

A meeting of the Inverclyde Integration Joint Board will be held on Monday 17 May 2021 at 2pm.

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

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

Please note that this meeting will be recorded.

Anne Sinclair
Interim Head of Legal Services

BUSINESS		
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1.	Apologies, Substitutions and Declarations of Interest	Page
ITEMS FOR ACTION:		
2.	Minute of Meeting of Inverclyde Integration Joint Board of 29 March 2021	p
3.	Appointment of Interim Chief Finance Officer Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	
4.	Inverclyde Integration Joint Board Audit Committee Membership Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
5.	Update on Implementation of Primary Care Improvement Plan Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
6.	Inverclyde Alcohol and Drug Partnership Update Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
7.	NHS Greater Glasgow & Clyde Partnership Wide Care Home Hub Support Development Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p

8.	Inverclyde Adult Support and Protection Partnership – Feedback Findings from Completed Joint Inspection Activity Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership		p
9. **	I Promise Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership		p
10.	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.			
11.	ADRS – Proposed Update to Workforce Model Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update and seeking approval for proposed changes to the workforce model.	Para 1	p
12.	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

Please note that because of the current COVID-19 (Coronavirus) emergency, this meeting will not be open to members of the public.

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

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

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

INVERCLYDE INTEGRATION JOINT BOARD – 29 MARCH 2021

Inverclyde Integration Joint Board

Monday 29 March 2021 at 1pm

Present: Councillors J Clocherty, L Quinn L Rebecchi and E Robertson, Mr S Carr, Mr A Cowan, Ms D McErlean, Ms P Spiers, Dr C Jones, Ms L Long, Ms L Aird, Ms G Eardley, Ms D McCrone, Ms C Elliot and Mr S McLachlan.

Chair: Councillor Clocherty presided.

In attendance: Mr A Stevenson, Head of Health & Community Care, Ms A Malarkey, Interim Head of Homelessness, Mental Health and Drug & Alcohol Recovery Services, Ms V Pollock (for Interim Head of Legal Services), Ms D Sweeney and Ms L Carrick (Legal Services), Mr G Barbour, Service Manager, Communications, Tourism & Health & Safety, Mr A McDonald, ICT Service Manager and Ms K Haldane.

The meeting took place via video-conference.

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|-----------|--|-----------|
| 16 | Apologies, Substitutions and Declarations of Interest | 16 |
| | Apologies for absence were intimated on behalf of Dr H MacLeod, Ms C Boyd and Dr H MacDonald. | |
| | No declarations of interest were intimated. | |
| 17 | Minute of Meeting of Inverclyde Integration Joint Board of 25 January 2021 | 17 |
| | There was submitted the minute of the Inverclyde Integration Joint Board of 25 January 2021. | |
| | During consideration of this item it was requested that the minutes be expanded to contain more detail to accurately reflect the discussion on items. Ms Long agreed to discuss this matter with Ms Pollock and consider the request. | |
| | Decided: that the minute be agreed. | |
| 18 | Minute of Meeting of Inverclyde Integration Joint Board of 2 March 2021 | 18 |
| | There was submitted the minute of the Inverclyde Integration Joint Board of 2 March 2021. | |
| | Decided: | |
| | (1) that the minute be agreed; and | |
| | (2) that the decision noted at 11(1) 'that approval be given to the proposed senior management team structure within the HSCP as outlined in the report and it be agreed that a full review of the new structure be carried out in a year's time' be added to the rolling action list. | |
| 19 | Rolling Action List | 19 |
| | There was submitted a Rolling Action List of items arising from previous decisions of the Integration Joint Board. | |
| | Decided: that the Rolling Action list be noted. | |

20 Financial Monitoring Report 2020/21 – Period to 31 December 2020, Period 9**20**

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership on the Revenue and Capital Budgets, other income streams and Earmarked Reserves position for the current year with a detailed report as at Period 9 to 31 December 2020.

The IJB Chief Financial Officer advised the Board that to date projected full year COVID costs were now £7.705m, which was broken into £2.008m for health and £5.697m for social care. It was confirmed that the actual net COVID spend to end of February 2021 is £5.494m.

In response to a submitted enquiry by Ms C Boyd, Ms Aird confirmed that the Hospices line in the report referred to Ardgowan Hospice only.

In respect of the recent announcement regarding the increased pay award for Health staff of 4% backdated to the beginning of December, the Board were advised that it was anticipated that these costs will be fully funded and therefore have no impact on IJB budgets. The Finance Team will ensure that the accounting treatment is consistent across GG&C.

Social Care monitoring reports are still being finalised for Period 11, and the Board were advised that early indications were that core budgets were expected to have an underspend of £80,000. This represents a movement of £770,000 from the £690,000 overspend reported in Period 9 and relates to:

£280,000 of pressure monies for Out of Hours, mental health posts and other services not being fully utilised.

A £132,000 reduction in anticipated external homecare spend.

A £120,000 underspend on internal homecare linked to funding transferred from care homes but not used in year.

A £56,000 reduction in residential bed forecasts.

£66,000 reduction in C&F forecasts aligned to new monies received in year.

Decided:

- (1) that the current Period 9 forecast position for 2020/21 as detailed in Appendices 1-3 of the report be noted, and that the projection assumes that all COVID costs in 2020/21 will be fully funded by the Scottish Government;
- (2) that it be noted that in the event there are any gaps in funding for COVID costs then the IJB will review the reserves to meet the shortfall;
- (3) that the proposed budget realignments and virement as detailed in Appendix 4 to the report be approved and that authority be given to officers to issue revised directions to the Council and/or Health Board as required on the basis of the revised figures as detailed in Appendix 5 to the report;
- (4) that the planned use of the Transformation Fund and transfer of SWIFT system replacement funding to a separate Earmarked Reserve as detailed in Appendix 6 to the report be approved;
- (5) that the current capital position as detailed in Appendix 7 to the report be noted;
- (6) that the current Earmarked Reserves position as detailed in Appendix 8 to the report be noted;
- (7) that the key assumptions within the forecast detailed at Section 11 of the report be noted; and
- (8) that the extract from the IJB Audit Committee Reserves papers from January 2021 as detailed in Appendix B to the report be noted.

INVERCLYDE INTEGRATION JOINT BOARD – 29 MARCH 2021

21 Inverclyde IJB Budget 2021/22

21

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership seeking to agree the budget for the Inverclyde Integration Joint Board for 2021/22 in line with the Strategic Plan.

There was discussion during this item on the 4% pay rise which has been agreed by the Scottish Government for Health Care Workers, and Ms Aird provided clarification on how this would be funded.

Decided:

- (1) that the content of the report be noted;
- (2) that the anticipated funding of £53.971m from Inverclyde Council be noted;
- (3) that the anticipated funding of £93.117m from Greater Glasgow & Clyde Health Board including £28.066m for set aside be noted;
- (4) that the Chief Officer be given delegated authority to accept the formal funding offers from the Council and the Health Board;
- (5) that the indicative net revenue budgets of £72.363m to Inverclyde Council and £102.790m including the set aside budget to NHS Greater Glasgow & Clyde be agreed and that this funding is spent in line with the strategic plan, noting that these figures reflect the £18.393m of resource transfer from health within social care.
- (6) that officers be authorised to issue related Directions to the Health Board and Council;
- (7) that proposals relating to IJB Reserves as detailed in Appendix 5 to the report be noted and approved;
- (8) that the updated five year financial plan contained within the annual financial statement as detailed in Appendix 6 to the report be approved; and
- (9) that the ongoing work in relation to the set aside budget be noted.

22 Commissioning for Recovery

22

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on the current test of change commissioned services in the Alcohol and Drug Partnership and seeking approval for plans for commissioning for recovery going forward.

Decided:

- (1) that progress made in each of the tests of change commissioned services be noted;
- (2) that the Board approves commissioning intentions of preparing a full tender for a recovery model;
- (3) that the new announcement of additional drug funding from the Scottish Government be noted; and
- (4) that the use of addictions review Earmarked Reserve to funding the commissioning for the recovery element of the addictions review in 2021/22 until formal confirmation of additional ADP funding has been received be approved, noting that thereafter this cost will be baselined from the new ADP funding.

23 Chief Officer's Report

23

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

INVERCLYDE INTEGRATION JOINT BOARD – 29 MARCH 2021

Decided:

- (1) that the vaccination update be noted;
- (2) that the Greenock Health Centre completion date and community benefits be noted;
- (3) that it be agreed that the Learning Disability Day Centre remains open at 20% capacity;
- (4) that the revised Strategic Plan priorities as agreed by the Strategic Planning Group be noted;
- (5) that it be agreed the Strategic Planning Group meetings re-start once current lockdown arrangements are lifted;
- (6) that the use of winter grant monies be noted; and
- (7) that the IJB notes the drug deaths and the actions taken to address these issues.

24 Emergency Powers Decision Log – 2 March 2021 24

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on decisions taken under emergency powers due to the COVID-19 pandemic.

Decided:

- (1) that the operational decisions made since the last Board meeting under powers delegated to the Chief Officer as detailed in Appendix 1 to the report be noted; and
- (2) that the Scottish Government road map and improving picture as the IJB moves away from the current arrangements and returns to usual Committee and decision-making be acknowledged.

25 Greater Glasgow & Clyde Mental Health Strategy Update 25

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on the development of the Board-wide Mental Health Strategy.

Decided:

- (1) that this report including the financial framework be approved; and
- (2) that it be noted that further work is being undertaken to develop the strategies and that an updated report will be placed on the agenda for June 2021.

26 Minute of Meeting of IJB Audit Committee of 25 January 2021 26

There was submitted the minute of the Inverclyde Integration Joint Board (IJB) Audit Committee of 25 January 2021. Mr Alan Cowan, Chair of the IJB Audit Committee provided a brief feedback on the main issues discussed at the Committee held at 12pm that day.

Decided:

- (1) that the minute of the IJB Audit Committee of 25 January 2021 be noted; and
- (2) that the feedback provided by the Chair in respect of the meeting of the IJB Audit Committee held earlier in the day be noted.

INVERCLYDE INTEGRATION JOINT BOARD – 29 MARCH 2021

27 Mental Health Development Session

27

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on the Mental Health Session of the IJB Development Session on 17 March 2020.

Decided:

- (1) that the proposal to set up a fund of £35,000 to support the work undertaken by local third sector services be approved and that the fund will provide to CVS Inverclyde who will manage the fund on behalf of the HSCP and will accept applications from other third sector organisations who are responding to trauma, distress, suicidality and the need for people with mental health problems;
- (2) that the implementation of patient initiated follow-up within Glasgow be noted and that support be given to improving pathways for patients and managing workloads effectively;
- (3) that it be noted that further scoping is required to develop diagnosis specific pathways, workforce model and roles and to determine which services require to be delivered locally, centrally and digitally;
- (4) that it be agreed that Mental Health Services carry out scoping work around the above and produce a proposal with indicative costs required to introduce new roles and service models and that this scoping exercise will use the comments from the development session on 17 March as guiding principles where possible; and
- (5) that the MHO review and creation of four additional posts from re-configuration of existing budgets 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 out opposite the heading to each item.

**Appendix to Minute of Meeting of Inverclyde Integration Para 1
Joint Board of 25 January 2021**

**Reporting by Exception – Governance of HSCP Paras 6 and 9
Commissioned External Organisations**

28 Appendix to Minute of Meeting of Inverclyde Integration Joint Board of 25 January 2021

28

There was submitted an appendix to the Inverclyde Integration Joint Board of 25 January 2021.

Decided: that the appendix be noted.

29 Reporting by Exception – Governance of HSCP Commissioned External Organisations

29

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on matters relating to the HSCP Governance Process for Externally Commissioned social Care Services.

INVERCLYDE INTEGRATION JOINT BOARD – 29 MARCH 2021

Decided:

- (1) that the governance report for the period 28 November 2020 to 19 February 2021 be noted; and
- (2) that Members acknowledge that officers regard the control mechanisms in place through the governance meetings and managing poorly performing services guidance within the Contract Management Framework as sufficient robust to ensure ongoing quality and safety and the fostering of a commissioning culture of continuous improvement.

Report To:	Inverclyde Integration Joint Board	Date:	17 May 2021
Report By:	Louise Long, Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	Report No:	VP/LS/051/21
Contact Officer:	Vicky Pollock	Contact No:	01475 712180
Subject:	Appointment of Interim Chief Finance Officer		

1.0 PURPOSE

- 1.1 The purpose of this report is to confirm the appointment of the Inverclyde Integration Joint Board's (IJB) new interim Chief Finance Officer.

2.0 SUMMARY

- 2.1 The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 sets out the arrangements for the membership of all Integration Joint Boards.
- 2.2 The IJB is required to appoint a "proper officer" who has responsibility for the administration of its financial affairs in terms of Section 95 of the Local Government (Scotland) Act 1973.
- 2.3 Pending the appointment of a replacement Chief Finance Officer, following the resignation of the previous post holder, it is necessary to appoint an interim Chief Finance Officer to cover the period until a permanent replacement is recruited.

3.0 RECOMMENDATIONS

- 3.1 It is recommended that the Inverclyde Integration Joint Board
- (1) confirms the appointment of Lisa Branter as the interim Chief Finance Officer of the Inverclyde Integration Joint Board; and
 - (2) designates Lisa Branter as the Inverclyde Integration Joint Board's interim Section 95 Officer.

4.0 BACKGROUND

- 4.1 The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 (“the Order”) sets out the arrangements for the membership of all Integration Joint Boards.
- 4.2 The IJB is required to appoint a “proper officer” who has responsibility for the administration of its financial affairs in terms of Section 95 of the Local Government (Scotland) Act 1973.
- 4.3 The IJB has noted the resignation of the previous Chief Finance Officer/Section 95 Officer and that a process for recruiting a permanent replacement is proceeding. Pending the appointment of a permanent replacement, it is necessary to put in place an interim Chief Finance Officer.
- 4.4 It is appropriate that the “proper officer” role is performed by the Chief Finance Officer of the IJB.

5.0 PROPOSALS

- 5.1 It is proposed that the IJB confirms the appointment of Lisa Branter as interim Chief Finance Officer and her designation as the IJB’s interim Section 95 Officer.

6.0 IMPLICATIONS

Finance

- 6.1 None.

Financial Implications:

One Off Costs

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

Annually Recurring Costs/ (Savings)

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

Legal

- 6.2 The recommendations in this report meet the requirement to appoint a Section 95 Officer in terms of the Local Government (Scotland) Act 1973.

Human Resources

- 6.3 None.

Equalities

- 6.4 There are no equality issues within this report.
- 6.4.1 Has an Equality Impact Assessment been carried out?

X

YES (see attached appendix)

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

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

Report To:	Inverclyde Integration Joint Board	Report To:	17 May 2021
Report By:	Louise Long, Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	Report No:	VP/LS/052/21
Contact Officer:	Vicky Pollock	Contact No:	01475 712180
Subject:	Inverclyde Integration Joint Board Audit Committee Membership		

1.0 PURPOSE

- 1.1 The purpose of this report is to agree the appointment of a non-voting member of the Integration Joint Board (“IJB”) to the Inverclyde Integration Joint Board Audit Committee (“IJB Audit Committee”)

2.0 SUMMARY

- 2.1 The IJB last agreed the membership of the IJB Audit Committee on 24 August 2020.
- 2.2 Gemma Eardley recently intimated her resignation from the IJB Audit Committee and it is therefore necessary for the IJB to appoint a new non-voting member to the IJB Audit Committee to fill this vacancy.

3.0 RECOMMENDATIONS

- 3.1 It is recommended that the Inverclyde Integration Joint Board:-
- a) notes the resignation of Gemma Eardley as a non-voting member of the Inverclyde Integration Joint Board Audit Committee; and
 - b) agrees the appointment of Diana McCrone to serve as a non-voting member on the Inverclyde Integration Joint Board Audit Committee.

4.0 BACKGROUND

4.1 The IJB last agreed its membership arrangements of the IJB Audit Committee on 24 August 2020. Since then, Gemma Eardley has intimated her resignation from the IJB Audit Committee. As membership of the IJB Audit Committee is a matter for decision by the IJB, it requires to agree the appointment of a non-voting member to the IJB Audit Committee to fill the vacancy.

5.0 AUDIT COMMITTEE - MEMBERSHIP

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

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

5.3 It is now necessary for the IJB to appoint a non-voting IJB member to the IJB Audit Committee.

6.0 PROPOSALS

6.1 It is proposed that the IJB agrees the appointment of Diana McCrone to the IJB Audit Committee.

7.0 IMPLICATIONS

Finance

7.1 None.

Financial Implications:

One Off Costs

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

Annually Recurring Costs/ (Savings)

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

Legal

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

Human Resources

7.3 None.

Equalities

7.4 There are no equality issues within this report.

7.4.1 Has an Equality Impact Assessment been carried out?

X

YES (see attached appendix)

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

7.4.2 How does this report address our Equality Outcomes

There are no Equalities Outcomes implications within this report.

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

Clinical or Care Governance

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

National Wellbeing Outcomes

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

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

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 CONSULTATIONS

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

10.0 BACKGROUND PAPERS

10.1 N/A

**Inverclyde Integration Joint Board
Audit Committee Membership – as at 25 August 2020**

SECTION A. VOTING MEMBERS		
		Proxies (Voting Members)
Inverclyde Council	Councillor Elizabeth Robertson (Vice-Chair) Councillor Luciano Rebecchi	Councillor John Crowther Councillor Gerry Dorrian
Greater Glasgow and Clyde NHS Board	Mr Alan Cowan (Chair) Ms Paula Speirs	
SECTION B. NON-VOTING MEMBERS		
A staff representative (Inverclyde Council)	**Vacant**	
Representative of Inverclyde Housing Association Forum	Mr Stevie McLachlan	

Report To: Inverclyde Integration Joint Board **Date:** 17th May 2021

Report By: Louise Long
Chief Officer
Inverclyde Health & Social Care
Partnership **Report No:** IJB/18/2021/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 experienced due to the Covid pandemic, the updated guidance issued from Scottish Government in December 2020 and the current plan for 21/22.

2.0 SUMMARY

- 2.1 The first Primary Care Improvement Plan was agreed in 2018 and continued the development of multi-disciplinary working following the *New Ways* project. This was updated for 2019/20 and has remained in place since then. Twice yearly reporting on workforce and spend are usually submitted to Scottish Government. There has been no update to the Integration Joint Board since November 2019.
- 2.2 The need for immediate and longer term responses to the Covid pandemic, restrictions on clinical practice and capacity have all meant that progress towards implementing the Primary Care Improvement Plan has been significantly curtailed during 202/21.
- 2.3 Despite the re-phasing of funding, there is still a challenge for the HSCP to develop a multi-disciplinary team (MDT) which can manage the demand required within primary care and meet the commitments contained in the MOU. This is reflected across the country.
- 2.4 A joint letter from Scottish Government and British Medical Association in December 2020 introduced contractual arrangements for delivery of the MOU between Health boards and practices with transitional payments being introduced where service is not provided. Changes to implementation dates are also outlined.

3.0 RECOMMENDATIONS

- 3.1 The Integration Joint Board note the current position regarding implementation of the Primary Care Improvement Plan, associated challenges and changes to contractual commitments.
- 3.2 The Integration Joint Board note the recurring shortfall of £199, 499 should we commit to all of the essential and additional elements of the MOU.
- 3.3 That there be a further update report once consultation with GPs and LMC has concluded and an updated Primary Care Improvement and spending plan presented to the Integration Joint Board.

Louise Long
Chief Officer

4.0 BACKGROUND

- 4.1 The last update to the Primary Care Improvement Plan was for 2019/20 with no significant updates or reporting being requested by Scottish Government during 2020. At the end of 2019 a business case was submitted to Scottish Government with a request to increase funding to fully deliver the MOU commitments. This was not agreed. The challenges around levels of funding and recruitment and retention of appropriately skilled staff as described previously, remain.
- 4.2 Progress towards implementing the Primary Care Improvement Plan was curtailed during 2020/21 due to the Covid pandemic which saw the Primary Care team within the HSCP focus efforts on both day to day support for GP practices and the wider system and latterly significant planning for both flu and Covid vaccination delivery. All MDT services were required to significantly change the way they worked and supported practices and were also not in a position to focus on development of improvement plans. Despite this, some recruitment was possible and there is a focus on ensuing MDT staff can practice safely within the constraints of current clinical and social guidelines.
- 4.3 In December 2020 the Scottish Government and BMA issued a “Joint Letter- the GMS Contract Update for 2021/22 and Beyond” which outlines some changes to implementation dates (as described in the sections below). This letter also states that where practices do not benefit from implementation of particular commitments within the timescales, transitional payments will be made in lieu of this. Further clarity is being sought on the exact nature of any transitional arrangements & payments.
- 4.4 A review of our existing plan is underway. The Primary Care Implementation group met in March and the GP Forum in April will focus on reviewing current models and plans in order to make decisions on future spend and MDT developments. This will enable us to reflect on progress and significant learning since *New Ways* and prioritise within available budget. Along with GPs and the local LMC representative there will need to be pragmatic decisions on what can be delivered. Challenges and changes outlined in the December joint letter are outlined below.

4.5 Challenges and updates to delivery of priority areas

The Vaccination Transformation Programme (VTP)

Changes in December letter:

2022-23 practices no longer default provider of any vaccinations with transitional payments available.

Prior to COVID-19 there was already an NHS GGC wide co-ordinated approach for the Vaccination Transformation Programme (VTP) however this was paused due to the Covid pandemic. Childhood vaccinations are delivered by a board wide service and no longer the responsibility of GPs. An accelerated response to the delivery of flu vaccinations was implemented within each HSCP and subsequently used to model delivery of Covid vaccinations. The learning from each of these will be taken forward as the VTP programme board resumes and the pace of change will need to be increased. There are national actions required around travel vaccinations before these can be removed from practices, a need to take in to account ongoing Covid vaccination ‘boosters’ and additions to the flu immunisation cohorts. These require decisions on a board wide model and will also require additional funding.

4.6 Pharmacotherapy Services

Changes in December letter:

Regulations will be amended so that Health Boards are responsible for providing a

Level 1 Pharmacotherapy service for 2022-23 with transitional payments available.

There continues to be a positive shift in GP workload and an increase in patient safety through our local model however as models of pharmacy input to practices have developed and been tested elsewhere, our original local model to support Level 1 workload shift (processing and task based workload) is now seen as particularly top heavy in senior pharmacy grades. We continue to explore opportunities for skill-mix and the development of a hub for Level 1 workload which would provide economy of scale and better use of technician level staff, freeing up capacity to ensure full implementation of Level 1 workload and providing additional cover for practices when staff are on leave. This should enable renewed focus on level 2 and 3 implementation.

4.7 Community Treatment & Care Services (CTAC)

Changes in December letter:

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

Our Treatment Room services are currently running at 70% capacity in line with COVID restrictions. The development of the service to undertake the full extent of CTAC within the MOU has always been limited by availability of the Primary Care Improvement Fund, accommodation and prioritisation of other parts of the MOU by local GPs. A stock take of progress following implementation of the Treatment Room review is underway along with analysis of practice data to quantify demand and future capacity. Planned building works within Gourrock Health Centre financed through primary care premises improvement monies will also allow for some further development of CTAC. Developing this area of the MOU will remain our most significant challenge.

4.8 Urgent Care (Advanced Practitioners)

Changes in December letter:

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

There are now 3.5 wte Advanced Nurse Practitioners (2.5 trainee) with an original plan to increase this to 7.5wte covering all practices. Availability for all practices has always been a priority for GPs however any future increase will impact on the ability to deliver other areas of the MOU and we will carefully consider this at our GP forum session.

The joint approach to providing specialist paramedics in practices has not resumed since staff were re-deployed from general practice to support the response to COVID by Scottish Ambulance Service. Whilst this was not funded by Primary care Improvement Fund it was a supportive response to urgent care for 2 of our local practices.

4.9 Additional Professionals -Advanced Physiotherapy Practitioners

Recruitment and retention has been the main issue for delayed roll out and delivering of the Advanced Physiotherapy service. We have now successfully recruited to vacant posts however this only takes us back to the pre-pandemic position. This service will not form part of new contractual commitments or transitional payment arrangements and it may be as with other HSCP areas, GPs decide not to prioritise further investment or develop a different approach to the current model.

4.9.1 Additional Professionals – Mental Health

Our approach to supporting mental health within primary care has been to develop a Distress Brief Interventions (DBI) service. This innovative model is about offering timely *Connected Compassionate Support* to those in distress and an alternative to those who do not require Primary Care Mental Health Services but nevertheless require a short period of support to cope and reduce distress. The service has begun and is being delivered by SAMH moving to a fully commissioned model during 2021/22.

4.10 Community Link Workers (CLW)

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

5.0 IMPLICATIONS

5.1 FINANCE

Issues as described above mean that there was underspend during 2020/21 which will be available for non-recurring spend in support of progress during 21/22. There is a risk if we commit to delivering all essential and additional areas of the MOU that we will incur an overspend. In order to achieve financial balance we will negotiate with GPs on their priority areas which may include not further developing some areas of the MOU which are not contractually essential as stated within the December 2020 letter (such as Advanced Physiotherapy Practitioners) in order to fully deliver on, for example, Community Treatment and Care Services. Further detail of recurring and non-recurring spend agreed with GPs and LMC will be provided within the next report.

Our fully costed PCIP plan as agreed with GPs and LMC post *New Ways* should we achieve full implantation is not achievable on current funding.

TOTAL RECURRING COSTS of full implementation	2,756, 499
21/22 expected	£2557,000
Shortfall	(199,499)

Actual spend during 20/21 is as below. We will negotiate with GPs and LMC on non-recurring spend from EMR which directly supports implantation of the GMS contact and MOU.

FUNDING SUMMARY;	
NR c/f from 19/20 EMR	£123,800
20/21 allocation	£1,218,773
Baselined Pharmacy funding	£146,259
N/R funding re covid recognition payment	£8,799
Balance of prior years' unutilised funding from SG - received Feb 21	£458,389
Total available funding	£1956, 020
Full year costs	£1,396, 159
Balance unallocated which will be transferred to EMR	£599,860

LEGAL

5.2 There are no legal issues raised in this report.

HUMAN RESOURCES

5.3 As advised, recruitment and retention remains a significant factor in developing the multi-disciplinary teams.

EQUALITIES

5.4 Has an Equality Impact Assessment been carried out?

X

YES

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

5.4.2 How does this report address our Equality Outcomes?

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

Report To: Inverclyde Integration Joint Board **Date:** 17th May 2021

Report By: Louise Long **Report No:** IJB/20/2021/AM
Chief Officer
Inverclyde Health & Social Care
Partnership

Contact Officer: Anne Malarkey **Contact No:** 01475 715284
Head of Mental Health, ADRS and
Homelessness

Subject: Inverclyde Alcohol and Drug Partnership Update

1.0 PURPOSE

- 1.1 The purpose of this report is to update the Inverclyde Integration Joint Board on the Inverclyde Alcohol and Drug Partnership (ADP), with a particular focus on funding.

2.0 SUMMARY

- 2.1 There are several different funding streams for ADP's and of late, further announcements have been made relating to additional funding. There is therefore a level of complexity that highlights the need to closely monitor funding while at the same time, being prepared for new funding announcements.
- 2.2 Inverclyde ADP received a letter from Scottish Government on 31st March 2021 outlining funding allocations for 2021 / 2022. This includes three different funding streams including the NHS Board baseline allocation; Programme for Government: Local Improvement Fund and Drug Deaths Taskforce Funding.
- 2.3 Scottish Government announced on 20th January 2021 that an additional £50 million will be allocated every year for the next five years to improve and increase services for people affected by drugs.
- 2.4 Following this announcement, Inverclyde ADP received notification of additional funding of £81,407 focusing on residential rehabilitation.
- 2.5 Scottish Government also announced two funds on 14th February 2021; firstly a £1 million Grassroots Fund and secondly a £1 million Improvement Fund.
- 2.6 On 18th March 2021 Scottish Government advised of four further funds that will be open for a bidding process in May 2021. These include a £5 million Communities Fund; a £5 million improvement Fund; a £3 million Families and Children Fund and a £5 million Recovery Fund.
- 2.7 Inverclyde ADP submitted a bid to the Innovation Fund in November 2020. Feedback has been positive and we were asked to scale-up our bid. The revised bid is seeking funding of £441,882 we are awaiting a decision.

2.8 The independent chair post has been recruited to and candidate should take up post in May 21.

3.0 RECOMMENDATIONS

3.1 The Integration Joint Board is requested to:

- a. Note the report outlining the additional ADP funding and approve ADP funding plans.

4.0 BACKGROUND

- 4.1 Inverclyde ADP received a letter from Scottish Government on 31st March 2021 outlining funding allocation for 2021 / 2022. This includes:

Funding Stream	Allocation	Additional Information
NHS Board baseline allocation for onward delegation to Integration Authorities for ADP projects	£14,696,471 (2021/22 baseline allocation) £15,203,246 (allocation + 3.5% uplift)	This is the total amount for Greater Glasgow & Clyde of which Inverclyde ADP will receive an allocation.
Programme for Government: Local Improvement Fund	£278,798	Earmarked reserves should be utilised before accessing new funding allocation.
Drug Deaths Taskforce Funding	£78,493	Allocations are based on the prevalence of drug problems.

- 4.2 The NHS Board baseline allocation funds core services, while the Programme for Government Local Improvement Fund is being used to commission recovery support services. (A report, Commissioning for Recovery, was presented to the IJB on 29th March 2021). The Drug Deaths Taskforce Funding is funding a Band 6 Nurse who commenced post on 5th April 2021 and a Naloxone Facilitator currently in the safe recruitment stage and a Peer Support post that will be commissioned.
- 4.3 Inverclyde ADP received notification of additional funding of £81,407 on 4th February 2021 from the Depute Director for the new Drugs Policy Division of Scottish Government. Applying the proportionality for spend as detailed in the funding letter, the breakdown of investment for Inverclyde ADP includes:

Investment	Area for Investment	
£52,914	Residential placements	<ul style="list-style-type: none"> Residential rehabilitation placements Residential / in-patient detox placements Associated aftercare and post placement support
£35,000		
£7,000		
£10,194		
£12,211	Improving access to treatment	<ul style="list-style-type: none"> Assertive outreach (including approaches for at risk groups) Non-fatal overdose pathways Same day prescribing and treatment
£12,211		
Delivered via mobile harm reduction unit		
£16,281	Improved access to harm reduction activities	<ul style="list-style-type: none"> Supply of Naloxone Improve access to blood borne virus testing
£16,281		
Delivered via mobile harm reduction unit		
£81,407	Total Spend	

- 4.4 Scottish Government also announced two funds on 14th February 2021; firstly a £1 million Grassroots Fund to provide additional resource and capacity to Third Sector organisations and secondly, a £1 million Improvement Fund to increase capacity across residential and community services. While it is unclear if any local Third Sector organisations applied for the Grassroots Fund, Inverclyde ADP supported three applications to the Improvement Fund.
- 4.5 Scottish Government made a further announcement regarding funding on 18th March of four more funds that are due to open up for bids. These include:

- A £5 million Communities Fund to provide resources to community and Third Sector organisations to increase capacity;
- A £5 million Improvement Fund to support improvements to services for outreach, treatment, rehabilitation and aftercare, with dedicated support for women;
- A £3 million Families and Children Fund to support the families of those affected by drug misuse during treatment;
- A £5 million Recovery Fund for additional residential rehabilitation capacity.

4.6 Following a successful initial submission made to the DDTF in November 2020 for a Peer Navigator in Police custody; Inverclyde ADP was invited to submit a full submission to the Corra Foundation. This was submitted in January 2021.

4.7 We received feedback on 9th March 2021 that the panel were very positive about this proposal to the extent that they would like to consider how it could be scaled up with a view to rolling it out nationally. The panel requested additional information of how we could scale the proposal up and that they would offer additional funding for this purpose.

4.8 Inverclyde ADP submitted the additional information to the DDTF on 26th March and received further feedback on 30th March during a meeting with Neil Richardson, Depute Chair of the DDTF. At this point agreement in principle was given to the revised proposal. However, further actions and amendments were requested all of which have now been addressed in a final proposal.

4.9 Essentially, this funding would be used to develop an Early Help Team who would offer support to people in Greenock Police custody this would provide support to people across GGC. The team would consist of a Coordinator; two Peer Practitioners; two Peer Navigators and a Data Analyst.

4.10 The key outcomes that this test of change is seeking to learn from include:

- People are offered early help to address multiple complex needs, reducing the risk of drug related deaths.
- A public health approach is evident at the early stages of the justice system in Inverclyde.
- Peer Navigators, as an alternative support, is embedded into the local model of community justice and recovery.

4.11 In addition, an academic researcher will be commissioned to undertake the evaluation of the test of change.

4.12 The total bid is seeking funding of £441,882 for a 20 month test of change. If successful it is likely that a tender would be put out to the market for a 3rd sector provider.

4.13 Interviews have taken place for an Independent Chair for Inverclyde ADP, the preferred candidate is undergoing safe recruitment process.

5.0 IMPLICATIONS

FINANCE

5.1

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

Annually Recurring Costs / (Savings)

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

LEGAL

5.2

HUMAN RESOURCES

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

EQUALITIES

5.4 Has an Equality Impact Assessment been carried out?

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

5.4.1 How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	Positive impact –It will ensure access and new pathways to services for all individuals
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	Positive impact- It will ensure service users with alcohol and drug issues are not discriminated against
People with protected characteristics feel safe within their communities.	Positive impact- It will offer community support
HSCP staff understand that the needs of people with different protected characteristic and promote diversity in the work that they do.	Positive impact- Training needs procured to ensure staff 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.	Positive Impact –It will ensure people accessing support and Inverclyde communities are not discriminated against

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

5.5 There are 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.	Staff will provide a ROSC approach to ensure people have access to a range of local supports and promoting a Recovery focused ethos
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	Staff will provide a holistic approach, assessing the needs of the individual and referring to appropriate services
People who use health and social care services have positive experiences of those services, and have their dignity respected.	It aims to provide new pathways for people to improve engagement and Recovery
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	It will ensure people have access to an evidence based service which will meet their needs
Health and social care services contribute to reducing health inequalities.	It will ensure people have access to community supports
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 model will ensure responsive and flexibility to meet and accommodate the needs of the individual
People using health and social care services are safe from harm.	It will support the reduction in alcohol and drug use
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	Staff will be encouraged to raise opinions and views on service improvements models via sub group discussions
Resources are used effectively in the provision of health and social care services.	It will ensure people get the right care, at the right time, in the right place and from the right service and profession.

6.0 DIRECTIONS

6.1

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

7.0 CONSULTATION

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

8.0 BACKGROUND PAPERS

8.1 None

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

1	Reference number	IJB/20/2021/AM
2	Report Title	<i>ADP Update</i>
3	Date direction issued by IJB	05/05/2021
4	Date from which direction takes effect	05/05/2021
5	Direction to:	Inverclyde Council and NHS Greater Glasgow and Clyde jointly
6	Does this direction supersede, revise or revoke a previous direction – if yes, include the reference number(s)	No
7	Functions covered by direction	Alcohol and Drug Recovery Services, ADP
8	Full text of direction	<p>Approve the ADP funding plans. Specifically the bid to the Corra Innovation Fund seeking funding of £441,882 for a 20 month test of change. If successful it is likely that a tender would be put out to the market for a 3rd sector provider through the Council.</p> <p>The Council's procurement will be asked to progress the tender.</p>
9	Budget allocated by IJB to carry out direction	£441,882 for a 20 month test of change from Corra Innovation
10	Outcomes	<p>The key outcomes that this test of change is seeking to learn from include:</p> <ul style="list-style-type: none"> • People are offered early help to address multiple complex needs, reducing the risk of drug related deaths. • A public health approach is evident at the early stages of the justice system in Inverclyde.

		<ul style="list-style-type: none"> Peer Navigators, as an alternative support, is embedded into the local model of community justice and recovery. <p>The test of change will assist in achieving all 6 big actions in Strategic Plan. Big Action 1, 3, 5 and 6 have particular relevance and supports the delivery of all 9 National Health and Wellbeing Outcomes.</p>
11	Performance monitoring arrangements	In line with the agreed Performance Management Framework of the Inverclyde Integration Joint Board and the Inverclyde Health and Social Care Partnership. This Direction will be monitored and progress reported bi-annually.
12	Date direction will be reviewed	May 2022

Report To: Inverclyde Integration Joint Board **Date:** 17 May 2021

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

Contact Officer: Allen Stevenson **Contact No:** 01475 715212
Head of Health and Community Care
Inverclyde Health and Social Care Partnership (HSCP)

Subject: NHS Greater Glasgow & Clyde Partnership Wide Care Home Hub Support Development

1.0 PURPOSE

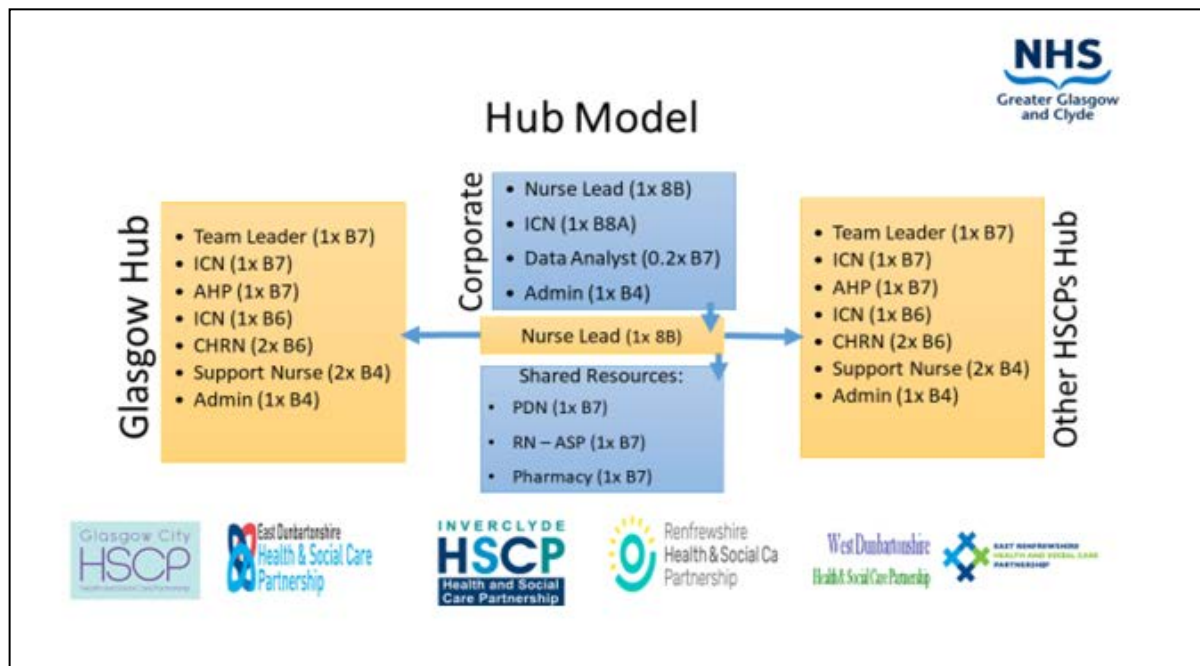
- 1.1 The purpose of this paper is to advise the Integration Joint Board of the development of a NHS Greater Glasgow & Clyde partnership wide Care Home Support hub, with the Non Glasgow partnerships care home team being proposed to be hosted by Inverclyde HSCP.

2.0 SUMMARY

- 2.1 A recruitment process is underway to create specific support for Care Homes through the creation of a Care Home Hub model across Greater Glasgow and Clyde consisting of a corporate team and two hubs, one for Glasgow City and one for the remaining 5 non Glasgow HSCP's. The Hubs will provide a comprehensive, cohesive safe and high quality approach to supporting care homes both proactively and in response to issues as they arise
- 2.2 The care home Hub model will combine expertise between multidisciplinary HSCP teams, Infection Control and Practice Development acknowledging the priority to develop a sustainable and flexible model to support care homes over the next 12 months.
- 2.3 A Care Home Hub Oversight Board has been established to provide leadership, support, oversight and governance in the development and delivery of a Care Home Hub Model. The Oversight Board is a multi-disciplinary and multiagency forum which will work collaboratively with all stakeholders as the model progresses.
- 2.4 A proactive communication campaign will support recruitment to a variety of nursing and AHP roles within the hub model. Information on the opportunities available within the Hub Model have been circulated across networks in HCSPs, Scottish Care and social media,

- 2.5 The provisional staffing model is set out in Figure 1 and work is currently ongoing to recruit to these posts.

Figure 1



- 2.6 It is intended that Inverclyde HSCP will host the non Glasgow element of the Care Home hub team on behalf of the non Glasgow Partnerships. This is in line with specific partnerships hosting clinical services across NHS GG&C e.g. Podiatry, Physiotherapy and Speech & Language Therapy Services.

3.0 RECOMMENDATIONS

- 3.1 The Integration Joint Board is asked to note the development of the Care Home Hub Model containing Glasgow Partnership and Non Glasgow Partnership components to support Care Homes with a financial contribution of 172k from Inverclyde HSCP.
- 3.2 The Integration Joint Board is asked to approve Inverclyde HSCP hosting the Non Glasgow Care home Hub multidisciplinary team

Louise Long
Corporate Director (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

- 4.1 Across GGC there are 194 care homes with 9,287 residents and approximately 15,000 staff. 142 (72.4%) of these homes provide services to older people, with approximately 10,000 staff delivering this care. The COVID-19 pandemic has required new and additional processes for scrutiny and assurance of practice in Care Homes.
- 4.2 Care Homes are under significant pressure with additional burden being placed upon them due to COVID-19. In order to maintain the safety of their residents, residents family and friends, care home staff and the range of stakeholders who are required to enter the care homes, staff are required to adopt key measures and adapt to new ways of working. For example, adherence to infection prevention and control measures including the use of Personal Protective Equipment (PPE); staff testing; surveillance testing; adherence to care home visiting standards based on the development of risk assessments; completion of the daily care home safety huddle tool; supporting local assurance visits undertaken by colleagues within the respective partnerships responding to any required improvement actions and being in a state of readiness for unannounced inspections from the Care Inspectorate and NHS HIS often resulting in the development of action plans to address identified areas for improvement. All of this activity is required whilst maintaining a homely environment for the residents.
- 4.3 The Cabinet Secretary communication on the 17th May 2020 highlighted that the vast majority of care homes in Scotland are for older people (75%) and 75% of these are run by the private sector. Care homes are environments that have been proven to be particularly susceptible to coronavirus and many residents are at risk of poorer outcomes if they were to contract COVID-19 due to pre-existing conditions. Furthermore, due to the atypical presentation of COVID-19, outbreaks have been more challenging to identify in the early stages. The pandemic has had a catastrophic impact on care homes resulting in many deaths of older people resident in care homes across Scotland and very sadly 697 COVID-19 (Feb 21) related deaths in care homes across GGC.
- 4.4 Each partnership has a weekly oversight meeting chaired by the Chief Officer and attended by Care Inspectorate, CSWO and HSCP staff and a daily meeting takes place in each partnership with the CSWO, Chief Nurse, HSCP commissioning and other nursing staff, Care Inspectorate and Public Health as required. Data from the safety huddle informs the discussion and deployment of resources to the Care Homes. For example, reporting on testing, staffing issues, infection prevention and control, quality of care with a specific focus on care planning including anticipatory care plans with escalation of issues as appropriate. The meeting reviews discharges/admissions managing outbreaks, adult protection issues.
- 4.5 All Partnerships have dedicated commissioning, nursing, AHPs, pharmacy, administration and analyst time to support work with care homes. District Nurses provide direct care to residential care homes. District Nurses, can alongside Care Home Liaison Nurses, provide advise if required to Care Homes specifically in relation to palliative and end of life care. Whilst communication from SG highlights the need for District Nurses to wrap support around Care Homes due to the workload of their core role their capacity to support care homes in relation to improvement activity is very limited. District Nurses have however provided some support to care homes at the weekend where there has been an identified need for additional nursing leadership.

- 4.6 The significant increase in workload to meet the new requirements within the Care Homes is stretching the available workforce, which is currently required to prioritise activity in care homes rag rated amber and/or red at the expense of homes which are currently rag rated green.
- 4.7 There is a pressing priority to develop a sustainable and flexible model to support the care ensuring a sufficient workforce capacity against a background of many competing demands on the existing workforce. The additional support will be essential in order to manage the current workload which will include the requirement to complete the daily huddle information; analyse data and respond accordingly; providing direct support, training, advice to care homes across NHS GGC and to support the wide range of activity associated with those care homes rag rated as amber, red, and/or subject to an Large Scale Investigation or improvement notice following inspection. All care homes will be inspected before the end of December 2020 therefore the service anticipates additional activity in relation to improvement plans.

5.0 IMPLICATIONS

FINANCE

5.1 One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
		2021-22	172k		Inverclyde HSCP's Contribution to overall cost of 1032k

172k is Inverclyde HSCP contribution to the overall cost of 1032k across NHS GG&C Partnerships to the development of the Care Home Hub Teams which will combine expertise between multidisciplinary HSCP teams, Infection Control and Practice Development acknowledging the priority to develop a sustainable and flexible model to support care homes over the next 12 months.

Annually Recurring Costs / (Savings)

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

LEGAL

5.2

HUMAN RESOURCES

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

EQUALITIES

5.4 Has an Equality Impact Assessment been carried out?

√

YES

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

5.4.2 How does this report address our Equality Outcomes?

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

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.	Ensures equitable access to services
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	Ensures equitable access to services
People who use health and social care services have positive experiences of those services, and have their dignity respected.	Promotes dignity in a care home environment

Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Supports inclusive access to services
Health and social care services contribute to reducing health inequalities.	Supports inclusive access to services
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	Supports Carers
People using health and social care services are safe from harm.	Provides safe services
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	Supports inclusive access to services
Resources are used effectively in the provision of health and social care services.	Supports inclusive access to services

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 within NHS GG&C.

8.0 BACKGROUND PAPERS

8.1 None

Report To:	Inverclyde Integration Joint Board	Date: 17th May 2021
Report By:	Louise Long Chief Officer Inverclyde Health & Social Care Partnership	Report No: IJB/17/2021/AS
Contact Officer	Allen Stevenson Head of Health and Community Care	Contact No: 715212
Subject:	Inverclyde Adult Support and Protection Partnership – Feedback Findings From Completed Joint Inspection Activity	

1.0 PURPOSE

- 1.1 The purpose of this report is to advise the Board of the outcome of the Inverclyde Joint Adult Protection Inspection led by the Care Inspectorate, Health Improvement Scotland and Her Majesty's Inspectorate of Constabulary.

2.0 SUMMARY

- 2.1 The Inverclyde Joint Inspection commenced in January 2020 with progress being made until the suspension of the programme as a result of the Covid 19 pandemic. The inspection was incomplete with two key elements outstanding which were, caseload reading of social work, health and police records along with staff focus groups.
- 2.2 As part of their Pandemic Recovery Plan the lead inspector from the Care Inspectorate has advised that they wish to reconvene the inspection. This would also be seen as a Proof of Concept to see if remote inspection was effective and possible as well as learning around how IHSCP responded to the challenge of the Covid Pandemic.
- 2.3 In terms of the remote inspection process this proved to be successful with Inspectors completing their file reading outwith Inverclyde as well as holding two focus groups via a web meeting.
- 2.4 No assessment grading will be made but a Report on the findings is expected by the summer of this year. Formal Feedback has been provided which is very positive particularly around practice, partnership working and outcomes for vulnerable adults subject to the ASP process.
- 2.5 The Inspection team were able to feedback to the Chief Officers Group in March.
- 2.6 The Inspectors found overall strengths in the Partnership approach to ASP work across Inverclyde. Staff reported they were engaged in the work and were confident in their role around keeping people safe protected and supported.

Based on the evidence the Inspectors reported "that adults subject to adult support

and protection, experienced a safer quality of life from support they receive” and furthermore “Adults at risk of harm were supported and listened to” “to keep them safe and protected” during the key processes of ASP process.

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

The implementation of the Business Plan has been stalled due to the current pandemic. A quality improvement plan has been developed by the Adult Protection Committee and will eventually be encompassed into a refreshed business plan. The plan is to refresh the Business plan in light of the Inspection and to progress the necessary improvements within the next 12 months.

3.0 RECOMMENDATIONS

- 3.1 The Inverclyde Integration Joint Board is asked to:

Note the contents of the report and the positive outcome regarding the recent Adult Support and Protection Inspection in particular the area of improvement and the key strengths identified.

To request a progress report on improvement plan in May 2022 to advise the Board of progress of the improvement actions.

Louise Long
Chief Officer

4.0 BACKGROUND

- 4.1 The Inverclyde Joint Adult Protection Inspection commenced in January 2020. File reading was due to commence in March 2020 at which time inspectors stood down due to the COVID 19 pandemic.
- 4.2 IHSCP was the first partnership to be part of a two year national programme which would focus on reassurance that the Adult Support and Protection Act was implemented successfully and did contribute to safe guarding vulnerable adults.
- 4.3 Due to the impact of the pandemic the inspection was put on hold, we were keen to complete the process and agreed to restart the inspection on a virtual basis as a test of change. This was a complex activity given the range and scope of protection work which was successful in allowing the inspectors full access to Inverclyde Partners case files and staff.
- 4.4 The inspection did not intend to provide an inspection report or offer a grading, however feedback was provided to provide assurance around the efficacy of the procedures and guidance of Adult Protection work as well as any recommendations where such performance could be improved.

5.0 PROOF OF CONCEPT

- 5.1 The Care Inspectorate came back to us in September and advised that they wish to test two proof of concepts in order to conclude the Inverclyde inspection which, if successful, will become the recognised methodology for future inspections across Scotland.

The first proof of concept is for one team of inspectors to be based securely in a central Care Inspectorate location with remote, read only access to systems in order to undertake file reading.

- 5.2 The second proof of concept is for a smaller team of inspectors to be based securely in their own homes with remote, read only access to systems in order to undertake file reading.
- 5.3 The most effective and efficient way to access health and social work records was to provide inspectors with Inverclyde Council laptops with read only access to SWIFT and CIVICA, enabled access to the Adult Protection module and associated records and documents.
- 5.4 Inspectors will be issued with Inverclyde Council laptops to undertake the file reading. SWIFT and CIVICA will be installed to enable read only access for social work records and VM WARE will be installed to enable access to EMIS and the Clinical Portal for health records.
- 5.5 Her Majesty's Inspectorate of Constabulary in Scotland made separate arrangements with Police Scotland to have access to the appropriate platform for remote, read only access to police records.
- 5.6 This process allowed the inspectors to use the Inverclyde Joint Inspection to test proof of concepts involving file reading case files remotely in order to comply with COVID 19 regulations rather than visit Inverclyde.
- 5.7 The Inspection Team have concluded this proof of concept was successful allowing the team to reach a full conclusion and allow inspectors to adopt the proof of concepts as the recognised methodology for future joint Adult Protection Inspections across Scotland.

6.0 METHODOLOGY

6.1 The Inspectors looked in detail at the following areas of evidence:

- Position Statement from Partnership.
- Supporting evidence from Partnership.
- Staff survey (187 responses).
- Focus Group with frontline staff.
- Social work, Health and Police records for 50 individuals subject to ASP Process.
- Audited 38 recordings of initial Duty to Inquire referrals where no further adult protection related action was taken.

6.2 The Inspectors spent 5 days in January auditing the procedures and 50 case files subjected to ASP as well as 38 cases where the partnership had a duty to enquire and took the decision not to progress to ASP Investigation. The Inspectors also carried out two focus groups with staff across the Partnership.

7.0 FINDINGS OF THE INSPECTION

7.1 As noted no formal report or assessment grading is part of this report (at this time). Feedback has been provided which is very positive in particular around practice, partnership working and outcomes for vulnerable adults.

Identified Areas Of Improvement

There are as would be expected some areas where the partnership could improve its performance.

- Chronology, risk assessment and protection planning tools and templates need to be standardised to ensure a more consistent adult support and protection approach.
- The Practice Standards and Operating Procedures should be updated to provide a more consistent approach to critical elements of adult support and protection work.
- The partnership should review its key processes documentation to ensure it more accurately records matters in relation to the three-point-test.
- The partnership's quality assurance performance framework needs further developed and more consistently applied.
- The partnership needs to scrutinise quality assurance activity more thoroughly and accelerate the speed of change and improvement work.

7.2 Identified Areas of Strength

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

Based on the evidence the Inspectors reported "that adults subject to adult support and protection, experienced a safer quality of life from support they receive" and furthermore "Adults at risk of harm were supported and listened to, to keep them safe and protected" during the key processes of ASP process.

The 6 Key areas of strength were:

- Staff survey showed staff across the partnership held generally positive and confident views about adult support and protection, and the partnership's efforts to keep adults at risk of harm safe, protected and supported".
- Operational adult support and protection practice across the partnership

was sound in many areas, with effective collaborative working to keep adults at risk of harm safe.

- Partnership staff effectively shared information to identify and protect adults at risk of harm
- Adults at risk of harm were supported and listened to for the key processes undertaken to keep them safe and protected.
- Police and health staff worked collaboratively to manage the risks for adults at risk of harm, and improve their health and wellbeing.
- Almost all case file records read concurred that adults subject to adult support and protection, experienced a safer quality of life from support they receive.

8.0 IMPLICATIONS

FINANCE

8.1 Finance – None.

One off costs

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

Annually Recurring Costs / (Savings)

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

LEGAL

8.2 Information Governance – Completion of DPIA by Care Inspectorate with view from Information Governance within Inverclyde Council and NHS Greater Glasgow & Clyde being sought.

HUMAN RESOURCES

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

EQUALITIES

8.4 Has an Equality Impact Assessment been carried out?

√

YES (see attached appendix)

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

8.4.2 How does this report address our Equality Outcomes?

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

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

Repopulation

8.6 No implications

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
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9.0 DIRECTIONS

9.1

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

10.0 CONSULTATION

10.1 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.

11.0 BACKGROUND PAPERS

11.1 Inspection Team Power Point Presentation.

Report To: Inverclyde Integration Joint Board **Date:** 17 May 2021

Report By: Louise Long
Chief Officer
Inverclyde Health & Social
Care Partnership **Report No:**
IJB/23/2021/SMcA

Contact Officer: Sharon McAlees **Contact No:** 715282

Subject: THE PROMISE PARTNERSHIP FUNDING

1.0 PURPOSE

- 1.1 The purpose of this report is to advise the IJB of the successful funding application made to The Promise Partnership to progress the cultural and system changes linked to #KeepThePromise.
- 1.2 The report offers an outline of the proposed plan developed by Inverclyde HSCP for the local delivery and progression of The Promise which will be referred to locally as – I-Promise (Inverclyde Promise)

2.0 SUMMARY

- 2.1 The Promise was published in February 2020, demanding change across the ‘care system’ in Scotland.
- 2.2 In support of this the Scottish Government made an investment in the Promise Partnership of £4m administered by Corra Foundation. This funding is aimed at helping organisations #KeepThePromise and bring about system change to ensure children and young people grow up loved, safe and respected.
- 2.3 On 5th February 2021 it was announced that investment of up to £50,000 is available to help organisations create capacity, adapt approaches and work towards cultural shifts and collaboration across the ‘care system’. These changes must reflect what is important to care experienced children, young people and families. This investment is about infrastructure change, which can include rethinking services, but it is not a fund for ongoing or new service delivery. The Promise Partnership investment is flexible, but funds should enable organisations to drive forward or implement system change plans in-line with The Promise.
- 2.4 In addition to the above, further investments of up to £200,000 via the Promise Partnership Diagnostic Route have been offered to help support and drive forward big ideas that reflect what is important to children, young people and families and to re-think current approaches and service delivery in-line with The Promise. A condition of the funding is that applications must be a partnership and there must be commitment to the Scottish Approach to Service Design (SAAtSD) model. All applications were by invite only. Inverclyde HSCP received an invite to apply on 15th February 2021 due to our commitment to The Promise being recognised nationally and specifically to focus on a key piece of work that will contribute to #KeepThePromise.

- 2.5 The submission timeframe was tight with closing dates of 1st and 8th of March 2021. The HSCP had been developing proposals around #KeepThePromise based on engagement with children young people and their families and our learning from the successful models of Proud2Care and Birth Ties which informed our Stop Go Pledges “*help me by helping my family*” and “*nothing about us without us*” . Submissions were made to both funds in partnership with CVS Inverclyde, Your Voice and Inverclyde Drug and Alcohol Partnership. The focus of the submissions was around developing a whole system approach to whole family support across Inverclyde by utilising the SAAtSD approach.
- 2.6 The Promise Partnership will support organisations who are focused on change and who are committed to cultural change. This requires leadership and buy in at a corporate level therefore Inverclyde’s Champions Board will play a pivotal role given the participation and co-production that currently exists between the Champions Board and care experienced young people. Since the publication of The Promise in 2020 HSCP Committee and Integrated Joint Board members have made requests for support in enabling them to fully understand their role in fulfilling The Promise again highlighting the willingness to continue to build on making changes that improve outcomes for care experienced children and their families.
- 2.7 The decision makers Panel reviewed the application and informed on the 29th March 2021 that Inverclyde HSCP had been offered investment from Corra Foundation through the Promise Partnership on behalf of the Scottish Government for £250,000. It was noted that the Panel felt the proposal reflected a strong commitment to #KeepThePromise.
- 2.8 The investment is for one year commencing April 2021. As part of the investment Inverclyde will work closely with the National Promise Team and expenditure must commence within 4 months.

3.0 RECOMMENDATIONS

- 3.1 It is recommended that the Integration Joint Board:
1. notes the content of this report and the successful applications by the HSCP, in partnership with CVS Inverclyde and Inverclyde Alcohol Drug Partnership, to both Promise Partnership funding streams:
 2. agrees and supports the proposal of forming Inverclyde’s I Promise Team to take the lead in progressing the cultural and organisational shifts aimed at #KeepThe Promise; and
 3. authorises the Chief Officer to issue the Direction at Appendix 1 to the Chief Executives of Inverclyde Council and NHS Greater and Clyde.

Louise Long
Chief Officer

4.0 BACKGROUND

4.1 Beginning in 2016, The Independent Care Review was comprised of four stages each building on the last, these were Orientation, Discovery, Journey and Destination. Inverclyde were involved at each of these stages. The Review consulted with over 5,500 individuals with over half being babies, infants, children, young people and adults with experience of care. This also included over 300 families and voices from the paid and unpaid workforce. On 5 February 2020, the Care Review published seven reports, with 'the promise' narrating a vision for Scotland, built on five foundations. These five foundations are:



Children must be listened to and meaningfully and appropriately involved in decision-making about their care, with all those involved properly listening and responding to what children want and need. There must be a compassionate, caring, decision-making culture focused on children and those they trust.



The children that Scotland cares for must be actively supported to develop relationships with people in the workforce and wider community, who in turn must be supported to listen and be compassionate in their decision-making and care.



Where children are safe in their families and feel loved they must stay – and families must be given support together to nurture that love and overcome the difficulties that get in the way.



Children, families and the workforce must be supported by a system that is there when it is needed. The scaffolding of help, support and accountability must be ready and responsive when it is required.



Where living with their family is not possible, children must stay with their brothers and sisters where safe to do so and belong to a loving home, staying there for as long as needed.

- 4.2 The Promise is responsible for translating the findings of the Care Review into The Plan for change. The Plan will be phased across ten years from 2020-2030, with the initial phase focused on the urgent and immediate changes during years 20/21. The remaining nine years will focus on the deep work that will bring long lasting change. The key aspiration of the promise is an intention that love is no longer a casualty of the care system but the value around which it operates, wherever safe to do so children and families are supported to stay together and children and their families will be listened to respected and involved in every decision that affects them.
- 4.3 The Independent Care Review have outlined that, “The Plan will be ambitious, it will require commitment, strength, humility, and honesty. And it must be enacted so that Scotland’s children grow up *‘loved, safe and respected.’* Its phases will adapt to changing circumstances such as Covid-19 – to ensure they are flexible and agile enough to adapt to meet the needs of infants, children and young people and their families in the ever changing external environment. It will support work to communicate about the lived experience of care in ways that avoid stigma and uphold children’s rights.
- 4.4 The Promise Partnership fund was established as an investment focused on redesign development and implementation, and how to make significant changes to how services are delivered. The investment is flexible but has a clear expectation that funds will be used by a collaborative partnership to create leadership capacity including staff on the ground to enable them to drive forward big ideas. The Partnership fund cannot be used to support existing services.
- 4.5 Following an invite to apply for funding Inverclyde HSCP in partnership with CVS Inverclyde and Your Voice submitted a successful application to the Promise Partnership diagnostic route and have been awarded £250K for one year. This success of the bid was based in part on close working relationship with The Promise throughout the Independent Care Review and in recognition of our readiness to progress the work. Inverclyde with Life Changes Trust funding established an effective Champions Board

with the aim of giving a voice to care experienced children and young people and change their experience of the “care system”. The HSCP has worked effectively with Your Voice in working with and listening to our care experienced children and young people via Proud2Care. The Promise Partnership funding will enable Inverclyde to identify and design system changes that can be informed from our current learning and to reach out further across the community. Paramount to this will be the commitment to cultural changes in how Inverclyde HSCP and in turn our partners, delivers services across the partnership.

- 4.6 Members of the HSCP Committee and Integrated Joint Board have already made known their desire to better understand their role to #KeepthePromise and offer their support in making effective improvements for children young people and their families.
- 4.7 Inverclyde’s Plan will follow the same road map that was used for the Independent Care Review, namely Orientation, Discovery, Journey and Destination. Commitment to following the Scottish Approach to Service Design (SAtdSD) is a condition of the funding. This approach promotes the active participation of citizens (those who either receive the service, are eligible for the service or could receive the service in the future) and staff (all of those involved in the delivery of the service) in the definition, design and delivery of the service. The main purpose of using this approach is to design effective service journeys which deliver the best user experience and help people out of a difficult situation as efficiently and effectively as possible. This is a method already implemented within Inverclyde in our approach to areas of work such as Champions Board, Birth Ties, Families Together and Kinship Family Ties.
- 4.8 The plan submitted to the Promise Partnership is to resource the activity required by creating a small dedicated team (the Lead Promise Keepers) who will work across the partnership and with children, young people and their families to deliver I-Promise. This team will be made up of local partnership organisations from HSCP, CVS Inverclyde, Your Voice and with the opportunity for a graduate post and support from staff within Inverclyde ADP ensuring children, young people and families are connecting with local services building on relationships and support from within their communities and helping to build a sense of belonging where they live.
- 4.9 The dedicated I Promise Team will consist of the following roles and remits
 - The I Promise Senior Officer will be the connector between SMT, CMT, The ADP, the mental health programme board and the National Promise Team regarding the Promise activity taking place as part of I- Inverclyde. The senior officer will have accountability for progressing Promise Plans and supervise the I Promise Team Lead and Children’s Rights Officer as well as providing support to wider Team Leads in implementing the Promise. They will chair the I Promise Board and mentor senior officers recruiting them to be mentors and developing a mentoring programme.
 - The I Promise Team will lead on Champions Board and participation activity and have line management responsibility for the development and engagement workers. They will be lead for social media activity and promotional work and will be connector for practitioner groups and local and national working groups. They will provide support for all evaluation, monitoring and reporting.
 - Third Sector Development worker providing an independent lens to the work of the team connecting to all 3rd sector networks locally and nationally. They will support the delivery and development of Champions Board activity and be involved at all levels of participation and consultation.
 - The I Promise Coaching and Modelling practitioner and engagement worker will lead on coaching and mentoring for teams across the partnership provide the support to link development work and modelling practice on a whole family model incorporating practitioners from the fields of drug and alcohol, mental health, justice and children’s services with the goal of aligning these services to

the ethos and commitments of the Promise. This will include third sector providers.

- The I Promise apprentice /Trainee will undertake relevant training and professional development opportunities, lead in the presentation and delivery of the work of the team. Where possible we would seek to utilise existing graduate /apprenticeship posts within the council.
- I Promise resource worker will provide administrative and financial support to the I Promise Team and Champions Board. This role could be filled through flexible use of existing administrative/ finance post.

- 4.10 The I-Promise Team will have a key role in mentoring and modelling for the wider organisation and as such although there is a structural hierarchy within the team in terms of responsibility, there will be no hierarchy in the approach or accessibility of the team to wider stakeholders. The I Promise Team will be recruited predominantly on experience and the ability to establish effective working relationships. This reinforces the importance of relationships and promotes the foundation of People and Voice in the creation of the I Promise Team and upholds an agile way of working.
- 4.11 Sitting alongside this work stream is the wider Promise activity both at an HSCP level and as part of the strategic children's services partnership. Early activity around The Promise began within the multi- agency corporate parenting subgroup of Children's Services Planning Partnership in conjunction with The Champions Board. Moving forward it is hoped that the I Promise Team will have capacity to support the delivery of the wider HSCP commitment and planning activity for #KeepThePromise and potentially provide support from the learning taking place to other agencies and services to develop their own plans to deliver on the transformational change.
- 4.12 In terms of governance for the project, an oversight board will be created, to ensure that all stakeholders have a voice in ensuring that Inverclyde #KeepThePromise. It is suggested that membership of the oversight board will be Inverclyde 'Promise Keepers' and the board will be referred to as the I-Promise Board in effect rebranding Inverclyde's approach and language around corporate parenting. To ensure that the Voice of children, young people and their families as well as all stakeholders groups are heard there will be a range of sub groups created and supported throughout the journey by the I-Promise Team. It is envisaged this format will grow and develop and change as the work progresses. A structure will be created to ensure children, young people and families feed directly in to the work of the board and that the Promise Keepers from the board itself are accountable to the children, young people and families for #Keepingthepromise. At the same time there is a need to develop a governance structure to support his work in terms of the Children's services planning arrangements and Inverclyde's overall commitments to The Promise. It is hoped that this work will closely align and support those plans.
- 4.13 A range of methods will be used to gather and analyse data under the Foundation headings. This will mean robust scrutiny of quantitative data held on various data systems through the I Promise Oversight Board and engagement with children, young people and their families, to hear their lived experience. Inverclyde's ambition is to gather information from all care experienced young people, children and families in order to create a baseline and to learn from them what would mean change has happened. This will inform our future data gathering and map the change that takes place.
- 4.14 Establishing and resourcing the HSCP I Promise in the main can be funded through the Promise partnership fund and flexibility of existing resources however additional funding will be required to support some of the activity over the next year including conducting small tests of change in order to upscale areas of effective service delivery.

5.0 IMPLICATIONS

FINANCE

5.1 Financial Implications:

The following is based on the successful application to the Promise Partnership. The one year funding of £250k would be utilised to establish I Promise Team (as per attached proposal) and budget to conduct the discovery / design phase of I Promise plan including some test of change work.

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
IPromise Partnership	Employee Costs	21/22	65		To be job evaluated
	Payments to Other Bodies		95		
Utilise Attainment monies /ADP funding	Employee Costs		33		Resourcing of discovery and orientation phases workforce /community engagement, communications graphics test of change work Recruitment of a CLD apprentice for 3 years
			60		

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.

HUMAN RESOURCES

5.3 The implementation plan would include the creation of an I Promise Team and associated posts.

EQUALITIES

5.4 Has an Equality Impact Assessment been carried out?

	YES
	NO –

5.4.2 How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	The proposals outlined in this report will reduce the inequalities faced by care experienced children and young people and their families including those within protected groups
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	As above
People with protected characteristics feel safe within their communities.	None
People with protected characteristics feel included in the planning and developing of services.	I Promise will be rooted in the fundamental principles The Promise linked to Voice /People and care experienced children and young people and their families have participated in the development of I promise and will continue to do so.
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	As above
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.	I Promise will have a focus on whole family support aimed at improving wellbeing
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	None
People who use health and social care services have positive experiences of those services, and have their dignity respected.	I Promise is committed to listening, treating children and their families with respect and ensuring their voice is heard in all decisions that affect them

Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	I Promise will have a focus on service delivery
Health and social care services contribute to reducing health inequalities.	IPromise will be focused on improving wellbeing and reducing inequalities
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	None
People using health and social care services are safe from harm.	I Promise will focus on whole family support aimed at reducing risk and 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.	I Promise will be focused on service delivery and improvement
Resources are used effectively in the provision of health and social care services.	I Promise is focused on ensuring children and families are at centre and services are built around need

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.
- 7.2 Children and young people have been involved in all stages of the Independent Care Review as well as involved in the Launch of the Promise and discussions around future plans through the Proud2Care group beyond.

8.0 BACKGROUND PAPERS

- 8.1 <https://thepromise.scot/resources>



I Promise
Proposal.pdf

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

1	Reference number	17.05.21 IJB/23/2021/SMcA
2	Report Title	The Promise Partnership Funding
3	Date direction issued by IJB	17.05.21
4	Date from which direction takes effect	17.05.21
5	Direction to:	Inverclyde Council and NHS Greater Glasgow and Clyde
6	Does this direction supersede, revise or revoke a previous direction – if yes, include the reference number(s)	No
7	Functions covered by direction	HSCP Children and Families Service
8	Full text of direction	The IJB is asked to approve the development of Inverclyde's I Promise Team funded via the Promise Partnership. The Council/NHS is asked to employ a Senior Officer at the appropriate grade subject to job evaluation and to fund a modern apprenticeship post. Additional staff outlined in the report to be employed in partnership with third sector partners.
9	Budget allocated by IJB to carry out direction	The Promise Partnership has been awarded one year's funding of £250k, additional resource of £3k to be utilised via ADP funds and Care Experienced Attainment Funding. The Council/NHS is asked to job evaluate Senior Officer (Programme Manager) advertise and employ.

		The Council is asked to work with third sector partners to employ the support grade staff to support the Promise.
10	Outcomes	<p>The key aims of I Promise will be to support Inverclyde to deliver on The Promise Plan developed from the findings of the Independent Care Review. This will include priorities around</p> <ul style="list-style-type: none"> • a good childhood • whole family support • workforce support • planning • capacity building <p>The work will help assist in delivering on HSCP 6 Big Actions and the National Wellbeing Outcomes</p>
11	Performance monitoring arrangements	In line with the agreed Performance Management Framework of the Inverclyde Integration Joint Board and the Inverclyde Health and Social Care Partnership. This Direction will be monitored and progress reported bi-annually.
12	Date direction will be reviewed	May 22

Report To:	Inverclyde Integration Joint Board	Date: 17 May 2021
Report By:	Louise Long Corporate Director (Chief Officer) Inverclyde Health & Social Care Partnership	Report No: IJB/22/2021/LL
Contact Officer:	Louise Long	Contact No: 712722
Subject:	Chief Officer's Report	

1.0 PURPOSE

- 1.1 The purpose of this report is to update the Integration Joint Board on an update on the service with specific reference to the impact of Covid.

2.0 SUMMARY

- 2.1 The report details updates on work underway across the Health and Social Care Partnership to deal with Covid and to support the delivery of health and social care services.

3.0 RECOMMENDATIONS

- 3.1 Note the emergency decision log update.
- 3.2 Note the update on Care Homes, including the vaccination programme.
- 3.3 Note the additional governance put in place to provide oversight and support to Care Homes.
- 3.4 Note the update on learning disability day centre.
- 3.5 Note the successful placement for 28 residents from Sir Gabriel Woods.
- 3.6 Note the update and approve a review of day centre provision for older people.
- 3.7 Note that Care at Home will resume in full from 03 May 2021.

Louise Long
Chief Officer

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, particular with HSCP response to Covid19 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 Emergency Decision Making

As part of Covid arrangements, emergency arrangements for decision making were put in place with the Chief Officer; meeting with the Chair and Vice Chair. The log has been updated to allow Committee to review (see attached).

5.2 Inverclyde HSCP COVID 19 Response

All Front line patient / client facing Health & social care Staff have been offered vaccination with the majority having received their 2nd dose by mid-April 2021. Mop-up clinics will be offered at the Louisa Jordan hospital for any staff who were not able to attend a first appointment for any reason. Bespoke local clinic specifically for care home staff were undertaken in April giving an additional 80 vaccination slots.

All residents in the 13 Older People's care Homes have received both doses of Covid Vaccination and new residents continue to be offered 1st/ 2nd doses as applicable. Residents in 7 adult care homes have all now received their 2nd dose of vaccination.

Second dose Covid Vaccinations for those over 80 are underway in GP practices and for those who are housebound, practices and HSCP teams will continue to deliver to all priority cohorts for which they have responsibility. The wider public vaccination campaign continues to be delivered from Port Glasgow and Greenock town halls and it is expected that all those over 50 will have received a vaccination by mid-April.

5.3 Community Assessment Centre

The Assessment Centre at Greenock Health Centre is currently open 2-3 afternoons per week and demand for appointments remains low. The short and longer term future of CACs across NHSGGC remains under continuous review with a potential to stand down the facility on 03 May and an options appraisal has been undertaken locally regarding a future site for CAC given the closure of Greenock Health Centre to ensure it can be stepped up if required.

5.4 Personal Protective Equipment & Lateral Flow Testing

Inverclyde HSCP Personal Protective Equipment (P.P.E) Hub continues to support commissioned providers with P.P.E where they have been unable to source P.P.E. To date the Hub has supplied over 2 million items of P.P.E. Scottish Government have confirmed that local PPE hubs will remain in place until the end of June 2021.

Lateral Flow Testing (LFT) training and deliveries have commenced for all Adult & Children's Community Nursing & Allied Health Professional Staff, Social Care Staff entering Care Homes, Sheltered Housing/Houses of Multiple occupancy and Personal assistants who provide care. Polymerase Chain Reaction Testing (PCR) has commenced with care at home staff for weekly testing. PCT testing will be pushed out to Homelessness and Additions services. Both LFT and PCR testing remains on a voluntary basis for staff.

Covid Testing via the National Test & Protect program remains in place at the mobile test centre at Parklea, the walk in test centre at Crawfordsburn and asymptomatic testing at the Gamble Halls Gourock.

Vaccination is underway with Inverclyde Council in terms of the national programme for Covid Vaccination via the national priority list.

5.5 Assurance and Support to Care Homes

Inverclyde HSCP continue to work in partnership with Inverclyde Older People and Adult Care Homes to ensure the safety and welfare of our residents living in a care environment during the Covid pandemic. It is acknowledged that Care Homes have been under great pressure due to the Pandemic as they provide care and support to our most vulnerable community.

The support offered to Care Homes includes practical support around Personal Protective Equipment, Flu & Covid Vaccination Programme, Infection control, Meaningful Contact and communication. This has meant regular contact and access to Nursing Staff, Social work and the Contract Monitoring Team. This support is overseen by a weekly multi-disciplinary Meeting (attended by Care Inspectorate and Public Health Chaired by the Chief Officer) and a daily safety huddle chaired by the Head of Service (Health & Community Care) and attended by key officers in the HSCP.

At the point of writing Inverclyde Care Homes are maintaining high level of performance:

- All Care Homes are open to Meaningful contacts and visiting
- All care home are open to admissions
- There are also no COVID outbreaks in any Care Home within Inverclyde.
- Testing of staff and residents continues

5.6 Enhanced Care Home Support

The Office of the Chief Social Work Adviser has put into place a process to offer extra assurance and support to Care Homes. This is a two part process:

- Care Home Assurance visits which include a contribution by a Qualified Social worker. IHSCP are combining these visits with those requested by the Lead Nurse which will reduce disruption and footfall in care homes as well as ensuring a greater degree of quality and assurance and holistic approach.
- Review of the care and support for all residents. IHSCP have a responsibility to review all residents on an annual basis due to the pandemic this has not been possible so an intensive programme of reviews will take place. This will require increased capacity and resources to complete within tight timescales and funding has been agreed with the Scottish Government.
- Themes and learning from assurance visits for all of 6 partnerships in Greater Glasgow & Clyde are taken to Greater Glasgow & Clyde Care Home Assurance Group so that learning can take place across Greater Glasgow & Clyde.

5.7 Sir Gabriel Woods

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

This was a distressing time for residents their families and staff. Inverclyde HSCP worked closely with the Sailors society to ensure the transition was dealt with in a measured and proportionate way. The 28 residents were all reviewed and supported to choose a care home of their choice (or their Guardians choice in

cases where the resident lacked capacity} in Inverclyde or closer to family members.

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

5.8 Learning Disability Day Services and Supported Living.

In the early stages of the Covid Pandemic there was a requirement for Closure of traditional learning disability day services with no service users supported within the building or receiving community based support, with contact being maintained via phone calls to service users living with parents/carers or living on their own. Supported Living staff continued carrying out essential/critical tasks only in the community, with our internal supported living accommodation at James Watt Court having a restricted footfall and consistent teams to support tenants with no social support.

Within HSCP Day Opportunities, recovery of a safe maximum capacity of 20% has been maintained in line with; critical support & respite for unpaid carers and Covid 19 Guidance for remobilisation of services within health & care settings. This consist of weekly sessions for 58 services users utilising a mix of building based and community support. Service users are receiving a max of 3 x 2.5 hours sessions per week with lunch and transport provided where essential. The service continues to link with Public Health Scotland to support further recovery and maintains weekly contact with Care Inspectorate to plan for an increase in service capacity as the recovery phase continues.

Within Inverclyde HSCP's Supported Living Services, the Route map is being followed in terms of movement/visiting, with day opportunities being provided within the service by day opportunity staff 5 days per week. Tenancy vacancies are currently being prioritised with guidance from Public Health and Assessment and Care Management LD team.

5.9 Older People's Day Care Recovery

The recovery plan for Older People's Day services is being developed with an intention to recommence services from the 24th May 2021 on a phased basis and within the Scottish Government's guidance. The level of new demand for social care and carer support will be reviewed and monitored over the next six months. The intention is for Hillend Day Services to initially reopen their base at Inverkip and the Active Living For All groups continuing with an Outreach Service. It is essential that commissioned services reintroduce a limited building based service in addition to the current outreach and virtual contact. This will be targeted at priority service users to provide a break for carers. Service risk assessments will be approved prior to service recommencement. The demand for service, self-directed support options and models of service will be monitored and reported as part of the phased recovery process. This will enable the HSCP to take both a flexible and creative approach to meet the demands of the post pandemic community and reduce the impact on people's well-being.

5.10 Care At Home Recovery

As shielding Care at Home staff return to work on 26th April and absence levels due to Covid are low it is intended to return to a full home care service for HSCP and commissioned providers from 3rd May 2021 on a phased basis. Social and respite support at home will be assessed on an individual basis to determine the level of priority and only provided where essential. The service will continue to follow current Scottish Government payment guidance which is to pay on actual service delivered while providers are able to submit a claim for any detriment due to any reduction in service due to Covid. Any subsequent amendments to this guidance will be implemented. Referrals for a home care service will continue to

be prioritised according to eligibility criteria. Infection control measures and social distancing whenever possible will remain in place for all contacts within the established service risk assessment.

5.11 Recovery

The NHS Board remobilisation and Council Organisation Plan have been developed to support NHS / Council recovery. The IJB Strategic Plan has 104 actions within the 6 big actions to be taken forward over the next 3 years. The Strategic Planning Group has prioritised 29 actions. A report will come to IJB in June with additional information to be taken forward in 21/22.

The HSCP Recovery Group has met every 2 weeks for the last year and this group can be stopped and the Strategic Planning Group will monitor recovery. The Local Resilience Management Team, a multi-disciplinary group linking to CRMT meets daily, weekly and now meets 6 weekly until we move out of the pandemic. Reflection across staff groups is available and one from learning disability is being shown today.

5.12 Wellbeing Plan

The Wellbeing for all Health & Social Care staff was developed in November 2020 and is being implemented with numerous initiatives and champions for each outcome.

The wellbeing of staff needs to be carefully monitored and ensure it is actively promoted. Celebrating the success is the theme of the next Chief Officer report, using significant positive feedback across all services to thank staff.

6.0 IMPLICATIONS

FINANCE

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

Annually Recurring Costs / (Savings)

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

LEGAL

6.2 There are no legal implications within this report.

HUMAN RESOURCES

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

EQUALITIES

6.4 Has an Equality Impact Assessment been carried out?

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

6.4.1 How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	Tracking impact on services through data dashboard.
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	Maintain levels of services for people who are vulnerable.
People with protected characteristics feel safe within their communities.	Increased risk on mental health wellbeing due to Covid19 impact due to isolation.
People with protected characteristics feel included in the planning and developing of services.	Survey being undertaken with community and those using services.
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	The paper is based on Inverclyde's response to Covid19.
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.	Mobile Testing Unit and Assessment to ensure early access in Inverclyde.
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	Link Learning Disability. Video being shown.
People who use health and social care services have positive experiences of those services, and have their dignity respected.	Undertaking surveys with people to understand their experience.
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Focus on centred care throughout Covid19.
Health and social care services contribute to reducing health inequalities.	Access to services in Inverclyde to all groups to reduce inequalities.

People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	None.
People using health and social care services are safe from harm.	Services to vulnerable people monitored through dashboard.
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.	Engaged with staff in developing services in response to Covid19.
Resources are used effectively in the provision of health and social care services.	Costs contained within mobilisation plan.

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

9.0 BACKGROUND PAPERS

9.1 None.

Appendix

IJB Emergency Powers Decision Log

Summary of Urgent Decisions Taken with the approval of the IJB Chair, Vice Chair and Chief Officer under emergency powers from 5th January to

The IJB is asked to note and ratify these decisions and resultant directions to the Council and Health Board.

Date Approved	Summary of Decision	Financial Impact	Direction(s)	Update
13/01/21	Children & Families services moving to back to essential service delivery model in response to latest lockdown restrictions and current local infection rates	-	IC & GG&C	Service delivery realigned to national guidance, core services maintained.
13/01/21	Prescription Management – Alcohol and Drug Recovery Service moving to essential service delivery model in response to latest lockdown restrictions and current local infection rates. Reorganising service delivery in order manage priorities described above. Request support from other areas within HSCP to support this and potential to request further support based on impact of Covid infection and self-isolating on staffing levels.	-	IC & GG&C	Managed from within service, no requests for support required as yet and likelihood decreasing due to staff vaccinations and overall reducing R rate.
13/01/21	Care & Support at Home services moving back to essential service delivery model in response to latest lockdown restrictions and current local infection rates This decision is reviewed weekly by the Head of Service and Service Manager. Due to current service demand and current guidance relating to infection rates the essential service only remains in place.	-	IC & GG&C	Care at home testing of staff is now embedded across care at home teams. This has been a new process to master for a large group of staff on a voluntary basis. Due to current demand V capacity the decision to return to business as normal is expected to re-commence at the end of May 2021. This expected shift continues to be monitored weekly by the management team.

13/01/21	Psychological Therapies – to address waiting times and help recruitment - upgrade existing band 7 Clinical Psychology post to Band 8a using Action 15 monies.	£11.6k funded through Action 15	GG&C	Recruitment unsuccessful, advertising
13/01/21	Care Home Liaison Nurses to ensure ongoing, appropriate levels of support for local care homes during the pandemic recruiting 2 WTE band 5s and 2 TE band 3 posts for one year to augment the existing CHLN service.	£132k Covid LMP funded	IC	This valuable resource will ensure the HSCP is able to provide an enhanced level of support to our care homes as we move through recovery. This local resource will also be supplemented if required by corporate nursing support through GG&C care home hub response
13/01/21	MH Inpatients – create 5 WTE additional temp nursing posts for 12 months to provide additional absence cover linked to pandemic. Cover currently provided through Agency and Bank – recruiting temp posts will support greater resilience within the service	£146k funded by anticipated reduction in OT and bank costs	GG&C	4.5 wte Posts recruited to, currently going through recruitment checks
22.01.21	Extended temporary commissioning roles to cover additional work. Support additional senior capacity for 12 months to support on call for care homes. Create a new temporary Grad 8 post for 12 months.	£85.9k covid LMP funded	IC	Posts extended and senior capacity increase for 12 months Grad 8 temporary post not recruited. Reviewed whether this was required in April
	Total financial impact on IJB bottom line	Nil – funded through other streams/offsets		

11.02.21	The recruitment of 2 additional Health Visitor Band 7 on a fixed term contract for 12 months, with this being extended further dependent on the pandemic. This additional staff member would support overall service capacity and sustainability during the pandemic and support the release of an experienced HV to undertake some targeted CP and vulnerability work across the teams with highest CP rates, thereby increasing capacity and supporting better outcomes for children at risk.	approx. £120k per annum including on costs.		1 WTE post filled from new HV allocation. started 01/03/2021 1 wte post at recruitment interviews this week.
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