosted by Turning Point Scotland).

e. Access to GP / Primary Care

We have focused on three distinct pieces of work:

❖ Trauma and Adverse Childhood Experience

As new research has been developed, we have learned from this to give us a much better understanding of the impact of trauma and adverse childhood experiences has had on many people involved in the justice system.

Greater Glasgow and Clyde Health Board, as a Community Justice Partner, commissioned a Trauma Training Needs Analysis that included Criminal Justice Social Work, Addiction and Homelessness staff. All of these staff has now had a level of training, however, the HSCP has recently established a working group to ensure our staff are trauma informed and our services are trauma designed.

❖ Sexual Health Needs of Women in the Justice System

Following the publication of a piece of research undertaken by a Trainee Community Sexual and Reproductive Health Doctor at Sandyford Sexual Health Service, we developed a short life working group to consider this further in the context of women in Inverclyde. This working group brought in experts from a range of fields including Sandyford services, Health Improvement, Criminal Justice Social Work and the Violence Against Women Coordinator. The key focus of this group was to strengthen pathways to Sandyford and to map available training to the range of staff that may be supporting women involved in the justice system.

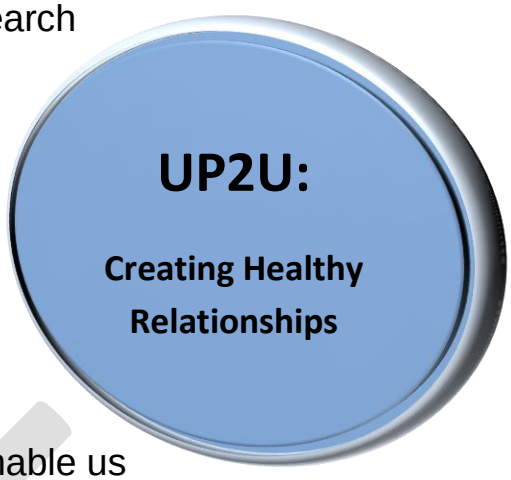
❖ Health Needs Assessment

A detailed Health Needs Assessment was published in 2012 relating to people in custody (HMP Barlinnie and HMP Greenock). However, we identified that we did not have the equivalent of this in relation to people serving community sentences. We therefore researched any available data and held focus groups to help us to prepare a paper to ask researchers to undertake a more detailed piece of work that will give us a clear understanding of people's health needs, services that people are accessing as well as any gaps in services or ways we can provide early help.

f. Domestic Abuse

Building on from the work we had done last year in having a better understanding the data around domestic abuse; it was agreed to develop an early intervention model that focused on "healthy relationships".

We have taken time over the past year to research available models before agreeing on adopting the “Up2U” model. We are planning an innovative approach by delivering this model jointly between Children’s Services and Criminal Justice Social Work. This is in recognition of the high number of children that domestic abuse is having an impact but where the people involved may not be on a Community Payback Order. This model will enable us to deliver support as part of an early intervention.



g. Early Intervention

We have established an Inverclyde Community Justice Partnership Network where any third sector and community organisation with an interest in community justice can attend. This network meets every second month and there can be 21 different organisations represented.

This network is an opportunity for those attending to collaborate together on developing practice and joint working.

Each session is organised and hosted by different participants and some of the themes include:

- ✓ Employability
- ✓ Supports for people leaving custody after a short term sentence
- ✓ “Community Connectedness”
- ✓ Victims and how we can support victims
- ✓ Ripple effect of crime beyond the person into our communities

4. Going Forward

Inverclyde Community Justice Partnership has continued to work together to improve the lives of people involved in the criminal justice system. This includes providing interventions that are effective in reducing further offending as well as supporting victims and families.

We are adopting innovative practice in tackling the complex issues of each of our local priorities and learning from people's lived experience, including at times, where the justice system has not worked as it should have.

We believe that shifting our focus to "early help" is fundamental for all of our local priorities and that universal service and local community supports have a key role.

This is not to underestimate the challenges, particularly in relation to funding. However, we have confidence in working together in partnership can achieve our ambition of "improving lives, strengthening communities."

Appendix A

Community Justice Scotland

Ceartas Coimhearsnachd Alba

Annual Report Template Guidance

1. Background

The introduction of the Community Justice (Scotland) Act 2016 triggered the formal implementation of the new model of Community Justice in Scotland. A number of key documents are associated with the Act including the National Strategy, Justice in Scotland: Vision & Priorities and the Framework for Outcome, Performance & Improvement.

The 2016 Act places a duty on community justice statutory partners to produce a Community Justice Outcome Improvement Plan (CJOIP) which outlines key local needs & priorities and the plans & actions to address these against a backdrop of the documents noted above. Beyond this, the partners are also tasked with reporting, on an annual basis, the community justice outcomes and improvements in their area – again with reference to the associated strategy and framework documents and, when complete, submit those annual reports to Community Justice Scotland.

This guidance, which underpins the reporting template, was produced as a response to views and opinions gathered by the Community Justice Scotland Improvement Team following the publication of the 2017/18 annual report.

Community Justice Scotland is committed to working in partnership with community justice partners and has designed the template and guidance to support local areas in reporting on their annual outcomes and improvements in a meaningful way that captures necessary data in an effective and efficient manner.

2. Statement of Assurance

The information submitted to Community Justice Scotland using this template is for the purpose of fulfilling the requirement under s27 of the Community Justice (Scotland) Act 2016 for Community Justice Scotland to produce a report on performance in relation to community justice outcomes across Scotland.

The data submitted using this template will be used for this reporting purpose only. In the report, local authority areas will not be specifically identified. However, Community Justice Partnerships should be aware that any information held by Community Justice Scotland is subject to statutory Freedom of Information obligations.

3. General principles of the template

The template is designed to capture a range of important data in a way that allows local partners to highlight key aspects of community justice activities, outcomes and improvements over the specified period without it being onerous or time/resource demanding.

Most of the template is self-explanatory and, where this is the case, there is little guidance required. In the sections that require more direction for completion, the text (in blue) will outline what is expected in terms of reporting.

It would be helpful if any given response in each text box is held to a maximum of 500 words (unless otherwise indicated) to ensure the main points are captured and allows for an efficient analysis by Community Justice Scotland on return. The use of bullet points in your answers is acceptable.

Where the template asks for evidence, a written response will suffice and there is no expectation that you send additional supporting documentation – if there are any aspects Community Justice Scotland is unclear on it will be our responsibility to request clarification where necessary.

If any response or evidence requires details about people with lived experience (e.g. evidence in respect of someone's life story) please **NO NOT** include any personal sensitive information (as outlined in Schedules 2 & 3 of the Data Protection Act 1998) as Community Justice Scotland does not require such information. If this is unavoidable then please ensure that the data is fully anonymised.

This is the second iteration of the template and guidance. It is anticipated that this template will remain unchanged for the reporting periods 2018-2019 and 2019-2020.

4. Template Completion Guide

1. Community Justice Partnership / Group Details	
Community Justice Partnership / Group	Inverclyde Community Justice Partnership
Community Justice Partnership Group Chair	Sharon McAlees
Community Justice Partnership / Group Co-ordinator	Ann Wardlaw
Publication date of Community Justice Outcome Improvement Plan (CJOIP)	31st March 2017

2. Template Sign-off

The content of this annual report on community justice outcomes and improvements in our area has been agreed as accurate by the Community Justice Partnership / Group and has been shared with our Community Planning Partnership through our local accountability arrangements.

Signature of Community Justice Partnership / Group Chair : Date :

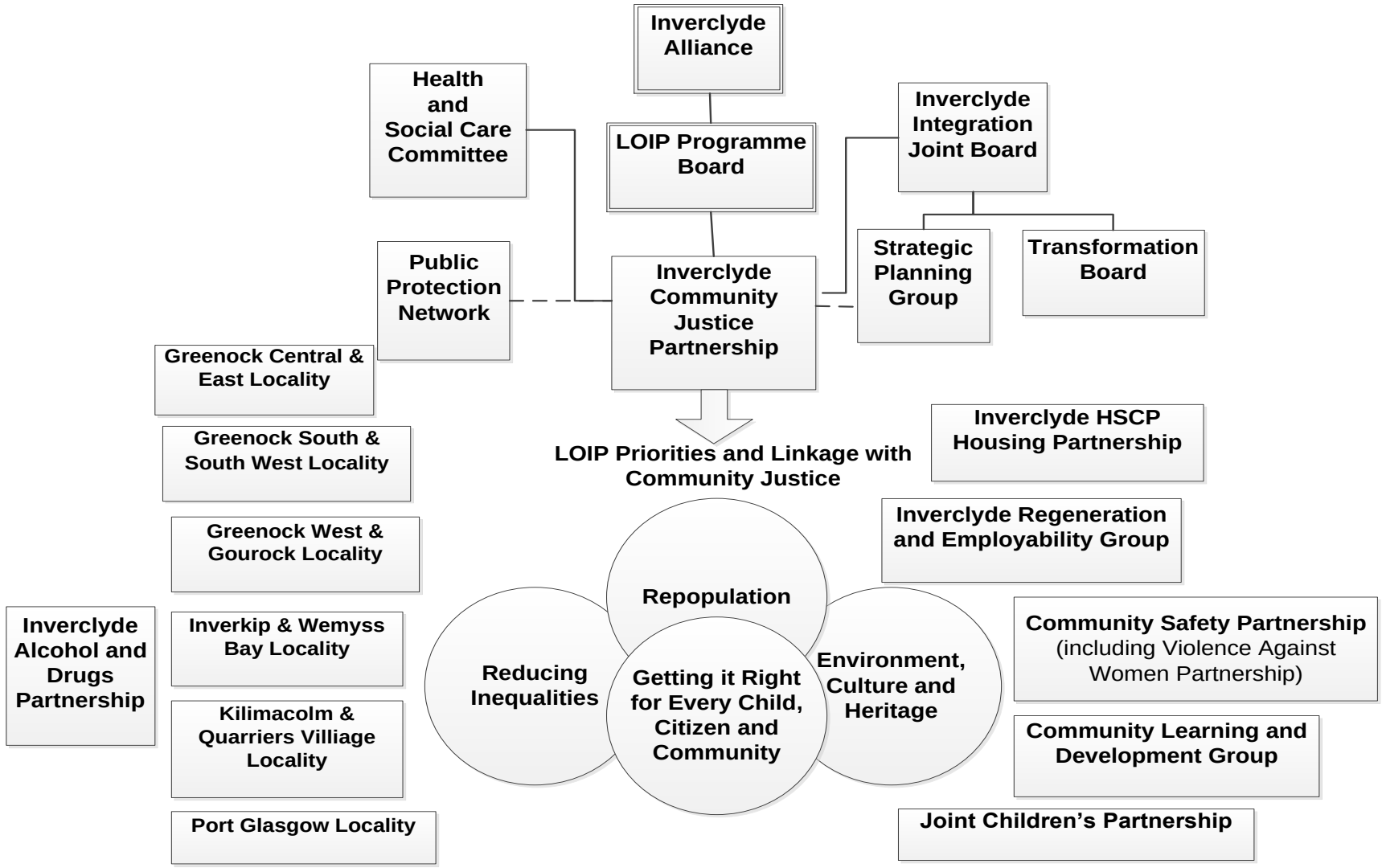
…….... …….

3. Governance Arrangements

Please outline below your current governance structure for the community justice arrangements in your area :

The governance arrangements and new LOIP community planning landscape is outlined in the diagram below. The Inverclyde Community Justice Partnership is directly involved in the Community Safety Partnership; Community Learning and Development Group; Regeneration and Employability Group and HSCP Housing Partnership. There is close working with the Violence against Women Service; Child Protection Service; Adult Protection Service; MAPPA and the ADP. The latter is a member of the ICJP as is the Corporate Policy and Partnership Service and the Community Safety Service.
An Implementation Group has been established to oversee the process of establishing locality planning and the ICJP is well placed to develop links with each of the Locality Partnerships. More recently, Inverclyde HSCP has appointed a Localities and Engagement Officer for a one year secondment to support the establishment and development of six Locality Planning Groups.

The diagram below outlines the community planning landscape and governance structure for the Inverclyde Community Justice Partnership.


Inverclyde Alliance
Health and Social Care Committee
LOIP Programme Board
Inverclyde Integration Joint Board
Public Protection Network
Inverclyde Community Justice Partnership
Strategic Planning Group
Transformation Board
Greenock Central & East Locality
Greenock South & South West Locality
Greenock West & Gourock Locality
Inverkip & Wemyss Bay Locality
Kilimacolm & Quarriers Villiage Locality
Port Glasgow Locality
Inverclyde Alcohol and Drugs Partnership
LOIP Priorities and Linkage with Community Justice
Inverclyde HSCP Housing Partnership
Inverclyde Regeneration and Employability Group
Repopulation
Reducing Inequalities
Getting it Right for Every Child, Citizen and Community
Environment, Culture and Heritage
Community Safety Partnership (including Violence Against Women Partnership)
Community Learning and Development Group
Joint Children's Partnership

4. Performance Reporting – National Outcomes

NATIONAL OUTCOME ONE Communities improve their understanding and participation in community justice			
Indicator	**Reported?**	**Useful?**	**Evidence and Data**
Activities carried out to engage with 'communities' as well as other relevant constituencies	Yes	Yes	• We held our first Employer Engagement Event on 19th February. This event was facilitated by Recruit with Conviction as part of our employability project, the Resilience Project. This was attended by a wide range of stakeholders including local employers and members. • Inverclyde Community Justice Network is open to third sector and community organisations with an interest in community justice. It meets bi-monthly and 21 different organisations regularly attend. • We have used the HSCP Twitter and Inverclyde Council Twitter feeds to publicise community justice activities. • We delivered a briefing to the local Justice of the Peace Forum. • We have met with a local peer support group, Healing Hearts who offer support to people who have lost a child or family member through crime. • We include regular updates to HSCP staff in the HSCP Chief Officers Brief. CJOIP ➢ Develop Communication & Engagement Strategy. ➢ Develop Communication & Engagement Plan. ➢ Develop local measures and feedback process. Link this to an improvement cycle. • We have developed a Communication and Engagement Strategy and a question set that we have used in our Citizen's Panel. • It is our intention to link in to Locality Partnerships when these are established as part of our Communication and Engagement Plan. **Good Progress**
Consultation with communities as part of community justice planning and service provision	No	Yes	• Over the past year we have not undertaken any direct consultation with communities. However, we have explored holding community conversations considering restorative justice jointly with the Community Safety Service. • The Community Justice Lead participated in locality events to meet with communities as part of the consultation process for the HSCP Strategic Plan. • Two of our Community Justice Network meetings have included a focus on victims and a representative from a local peer support group, Healing Hearts, has provided feedback on their experience of the criminal justice system, making suggestions in how this can be improved. We have

			discussed this feedback with our local Victim Support service. • Both as part of the Addiction Review and the development of the ADP Strategy; we have consulted with people who have lived experience, local recovery groups and families affected. This has been coordinated by the ADP Stakeholder Network. CJOIP ➢ Map consultation for partner plans and link to Community Justice (Inverclyde Communication and Engagement and Capacity Building Network, HSCP, Police, Fire & Rescue, ADP, Housing etc.) ➢ Develop a consultation process that feeds into the planning and improvement cycle. ➢ Develop a specific consultation process for Unpaid Work and other service users; victims and witnesses, families and children and young people affected by the criminal justice system. **Some Progress**
Participation in community justice, such as co-production and joint delivery	Yes	Yes	• Our Participation Strategy is being co-designed by someone with lived experience of the justice system. • Women who have lived experience have been part of the recruitment process for both the Project Manager and Community Worker posts in our Women's Project. • As part of our Resilience Project we have provided multi-agency training on using the Resilience Doughnut. This is a strengths based tool that should support community capacity. CJOIP ➢ Develop a Participation Strategy and Plan. ➢ Develop an asset based approach and community capacity building. ➢ Explore opportunities for joint delivery using community assets. **Good Progress**
Level of community awareness of / satisfaction with work undertaken as part of a CPO	No	Yes	Detailed information is included as part of the CPO Annual Report and will be reported to the Community Justice Partnership thereafter. • We use the HSCP and Inverclyde Council Twitter feeds to showcase projects that UPW have undertaken. • Feedback from recipients of UPW indicates they are very satisfied with the standard of work carried out, attitude and politeness of the workers and they were very likely to use the service again. CJOIP ➢ Evaluate the effectiveness of community consultation and customer feedback and link to an improvement cycle. ➢ Incorporate customer / community feedback as part of Community Justice Quality Assurance reporting.

			Some Progress
Evidence from questions to be used in local surveys / citizens' panels and so on	Yes	Yes	• A question set was developed in 2016 and used as part of the Citizen's Panel. It was agreed to use this on a bi-annual basis and it was repeated in 2018. • Twenty one percent of respondents said that they are aware of community justice. A further 22% said they think they have heard of it. This rises to 25% among respondents in the Worst 15% of Datatzones and drops to 21% with people in the rest of Inverclyde. Just over half (57%) of all respondents said that they were not aware of community justice. • Twelve percent of respondents said that they have seen information about community justice, for example, on the public information screens in health centres and other public service buildings. The remaining 88% said they have not. • The top three statements that respondents believe are part of community justice are as follows: Supporting victims and witnesses of crime 72% Recognising the impact of crime in local communities 69% Unpaid work projects in the community 66%. • Four percent of respondents said that they think community justice will make a significant difference in Inverclyde. This is followed by 30% who are slightly confident it will make a difference and 33% who said that on balance, it should make a difference. A third of all respondents (33%) said they are not at all confident that community justice will make a difference in Inverclyde. • The most likely way in which respondents will get involved in community justice in Inverclyde is through reading articles in the local media, 51% stating this. A further 48% said that they would respond to surveys. The third most likely way in which people would get involved in community justice would be to receive an e-newsletter (21%). A fifth (20%) of people said that they would not likely get involved. These findings will be presented at the ICJP and agreed actions identified to improve community awareness. CJOIP ➢ Develop a question set that includes awareness, visibility, understanding, confidence and participation. ➢ Outline in the Communication and Engagement Plan a programme of opportunities when the question set will be used. (This should link with Inverclyde Communication and Engagement and Capacity Building Network activity) **Some Progress**
Perceptions of the local crime data	Yes	Yes	• This is included in the Inverclyde Community Justice Partnership Strategic Needs Assessment. • We have also included exploration of data that

			shows where the perpetrator of crime lives in the same locality as where the crime was committed. • This is helping our understanding of the "ripple effect of crime" and will help us progress community conversations. CJOIP ➢ Incorporate this as part of a local community justice performance framework. **Good Progress**

Other information relevant to National Outcome One

A key focus of Inverclyde Community Justice Partnership during 2018/19 has been the development of a robust Strategic Needs Assessment. This will inform the development of a local performance framework. Until this development is completed, we have adopted the national Community Justice Outcomes Performance Improvement Framework and report on these on an annual basis.

The Inverclyde Community Justice Partnership meets every eight weeks and regular update reports are provided that incorporate a range of national and local priorities.

CJOIP – Local Priorities
- ➢ Raise the profile and promote community justice. Capture examples of good practice and positive case studies to use in communique.
- ➢ Strengthen links with local employers. Identify employment opportunities / placements and skills / training / volunteering opportunities that employer's need.

Evidence of progress on the local priorities are incorporated into the above national performance indicators.

Good Progress

NATIONAL OUTCOME TWO
Partners plan and deliver services in a more strategic and collaborative way

Indicator	Reported?	Useful?	Evidence and Data
Services are planned for and delivered in a strategic and collaborative way	Yes	Yes	• Inverclyde Community Justice Partnership Network meets on a bi-monthly basis and includes representation of 21 third sector and community organisations. The primary focus of this network is to create collaborative opportunities. • We have been successful in two different funding bids, both of which were done in collaboration with a range of partners. One relates to piloting an employability project, Resilience Project and the second involves scoping the development of a local women's project. A Steering Group has been established to drive the women's project forward and this includes several third sector and community organisations as well as key HSCP service partners. • Domestic abuse is a local priority following on from an exercise of mapping available data of the justice journey for those

			involved in domestic abuse. This highlighted the need to shift to a more early intervention approach. Following a tendering process, Portsmouth City Council were successful in securing a contract to deliver Up2U training to CJSW and Children's Services staff. This is a domestic abuse programme that will be jointly delivered by these staff. • Following the publication and presentation of the Sexual Health Needs of Women Involved in the Criminal Justice System in Greater Glasgow and Clyde report; a short life working group, Sexual Health Working Group was developed. The focus of this group has been to map referral pathways and consider opportunities for multi-agency training. A final report will be presented to the ICJP including making any recommendations. • We have held Initial discussions with partners scoping the development of a local Police Hub, focusing on Early Intervention. • A Young People's Statement has been co-produced with young people jointly with the HSCP Housing Partnership and the Community Justice Partnership. • Inverclyde Community Justice Partnership held an annual Development Session. This included representatives from East Dunbartonshire CJP and Pan-Ayrshire CJP to learn form best practice from these areas. CJOIP ➢ A high level self-evaluation will be undertaken on an annual basis as part of a quality assurance cycle. ➢ A regional (across six NSCJA Local Authorities) Prevention and Early Intervention Strategy will be developed. ➢ A Community Justice Strategic Commissioning Strategy will be developed. This will include identifying potential opportunities for tests of change. ➢ Develop a Participation Strategy and Plan. ➢ Ensure transition planning is in place, including for young people and that this is reflected in both community justice and integrated children's service planning. **Good Progress**
Partners have leveraged resources for community justice	Yes	Yes	• A Steering Group has been established for the Women's Project that includes a range of public sector, third sector and community organisations. Partners have agreed what organisations are best placed to host the various project posts as well as agreeing their respective contribution in kind for the

			duration of the project. The Steering Group have developed the Delivery Plan for the project. A range of partners have also contributed towards the recruitment process. • Inverclyde Community Justice Partnership Network includes a range of third sector and community organisations who have an interest in community justice. Partners have taken an active role in hosting and facilitating network sessions as well as mapping the variety of supports available. • As part of our employability project, the Resilience Project, we held an introductory session for all partners involved in community justice and employability and then delivered multi-agency training on: ➢ using the Resilience Doughnut tool; ➢ understanding and responding to stigma; ➢ equalities and recovery • The Resilience Doughnut training was also delivered to the Alliance Board, our community planning partnership. • We held an Employer Engagement event organised by partners who all contributed to this. • GG&C Community Justice Health Improvement Group commissioned a Trauma Training Needs Analysis of key services including Criminal Justice, Addiction and Homelessness staff. The findings from the final report are currently being progressed in line with the NES training programme. • A mapping of community justice partner's data in relation to domestic abuse highlighted a need for early intervention and a different type of approach. In considering models from other areas; it has been agreed to adopt the Up2U model that will be delivered jointly between Criminal Justice and Children's services. • The Community Justice Lead has taken an active role in liaising with the CJS Lead for Commissioning in CJS development of a Commissioning Framework. CJOIP ➢ A Community Justice Strategic Commissioning Strategy will be developed. ➢ The Community Justice Partnership will explore every opportunity for leverage of resources and report on this as part of the performance framework. **Good Progress**
Development of community justice	Yes	Yes	• GG&C Community Justice Health Improvement Group commissioned a

workforce to work effectively across organisational/professional /geographical boundaries			Trauma Training Needs Analysis of key services including Criminal Justice, Addiction and Homelessness staff. The findings from the final report are currently being progressed in line with the NES training programme. • Interface meetings have been developed between Criminal Justice, addiction, homelessness and mental health with a view to improving operational pathways. • We have strengthened strategic partnership links between Community Justice Partnership, Community Safety Partnership, Alcohol and Drugs Partnership, Violence Against Women Partnership, Employability Partnership and Housing Partnership. This has enabled an understanding of shared outcomes and being able to develop joint approaches to addressing cross-cutting themes. • Regular reports are provided to senior personnel relating to community justice including to the Alliance Board (community planning partnership), Integration Joint Board, Health and Social Care Committee as well as to the Corporate Management Team at Inverclyde Council. • Regular updates of community justice activities are included in the monthly HSCP Chief Officers Brief that is cascaded to all HSCP staff. • As part of our employability project, the Resilience Project, we held an introductory session for all partners involved in community justice and employability and then delivered multi-agency training on: ➢ using the Resilience Doughnut tool; ➢ understanding and responding to stigma; ➢ equalities and recovery • The Resilience Doughnut training was also delivered to the Alliance Board, our community planning partnership. CJOIP • A Workforce Plan will be developed and incorporated into the Strategic Community Justice Commissioning Strategy. This will take cognisance of existing community justice partner's workforce developments. **Some Progress**
Partners illustrate effective engagement and collaborative partnership working with the authorities responsible for the delivery of MAPPA	No	No	This information is reported in the North Strathclyde MAPPA Annual Report. Our MAPPA arrangements are well established and include a robust performance and quality assurance framework which has supported a well evidenced commitment to staff training and development.

			It is not helpful to duplicate efforts and reporting when such long established arrangements are already in place. CJOIP ➢ Existing arrangements will continue with regards to the delivery of MAPPA. These will be reviewed on an annual basis. **Good Progress**

Other information relevant to National Outcome Two

CJOIP – Local

- ➢ Improve partnership information sharing. - Map existing information sharing protocols and review these where appropriate. Develop opportunities to share good practice and for joint training.

- Inverclyde Community Justice Partnership has actively promoted the SHORE Standards in relation to our local priority of Housing and Homelessness. This has resulted in these standards being reflected in the HSCP Housing Contribution Statement and as part of our Rapid Rehousing Transition Plan.
- The Community Justice Lead is a member of several groups reviewing key service in Inverclyde including the Mental Health Programme Board, the Rapid Rehousing Transition Plan group and the Addiction Review Programme Board. This has created opportunities to improve partnership information sharing as part of the process of designing new models of service delivery.
- As part of the Women's Project we have developed a Partnership Agreement that details the roles and responsibilities of both host organisations.
- SPS have presented a Data Sharing Agreement to the Inverclyde Community Justice Partnership which is being considered in relation to improving our local Throughcare arrangements.

Good Progress

NATIONAL OUTCOME THREE
People have better access to the services that they require, including welfare, health and wellbeing, housing and employability

Indicator	Reported?	Useful?	Evidence and Data
Partners have identified and are overcoming structural barriers for people accessing services	Yes	Yes	• We have undertaken a comprehensive Community Justice Strategic Needs Assessment to help us identify areas that require a "deep dive" to consider areas for improvement. • Our employability project, the Resilience Project not only delivered multi-agency training but also provided a supported employment approach to 17 people who have a current involvement in the criminal justice system. • Through the Housing Partnership and Rapid Rehousing Transition Plan Group we have highlighted the needs of people involved in the criminal justice system and shared people's stories and experiences. In addition, as an active member of the Homelessness Review Programme Board, we have been able to influence the proposed new model of Housing First. We are at the initial stages of considering the SHORE standards and the SPS Data Sharing Agreement, both of which we anticipate will help to further reduce structural barriers to accessing

			housing. • GG&C have taken a lead role in facilitating regular meetings of the Community Justice and Health Improvement Group to help us reduce any barriers to accessing GP / Primary Care. Work through this group includes ➢ Commissioning a Trauma Training Needs Analysis for CJSW, Addiction and Homelessness staff across GG&C. The final report and findings are now being progressed in line with NES. ➢ The scoping of a Health Needs Assessment for people on community orders, including undertaking several focus groups. ➢ The development of a Short Life Working Group to consider the sexual needs of women in the criminal justice system. • We have also had local discussions with Community Link Workers both as a link for people leaving custody as well as for those on community orders. • The Addiction Programme Board is developing a new service delivery model that aims to improve access and referral pathways. This will include the development of a complex needs team. In addition, we have established interface meetings between CJSW, Addiction, Homelessness and Mental Health services to improve communication at a management level of these services and to ensure effective collaboration in cross-cutting themes. • The Mental Health Programme Board and planning for the spend of new Mental Health monies has enabled a local focus on early intervention within police custody and exploring with the Violence Reduction Unit of the Navigator model. This work is underpinned by statistical analysis which identified an overwhelming need for intervention at this early point. CJOIP ➢ Barriers are identified and included in the Community Justice Profile and self-evaluation. ➢ Develop an Improvement Plan detailing appropriate steps to address each barrier. **Good Progress**
Existence of joint-working arrangements such as processes / protocols to ensure access to services to address underlying needs	Yes	Yes	• We are considering local implementation of the SHORE standards and SPS Data Sharing Agreement. • CLD facilitated one of the Inverclyde Community Justice Network sessions using the justice journey to map the supports available by third sector and community organisations. This will inform both our local offer to victims as well as to those leaving custody and families affected by crime. • We have had initial discussions with Community Link Workers to consider their role to assist with GP registration for people leaving custody. CJOIP ➢ Review existing arrangements, including processes and protocols ensuring appropriate

			access to services at every part of the recovery journey. This will include welfare, health and wellbeing, housing and employability. ➢ Develop an Improvement Plan detailing appropriate steps to address any gaps and barriers to services. **Some Progress**
Initiatives to facilitate access to services	Yes	Yes	• The GG&C Community Justice and Health Improvement Group initiatives include: ➢ Commissioning a Trauma Training Needs Analysis for CJSW, Addiction and Homelessness staff across GG&C. The final report and findings are now being progressed in line with NES. ➢ The scoping of a Health Needs Assessment for people on community orders, including undertaking several focus groups. ➢ The development of a Short Life Working Group to consider the sexual needs of women in the criminal justice system. • We have also had local discussions with Community Link Workers both as a link for people leaving custody as well as for those on community orders. • Our employability project, Resilience Project is a pilot of supported employment using the Resilience Doughnut as a strength based tool. • We have held an Employer Engagement Event as an initial approach to local employers to improve access to employment. • We have had initial discussions with The Trust, who delivers our local employability pipeline and with Riverclyde Homes to explore opportunities for people on Community Payback Orders and to develop links with Unpaid Work. We are building on earlier work with CLD and adult literacies to better integrate their services into the CPO “other activity” offer. • An individual with lived experience of the criminal justice system is helping to co-design our Participation Strategy. • Inverclyde Community Justice Partnership Network meets bi-monthly and creates an opportunity for third sector and community organisations to network and strengthen referral pathways for people. • We are in discussions with Greenock Morton to develop a joint initiative of peer support for men. CJOIP ➢ Consider the responsiveness of services and local supports available to aid access to services. ➢ Review current pathways in place on specific initiatives including mentoring, throughcare, employability, education and other pro-social activities. ➢ Develop performance measures and include these in the performance reporting framework. **Some Progress**

Speed of access to mental health services	Yes	No	• While we include the data in our annual report, the indicator of itself is unhelpful as it is whole population and only in relation to psychological therapy and does not reflect the wide range of mental health supports available for the whole population or more specifically, for people involved in the justice system. • The Mental Health Programme Board and planning for the spend of new Mental Health monies has enabled a local focus on early intervention within police custody and exploring with the Violence Reduction Unit of the Navigator model. This work is underpinned by statistical analysis which identified an overwhelming need for intervention at this early point. • We have committed to establishing interface meetings between CJSW and Mental Health services to improve communication at a management level and to review the use of CPO mental health requirements. CJOIP ➢ 90% of patients to commence psychological therapy based treatment within 18 weeks of referral, recognising that the data will include the whole community. **Some Progress**
% of people released from a custodial sentence : a) registered with a GP b) have suitable accommodation c) have had a benefits eligibility check	Yes	Yes	While this indicator is very helpful, there is no current mechanism to capture data. However, Access to GP / Primary Care and Housing and Homelessness are two of our local priorities and have cited elsewhere examples progress made. CJOIP ➢ Incorporate these measures into the performance reporting framework and improvement cycle. **Some Progress**
Targeted interventions have been tailored for and with an individual and had a successful impact on their risk of further offending	Yes	Yes	• We have undertaken a comprehensive Community Justice Strategic Needs Assessment that includes both trend information and analysis of current targeted interventions. • The Community Justice Partnership Network has representation from 21 different third sector and community organisations providing a range of interventions and early help supports. The network has created an opportunity to collaborate and consider transition planning that is person-centred. This network will inform future commissioning strategy. • We currently have a Prolific Offenders Project service that as part of the local Addiction service Review, will be changing to become a complex needs team. This will provide targeted interventions to some of our most vulnerable people in our communities. • We have developed a greater level of support available to young people.

			• We have established links with the Venture Trust, who have provided input on courses and activities available aimed at improving life chances and skills for individuals involved in the criminal justice system. CJSW made 14 referrals to this service. • We have piloted an employability project, Resilience Project, where 17 people attended this supported employment placement. • We have liaised closely with CJS Lead for Commissioning in CJS development of a Commissioning Framework. • CJSW has developed a process of quality needs assessment; with the initlal stage of using LS/CMI Quick Score at the Court Report stage to inform an effective disposal, followed by a newly developed CJSW Needs Review Tool where people self-score at the first and final review stage. In addition, a LS/CMI Management Plan will be developed and this can be adapted to ensure needs and risks identified are actioned. CJOIP ➢ Map existing intervention options and evaluate the effectiveness of these. ➢ Identify gaps and develop an Improvement Plan. ➢ Develop a Community Justice Strategic Commissioning Strategy, including targeted interventions and community capacity building opportunities. **Some Progress**

Other information relevant to National Outcome Three

CJOIP – Local

- ➢ Improve access to housing for those involved in the criminal justice system. Strengthen links with local housing providers and strategic housing forum. Develop an annual practitioner forum to promote best practice relating to homelessness and housing.
- ➢ Enable people to engage with services. Gain a better understanding of the barriers that exist that prevent engagement with services.
- ➢ Staff providing universal and specialist adult services have an understanding of community justice. Raise the profile of community justice across universal and specialist adult services. Develop "ambassadors" of community justice in key services.
- ➢ Explore local health and wellbeing resources. Strengthen links with local leisure / sports providers and community organisations.

Evidence of progress on the local priorities are incorporated into the above national performance indicators.

Some Progress

NATIONAL OUTCOME FOUR Effective interventions are delivered to prevent and reduce the risk of further offending			
Indicator	**Reported?**	**Useful?**	**Evidence and Data**
Use of 'other activities requirements' in CPOs	Yes	Yes	The numbers of other activity hours carried out in 2018/19 were 483. This is a marked decrease from the previous year, however, we have improved our rolling programme in March 2019 and it is anticipated that this will improve our offer of "other activity". Our employability pilot, Resilience Project, has supported 17 people involved in the criminal justice system on a supported employment placement, the majority of whom are on a CPO. We have had initial discussions with our local college, Riverclyde Homes and The Trust to explore opportunities to increase community capacity in the offer of "other activity". In addition, response to individuals, who during our UPW consultation activity, intimated that they were often attending placements without having had any breakfast and/or the means to afford their lunch CJSW has sought to develop further its 'Other Activity' to address this. A sample of some of the initiatives taken forward are detailed below: • With support from HSCP Health Improvement, interactive sessions were provided on nutritional awareness, including healthy affordable lunch option, along with promotion of free exercise activities such as the "Walk a Million Miles Challenge". • Inverclyde Community Learning and Development Service provided "Eat better, Feel better" cooking classes. These offered opportunities to cook easy meals with accessible ingredients. Feedback indicated those participating found the sessions enjoyable, particularly in terms of being able to take home food that they had prepared and cooked themselves. • Venture Trust has supported 14 people on courses aimed at improving life chances and skills. • Greater Glasgow and Clyde Health Board undertook a health needs consultation, using the vehicle of 'Other Activity', with a view to identifying and improving access to services in the future. In addition to the above, CJSW has, with the assistance of colleagues from the Council's Community Learning Development Team established a framework whereby individuals subject to Unpaid Work Requirements are able to have their work formally recognised by the SQA. It is hoped that in addition to building self-confidence this recognition could also assist with employability. The current focus is on the Personal Achievement: Community Activity Unit (SCQF L2). The unit can be used as a free-

			standing unit or as part of a Personal Achievement Award should the individual wish to progress further. There is a £7.50 fee for registration with SQA, which our Community Learning Development colleagues are currently funding. Since 1st November 2018 the number of SCQF Level 2 Personal Achievement awards total 7. There are also examples of individuals on UPW Requirements being proactive with regard to identifying 'Other Activity' opportunities themselves and discussing these with staff, who have facilitated this where appropriate. Utilising the resources of the wider HSCP / CPP, the Service is committed to further developing initiatives/approaches which help to address the broader issues of inequalities that are identified by staff and service users as part of their individual action/case management plans. CJOIP ➢ Evaluate the current use of "other activities requirement" in CPO's, ensuring these are person-centred. ➢ Identify community capacity opportunities and develop an Improvement Plan. **Good Progress**
Effective risk management for public protection	Yes	Yes	Core Public Protection issues are scrutinised by the Chief Officers Group which is chaired by the Chief Executive of the Council. Both he and the Corporate Director of the HSCP are directly sighted on key issues such as high risk situations, Care Inspectorate notifications, ViSOR developments etc. The CSWO, who is the senior manager of the Service, chairs the Community Justice Partnership, Child Protection Committee, and the Public Protection Forum and is a member of the Community Safety Partnership and the Adult Protection Committee thus ensuring strong connections across the public protection arena. MAPPA processes are well embedded including multi-agency risk assessment and risk management planning. With regard to SA07, this is routinely completed jointly with Police Scotland OMU colleagues. It is agreed practice for MAPPA Risk Management Plans within North Strathclyde to routinely include a minimum of one joint home visit by CJSW and Police Scotland OMU within the review period. Central to our MAPPA processes and practice is attention to victim safety planning which forms a discrete part of all MAPPA Risk Management Plans (RMPs). This can include; joint work with Children's Services to identify potential victims and/or to ensure parents/carers have both the information and necessary insight to act as safe-guarders, restrictions

			on the MAPPA managed individual to limit or exclude their access to particular areas and, the monitoring of compliance with safety plans/licence conditions. To complement the above, the Environmental Risk Assessment (ERA's) process within MAPPA supports the identification of potential victim access issues and consideration of what actions may need to be taken by partners for the property to be viewed as 'manageable'. MAPPA partners are fully compliant with the requirements of NASSO Guidance. An extensive programme of training has been undertaken by the North Strathclyde MAPPA Unit, hosted by Inverclyde, targeting partners who are not routinely involved in MAPPA processes such as Children's Services, Registered Social Landlords and Library staff etc. to ensure they have an appropriate awareness. Recently this has been extended to include UPW staff, with Inverclyde being the first to pilot this staff group. As part of North Strathclyde MAPPA Performance Management and Quality Assurance Strategy developed by Inverclyde, there are regular multi-agency audits of case file at all levels. These consider the quality of risk assessments, the implementation of the risk management plans and compliance with MAPPA operational standards. **Good Progress**
Quality of CPOs and DTTOs	No	Yes	This information is not currently available but will be included as part of the CPO Annual Report and will be reported to the Community Justice Partnership thereafter. The CJSW Service's approach to capturing the views of individuals on the quality and impact of their CPO has developed and strengthened over time. Prior to April 2018, this Service endeavoured to gather service user views on the completion of the CPO. However, from April 2018 this has moved to a two-stage approach, applied at the start and end of all community sentences. This will undoubtedly yield more informative data. There remains the task if feeding this information into the Community Justice Partnership and to do so in a way that enables partners to consider ways in which they can add value to the community sentence experience. We intend to incorporate this into the CJP performance framework. CJOIP ➢ Develop a quality assurance and reporting framework. **Some Progress**

<table>
<tr>
<td>Reduced use of custodial sentences and remand :

a) Balance between community sentences relative to short custodial sentences under one year
b) Proportion of people appearing from custody who are remanded</td>
<td>Yes</td>
<td>Yes</td>
<td>Reported in Annual report and CJP SNA.
Helpful in terms of planning for PASS

*Shift in Balance of Community v's Custodial Sentence:
<table>
<tr><td></td><td>2015 / 2016</td><td>2016 / 2017</td><td>2017 / 2018</td></tr>
<tr><td>Community Overall:</td><td>83.63%</td><td>85.27%</td><td>85.12%</td></tr>
<tr><td>Community Males:</td><td>81.06%</td><td>83.33%</td><td>82.98%</td></tr>
<tr><td>Community Females:</td><td>96.82%</td><td>94.74%</td><td>95.77%</td></tr>
<tr><td>Custody Overall:</td><td>16.37%</td><td>14.73%</td><td>14.88%</td></tr>
<tr><td>Custody Males:</td><td>18.94%</td><td>16.67%</td><td>17.02%</td></tr>
<tr><td>Custody Females:</td><td>3.18%</td><td>5.26%</td><td>4.23%</td></tr>
</table>
*This includes all types of community sentence and all lengths of custodial sentence.
The above statistical information has been extracted from the Criminal Proceedings in Scotland Experimental Data publication.
Balance between community sentence relative to short custodial sentences under one year:
<table>
<tr><td></td><td>2015/16</td><td>2016/17</td><td>2017/18</td></tr>
<tr><td>*Community Sentences</td><td>207</td><td>214</td><td>168</td></tr>
<tr><td>Custodial Sentences <1year</td><td>104</td><td>110</td><td>105</td></tr>
</table>
*This only includes those categorised as "community sentence" in the Criminal Proceedings in Scotland experimental data publication.

<table>
<tr><td></td><td>2016/17</td><td>2017/18</td><td>2018/19</td></tr>
<tr><td>Average Number of People on Remand per Month</td><td>25.25</td><td>30.83333</td><td>34.5</td></tr>
</table>
*The above information has been extracted from the monthly SPS statistical report.

CJOIP
➢ Develop a quantative measure to outline the impact of initiatives to shift the balance between custody and non-custodial measures and sentences. Incorporate this into the Community Justice Performance Framework.

Good Progress</td>
</tr>
<tr>
<td>The delivery of interventions</td>
<td>Yes</td>
<td>Yes</td>
<td>We do not receive any information of the number of ABI's in criminal justice healthcare settings. However</td>
</tr>
</table>

<table>
<tr>
<td>targeted at problem drug and alcohol use [NHS Local Delivery Plan (LDP) Standard]</td>
<td></td>
<td></td>
<td>progress has been made via the following:

• The ADP and CJ Leads work closely together, including considering the development of meaningful performance measurements.
• The CJ Lead is a member of the Addiction Review Programme Board whereby a new service delivery model is being developed.

CJOIP
➢ Develop a measure to report on the number of Alcohol Brief Interventions delivered in criminal justice healthcare settings. Include this in the Community Justice Performance Framework.
➢ Develop a measure to report on the number of referrals from criminal justice sources to drug and alcohol specialist treatment. Include this in the Community Justice Performance Framework.

Some Progress</td>
</tr>
<tr>
<td>Number of Police Recorded Warnings, police diversion, fiscal measures, fiscal diversion, supervised bail, community sentences (including CPOs, DTTOs and RLOs)</td>
<td>Yes</td>
<td>Yes</td>
<td>Reported in annual report and included in CJP SNA. Will be incorporated into CJP performance framework.
<table>
<tr><th>Type of Intervention</th><th>2015/16</th><th>2016/17</th><th>2017/18</th></tr>
<tr><td>CPO</td><td>347</td><td>308</td><td>263</td></tr>
<tr><td>DTTO</td><td>12</td><td>11</td><td>3</td></tr>
<tr><td>Fiscal Fine</td><td>527</td><td>342</td><td>280</td></tr>
<tr><td>Fiscal Fixed Penalty (COFP)</td><td>70</td><td>77</td><td>86</td></tr>
<tr><td>Fiscal Combined Fine with Compensation</td><td>20</td><td>30</td><td>20</td></tr>
<tr><td>Fiscal Compensation</td><td>4</td><td>4</td><td>8</td></tr>
<tr><td>Fiscal Fixed Penalty (Pre-SJR)</td><td>-</td><td>-</td><td>-</td></tr>
<tr><td>Anti-Social Behaviour Fixed Penalty Notice</td><td>413</td><td>262</td><td>183</td></tr>
<tr><td>Police Formal Adult Warning</td><td>61</td><td>5</td><td>4</td></tr>
<tr><td>Recorded Police Warning</td><td>40</td><td>156</td><td>93</td></tr>
<tr><td>Fiscal Work Orders</td><td>1</td><td>20</td><td>6</td></tr>
<tr><td>Statutory Throughcare (in community & custody)</td><td>84</td><td>113</td><td>111</td></tr>
<tr><td>CJSW Voluntary Throughcare</td><td>11</td><td>13</td><td>3</td></tr>
</table>
</td>
</tr>
</table>

<table>
<tr>
<td></td>
<td></td>
<td></td>
<td>
<table>
<tr><td>RLO Reports Requested</td><td>15</td><td>33</td><td>21</td></tr>
<tr><td>Diversion Referrals</td><td>32</td><td>35</td><td>38</td></tr>
<tr><td>Requests from Court for Bail Information</td><td>250</td><td>193</td><td>228</td></tr>
</table>

CJOIP
➢ Capture the number of police recorded warnings; police diversion; fiscal measures, (including fines, fiscal work orders, fiscal compensation order and fixed penalty notice), fiscal diversion to social work; supervised bail and community sentences. Include this in the Community Justice Performance Framework.

Completed
</td>
</tr>
<tr>
<td>Number of short-term sentences under one year</td>
<td>Yes</td>
<td>Yes</td>
<td>Reported in annual report and included in Community Justice Partnership Srategic Needs Assessment. Will be incorporated into CJP performance framework.

<table>
<tr><td></td><td>2015/16</td><td>2016/17</td><td>2017/18</td></tr>
<tr><td>Custodial Sentences <1year</td><td>104</td><td>110</td><td>105</td></tr>
</table>

CJOIP
➢ Capture a measure to profile the risks and needs of people and identify projected demand in services related to the number of custodial sentences imposed where the full term was for less than 12 months. Include this in the Community Justice Performance Framework. This will be informed by the national timeline of this national agenda.

Good Progress
</td>
</tr>
<tr>
<td colspan="4">Other information relevant to National Outcome Four</td>
</tr>
<tr>
<td colspan="4">CJOIP
➢ Adopt a recovery model approach in interventions. Consider current recovery models and apply learning from these. Develop an asset based and strength based model of recovery.
➢ Identify gaps in services. Evaluate current provision relating to domestic abuse and consider ways to enhance supports. Identify appropriate options as tests for change.
➢ Consider early intervention on a regional basis. Develop a regional Early Intervention Strategy.

• Our employability pilot, the Resilience Project, has piloted the use of the Resilience Doughnut as strength based tool that enables a move away from a deficit model to identify and build on people’s strengths and assets. We are exploring testing this model further to form the basis of a “community plan” for people involved in the justice system with colleagues from CLD to support</td>
</tr>
</table>

the transition when completing an order / sentence. In addition, the Community Justice Partnership Network is considering reframing this network to become a "Resilience Network".

- We completed a mapping of services and data relating to domestic abuse that has resulted in agreement to progress to adopt the Up2U programme. This will be jointly delivered by CJSW and Children's Services social workers. A programme of training is being delivered over the coming year prior to implementation.
- While we previously held a number of regional events considering early intervention, it was agreed that a local plan for each area was preferred. For Inverclyde this has included analysing data from police custody and exploring the development of a hub model in Greenock Police Station. We are also in discussions about developing an arrest referral scheme.

Good Progress

NATIONAL OUTCOME FIVE
Life chances are improved through needs, including health, financial inclusion, housing and safety, being addressed

Indicator	Reported?	Useful?	Evidence and Data
Individuals have made progress against the outcome	No	Yes	

Other issues	2013	2019	Change
Financial problems	34%	31.32%	2.68% ↓
victim of physical assault	27%	28.57%	1.57% ↑
evidence of emotional distress	24%	25.82%	1.82% ↑
accommodation issues	20%	29.12%	9.12% ↑
Mental disorder	18%	10.44%	7.56% ↓
Problem solving deficits	50%	61.64%	11.64% ↑
anger management	34%	28.57%	5.43% ↓

The above table is an extract from LSCMI life factors. This reaffirms our focus on housing and homelessness, piloting the resilience doughnut and our focus on addressing trauma.

In April 2018 CJSW introduced a bespoke Criminal Justice Needs Review tool which individuals subject to statutory involvement are asked to complete both at the start (stage 1) and end (stage 2) of their involvement. The aim is to capture from the individual's perspective their view of their needs, particularly in terms of the extent to which these needs are considered by them to be an issue and, thus an appropriate target for intervention. The individual is also asked to repeat this exercise when their involvement with the Service is drawing to an end. In addition, the individual on the second application of the tool is asked to rate the quality and impact of the Service they received, along with identifying which partner organisations they were referred to. This is to try and capture distance travelled. The tool includes nine separate lifestyle areas: health, self-care, emotional well-being, alcohol and drug use, offending behaviour, training and employment, housing, relationships with friends and family life where people self-score.

To date, 76 forms at stage 1 and 31 at stage 2 have been completed. An early analysis of the information available to date is provided at indicator 2.1.

Comments captured on changes that individuals' had made whilst engaged with CJSW include:

- 'I now have a job. I have a home. I am drug and alcohol free.'
- 'I am better at budgeting. I am less impulsive. I think before acting.'
- 'I think things through more. I think about how my behaviours have affected others.'
- 'I now have a structured routine and am in employment. I have more responsibilities within my employment role. '
- 'I have a good understanding of my offending behaviour and how not to reoffend. I have learnt IT skills to help me find employment and housing. Overall my experience with Inverclyde Criminal Justice has been positive.'

			• 'I have improved my behaviour and am now looking at education. I am doing my Highers. This Order has opened my eyes and I am grateful to the workers involved who have supported me.' This tool is designed to further embed a person-centric approach, identify unique outcome measures for service users and to address those outcomes research has evidenced supports desistance. Where appropriate the form sits alongside the LS/CMI assessment and helps to ensure our wider aims of a broader public health approach is adopted. In addition, the data gathered will also assist with strategic planning/commissioning in terms of providing aggregated data with regard to identified needs and frequently accessed organisations/services. CJOIP ➢ As part of a Quality Assurance Framework, develop service user feedback and outcome measures to triangulate and report progress on this outcome. **Some Progress**

Other information relevant to National Outcome Five

While there are examples of individual progress; it is difficult to evidence this is an impact following on from steps taken by the CJP.
Inverclyde Community Justice Partnership has undertaken a comprehensive Strategic Needs Assessment that will inform the development of a CJP Performance Framework. This is an action in our CJOIP.
As a partnership, we also need to agree outcomes and develop a systematic approach to measuring impact. This may include multi-agency audits.

CJOIP
➢ Explore models of supported employment. Consider personal placement and individual support programme models.

As cited in earlier sections, we have piloted a supported employment model in our Resilience Project where 17 people have participated. We are in the process of evaluating this project.

Good Progress

NATIONAL OUTCOME SIX
People develop positive relationships and more opportunities to participate and contribute through education, employment and leisure activities

Indicator	Reported?	Useful?	Evidence and Data
Individuals have made progress against the outcome	No	Yes	• We have cited elsewhere in this annual report about our employability pilot, the Resilience Project where 17 people have been provided a supported employment placement. • CJSW alongside the Council's Community Learning Development Service, established a framework whereby individuals subject to Unpaid Work Requirements are able to have their work formally recognised by the SQA. It is hoped that in addition to

			building self-confidence this recognition could also assist with employability. The current focus is on the Personal Achievement: Community Activity Unit (SCQF L2). The unit can be used as a free-standing unit or as part of a Personal Achievement Award should the individual wish to progress further. There is a £7.50 fee for registration with SQA, which our Community Learning Development colleagues are currently funding. Since 1st November 2018 the number of SCQF Level 2 Personal Achievement awards total 7. • We are also in discussion with Greenock Morton with a view to developing peer support and football. • Our Participation Strategy is being co-designed with someone currently involved in the criminal justice system. • Following the publication of the Trauma Training Needs Analysis report, we have recognised the importance of relationships and this is now informing how we design our services to ensure they are trauma informed. **Kyle's Story** Kyle is a 25 year old who experienced a turbulent childhood and most of his life has involved violence. Kyle has served previous custodial sentences and community orders. Kyle independently approached The Trust, who delivers our local employability pipeline, indicating an interest in the catering industry. Kyle completed a six week accredited training course. Kyle was on a CPO with an Unpaid Work Requirement. A referral was made for Kyle to be part of our employability pilot, the Resilience Project where he could build on learning catering skills while also having access to counselling as part of the project. Kyle successfully completed his CPO and continued with the Resilience Project on a voluntary basis and is currently being supported to seek employment. CJOIP ➢ As part of a Quality Assurance Framework, develop service user feedback and outcome measures to triangulate and report progress on this outcome. **Some Progress**
Other information relevant to National Outcome Six			
While there are examples of individual progress; it is difficult to evidence this is an impact following on from steps taken by the CJP. Inverclyde Community Justice Partnership has undertaken a comprehensive Strategic Needs Assessment that will inform the development of a CJP Performance Framework. This is an action in our CJOIP. As a partnership, we also need to agree outcomes and develop a systematic approach to measuring impact. This may include multi-agency audits.			

NATIONAL OUTCOME SEVEN Individuals' resilience and capacity for change and self-management are enhanced			
Indicator	**Reported?**	**Useful?**	**Evidence and Data**
Individuals have made progress against the outcome	No	Yes	The key element and inspiration of our employability pilot, the resilience Project, was the use of the Resilience Doughnut. This is a strength based tool that supports people to use positive inquiry to identify people's assets and focus on strengthening these with the aim of building people's resilience. Multi-agency training has been delivered to support staff in using the tool. Participants were so impressed with this training that it was also delivered to members of the Alliance Board, our Community Planning Partnership. We are considering ways of expanding the use of this tool and are in discussions with CLD to explore using this tool as a way of developing person-centric community plan as part of transitional planning. This is following feedback from people involved in the criminal justice system who describe being "terrified" of the thought of their order coming to an end. The resilience Doughnut will also be a central part of our Participation Strategy. Within our CJSW Service, consideration is being given to the impact trauma has in relation to an individual's engagement and compliance with a community sentence. As first steps on this journey CJSW staff attended a two day Trauma Informed Practice Pilot. Feedback from staff who attended was positive and CJSW will now reflect on how to take forward learning in terms of informing its model of service delivery. **Jane's Story** Jane is a 25 year old mother of two children. Jane started using heroin along with other substances. Jane agreed for her children to be cared for by their grandparents. However, Jane's life soon became chaotic as her drug use increased. Jane served several short sentences in prison. While on a CPO Jane was referred to Shine in view of the increased risks of Jane breaching this order. Over time, trust developed between Jane and the Shine worker. At this point positive inquiry was used to explore who was Jane at age 7, 13, 17 to understand Jane's experience while also identifying her strengths. A very practical tool of using a diary in order to keep appointments was used. Jane started to use her diary and manage her own appointments but also reminded the Shine worker of their own appointments. Jane successfully completed her CPO and while achieving

			very positive outcomes of securing a new tenancy and re-building contact with her children and family; it was the simple skill of using a diary in order for Jane to manage her life better that made the lasting change for Jane. CJOIP ➢ As part of a Quality Assurance Framework, develop service user feedback and outcome measures to triangulate and report progress on this outcome. **Some Progress**

Other information relevant to National Outcome Seven

While there are examples of individual progress; it is difficult to evidence this is an impact following on from steps taken by the CJP.

Inverclyde Community Justice Partnership has undertaken a comprehensive Strategic Needs Assessment that will inform the development of a CJP Performance Framework. This is an action in our CJOIP.

As a partnership, we also need to agree outcomes and develop a systematic approach to measuring impact. This may include multi-agency audits.

CJOIP
- Better understanding of reasons for offending to ensure appropriate interventions are provided.
- Develop a recovery model that is person-centred and incorporates trauma informed practice.
- Develop training opportunities for staff and any necessary guidance. Explore peer support and mentoring opportunities as part of an intervention support.

Good Progress

5. Priority Areas of Focus

Inverclyde Community Justice Partnership has identified six local priorities that overlap with the national community justice outcomes. The local priorities include:

1. Access to GP / Primary Care
2. Prevention and Early Intervention
3. Women involved in the justice system
4. Domestic abuse
5. Employability
6. Housing and Homelessness

The following provides further detail of the first three local priorities.

1. Access to GP / Primary

The support of the GG&C Lead for Community Justice and Health Improvement has been pivotal to the Inverclyde Community Justice Partnership adopting a public health approach to community justice. While considerable effort has continued to be made to understand the context of GP registration, particularly for those on short term sentences; we have been able to consider other aspects of health and wellbeing.

An example of this is the sexual health needs of women within the criminal justice system. A presentation of a health needs assessment led by a trainee Community Sexual and Reproductive Health Doctor at Sandyford Sexual Health Service, was given to our partnership, where it was agreed to develop a short-life working group to consider this in the context of Inverclyde. This working group brought in experts from a range of fields including Sandyford services, Health Improvement, CJSW and the Violence Against Women Coordinator. The key focus of this group was in relation to strengthening pathways to Sandyford services at the time when these services were under review. Another key focus was on mapping available training to the range of staff that may be supporting women involved in the justice system.

A further example from this local priority was in undertaking a Trauma Training Needs Analysis across CJSW, Addiction and Homelessness services. Findings from this report have been helpful to NES as they have rolled out the national framework of training and are piloting this in several Local Authorities, one being Glasgow. However, as this work has been led through the GG&C Community Justice and Health Improvement group, we can continue to learn from this pilot. This is all more relevant as Inverclyde HSCP has established a working group to consider trauma training.

Finally, while a comprehensive health needs assessment was undertaken in 2012 focusing on people in custody (HMP Barlinnie and HMP Greenock); such a study has never been done for those on community orders. An initial series of focus groups were held to scope out the requirements for a tender to commission such a study.

Locally, we have also strengthened ties with Community Link Workers and those with a key role in developing Primary Care planning.

2. Prevention and Early Intervention

There are three main strands to this local priority:

a. The establishment of the Inverclyde Community Justice Partnership Network. This was developed following the joint event held with Criminal Justice Voluntary Sector Forum "Strengthening Engagement". The purpose of this network is primarily networking by bringing together on a bi-monthly basis both Third Sector and Community Organisations who have an interest in community justice. The network is an opportunity to explore collaborative practice and will inform our development of a local Community Justice Commissioning Framework. It is hosted and facilitated by representatives from Third Sector and Community Organisations and regular updates of network meetings are fed back to the Community Justice Partnership. In an attempt to change the language at a local level, we are currently considering reframing this network to become a "Resilience Network" with a strong focus on recovery. CVS Inverclyde is

recommending this as an action at their Annual Conference.

b. We have strengthened the local links with our Community Safety Partnership and the Community Justice Partnership. This is in recognition that there is a level of overlap, particularly around tertiary prevention. We have worked closely together to consider a local response to the restorative justice agenda and hate crime. We are exploring holding community conversations to consider these. This would be an innovative approach.
c. Following analysis of data outlining the needs of people in police custody; we have had initial meetings to scope the development of a police hub at Greenock Police Station.

3. Women Involved in the Justice System

We had outlined in last year's annual report the work we had done in making a successful bid to the Big Lottery for funding from the Early Action System Change fund under the category of women involved in the justice system.

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

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

To date the Steering Group has:

- Developed a 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.

In addition it was agreed by the Third Sector partners on the Steering Group that Turning Point Scotland is 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.

The Community Fund (formerly Big Lottery) released funding for the project on 31st January 2019. At this point the recruitment process was able to commence.

6. Case Studies

As cited in last year's annual report, we secured Scottish Government funding following a joint bid involving Inverclyde Regeneration and Employability Partnership (IREP) and Inverclyde Community Justice Partnership (CJP). The funding focused on piloting a "Resilience Project". This was an innovative approach to supported employment that included several elements that were all tested. These included:

a. Delivering multi-agency training in the use of the "Resilience Doughnut". This tool formed the basis of the model of enabling strength-based conversations with people involved in the justice system as an asset approach to employability. Two sessions were delivered to partners from

both partnerships and a third session was provided to operational staff. Following positive feedback from these sessions, a further session was delivered to members of the Alliance Board, our Community Planning Partnership.

b. Recruit with Conviction delivered training to partners and operational staff outlining changes to the legislative framework and employability to enable staff were up-to-date with this as well as improving practice in supporting people as they navigate through the employability pipeline. Recruit with Conviction also facilitated an Employer Engagement event.
c. The Scottish Drugs Forum provided two sessions of both Stigma training and Equality and Diversity in Recovery training to operational staff.

This level of training was fundamental in laying the foundation for the delivery element of the "Resilience Project" pilot as it enabled partners and staff to adopt a shared language.

The delivery element was delivered by a local social enterprise. Their delivery model is "Whole Life Restore" and their strong value base was a comfortable fit with the approach of implementing the Resilience Doughnut as a central plank of support. The pilot targeted people involved in the criminal justice system who may also have an addiction or homelessness issue. Partners were keen to pilot an approach that specifically targeted what they considered as a "hard to reach" group of people who did not quite fit into the existing employability pipeline due to the severity of the impact of these complex issues. Underlying this professional assessment was people's own experience of feeling a sense of hopelessness in even considering employment.

The resilience doughnut offered the opportunity to have strength based conversation that did not focus on deficits and barriers. At the same time, people participating in the pilot could also access Stepwell wider therapeutic services including counselling if this were required.

An information leaflet about the project was cascaded to all partners alongside a referral form. The majority of referrals were from CJSW where people were on a CPO. Overall 17 referrals were made.

While the pilot is still being evaluated, feedback from people has been positive with some people choosing the catering industry as their career path.

Throughout the pilot regular updates were provided to both the Inverclyde Regeneration and Employability Partnership and Inverclyde Community Justice Partnership and there was clear partner buy-in with all aspects of this project.

This pilot has enabled a deeper level of exploration of employability including in relation to Unpaid Work and involving a much wider range of partners to achieve shared outcomes. There is now an increased interest in how the resilience doughnut can be rolled out further.

7. Challenges

There have been several key challenges that were also reflected in our Development Session. These include:

1. Implementation of the CJOIP – There has been a high turnover of representatives from key partners who were not involved in the development of our CJOIP. A practical example of this is it was originally agreed as part of our terms of Reference that we would adopt a "portfolio leads" model for each of the four structural outcomes. However, three of these original people are no-longer involved in the CJP. By undertaking a Community Justice Strategic Needs Assessment, it is hoped this helps to provide a clear focus and support the development of a Community Justice Performance Framework.
2. Our development session identified a need to develop a collaborative model of partnership. This would include "being smarter with strategy" and the wide range of cross-cutting themes. It would also make it clearer for each partner of what their unique contribution is towards meeting the community justice agenda and using the available leverage of resources. We recognise that our

CJP is still in its infancy.

3. Two of the statutory partners do not attend our local partnership, although we do provide information to identified single points of contacts.
4. The funding of community justice remains uncertain which brings a level of difficulty when attempting to horizon scan and strategic planning.

8. Additional Information

AGENDA ITEM NO: 16

Report To:	**Inverclyde Integration Joint Board**	**Date: 4 November 2019**
Report By:	**Louise Long** **Corporate Director, (Chief Officer)** **Inverclyde Health and Social Care Partnership (HSCP)**	**Report No:** **IJB/72/2019/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 update the Integration Joint Board on a number of areas of work.

2.0 SUMMARY

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

3.0 RECOMMENDATIONS

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

Louise Long
Corporate Director, (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

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

5.0 BUSINESS ITEMS

5.1 Hector McNeil House Office

As part of the front face of the HSCP the offices where the public access to the service play a vital role. Reception staff across HSCP provide a friendly, warm reception that puts people at ease. Hector McNeil staff have decorated the front office for Halloween. It must be difficult visiting a social work office, the decoration helps put everyone at ease.

5.2 Criminal Justice Inspection

The Care Inspectorate have now concluded their scrutiny of criminal justice social work services. The service has received a final draft report of the inspection findings together with indicative gradings. At the time of preparation of this report these are subject to a strict embargo. This embargo stays in place until such times as the service has been able to submit final comments and the care inspectorate conclude their quality assurance process of the inspection itself. The report will however be published shortly in advance of the board meeting and the Chief Officer will be in a position to provide a verbal update subject to a full report of the inspection findings being presented to the next meeting of the IJB.

5.3 Strategic Plan Implementation

Officers have developed a framework approach to monitoring the implementation of the 6 Big Actions. This includes a Senior Manager sponsor for each of the Big Actions, and regular exception reports to the Strategic Planning Group and the IJB. The sponsors are:

- Big Action 1 – Head of Strategy and Support Services
- Big Action 2 – Head of Children & Families and Criminal Justice
- Big Action 3 – Jointly sponsored by Head of Health and Community Care and CSWO
- Big Action 4 – Head of Health and Community Care
- Big Action 5 – Head of Mental Health, Addictions and Homelessness
- Big Action 6 – Chief Executive, Inverclyde CVS

The sponsors will drive the actions forward and address any barriers to progress.

5.4 Staff Awards

The annual staff awards ceremony took place on 26th September, and provided an opportunity to celebrate some of the good work of the HSCP, and the commitment, dedication and passion of our staff. There were many worthy nominations under the five categories, and the winners were as follows:

Our Service User/Patients	Inverclyde HSCP Advice Services
Our People	Inverclyde HSCP's Inpatient Mental Health Services (Ward 4)
Our Leaders	Catriona MacLean

Our Culture	Arlene Mailey, Helen Laverty (Strategy and Support), Aileen Wilson & Erin Power (Your Voice)
Our Resources	Ellen Donnelly and Janice Donnachie

5.5 **Locality Planning**

People across Inverclyde were recently encouraged to attend community engagement events and take part in conversations about how public services are delivered in the future, and better understand communities' needs and use that knowledge and experiences to shape priorities for years to come. These events were used to start introducing locality planning and how we can work in collaboration with partner organisations and local communities to plan and deliver services that will make a real difference to people's lives. These events provided the first steps in working together to make this happen. The feedback report has been endorsed and will be published shortly. As part of our commitment to working with local communities, further engagement will be planned so people can continue to contribute to helping us shape how services will be delivered and how communities might look in the future.

Establishment of the six Locality Planning Groups (LPGs) and their respective Communications and Engagement Groups is ongoing. Following the recent locality planning community engagement events, a number of community members have expressed an interest in joining. These are now being followed up and some have now been 'recruited' (Kilmacolm & Quarriers, Greenock South & South West).

The strategic priorities provide the framework for the development and implementation of Locality Action Plans, reflecting both the needs of our population and the aspirations of our communities, with the overall aim of reducing inequalities. Revised Locality Profile intelligence has now been developed describing the population for each of the six localities in the context of needs for health and social care services. The Locality Profiles will provide baseline intelligence to support, inform and influence the Locality Action Plans driving forward transformational change through both analysis of data and continuous engagement with those living, working and using services in the community. The Locality Profiles will be presented to the Strategic Planning Group (SPG) at its next meeting after which they will be published.

6.0 IMPLICATIONS

FINANCE

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

One off Costs

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

Annually Recurring Costs/ (Savings)

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

LEGAL

6.2 There are no legal issues within this report.

HUMAN RESOURCES

6.3 There are no human resources issues within this report.

EQUALITIES

6.4 There are no equality issues within this report.

Has an Equality Impact Assessment been carried out?

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

6.4.1 How does this report address our Equality Outcomes?

Equalities Outcome	**Implications**
People, including individuals from the protected characteristic groups, can access HSCP services.	Our implementation plans will support this outcome.
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	A key overarching aim of the Strategic Plan 2019-24 is to ensure equity of access to services and outcomes. The implementation plans will support delivery.
People with protected characteristics feel safe within their communities.	Strategic Plan Implementation.
People with protected characteristics feel included in the planning and developing of services.	The inclusive approach taken to develop the Strategic Plan has carried through to the development of the Implementation Plans, and delivery will be monitored closely by the SPG.
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	Our Staff Awards demonstrate motivated and high-quality staff, who will be central to the delivery of all of our equalities outcomes.
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	Not applicable
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	Not applicable

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

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

7.0 NATIONAL WELLBEING OUTCOMES

7.1 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.	Implementation of the Strategic Plan will ensure a co-ordinated approach to delivering improved healthy life expectancy.
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	The inclusive approach taken to develop the Strategic Plan has carried through to the development of the Implementation Plans, thus ensuring a voice for people with a disability or long-term condition.
People who use health and social care services have positive experiences of those services, and have their dignity respected.	Our staff are motivated and valued, and this is demonstrated by the Annual Staff Awards. That motivation comes through in our culture, ensuring that we treat service users with dignity and respect.
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	As above.
Health and social care services contribute to reducing health inequalities.	Our implementation plans have an underpinning ethos of reducing health inequalities.
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	The SPG has a range of participants, including a carers representative, to ensure that carers and other important participants are fully represented and supported by the implementation plans.
People using health and social care services are safe from harm.	N/A
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	Staff morale is boosted through the annual awards.
Resources are used effectively in the provision of health and social care services.	As above.

8.0 DIRECTIONS

8.1

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

9.0 CONSULTATION

9.1 There are no consultation requirements related to this report.

10.0 LIST OF BACKGROUND PAPERS

10.1 None.