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**INVERCLYDE INTEGRATION JOINT BOARD – 17 MAY 2021**


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

**Present:****Voting Members:**

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

**Non-Voting Professional Advisory Members:**

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

**Non-Voting Stakeholder Representative Members:**

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

**Also present:**

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

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**Chair:** Councillor Clocherty presided

The meeting took place via video-conference.

### 30 Apologies, Substitutions and Declarations of Interest

30

Apologies for absence were intimated on behalf of:

Stevie McLachlan (Inverclyde Housing Association Representative – River Clyde Homes);

Simon Carr (Voting Member, Greater Glasgow and Clyde NHS Board);

Paula Speirs (Voting Member, Greater Glasgow and Clyde NHS Board); and

Hamish MacLeod (Service User Representative, Inverclyde Health and Social Care Partnership Advisory Group).

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

### 31 Chief Officer's Report

31

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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**Decided:**

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

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

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

The Minute was presented by the Chair.

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

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

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

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

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

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

**Decided:**

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

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

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

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

**Decided:**

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

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

35

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

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

**Vaccination Transformation Programme:**

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

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

**Pharmacotherapy Services:**

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

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

**Community Treatment & Care Services:**

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

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

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### Urgent Care (Advanced Practitioners):

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

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

### Additional Professionals (Advanced Physiotherapy Practitioners):

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

### Additional Professionals (Mental Health):

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

### Community Link Workers:

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

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

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

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

### **Decided:**

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

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Dr MacDonald left the meeting at this juncture.

**36 Inverclyde Alcohol and Drug Partnership Update**

**36**

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

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

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

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

**Decided:**

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

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

**37**

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

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

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

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

**Decided:**

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

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

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

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

**Decided:**

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

### 39 The Promise Partnership Funding 39

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

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



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

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

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

**Decided:**

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

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

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

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

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

40

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

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

**Decided:**

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

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

41

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

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

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

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

**Decided:**

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

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