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**Report To:** Inverclyde Integration Joint Board      **Date:** 20 September 2021

**Report By:** Allen Stevenson      **Report No:** IJB/42/2021/AH  
Interim Chief Officer  
Inverclyde Health & Social Care  
Partnership

**Contact Officer:** Andrina Hunter Service Manager      **Contact No:** 712042  
Corporate Policy; Planning and  
Partnerships Inverclyde  
Council/HSCP

**Subject:** ANNUAL PERFORMANCE REPORT 2020/21

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## **1.0 PURPOSE**

- 1.1 The purpose of this report is to provide an update to the Inverclyde Integration Joint Board members on the overall performance of Inverclyde Health & Social Care Partnership.

## **2.0 SUMMARY**

- 2.1 The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) requires that an Annual Performance Report is produced and presented to Integration Joint Boards (IJB), highlighting performance on delivering the nine National Wellbeing Outcomes and the national children and families and criminal justice outcomes.
- 2.2 This is the fifth report for Inverclyde Integration Joint Board (IJB) and it reflects on the last year (2020/21) and considers the progress made in delivering the actions set out in the Strategic Plan (2019-24); and also reviews the performance against agreed National Integration Indicators and those indicators specified by the Ministerial Steering Group (MSG) for Health and Community Care.
- 2.3 The data for the 23 National Integration Indicators is provided by Public Health Scotland (PHS) and where information based on the financial year performance is not available, calendar year data is provided where possible.
- 2.4 This 2020/21 report is different from previous reports; this report reflects on key service developments and innovation that has shone through as a result of the Covid-19 pandemic and highlights the work of all our HSCP services, partners and the wider community who came together to support Inverclyde through a challenging year.
- 2.5 This year's report is structured as follows:

**Section 1** - Introduction and overview of Inverclyde HSCP. This also includes our high level demographic information, an overview of our resources / services and the strategic vision as set out in our Strategic Plan

**Section 2** - Our key performance information in relation the national outcomes and how we have been working to deliver our strategic priorities over the past 12 months.

**Section 3** - our financial information relating to our Financial Summary by Service and the budgeted Expenditure vs Actual Expenditure per annum

**Section 4** - our progress with localities

**Appendices** – National Outcomes, National Integration Indicators, Ministerial Steering Group Indicators

**Glossary** – List of the abbreviations used in this report

- 2.6 As an extension to this Annual Performance Report, work is now underway to develop a Performance Scorecard which will aim to embed a range of both national and local targets into our reporting, with a plan to report on this biannually to the IJB.

### **3.0 RECOMMENDATIONS**

- 3.1 That the IJB notes the 2020/21 Annual Performance Report and approves submission to the Scottish Government.

## 4.0 IMPLICATIONS

### 4.1 FINANCE

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

Annually Recurring Costs / (Savings)

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

### LEGAL

4.2 There are no legal implications arising from this report.

### HUMAN RESOURCES

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

### EQUALITIES

4.4 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.

4.4.1 How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	The report provides intelligence about the quality of provision relating to services for people with physical and/or learning disability; older people; children & young people, people with mental health problems, and people with addictions.
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	The same high standards are expected for services addressing the full range of vulnerabilities without

	discrimination or stigma
People with protected characteristics feel safe within their communities.	The report demonstrates our performance in keeping service users safe from harm and providing support to enable people to feel safe in their communities and localities.
People with protected characteristics feel included in the planning and developing of services.	There is carer and service user/ public partner representation on our Integration Joint Board (IJB), which oversees and scrutinises the governance reports. Feedback from the IJB is used to continuously improve the governance process and associated reports
HSCP staff understand the needs of people with different protected characteristics and promote diversity in the work that they do.	The governance report is used by services to inform discussions with people who have protected characteristics, when they are making decisions about what services and supports they would prefer
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	The current review of Learning Disability Services will be informed by the information coming out of the governance meetings, taking account of the need to ensure that people with a learning disability are protected from gender-based violence
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	Although we do not commission external services specifically for the resettled refugee community, our commissioning does include a requirement for providers to be alert to the protected characteristics of the people for whom we are commissioning. This principle will apply if we are commissioning for this community in the future

## CLINICAL OR CARE GOVERNANCE IMPLICATIONS

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

## NATIONAL WELLBEING OUTCOMES

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

National Wellbeing Outcome	Implications
<p>People are able to look after and improve their own health and wellbeing and live in good health for longer.</p>	<p>Our aim is to promote good health and to prevent ill health. Where needs are identified we will ensure the appropriate level of planning and support is available to maximise health and wellbeing.</p>
<p>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</p>	<p>People's care needs will be increasingly met in the home and in the community, so the way that services are planned and delivered needs to reflect this shift. There are a number of ways that we are working towards enabling people to live as independently as possible in a homely setting.</p>
<p>People who use health and social care services have positive experiences of those services, and have their dignity respected.</p>	<p>The Partnership knows that individuals and communities expect services that are of a high quality and are well co-ordinated. A critical part of ensuring that services are person-centred and respecting people's dignity is planning a person health and social care with the person, their family and Carers</p>
<p>Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.</p>	<p>The focus on this outcome is ensuring that Inverclyde HSCP provides seamless, patient focussed and sustainable services which maintain the quality of life for people who use the services</p>
<p>Health and social care services contribute to reducing health inequalities.</p>	<p>Reducing health inequalities involves action on the broader social issues that can affect a person's health and wellbeing including</p>

	housing, income and poverty, loneliness and isolation and employment
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	The Carers (Scotland) Act 2016 brings a renewed focus to the role of unpaid Carers and challenges statutory, independent and their sector services to provide greater levels of support to help Carers maintain their health and wellbeing
People using health and social care services are safe from harm.	Under the Adult Support and Protection (Scotland) Act 2007, staff have a duty to report concerns relating to adults at risk and the local authority must take action to find out about and where necessary intervene to make sure vulnerable adults are protected.
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.	An engaged workforce is crucial to the delivery of the HSCP visions and aims. It is only through an engaged workforce that we can deliver services and supports of the highest standard possible.
Resources are used effectively in the provision of health and social care services.	We are improving quality and efficiency by making the best use of technology and trying new ways of working to improve consistency and remove duplication.

## 5.0 DIRECTIONS

### 5.1

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

## 6.0 CONSULTATION

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

## **7.0 BACKGROUND PAPERS**

7.1 None.



Inverclyde Health and Social Care Partnership  
**Annual Performance Report**  
2020-2021



## Foreword by Louise Long - Chief Officer Inverclyde HSCP



This is the Fifth Annual Performance Report and year 2 of the 2019-24 Inverclyde IJB Strategic Plan.

This annual report cannot be compared to any other year as this has been a year like no other year we have ever experienced.

In March 2020 the Covid-19 pandemic began to impact on our communities and services and it was challenging developing and delivering services during a global pandemic. Instead of being able to innovate and deliver our Strategic Plan, all focus was on delivering health and care services, so the annual performance report is different from previous years; it tells a story on how Inverclyde HSCP coped with, and overcame challenges, to

continue to deliver care services to the public in the midst of a pandemic. Covid-19 has impacted on performance however has also brought new innovative ways of working and supporting communities. The speed that delivered digital solutions and the bureaucracy cut through to keep people safe is something we need learn from.

In the foreword I would normally highlight small examples of key achievements that stand out, however there are too many to mention. When it felt like the world stopped and stayed at home our staff kept working in our children's houses, in our homelessness services, and our care at home services continuing to support the most vulnerable. Like everyone staff were scared but they were fearless in their commitment to helping others; everyday nursing staff, GPs, homecare and workers kept going ensuring that people were cared for.

There are so many achievements from opening a Covid-19 Assessment Centre, PPE Distribution Hub to delivering a vaccine programme in care homes. I have never been prouder to be part of the health and social care system. The pandemic highlighted the crucial role of HSCP and all that health and social care services can achieve by working together; it was integration at its best. The contribution of third sector and communities to support the most vulnerable was remarkable and as a partnership we are in their debt, we could have not have got through the last year without their support.

Looking forward to 2021/22 and beyond, Covid-19 has changed our lives and our services, we have had to learn to live with Covid-19 and reprioritise our 5 year plan. 2021/22 will be challenging with increased fragility, mental health difficulties, waiting lists and public protection activity which will shape some of our priorities. We need to concentrate on supporting staff and promoting wellbeing so that they can support us to deliver on our new priorities.

It is always a privilege to lead the partnership however I have never been prouder to be part of Inverclyde's response to the Covid-19 pandemic. I realise the year ahead will continue to bring challenges however I also know that we are in a good place to meet them.

A handwritten signature in black ink, appearing to read 'Louise Long'.

**Louise Long**  
**Corporate Director (Chief Officer)**  
**Inverclyde HSCP**  
**Municipal Buildings**  
**Clyde Square**  
**Greenock**  
**PA15 1LY**

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## Section 1 – Introduction

The Public Bodies (Joint Working) (Scotland) Act 2014 requires Integration Joint Boards to publish an Annual Performance Report, setting out an assessment of performance in planning and carrying out those functions for which they are responsible.

This is the fifth report for Inverclyde Integration Joint Board (IJB) and in it we reflect on the last year (2020/21) and consider the progress made in delivering the actions set out in our Strategic Plan (2019-24); reflect on key service developments and innovation that has shone through as a result of the Covid-19 pandemic; and also review our performance against agreed National Integration Indicators and those indicators specified by the Ministerial Steering Group (MSG) for Health and Community Care.

### Structure of this report

The key components of this report are:

**Section 1** - Introduction and overview of Inverclyde HSCP. This also includes our high level demographic information, an overview of our resources / services and the strategic vision as set out in our Strategic Plan

**Section 2** - Our key performance information in relation the national outcomes and how we have been working to deliver our strategic priorities over the past 12 months.

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### Overview of Inverclyde HSCP

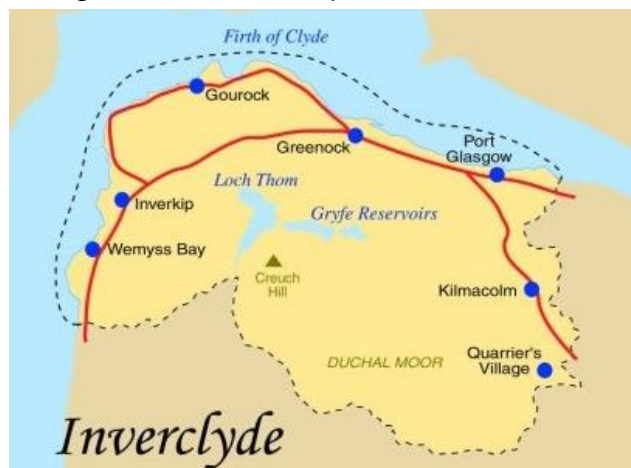
Inverclyde Health and Social Care Partnership (HSCP) was established under the direction of Inverclyde's Integration Joint Board (IJB) in 2015 and has been built on a long history of integrated ways of working locally. Our Partnership has always managed a wider range of services than is required by the relevant legislation, and along with adult community health and care services, we provide health and social care services for children and families and criminal justice social work.

Inverclyde HSCP is one of six partnerships operating within the NHS Greater Glasgow and Clyde Health Board area. We work very closely with our fellow partnerships to share good practice and to develop more consistent approaches to working with our colleagues in acute hospital services.

Inverclyde HSCP's population is spread in the main across the three towns of Greenock, Port Glasgow and Gourock with the remainder of the population living in the villages of Inverkip, Wemyss Bay, Kilmacolm and Quarriers Village.

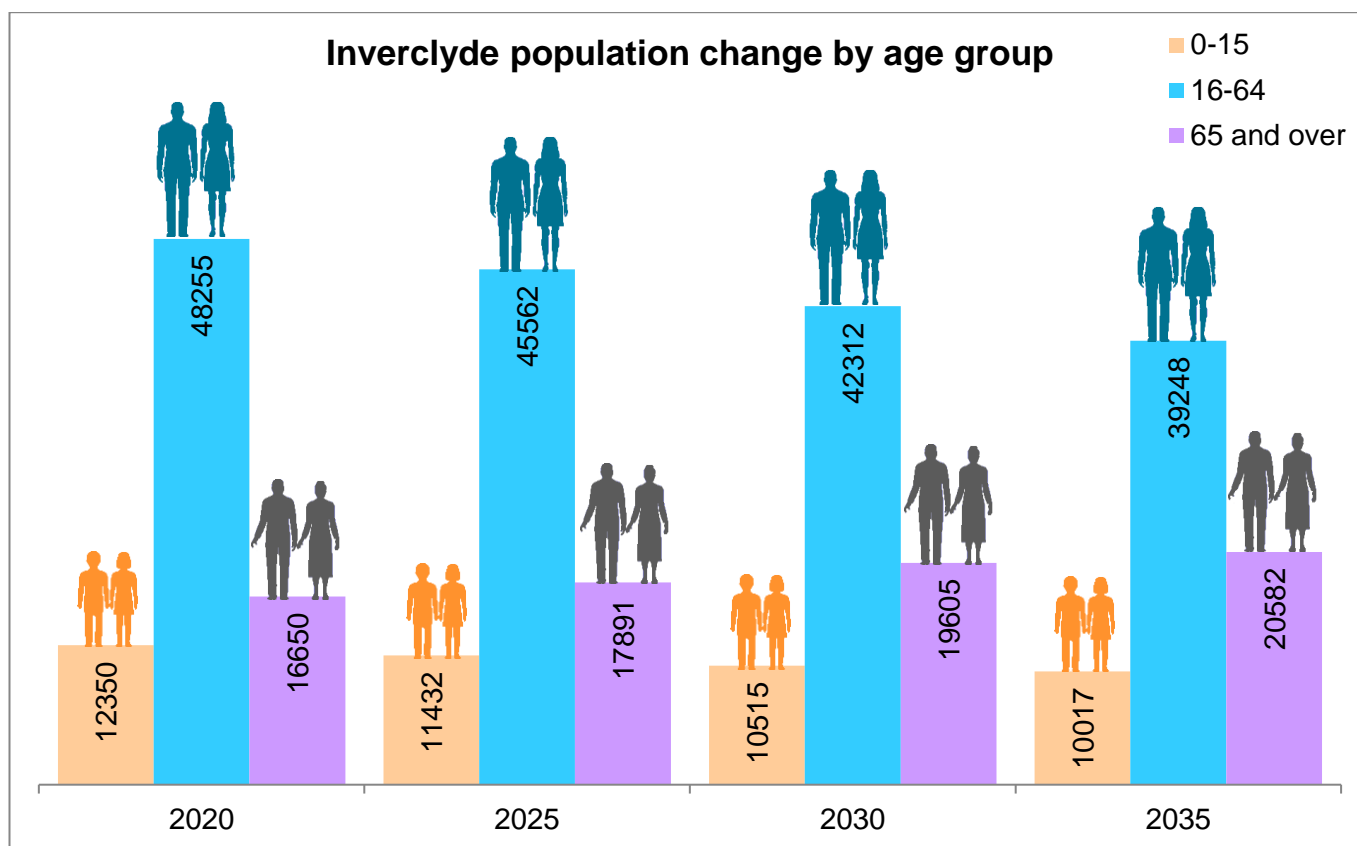
The latest estimated population of Inverclyde was taken from the mid-year population estimates published by the National Records of Scotland (NRS). This gives us a total population of 77,060 (down 740 from 77,800 last year) as at the end of June 2020.

Using the most recent published data available that can be used for population projections (Population Projections for Scottish Areas 2018-based), published by NRS on 24 March 2020, our population is expected to decline as is shown in the graphic below.



Population projections have limitations and there is a real focus through the Inverclyde Community Planning Partnership, Inverclyde Alliance to try to reverse this population decline which is affected by decreasing births and outmigration.

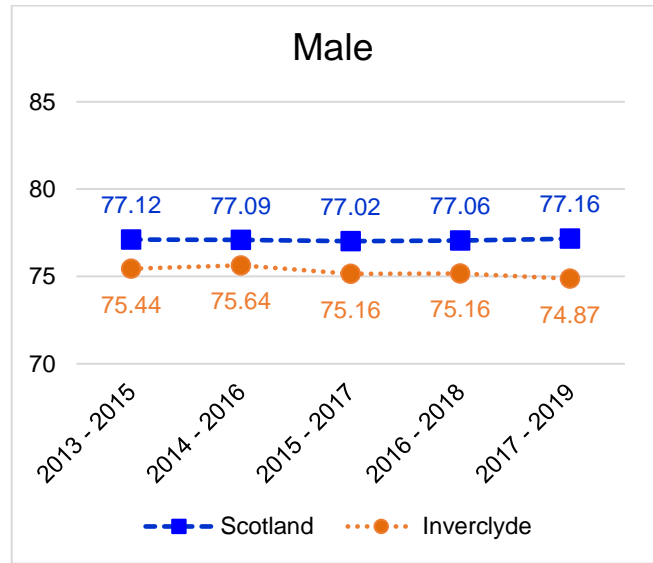
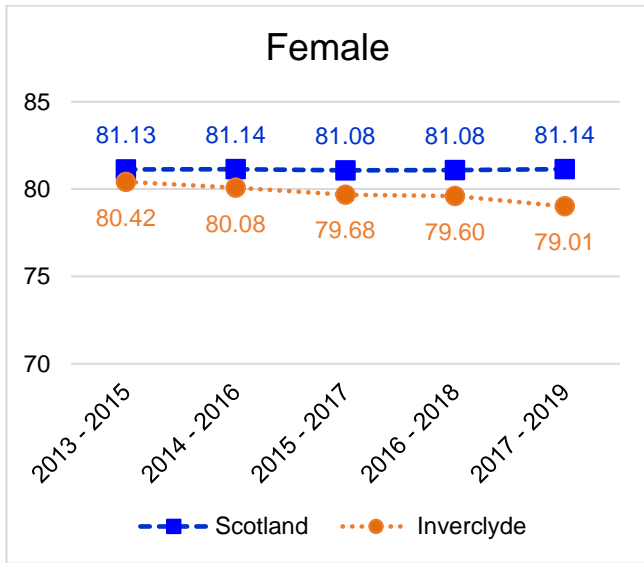
The profile of our population is also changing significantly. As is demonstrated in the graphic below our working age population will reduce whilst the numbers of people over 65 will increase.



Source: NRS: population projections for Scottish Areas (2018-based)

## Life Expectancy (from birth)

The latest figures available cover the 3 year 'rolling' period from 2017 to 2019 (published by National Records of Scotland in September 2020). The charts below compare the average life expectancy in years across Inverclyde and Scotland.

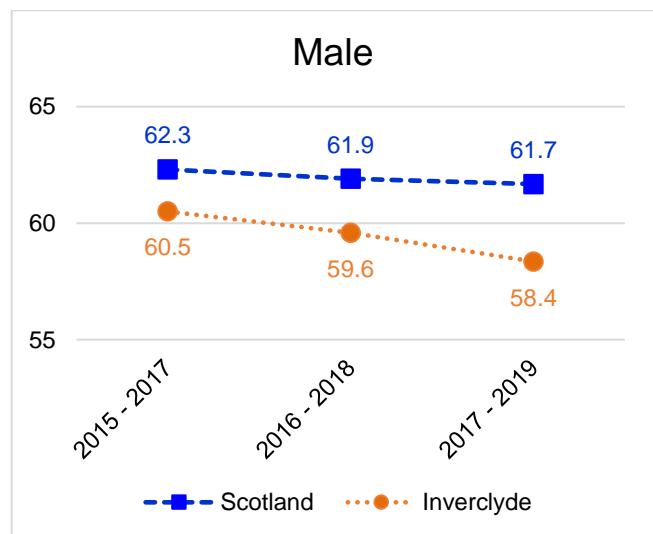
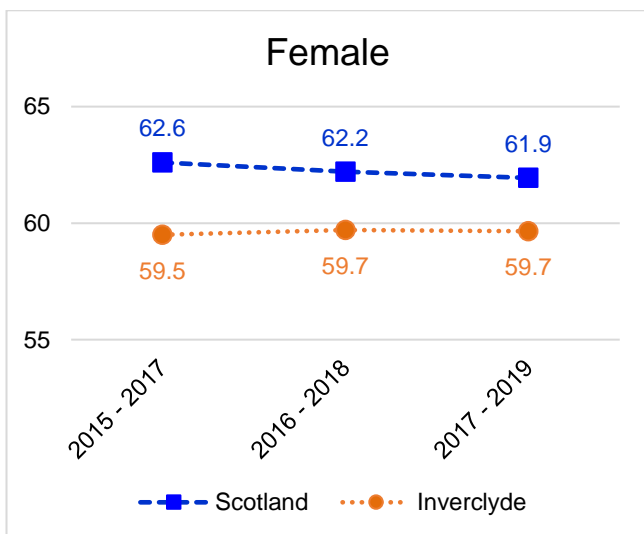


In the longer term, we aim to reduce the differences between Inverclyde and the Scottish average, and also the differences between men and women.

## Healthy Life Expectancy

Healthy life expectancy (HLE) is an estimate of the number of years lived in 'very good' or 'good' general health, based on how individuals perceive their state of health at the time of completing the annual population survey (APS).

Healthy life expectancy provides insight into the proportion of life expectancy spent in good health. HLE estimates are important to analyse alongside the life expectancy estimates, to understand the state of health the population is in, as well as their years of life expectancy.



The impact of population changes and levels of deprivation are real challenges for Inverclyde HSCP and impact on the needs and demands of local health and care services.

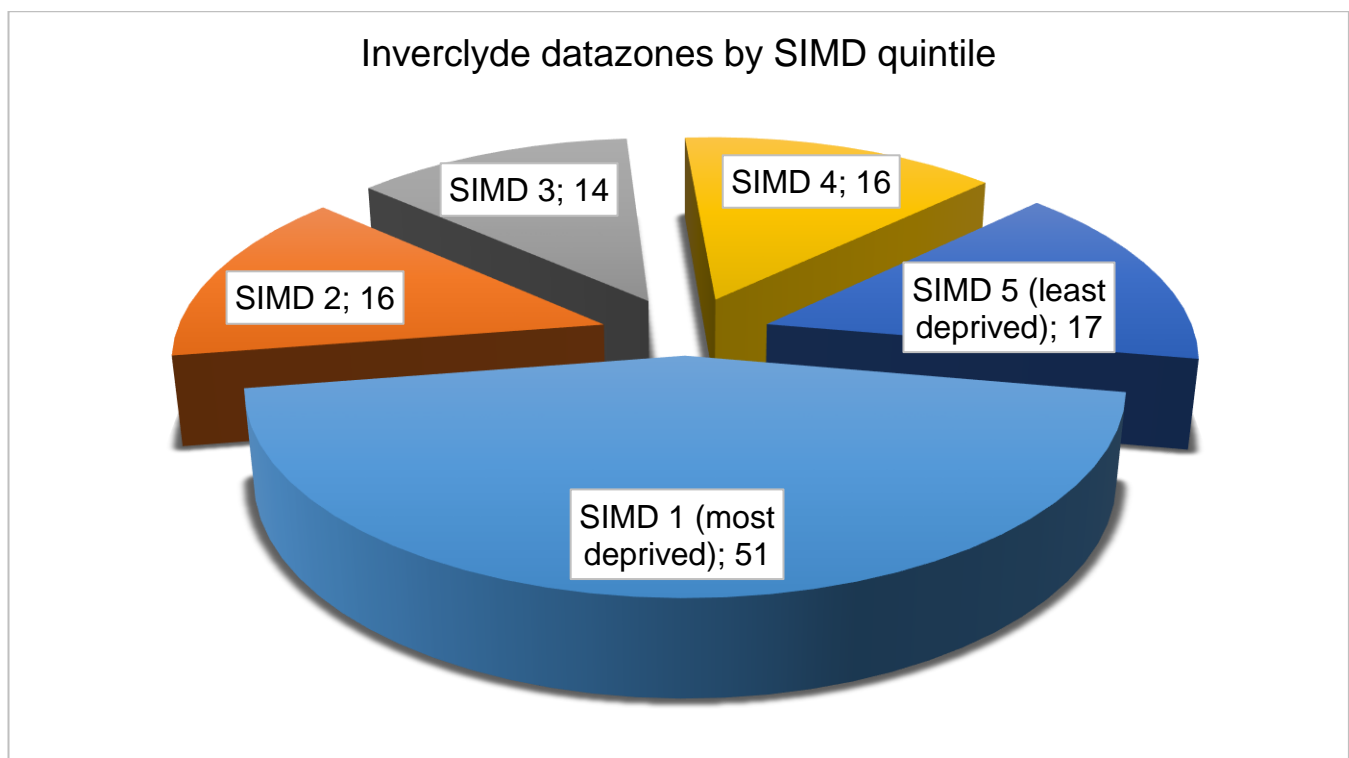
## Deprivation

The Scottish Index of Multiple Deprivation (SIMD 2020) is a tool for identifying areas of poverty and inequality across Scotland and can help organisations invest in those areas that need it most.

Areas of poverty and inequality across Scotland are measured by a number of different indicators to help organisations such as health boards, local authorities and community groups to identify need in the areas that require it the most. These are routinely published as part of the Scottish Index of Multiple Deprivation (SIMD). The SIMD ranks small areas called data zones (DZ) from most deprived to least deprived.

Scotland is split into 6,976 DZ's; Inverclyde has 114 DZ's, 51 of which are in the 20% most deprived areas in Scotland. When looking at the 5% most deprived DZ's in Scotland (a total of 348 DZ's) 21 are in Inverclyde (18.42% of our local area and 6.03% of the National share).

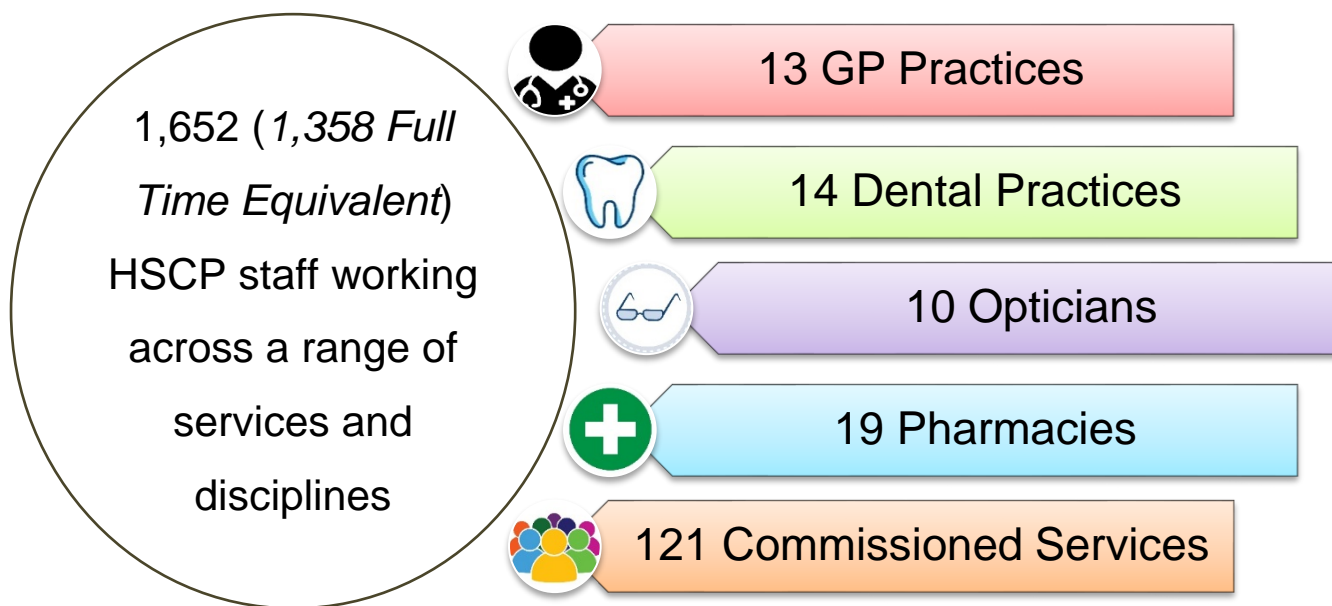
Deprived does not just mean 'poor' or 'low income'. It can also mean that people have fewer resources and opportunities. The highest deprivation areas of in Inverclyde are around Central and East Greenock. Unfortunately this now includes the most deprived area in Scotland.



Source: Scottish Government SIMD 2020

## Our resources

The HSCP delivers an extensive range of services across primary care; health and social care and through a number of commissioned services.



## Strategic Vision

Inverclyde IJB set out through its 5 year Strategic Plan (2019-24) and in particular our 6 Big Actions, our ambitions and vision, which reflect the many conversations we have with the people across Inverclyde, our professional colleagues, staff, those who use our services including carers and our children and young people across all sectors and services.

Within Inverclyde we fully support the national ambition of ensuring that people get the right care, at the right time, in the right place and from the right service or professional. We strongly believe that integration will offer many different opportunities to reflect on our achievements and what we can improve on to benefit the local people and communities of Inverclyde.

## Our Vision

*“Inverclyde is a caring and compassionate, community working together to address inequalities and assist everyone to live active, healthy and fulfilling lives”*

## Our 6 Big Actions

1	Reducing Inequalities by Building Stronger Communities and Improving Physical and Mental Health
2	A Nurturing Inverclyde will give our Children & Young People the Best Start in Life
3	Together we will Protect Our Population
4	We will Support more People to fulfil their right to live at home or within a homely setting and Promote Independent Living
5	Together we will reduce the use of, and harm from alcohol, tobacco and drugs
6	We will build on the strengths of our people and our community



## Section 2 - Performance

The Covid-19 pandemic has impacted on our strategic plan delivery throughout 2020/21 with a requirement to initiate our Business Continuity Plan to focus on delivering essential HSCP services and ensure support to our staff and citizens during this unprecedented time. Due to the Covid-19 pandemic, officers within the HSCP reviewed the existing Strategic Plan priorities and agreed a revised priority list to reflect new Covid-19 pandemic related themes; the need for recovery; and to reflect the deliverability of existing priorities in the midst of a pandemic. However in spite of this we have managed to continue our delivery and still made excellent progress against our 6 Big Actions.

This section of the report will focus on our key performance within 2020/21 and will provide a range of data and activity, including examples of innovation structured around our six Big Actions. This section also contains information on Ministerial Steering Group (MSG) and Care Inspectorate Inspections.

We require to report on the nine National Health and Wellbeing Outcomes for adult health and social care services, and the national outcomes for Children & Families and Criminal Justice and again are all structured and reported using our 6 Big Actions. Appendix 1 shows all the National Outcomes.

Supporting the nine national Wellbeing Outcomes are 23 National Integration Indicators against which the performance of all HSCPs in Scotland is measured, the data for these is provided by Public Health Scotland (PHS) on behalf of the Scottish Government. These indicators are grouped into two types of complementary measures: outcome indicators based on survey feedback, and indicators derived from organisational or system data.

Within each Big Action, these national indicators show our performance over the preceding 5 years where the information is available. Appendix 2 shows a complete list of all 23 indicators as a comparison with the Scottish average.

We are also required to show progress in relation to the MSG Framework. Appendix 3 shows a complete list of the MSG Framework indicators and progress.

Within each Big Action you will find:

- ✓ National Outcomes
- ✓ National Integration Indicators (where applicable)
- ✓ Local Activity

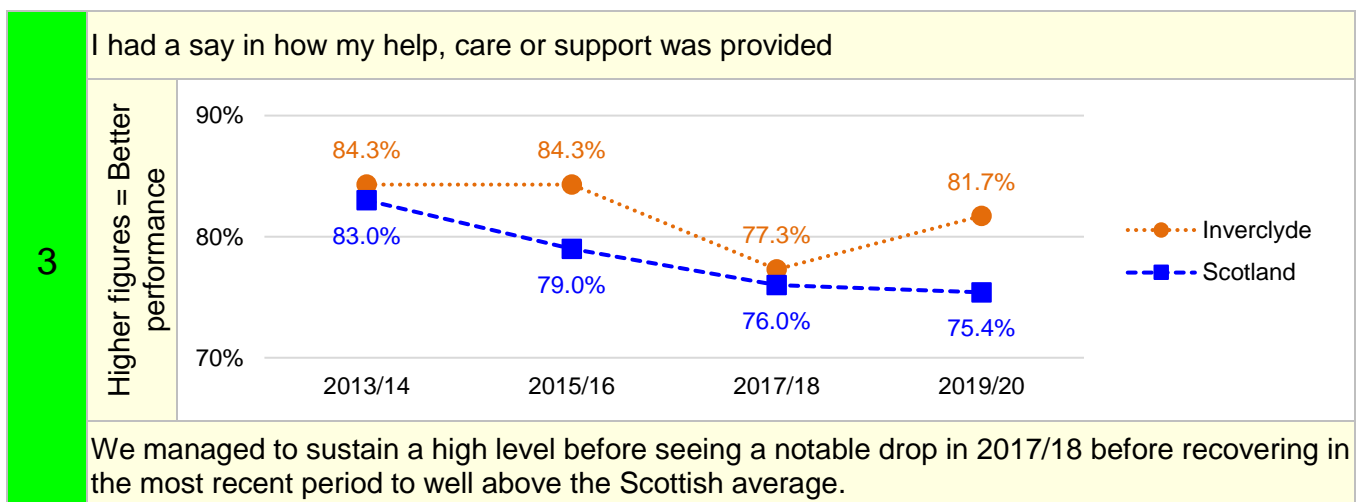
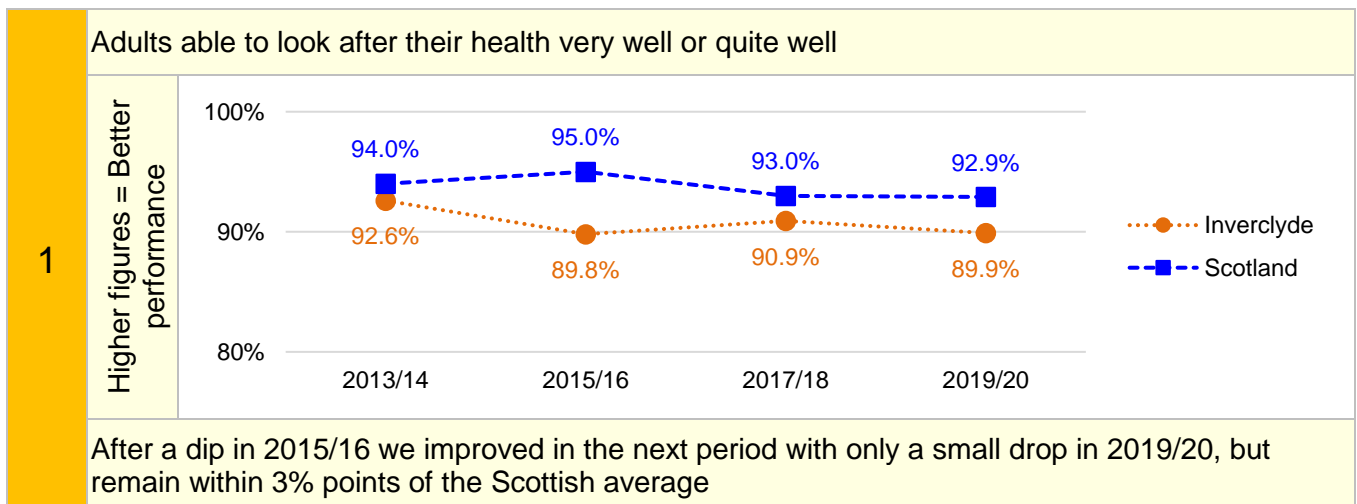
## Big Action 1 - Reducing Inequalities by Building Stronger Communities and Improving Physical and Mental Health

We will promote health and wellbeing by reducing inequalities through supporting people, including carers, to have more choice and control.

### National Outcomes relating to this Big Action

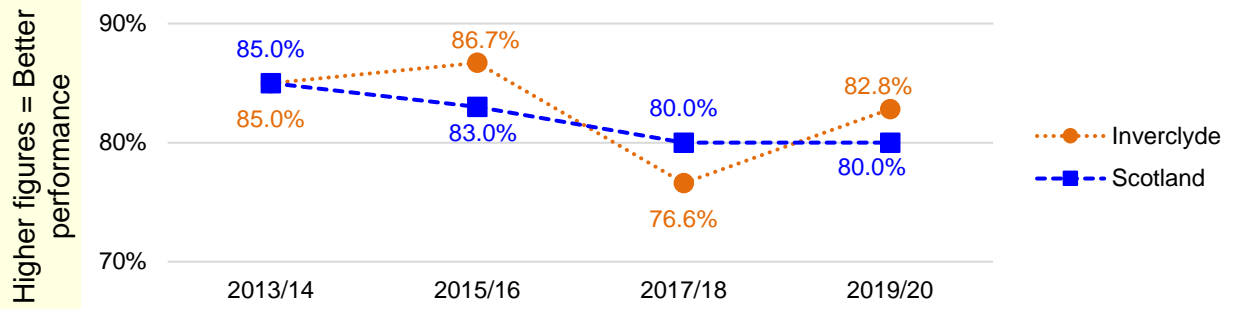
2	People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community
4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
5	Health and social care services contribute to reducing health inequalities.

### National Integration Indicators



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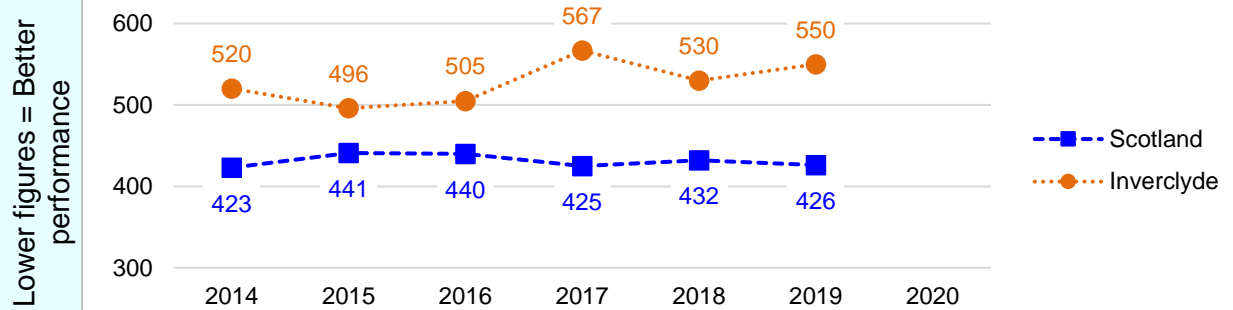
The help, care or support improved or maintained my quality of life



After an improvement our performance then dropped to below the Scottish average in 2017/18 but we then recovered to exceed the Scottish average again.

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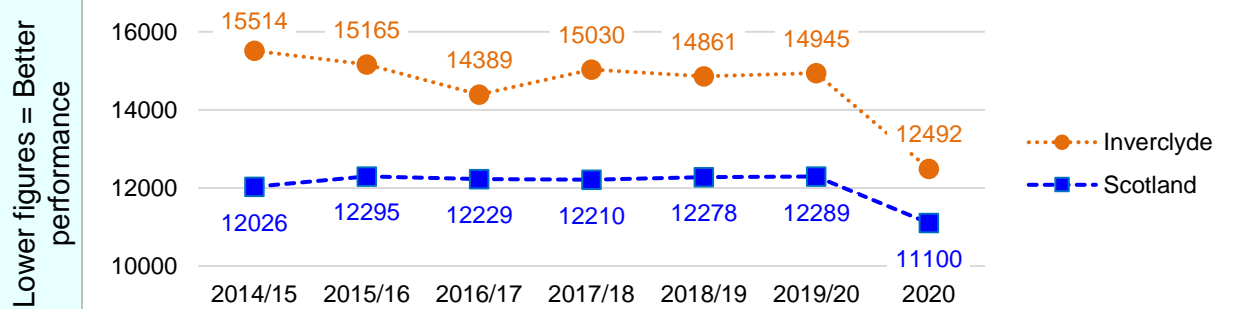
Premature mortality rate per 100,000 persons



While we are working hard to reduce this our rate has, sadly, increased slightly.

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Emergency admission rate (per 100,000 population)



Whilst the significant reduction from 2019/20 is welcome, it is thought that the Covid-19 pandemic is, at least, partly a contributory factor.

Calendar year 2020 is used here as a proxy for 2020/21 due to the national data for 2020/21 being incomplete. We have done this following guidance from Public Health Scotland and to improve consistency between our report and those for other Health and Social Care Partnerships. Please note that figures presented will not take into account the full impact of the Covid-19 pandemic during 2020/21.

## Local Activity

### Mental Health

With the emerging Covid-19 pandemic the overall Mental Health Service position was to provide a hub based model delivering necessary services based on risk and vulnerability. With this hub approach staff were dealing with issues across the whole community mental health service that may not be usually encountered within their established team's range of knowledge, skills and experience which included

- ✓ Reactive capacity to respond to community urgency
- ✓ Maintain essential treatment delivery
- ✓ Enhanced duty service
- ✓ Programme of scheduled contact for service users based on risk and vulnerability
- ✓ Sustaining the statutory elements of service delivery e.g. Mental Health, Adults With Incapacity and Adult Support & Protection Acts

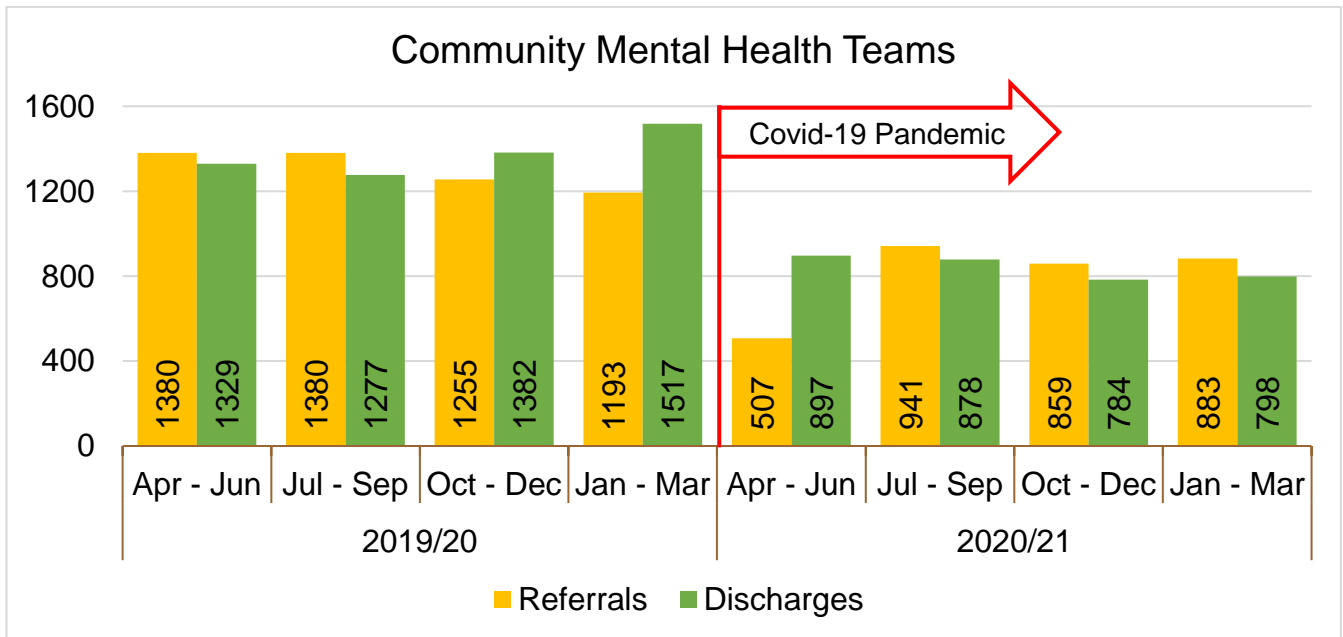


The service elements of Primary Care Mental Health Team (PCMHT), Adult Community Mental Health Team (CMHT), Community Response Service (CRS) and Older Persons Mental Health Team (OPMHT) worked much closer together than would usually occur pre-pandemic. This has enhanced the knowledge, skills and experience of practitioners as well as forging new and improved professional and personal relationships among colleagues.

During the past year the service has continued development work with colleagues in Alcohol and Drugs Recovery Service, Homelessness Service and Criminal Justice to improve interfaces and person centred approaches to improve delivery of safe, effective and timely interventions.

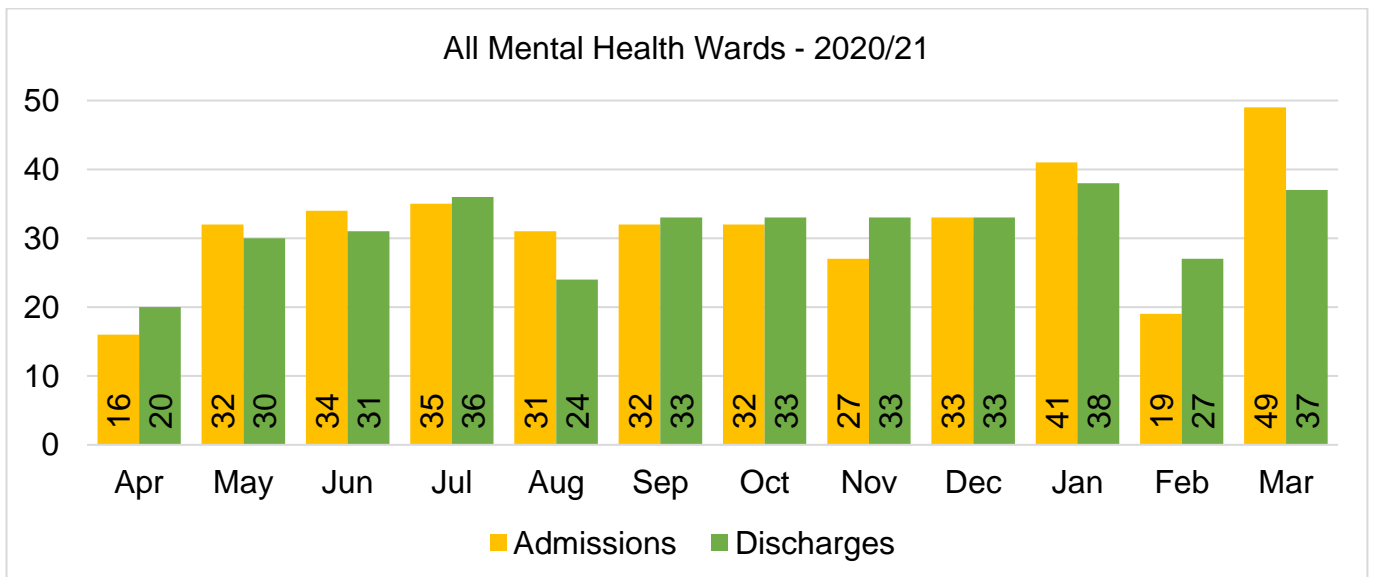
The purpose of the Mental Health Inpatient Service is to provide 24 hour nursing and medical care to adults who require an acute admission for assessment of their mental health, or longer term admission to manage their complex care needs.

## Community Mental Health Services

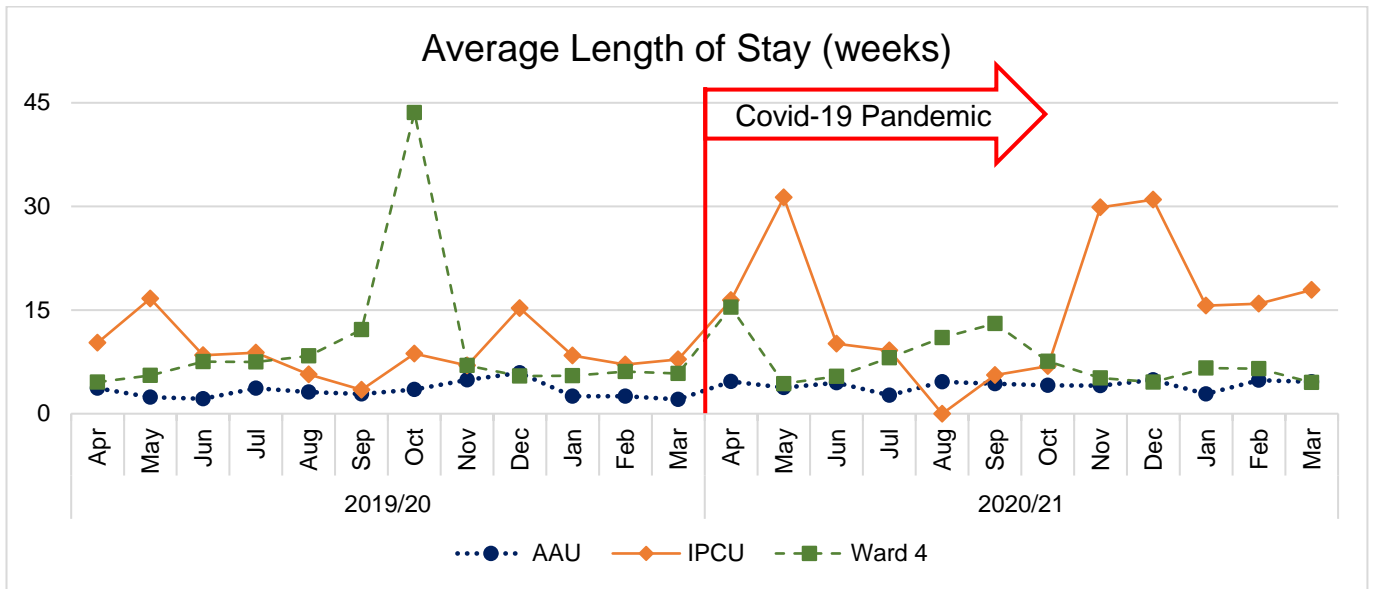


The Covid-19 pandemic has caused a significant reduction in referrals with the PCMHT being the most affected. As this team normally sees a high volume of people with low intensity needs we are remobilising this part of the service as quickly and safely as possible to help people avoid reaching a crisis situation.

## Inverclyde Mental Health Inpatient Services



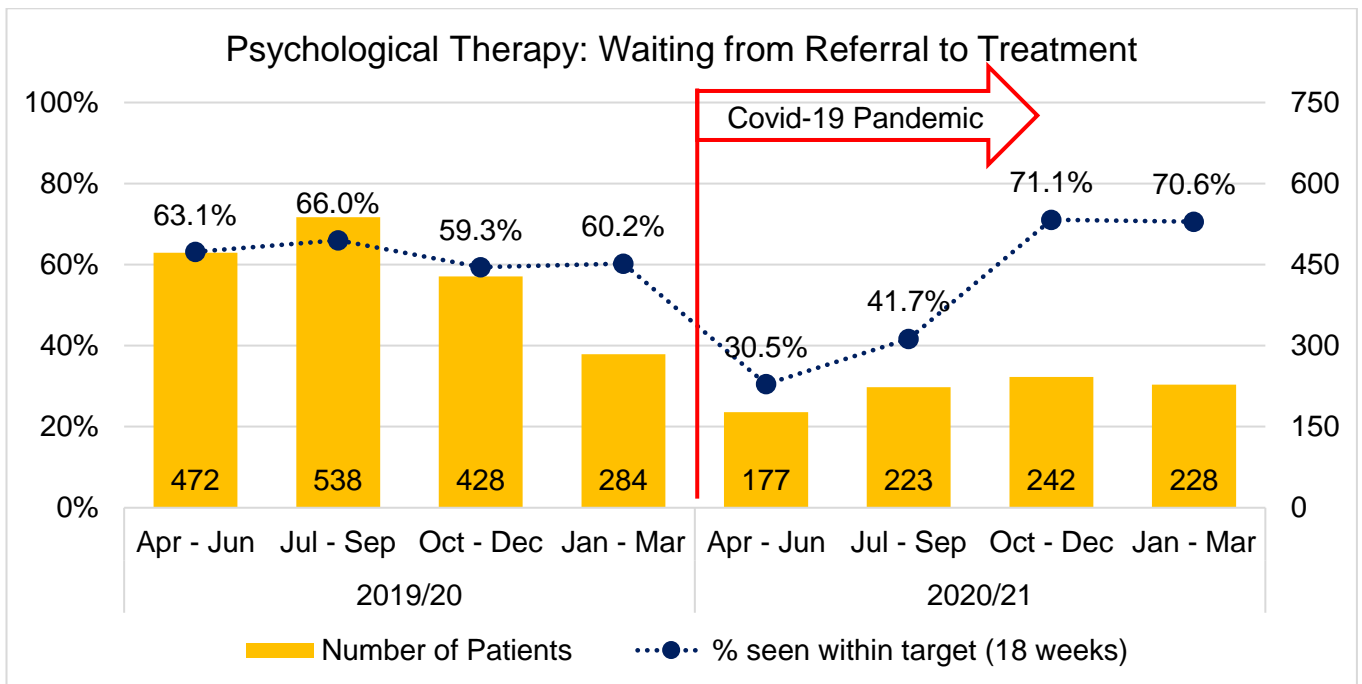
At the onset of the Covid-19 pandemic, the emphasis was to protect hospital services as far as possible, with patients discharges prioritised where possible and admissions as a last resort and where patients needs could met be met in the community. Initially there was a reduction in acute admissions, particularly during April 2020, however this has not been sustained.



There are patients in the Intensive Psychiatric Care Unit (IPCU) who continue to present with complex needs, where their ongoing care requires to be managed within this type of environment; therefore also increasing their length of stay within hospital.

Mental health services across NHS GG&C are in the process of implementing a 5 year Mental Health Strategy, the intent is to provide alternatives to inpatient care, which would reduce beds, sustain bed occupancy at or below 95% and release significant resources to fund the development of community alternatives to inpatient care with a pronounced emphasis on recovery, supported self-management, community resources and resilience.

### Psychological therapies



A significant drop in the numbers being seen for Psychological Therapies from the start of the Covid-19 pandemic is noted, primarily a result of the referral rate to the Primary Care Mental

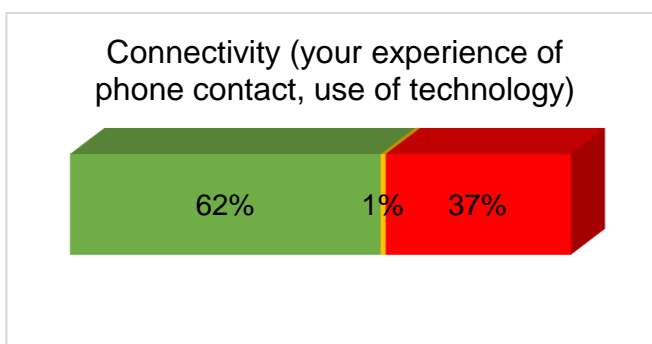
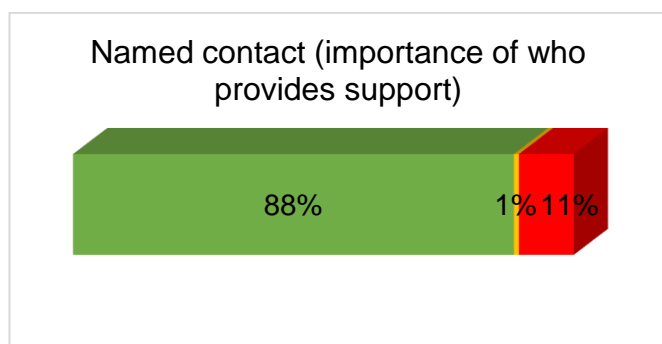
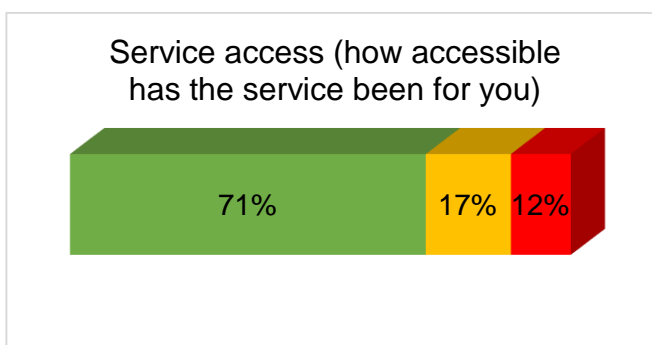
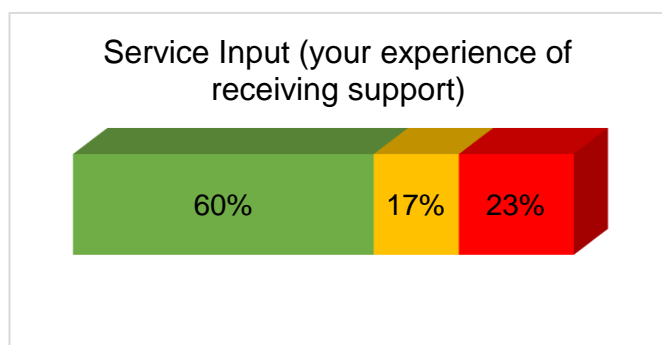
Health Team (PCMHT) being impacted. The PCMHT continued to accept referrals however there was a lower than standard rate of referral and those with lower levels of need being linked with more upstream services where appropriate. This enabled staffing reconfiguration to support the HSCP prioritised Community Mental Health Hub providing minimum necessary service based on risk and vulnerability. PCMHT capacity has been increased through recovery phases as has the referral rate and provision of PCMHT intervention.

A critical factor impacting on number starting a Psychological Therapy within the 18 week standard was Psychology staffing turnover within the Community Mental Health Team. In recent quarters the service has demonstrated continued improvement across both primary and secondary care mental health services, and the current percentage of those being seen within this standard is 92%.

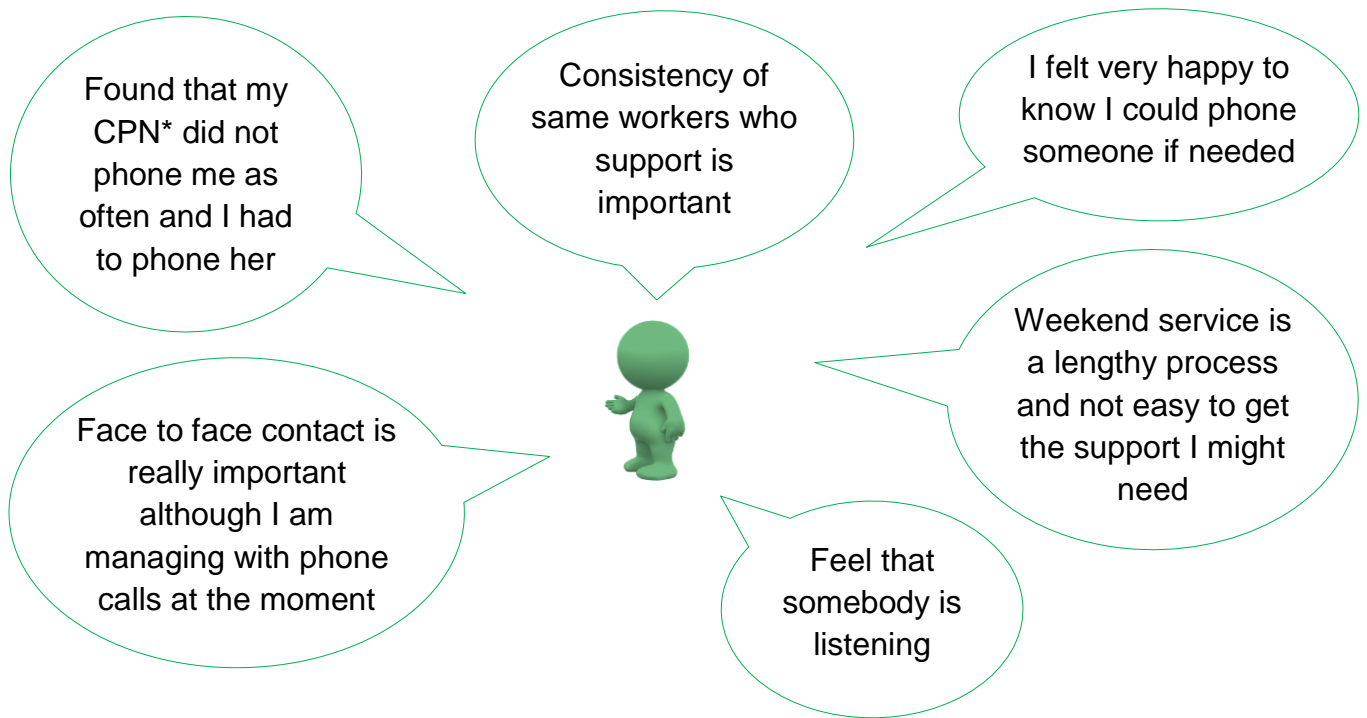
### Service User Engagement (Community Mental Health)

A snapshot survey was undertaken in August 2020 with the aim to get Service Users perspectives on service provision during the Covid-19 pandemic. The survey provided initial views and thoughts from a small number of service users.

The responses to each question were categorised as either Positive (Green), Negative (Red) or Neutral (Amber); a sample is included below.



Some of the comments received from Service Users.



\* Community Psychiatric Nurse

## Distress Brief Intervention

In December 2020 Inverclyde HSCP, in partnership with Scottish Association for Mental Health (SAMH), commenced the roll out of the Distress Brief Intervention (DBI) programme. DBI plays a key role in ensuring that individuals over the age of 16 in Inverclyde who are experiencing distress are given appropriate support in a timely manner and operates on the premise that people in distress should be able to 'ask once and get help fast'. Support is provided in two ways- by a level one trained front line worker who can then refer on to level 2 support from SAMH within 24 hours of referral and will continue to be supported for up to 14 days.



Since its inception in December 2020, 46 front line workers (including Mental Health staff, GP's, Community Link Workers) have completed the training with further training planned through 2021. There have been 37 referrals for level 2 support and outcome measurement is being undertaken with those who receive support. Early evidence, which is in line with responses to DBI in other areas, suggests that those who engage with the DBI programme in Inverclyde find the support helpful and experience a decrease in their level of distress. The programme is being expanded incrementally throughout 2021/22 with plans to train Police, Scottish Ambulance Service Staff and more HSCP and Primary care staff with referral rates expected to increase as the Level 1 training is rolled out.



## Inverclyde Dementia Care Co-ordination Programme

This Programme has been significantly affected by the Covid-19 pandemic and was paused for 6 months as staff were redeployed to the Covid-19 pandemic response. As a result the programme has been extended until March 2022

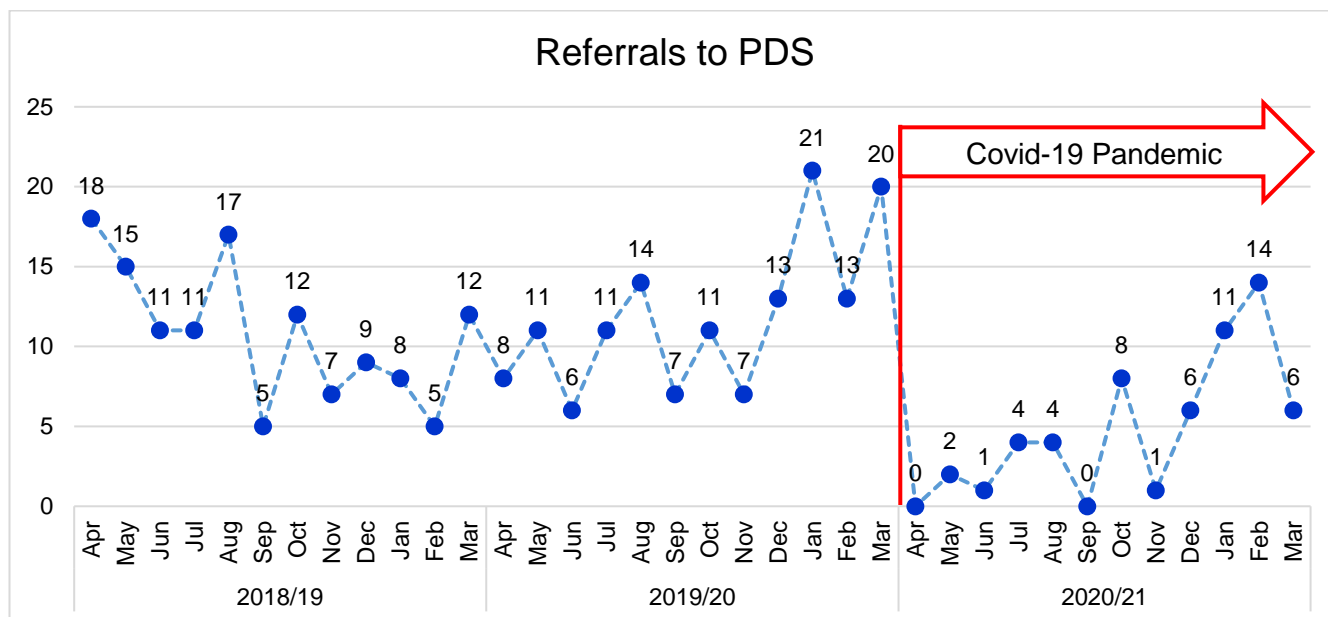
### Summary of progress

<b>Post Diagnostic Support (PDS)</b>	<ul style="list-style-type: none"><li>• Identified a need to increase PDS Link Worker resource to address increasing waiting list</li><li>• Re-establishing weekly PDS waiting list review and allocation</li><li>• Tested a short survey that will provide local feedback on how helpful was the PDS service</li></ul>
<b>Care Co-ordination &amp; application of Critical Success Factors</b>	<ul style="list-style-type: none"><li>• Currently understanding the dementia care co-ordinator role within Inverclyde and how it aligns to the care manager role</li><li>• Reviewing support and service provision aligns to identify any gaps and areas for improvement</li></ul>
<b>Advanced Dementia Practice Model (ADPM) for Palliative &amp; End of Life Care</b>	<ul style="list-style-type: none"><li>• Testing the ADPM is a requirement of the Programme, a working group has been established to support test implementation</li><li>• Exploring the role of an advanced dementia specialist team in supporting management of complex cases.</li></ul>

Focussed action planning has been agreed for the final year of the Dementia Care Co-ordination Programme that will set out to improve care co-ordination for people living with dementia and the family/carers. Opportunities to share Programme learning will be implemented. The Scottish Government will be commissioning an evaluation of the Programme.

## Post Diagnostic Support (PDS)

There is a Local Delivery Plan Standard in place that requires “everyone newly diagnosed with dementia will be offered a minimum of one year’s PDS, coordinated by an appropriately trained Link Worker or PDS Professional”.



Due to Covid-19 pandemic restrictions the numbers who were formally diagnosed with dementia and referred to PDS reduced considerably over the last year. The chart above clearly shows the impact of the Covid-19 pandemic on the numbers referred to PDS, down 60% compared to the average for the previous 2 years.

There have been some challenges in the delivery of PDS due to the impact of the Covid-19 pandemic. Measures were put in place to safely deliver the service, providing the support needed and ensuring that no-one is waiting any longer than absolutely necessary.

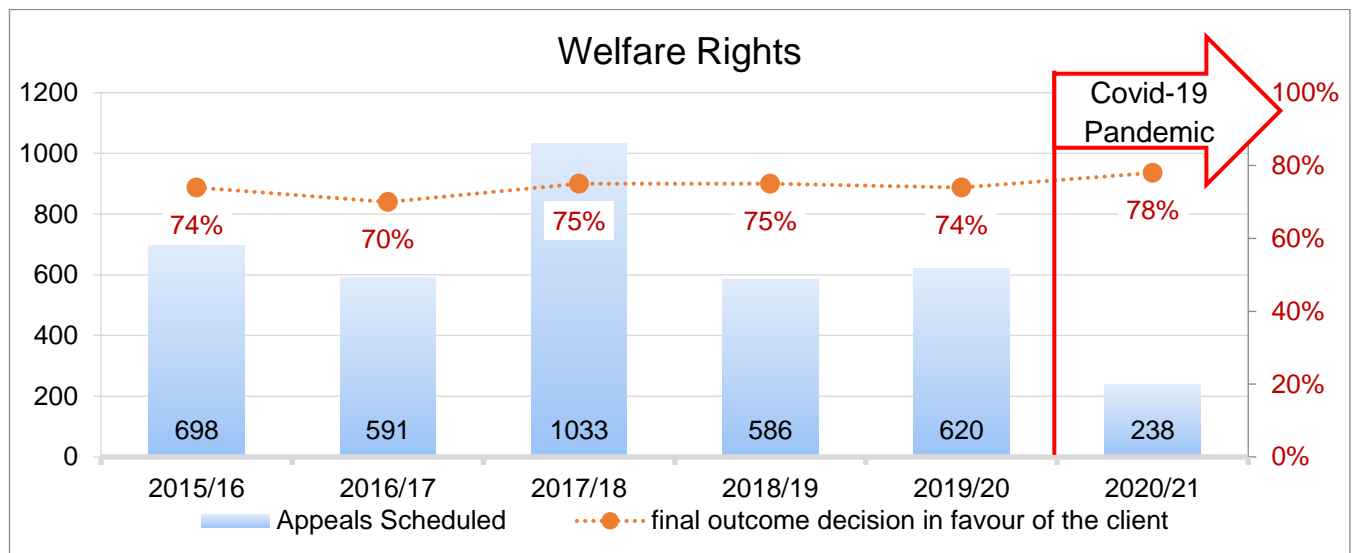
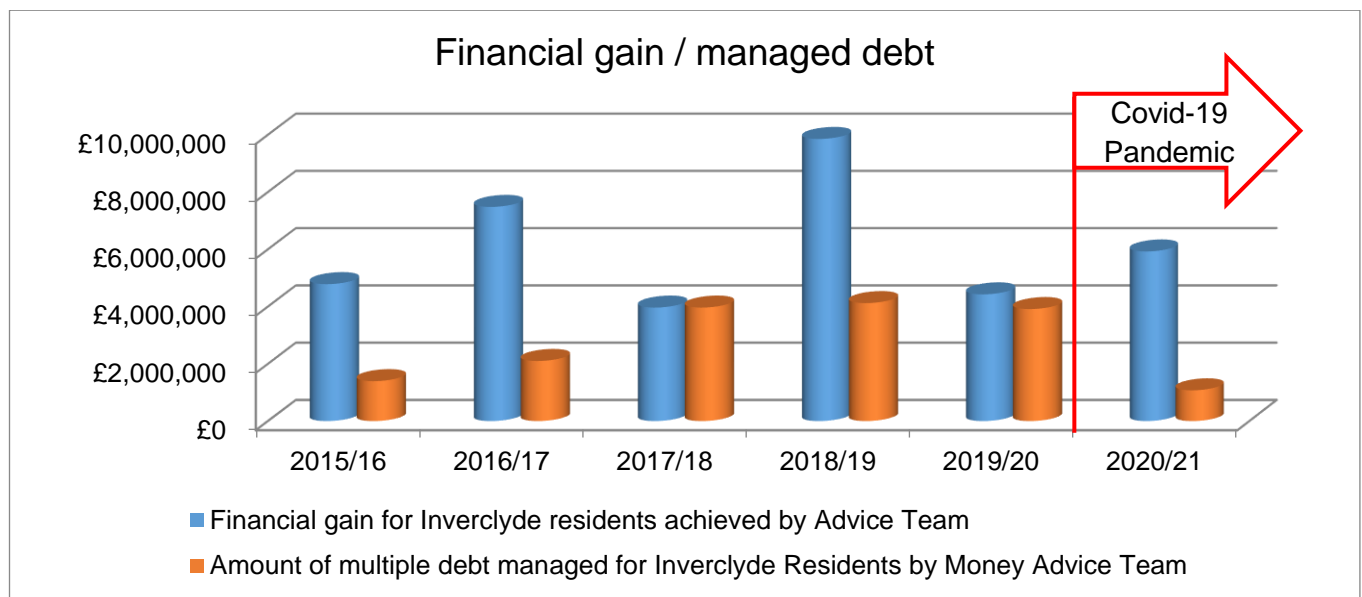
## Financial Inequality

Our award winning Advice Services Team handles a vast range of enquiries including debt advice, benefits advice, welfare rights appeals and debt resolution.

The Covid-19 pandemic brought many challenges; the team were able to continue to deliver a service and clients were able to access either by telephone or virtual platforms. The team were supplied with equipment that allowed agile working. Staff looked at innovative ways of providing a service which included digital signatures, use of virtual hubs for clients who are digitally excluded, web chat services and Attend Anywhere (Near Me).

Although there was a drop in the volume of calls presenting to the service, the enquiries received were more complex as clients and advisers got to grips with new benefits such as the furlough scheme and the self-employment income support scheme. Many creditors were

offering payment breaks as well as a rent arrears eviction ban for much of the year meaning there was a reduction in clients requiring this type of support. Despite the reduction the team were able to confirm financial gains throughout the pandemic as per chart below.



It is worth noting that it took Her Majesty’s Court and Tribunal Service a couple of months following lockdown to move to alternative telephone/video platforms for oral hearings.

#### Jane’s story

Jane contacted the service to advise that due to a relationship ending, her benefits were going to be affected as hers and her former partner’s benefits were linked. The support provided ensured Jane, who is disabled, did not move onto Universal Credit which would have been financially detrimental to her.

Another family member within the household was able to claim Carers Allowance, thus maximising the income for the whole household. Total financial gains for Jane were over £18,000 and her carer’s were £4000.

## Big Action 2 - A Nurturing Inverclyde will give our Children & Young People the Best Start in Life

We will ensure our children and young people have the best start in life with access to early help and support, improved health and wellbeing with opportunities to maximise their learning, growth and development. For the children we take care of, we will also ensure high standards of care, housing and accommodation.

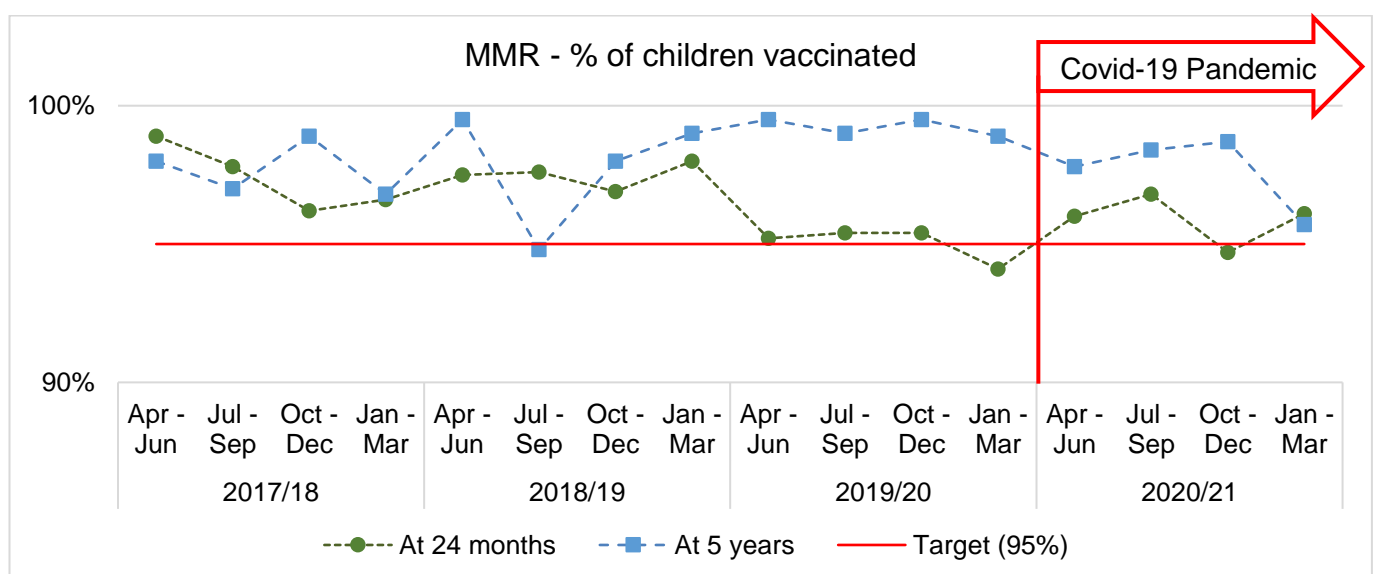
### National Outcomes relating to this Big Action

10	Our children have the best start in life and are ready to succeed
11	Our young people are successful learners, confident individuals, effective contributors and responsible citizens
12	We have improved the life chances for children, young people and families at risk

### Local Activity

#### Childhood Immunisations

Childhood immunisations continue to be delivered by the centralised team in both Greenock and Port Glasgow locations. The Covid-19 pandemic has contributed to reduced attendance across all areas of Greater Glasgow and Clyde however 1<sup>st</sup> attendance at both Inverclyde sites are amongst the highest in the area, although there is room for improvement. Supporting parents to attend immunisations remains a key focus, via Health Visitors, in particular for Measles, Mumps and Rubella (MMR).



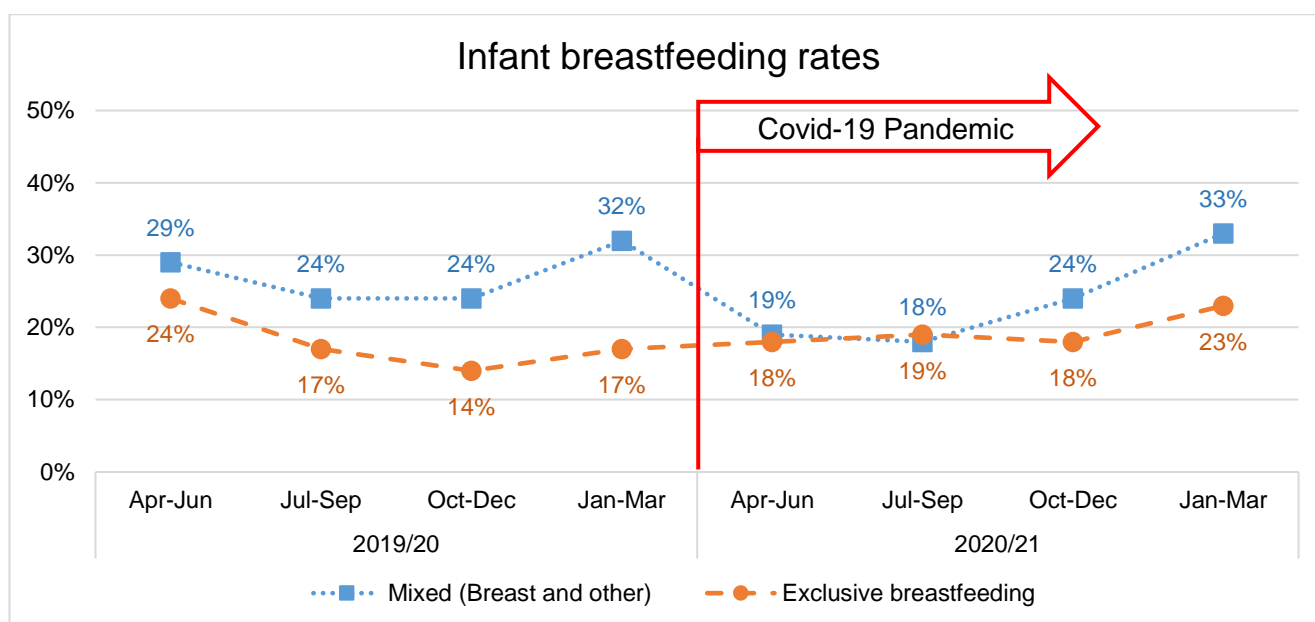
Source: PHS (Public Health Scotland)

## Infant Feeding and Breastfeeding

Our continued focus on breastfeeding is now starting to impact on our breastfeeding rates. Projects to increase the rates of breastfeeding amongst the most vulnerable in Inverclyde continue with intensive antenatal contact to those in Post Glasgow and those referred through Special Needs in Pregnancy Service (SNIPS) and the Family Nurse Partnership (FNP).

Next steps, as the Covid-19 pandemic restrictions lift, the breastfeeding group will recommence, Greenock camera club will capture images of mum's and families feeding at iconic spots in Inverclyde and all staff employed through Inverclyde Council on Breastfeeding Friendly Scotland will commence.

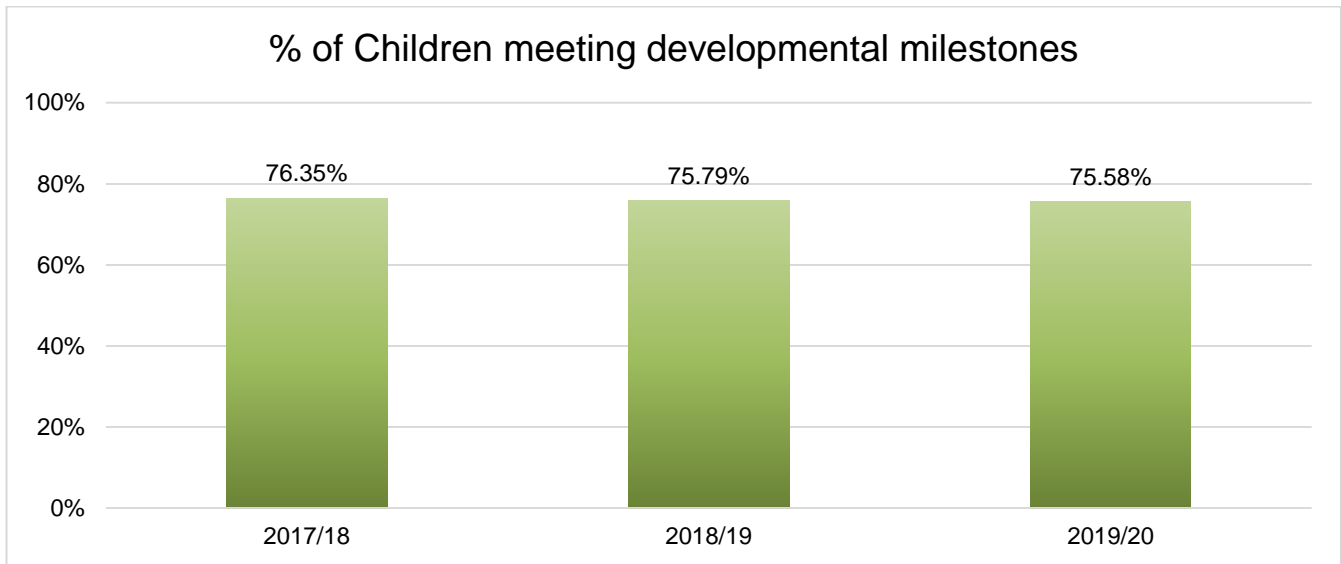
This chart shows our rates of breastfeeding at the 6-8 weeks assessment stage where infants are either exclusively breast fed or partially breast fed.



## 27 – 30 month assessments

The Scottish Government target is 85% of children with no concerns on all 8 developmental outcomes. In 2016/17, there was a change to the domains assessed by health visitors at a child's 27-30 month review.

The percentage of children meeting developmental milestones is part of the Local Government Benchmarking Framework. This national framework is designed to develop better measurement and comparable data across all council areas. The latest data for 2019/20 was published in April 2021 and shows that the percentage of children in Inverclyde meeting developmental milestones continues to be lower than the Scottish average. We have requested an in-depth analysis of the data to better understand the area of concerns.



We are working collaboratively with early years' education, health visiting teams and speech & language therapists to further develop skills and knowledge. The development of a neurodevelopmental pathway for children and young people will incorporate a training plan and opportunity for health, social work and education.

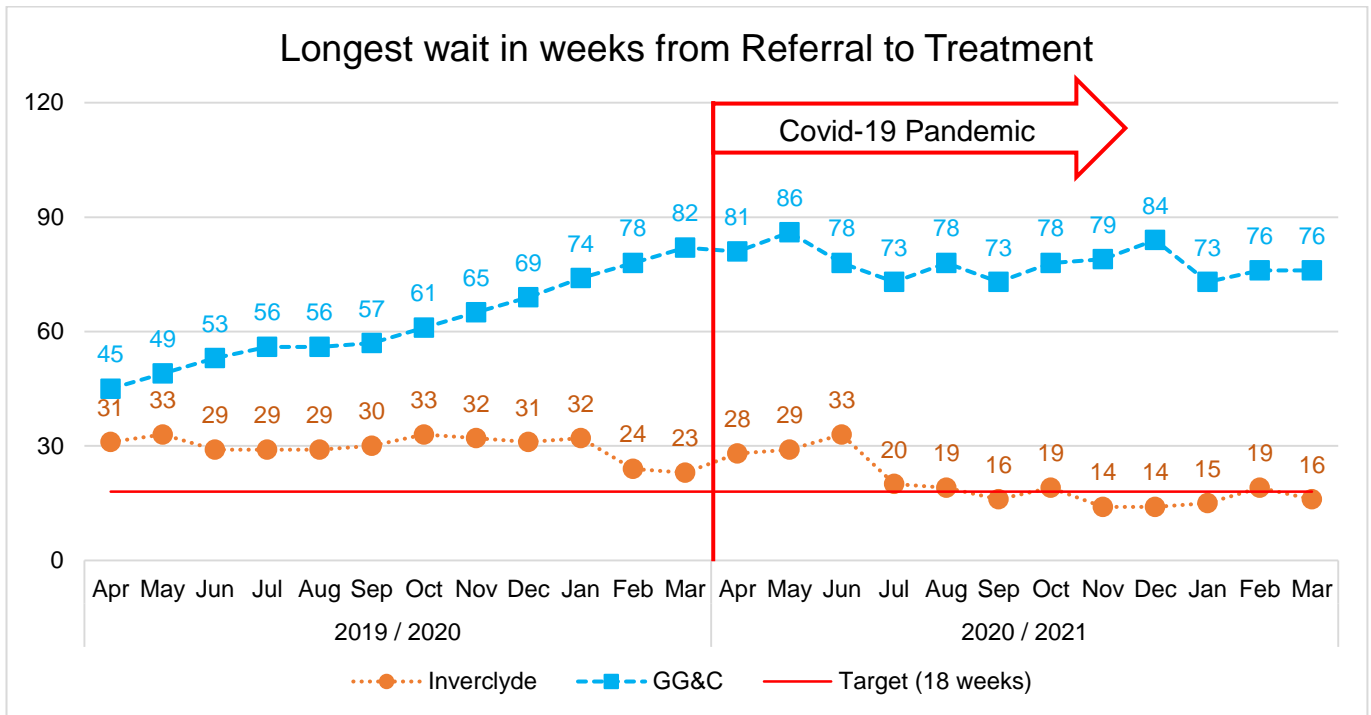
**CAMHS (Child and Adolescent Mental Health Service)**

We have a target that no young person should be waiting longer than 18 weeks from referral to beginning treatment.

We had begun to improve our performance against this target towards the end of 2019/20. The Covid-19 pandemic lockdown saw an increased demand for our services. However, utilising a range of options to meet with our young people (Video, Telephone and Face to Face) has assisted us to provide quicker and better support as required.

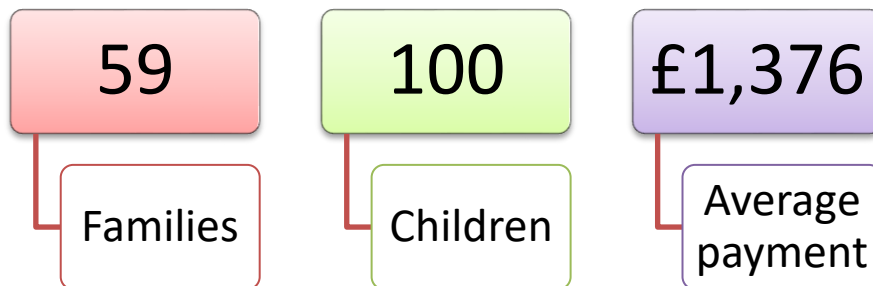
We have seen a rise in urgent referrals with 30% of all new referrals being categorised as urgent.

We have established a dedicated team to offer and deliver first appointments since October 2020 which is helping to reduce and maintain the referral to treatment time.



### Support during Covid-19

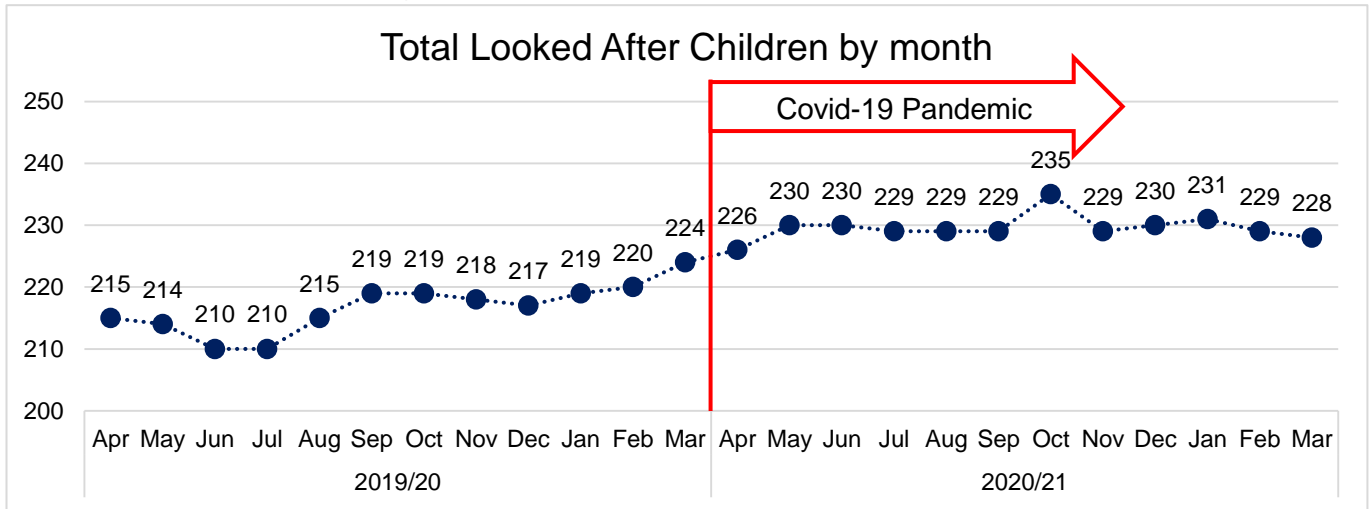
As part of recovery funding made available during the Covid-19 pandemic, children's services were able to provide significant financial support to families most affected by poverty. It was observed that the Covid-19 pandemic was having a greater impact on vulnerable families and limiting the choices and options they had to adapt to national lockdown. Social work staff applied for payments for identified families that reflected their situation and the most impactful way to support them. Underpinning all of this was personal choice and using a model comparable to self-directed support to promote choice and to fully enshrine the families as the expert in their own needs.



A further area of work within this fund was to look at some aspects of poverty related neglect, in particular the physical environment in which many families live and often do not have their own financial means to make sustained changes. Whilst the average payment was around £1300 some families received significantly more allowing for large scale improvements to home environments for children and young people, promoting self-esteem, pride and overall safer living environments.

## Looked after Children

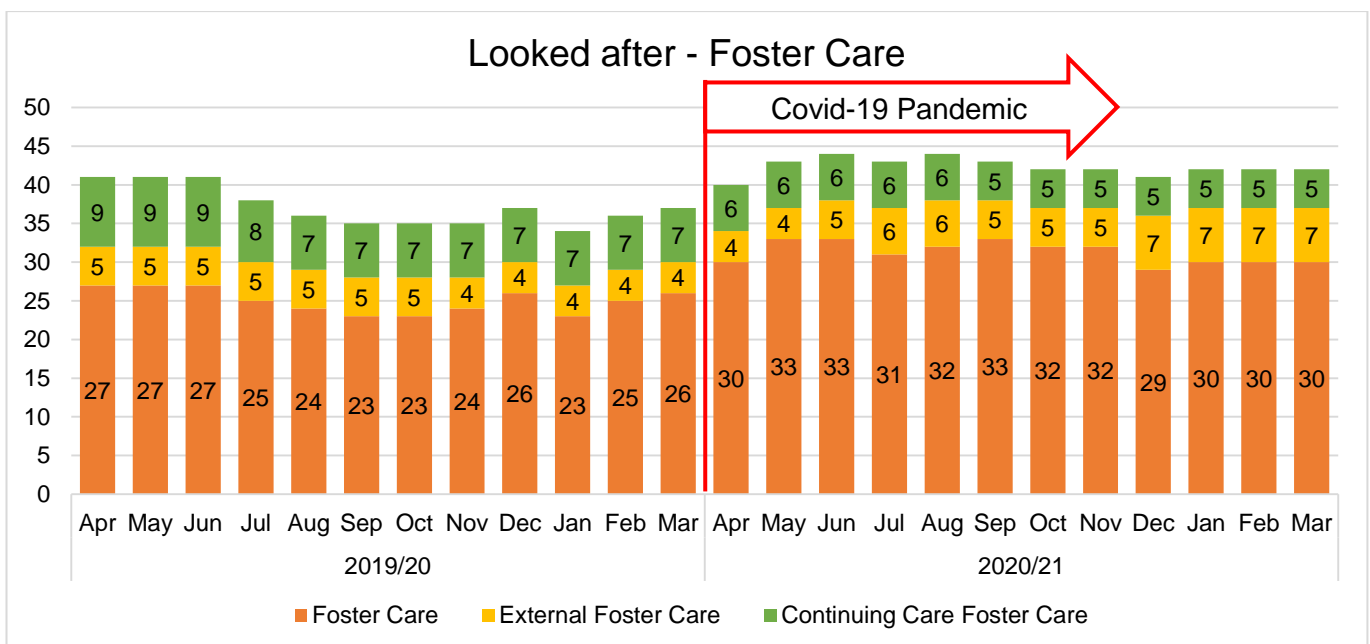
Pre-pandemic the number of looked after children remained relatively static (averaging approximately 219) however the numbers started to rise steadily from the first lockdown with the balance of care shifting from looked after at home to an increase in looked after away from home in residential, fostering and kinship care.



Pre-pandemic the number of children and young people in fostering placements remained stable. The majority of placements were with local carers, this included young people who remained with carers beyond their 16<sup>th</sup> birthday in continuing care placement and externally commissioned placements being long term placements for young people subject of permanence orders.

From the start of the Covid-19 pandemic the demand for fostering placements increased and the service experienced pressures in terms of placement capacity related to the pandemic and demographic profile of foster carers that limited their availability, hence the increase in the need to commission external placements.

For continuing care the pandemic did not significantly impact on care planning arrangements for young people and the numbers have reduced in line with the needs of young people.

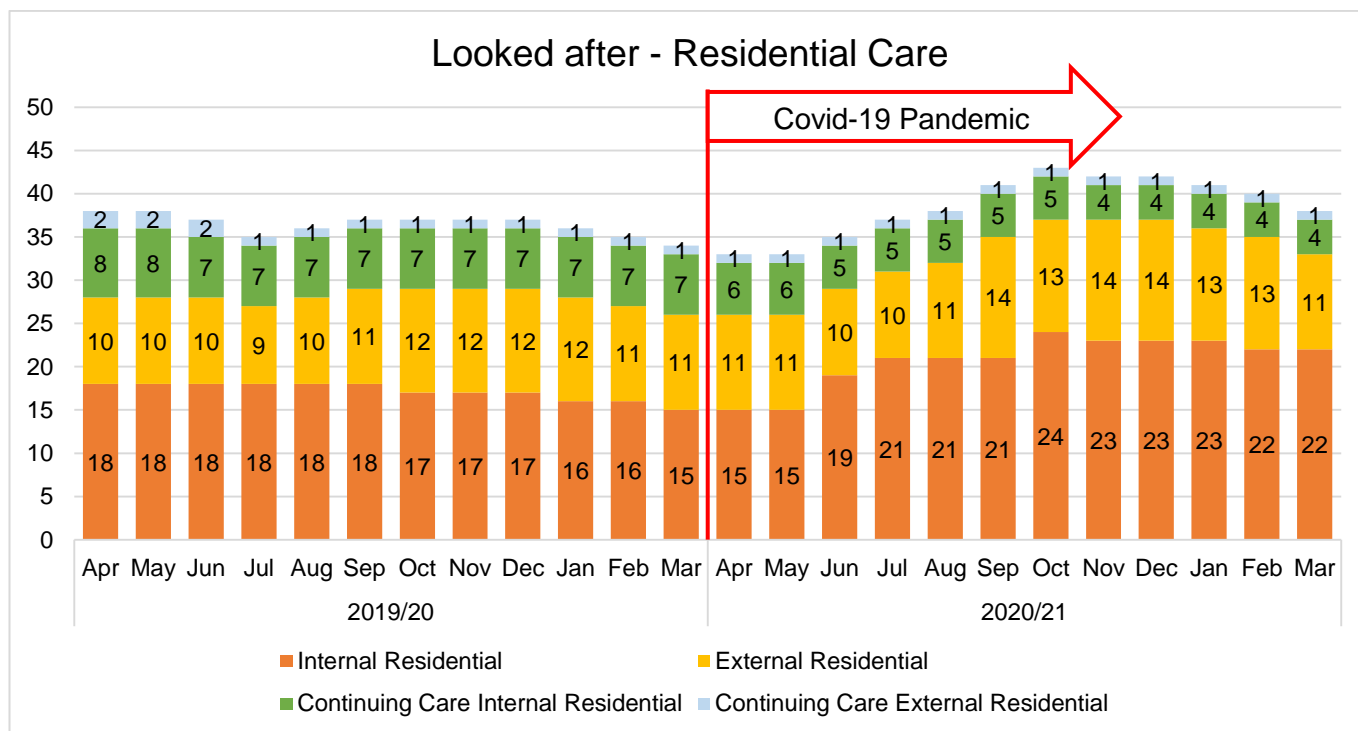




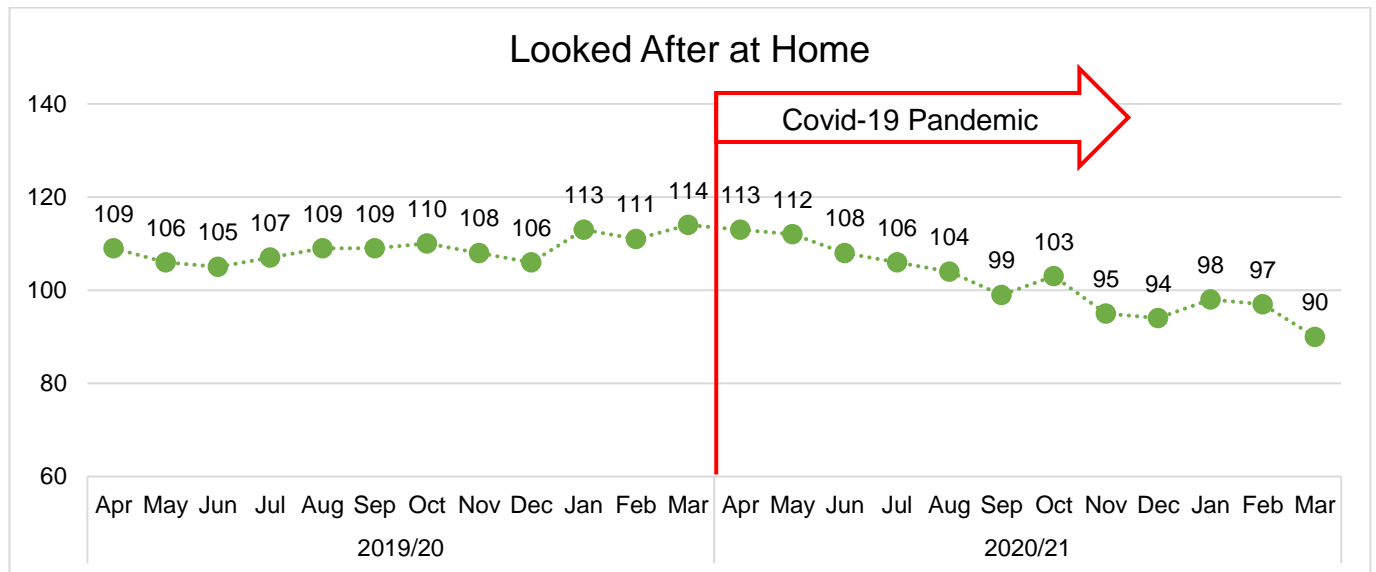
The overall number of young people in residential care has increased steadily since pre-pandemic. Inverclyde is committed to keeping young people in local placements and to the benefit of continuing care, however this does create placement pressure. As with fostering placements the service has throughout the pandemic been able to effectively manage the number of continuing care placements and they have reduced. Kylemore and The View are now dual registered for care and housing support and this has enabled young people to settle in the new build transition accommodation.

The number of internal placements were increased during the pandemic; this included the necessity to open an additional house to support keeping families together.

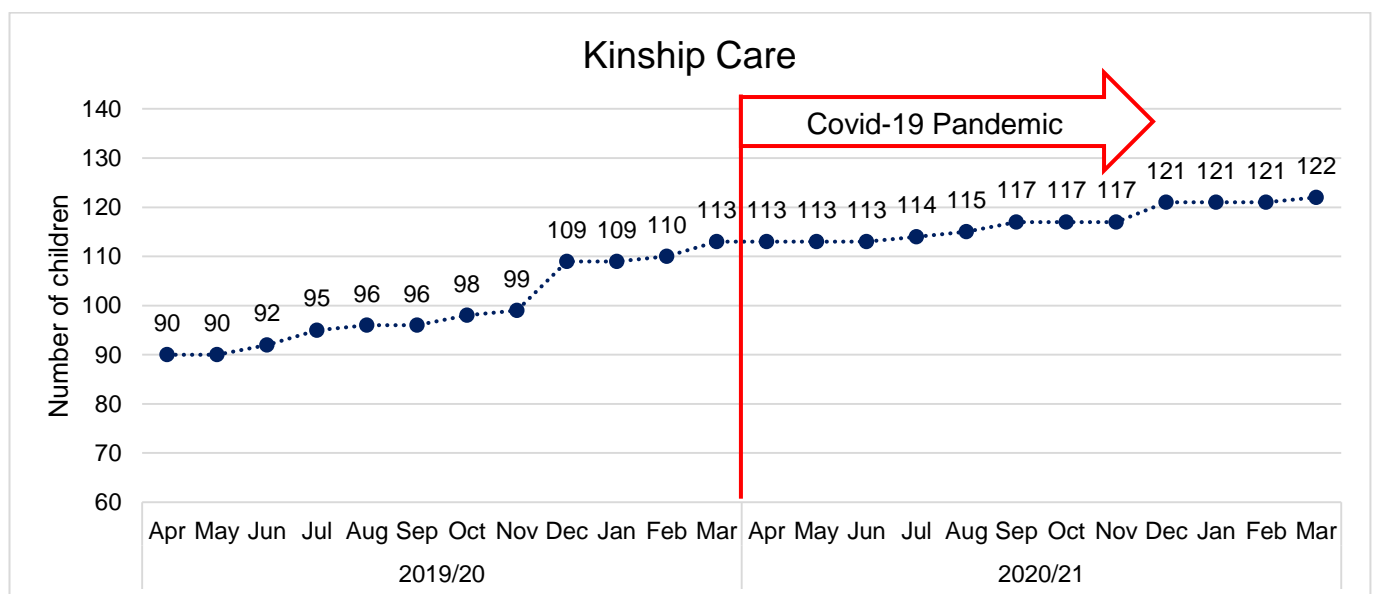
The pressures in local fostering and residential placement capacity in conjunction with the complex needs of young people who require to be looked after away from home is reflected in the steady increase in the use of externally commissioned placements. This is an area that does require deeper understanding and intervention to address the balance of care.



At the start of the Covid-19 pandemic the looked after at home numbers were at their highest but have reduced throughout the pandemic. A number of factors may have influenced this and it does reflect the increase in children being looked after away from home in foster, residential and kinship care.



The provision of Kinship Care continues to grow steadily month after month and it is a significant factor in reducing the number of children who would otherwise require foster care. Although kinship placements have increased during the pandemic, the service noted that the demographics of Inverclyde and the pressure of the pandemic did impact on potential kinship carers' capacity to be able to take on the fulltime care of children.



## Wellbeing Service

The Action for Children Inverclyde Wellbeing Service was commissioned by Inverclyde HSCP / Inverclyde Council and established and launched in August 2020. There are two main elements to the service for school aged young people to support their emotional health and wellbeing:

- ✓ one to one counselling service
- ✓ programme based group work

### One to one Counselling

The service has been published widely with referrals and self-referrals commencing in October 2020 with 8 counselling sessions offered to each young person for a wide range of issues. The Covid-19 pandemic has led to innovative ways of engaging including combination of telephone support, walk and talk sessions and accessing schools hubs to continue to offer support to Children and Young people. In addition, when access to school relaxed, teams worked in Notre Dame and Inverclyde Academy offering appointment based drop in, for counselling waiting list and/or young people identified by school as requiring further support. 22 sessions were held in total across Lomond View, Inverclyde Academy and Notre Dame High School.

125 referrals

61 offered support

43 engaging

4 declined

62 on waiting list

### Programme Based Group Work

The impact of Covid-19 and its restrictions on delivery of targeted group work programmes in schools necessitated the need to provide alternative options to engage with Children and young people. To allow access to pupils in classes without the requirement to leave protective “bubbles” to work in smaller targeted groups, alternative programme delivery was agreed with schools which allowed for access to more pupils at an earlier level of intervention. “Bouncing Back” was devised during the initial lockdown in March 2020 by the Action for Children national Blues Programme and strategic Wellbeing steering group and consists of 2 sessions which are condensed versions of the Blues Programme principles, delivered to whole class groups.

Delivery of Bouncing Back began in Inverclyde Academy and Notre Dame and was delivered to all S3 pupils before the end the term at Christmas, as well as to pupils in Lomond View Academy. 225 pupils took part in Inverclyde Academy & Notre Dame prior to Christmas 2020. In addition, as part of the Inverclyde Academy’s Wellbeing Programme to welcome back pupils, sessions were delivered to 230 pupils across S1 to S3, on the return to school in March.

From all the group sessions delivered:

83% of Inverclyde Academy & Notre Dame pupils gave a 4 or 5 star rating for Bouncing Back sessions, from a scale of 1 to 5

57% of pupils showed an increase in confidence after the sessions, with an overall increase in scores of 9%

63% reported an improvement in coping with stress, with an overall increase of 11%

92% reported that they “now know WHEN to ask for help”

89% reported that they “now know WHO to ask for help”

### Single Point of Access – Centralised Referral System

Through the partnership with Action for Children, a single point of access steering group has been established, led by HSCP senior management, and includes input from Educational Psychology, School Nurse team, Barnardos, CAMHS and Social Work. The intention is for all referrals to be discussed (with relevant data sharing protocols in place) to determine the correct route and service which should be offered and for any referrals. This pathway will continue to be developed throughout 2021.

Further information on the wellbeing service is available at:

<https://services.actionforchildren.org.uk/inverclyde-children-and-young-peoples-wellbeing-service/>

### Use of Social Media

The Health Visiting Team social media platforms (Facebook, Instagram and Twitter) were launched in response to increased isolation reported by parents due to the Covid-19 pandemic restrictions. The average unique users have risen from 250 in September to 447 in December.

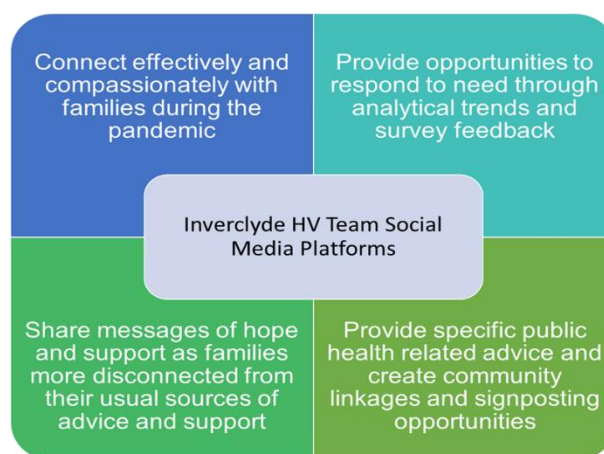
[www.facebook.com/inverclydehealthvisitingteam](http://www.facebook.com/inverclydehealthvisitingteam)

[www.twitter.com/inverclydehvt](http://www.twitter.com/inverclydehvt)

[www.instagram.com/inverclydehealthvisitingteam](http://www.instagram.com/inverclydehealthvisitingteam)

In February 2021, the Inverclyde Breastfeeding Facebook page was launched. A post in relation to the importance of holding your baby and how this contributes to brain development has been one of our most popular posts, reaching over 5000 people with many sharing it.

[www.facebook.com/BreastfeedingFriendlyInverclyde](http://www.facebook.com/BreastfeedingFriendlyInverclyde)



# COVID-19: RESPONSE

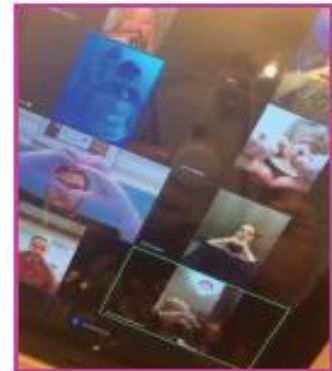


Physically distanced BUT Socially connected!

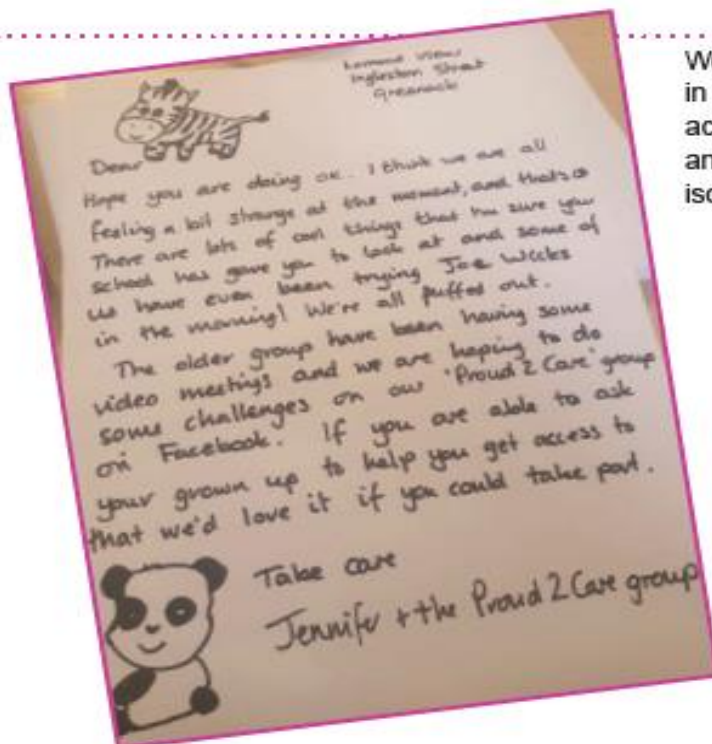
Being technically savvy young people we are now hosting Virtual Group Meetings on our usual Wednesday nights!



Proud2Care had so many things planned for over the coming months, including our Easter Camp activities. However, whilst we are feeling a little anxious and uncertain, we are as connected and creative as ever, we chat together on our Messenger group, play virtual scavenger hunts, quiz nights, sing alongs and support each other using online platforms. We have even tried PE with Joe Wicks and sharing our Tik Tok creations with each other. Creating a Proud2Care Tik Tok resource will be something we aim for over the coming weeks!



Magic Torch will be working with us virtually to develop our comic book. And we have plans in place to interview some of our corporate parents.



We have written a letter that is included in food isolation boxes being distributed across Inverclyde, offering some friendly and positive chat to those who are isolating in our community.



## Big Action 3 - Together we will protect our population

We will reduce the risk of harm to everyone living in Inverclyde by delivering a robust public protection system with an emphasis on protecting the most vulnerable in our communities.

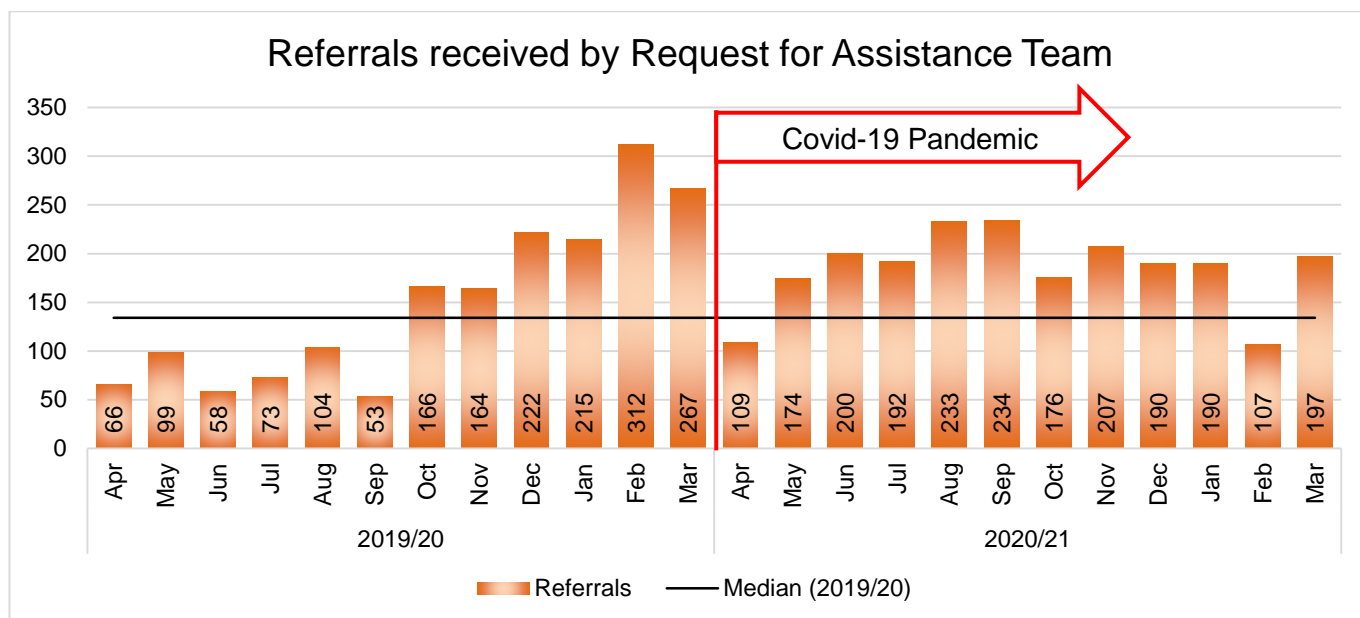
### National Outcomes relating to this Big Action

3	People who use health and social care services have positive experiences of those services, and have their dignity respected
7	People using health and social care services are safe from harm
13	Community safety and public protection.
14	The reduction of reoffending.
15	Social inclusion to support desistance from offending.

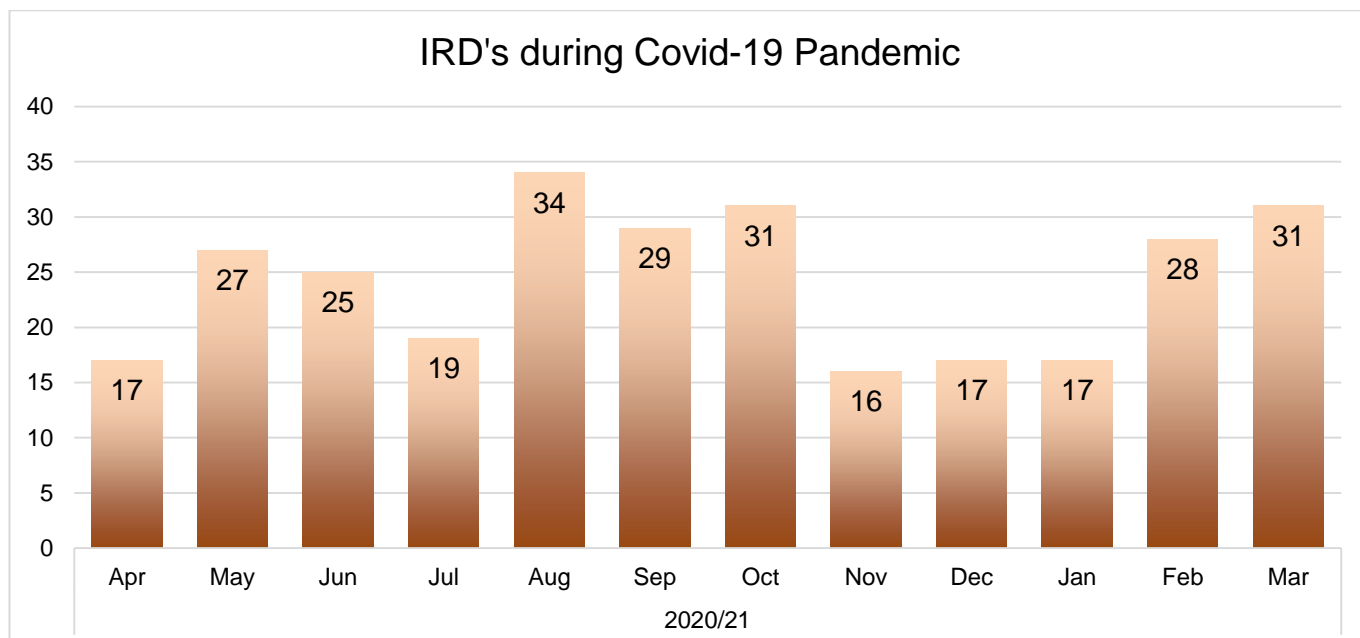
## Local Activity

### Child Protection

Initial referrals around Child Protection are made to the Request for Assistance Team (RFA). The chart below shows the referrals received by the RFA team for the last 2 years. An increase in demand is apparent from October 2019 (pre-pandemic) and levels have, mostly, remained above the 2019/20 figures throughout the Covid-19 pandemic.



### IRD's (Initial Referral Discussions)



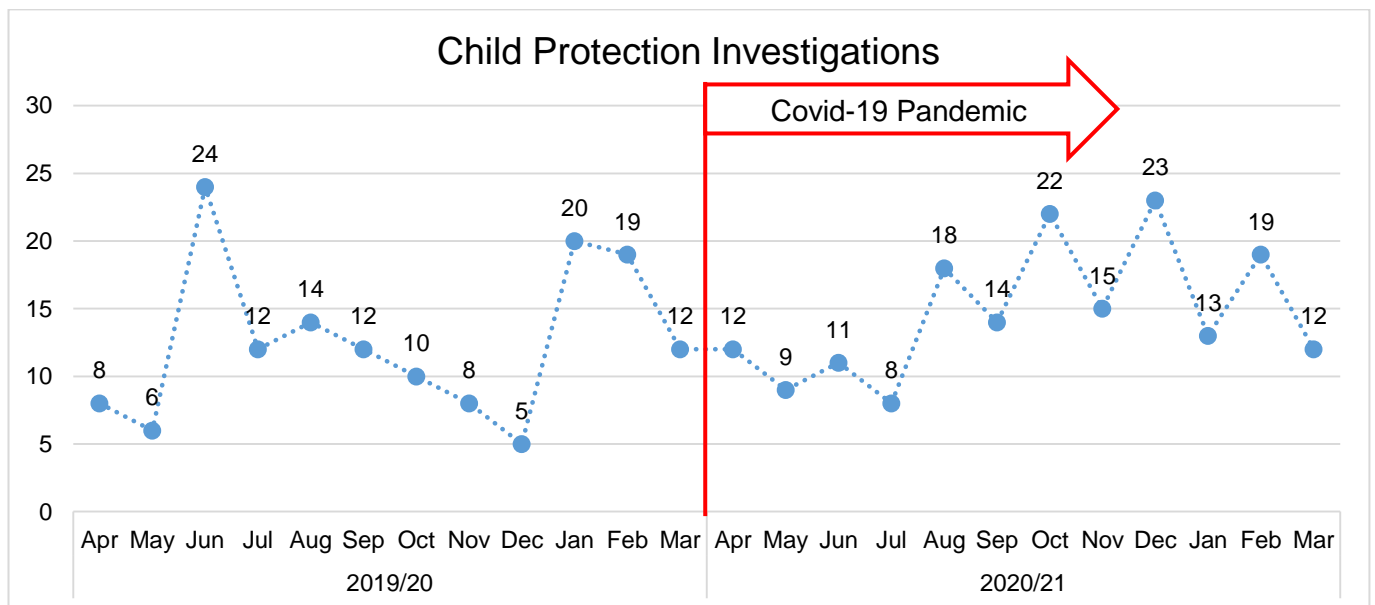
You will note that the number of Interagency Referral Discussions do not correspond to an equivalent number of Child Protection Investigations. This is not unusual as IRD's by their very purpose, share information on a multiagency level which can help to reduce the assessed level of risk as well as increase it. There is some evidence nationally that use of IRD's increased during the pandemic for the following reasons:-

- ✓ Well established local networks of early intervention and support were diminished overnight when lockdown commenced and it took some time to reconvene services
- ✓ Universal services, in particular education, were working remotely meaning less in person assessment of the level of risk.
- ✓ Practitioners may, understandably, have called for an IRD for reassurance and on the grounds of caution as the pandemic inhibited some direct work with children and their families

Some of these elements will have been present within Inverclyde leading to a greater number of IRD's requested as we came out of lockdown but resulting in relatively fewer Child Protection Investigations. Correlations between IRD's and investigations begin to settle as we move into the winter through to spring. March 2021 does seem to be something of an outlier and further investigation will be required to identify why numbers do not correlate in this month.

### Child Protection Investigations

Where appropriate, an investigation is undertaken; the number of child protection investigations undertaken are shown in the chart below.



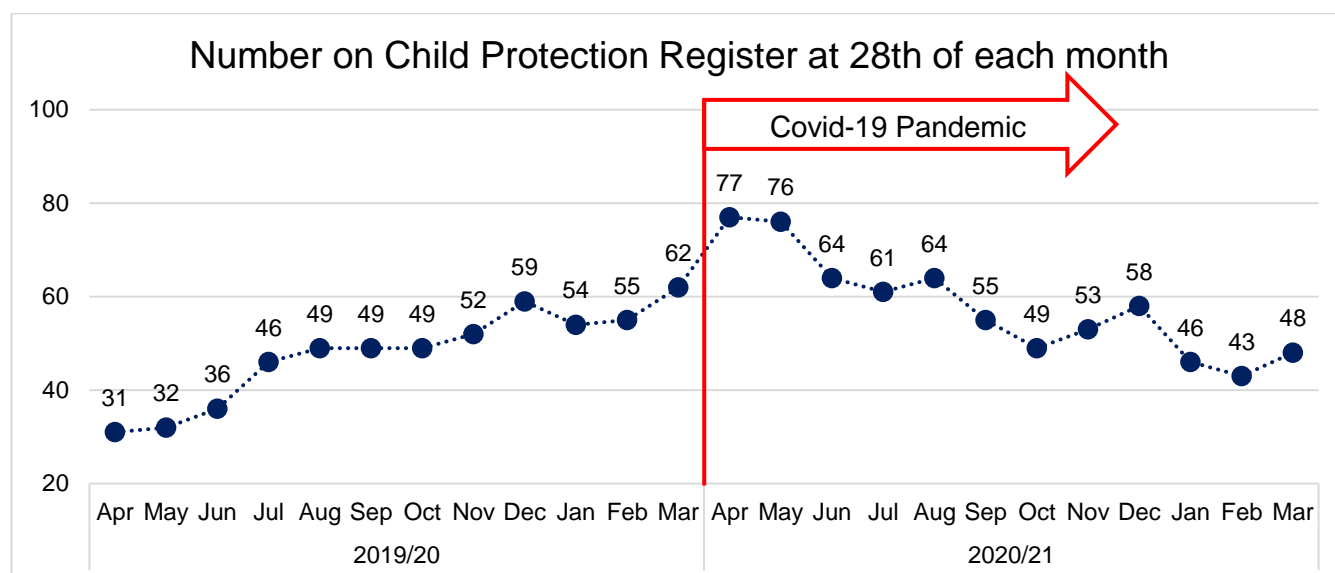
### Child Protection Conferences / Register

The child protection data provided should be considered in the context of the Covid-19 pandemic and also aligned to increasing numbers of children and young people who were required to be looked after away from home. In April 2020, during the first national lockdown, a much higher than average number of children and young people were on the child protection register. This number remained high throughout most of 2020. The higher than average numbers, and the persistent nature of this can be in part explained by caution being applied by conference chairpersons in respect of stepping plans back from a child protection level whilst other multi-agency services were less available or less able to provide the usual level of



support. One clear example would be children not attending school due to the national lockdown and therefore the ongoing assessment and support from the multi-agency team not being the same as pre-pandemic. The numbers do start to decrease as other services (some of which would have been impacted upon by redeployment of staff to the Covid-19 effort) progressed through their recovery plans and were able to play a fuller role in child's plans. As can be seen from the data the numbers of children on the child protection register stabilised in the last quarter of the year.

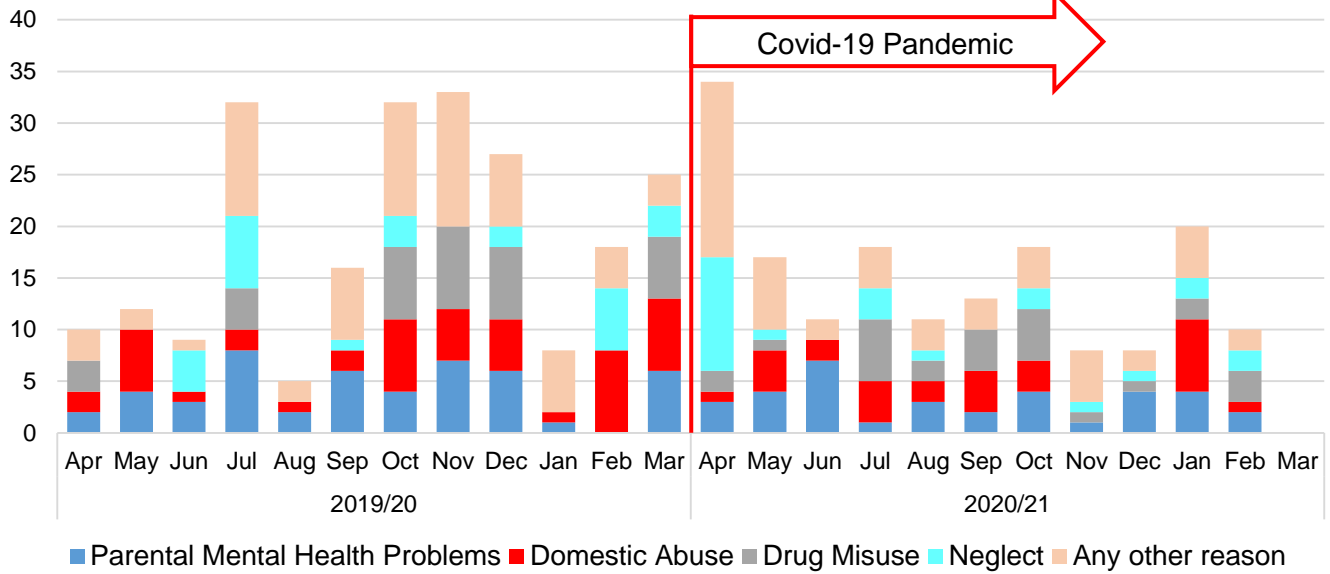
	Inverclyde	Scotland
Children with a child protection plan seen by a professional	100%	97%
Children with a multi-agency plan contacted by a professional	56%	44%
Young people eligible for aftercare	71%	65%
Child Protection Register – registrations (average per week)	1	62
Child Protection Register – de-registrations (average per week)	1	72
Child Protection Orders (average per week)	0	7



### Areas of concern

After an investigation a child may be placed on the child protection register; there are various reasons for this and sometimes multiple reasons are identified. The chart below highlights the main reasons for a child being added to the register.

## Areas of concern for children placed on the CP register

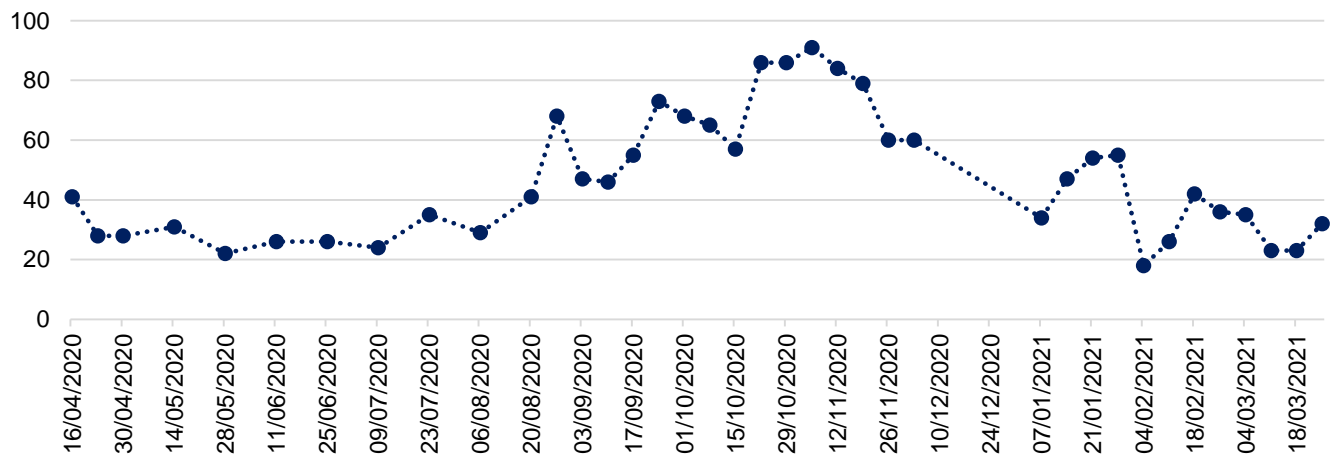


'Any other reason' includes emotional abuse, physical abuse, sexual abuse, the child placing themselves at risk, alcohol abuse and non-engaging family.

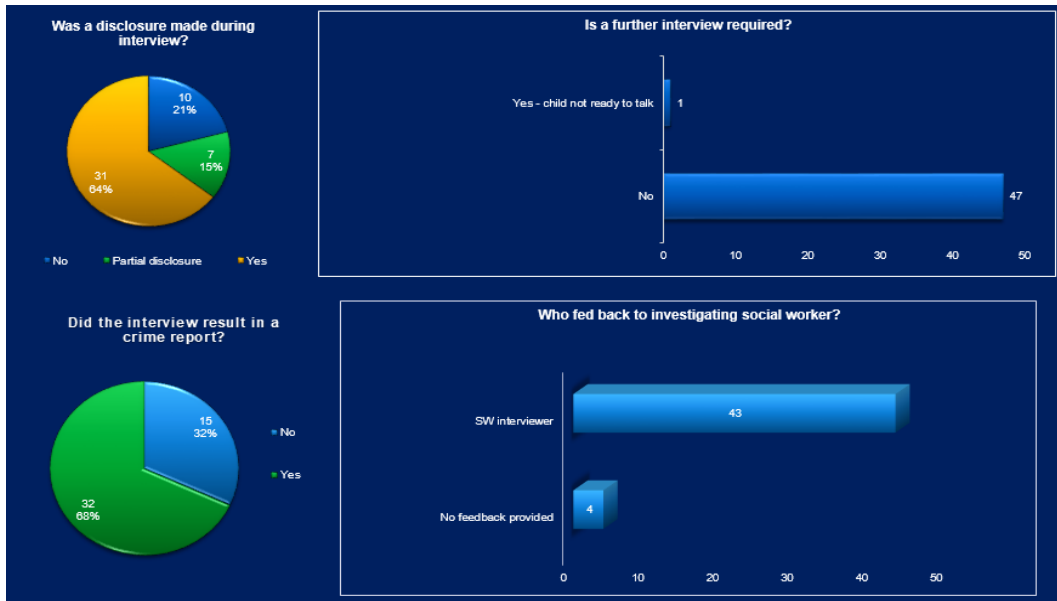
The other factor impacting on the increased activity around child protection is the recruitment and retention issues within the qualified social worker group. Throughout 2020/21 we have experienced a high number of vacancies resulting in higher workloads for more experienced staff which impacts the provision of effective and early assistance. As can be seen in data presented, the number of children requiring to be looked after away from their families has also increased this year. This represents the increased levels of complexity within the workload in children's services.

From October 2020 recruitment has progressed significantly with 12 Social Workers being recruited. All 12 are newly qualified and whilst they have increased our capacity to offer earlier help and support their level of skills and experience do not yet allow them to increase capacity for more complex and child protection work. A programme of learning and development has been put in place to ensure they receive opportunities to build their skills and progress into confident social workers. The impact of high vacancy and then new staff entering the service can be seen when looking at the number of cases to be allocated each week.

## Number of cases waiting for allocation - Weekly



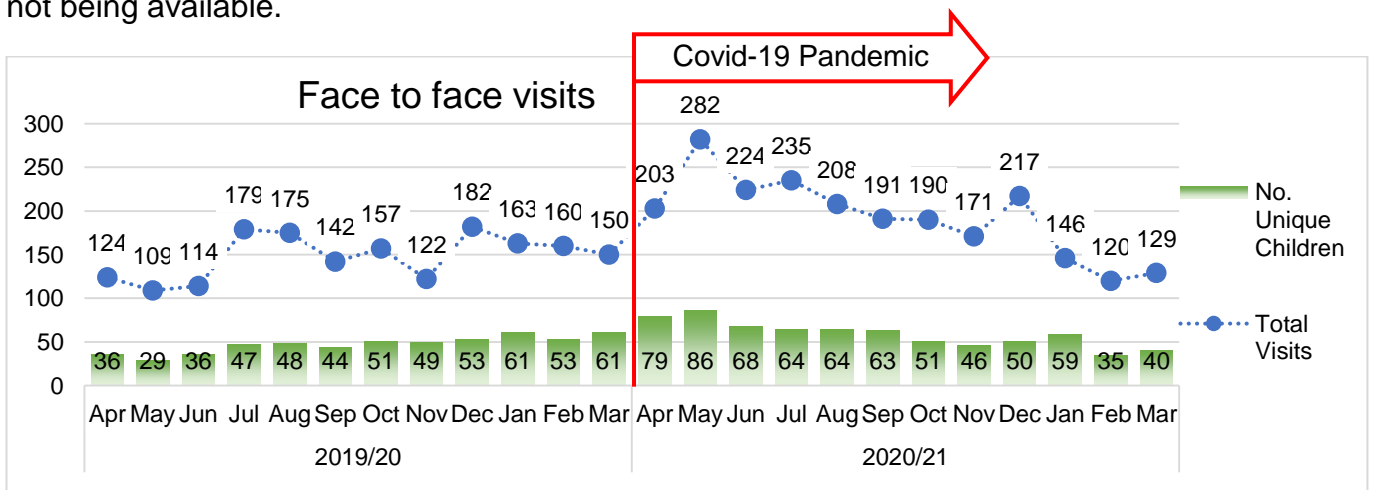
## Joint Investigative Interviews



Children’s Services have continued to support the Joint Investigative Interview pilot along with partners in Police Scotland and colleagues from Renfrewshire, East Renfrewshire and East Dunbartonshire. The start was delayed due to Covid-19 however the team started interviewing from August 2020. Since this time 48 Joint Investigative Interviews have been conducted for Inverclyde, the data above highlighting a significant proportion resulted in a full or partial disclosure. Furthermore very few children have required a second interview. This is a highly skilled task for social workers and police officers and the pilot team are able to develop and use their skills daily to ensure best practice and to ensure a model exists to interview vulnerable children that seeks to get the best evidence whilst being trauma informed. The pilot will progress throughout 2021/22 and will include work to open the first “Barnahaus” or “House for Healing”. This will follow a Scandinavian model for supporting children and young people who are victims of abuse and aims to provide seamless support through investigation, interview and recovery.

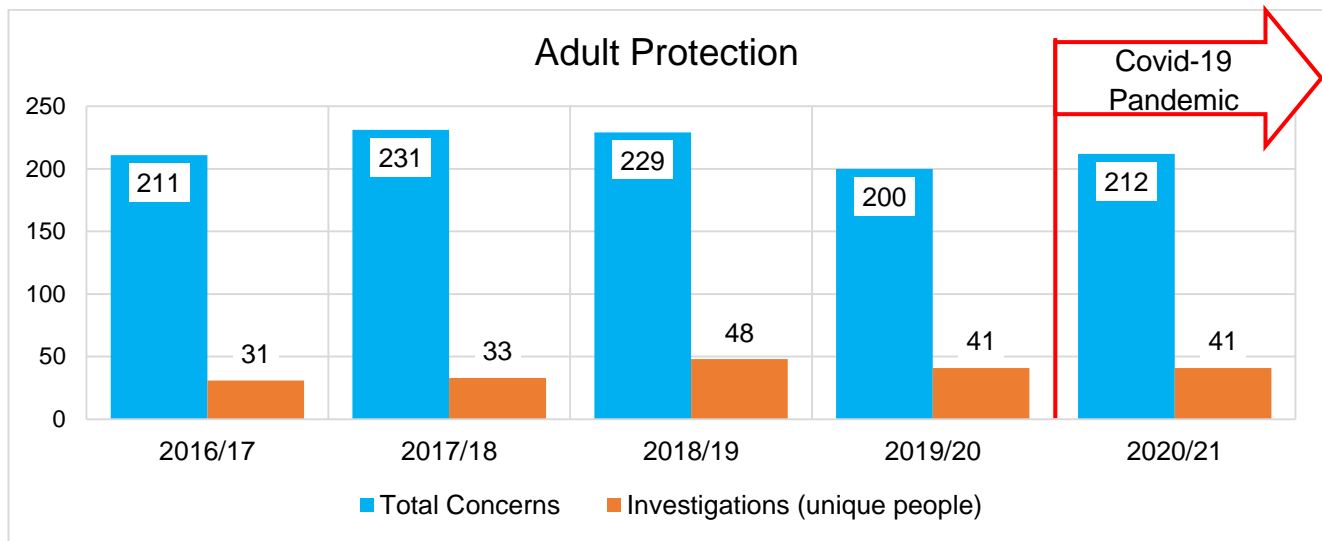
### Face to face visits

The chart below represents visits undertaken by children and families social workers to those children identified as most vulnerable during the pandemic period. The data shows a significant increase in the frequency of visits to these children and is within the context of other services not being available.



## Protecting vulnerable adults

Regardless of current circumstances adults can pose a significant / critical risk to themselves or others; or adults and children may be at significant / critical risk of coercive, controlling, abusive and harmful behaviour by others. A key challenge has been to be adaptive and responsive in order to meet our statutory responsibilities.



Whilst the number of referrals and concern reports marked as adult protection has remained relatively consistent, it should be noted those referred under the auspices of adult welfare / wellbeing has increased by 20%. It is suspected that this significant increase in adult welfare / wellbeing referrals may be related to the impact of the Covid-19 pandemic whereas the number of investigations has not been affected.

## Inspection of Adult Protection by the Care Inspectorate

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. Due to the impact of the pandemic the inspection was put on hold, however Inverclyde HSCP 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. This included:

- ✓ 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 Adult Support and Protection Process
- ✓ Audited 38 recordings of initial Duty to Inquire referrals where no further adult protection related action was taken

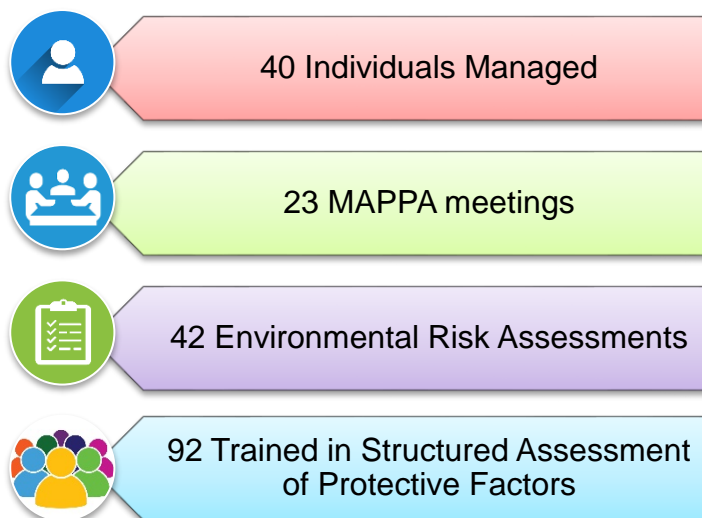
Initial feedback has been provided which is very positive in particular around practice, partnership working and outcomes for vulnerable adults.

## Community safety and public protection

The North Strathclyde MAPPA (Multi-Agency Public Protection Arrangements) Unit serves six Local Authorities, 3 Police Divisions and 2 Health Boards. The Unit itself is hosted by Inverclyde Council. Its purpose is to organise MAPPA meetings for individuals who by dint of the nature and seriousness of their offending require an active multi-agency response to managing the risk of serious harm posed.

Within Inverclyde 23 separate MAPPA meetings were carried out during the reporting period with full engagement from partners. Indeed, the move to virtual meetings has supported an increase in partner engagement.

To support Criminal Justice Social Workers in their risk assessment and risk management activities 92 individuals successfully completed the SAPROF (Structured Assessment of Protective Factors) training course in February 2021.

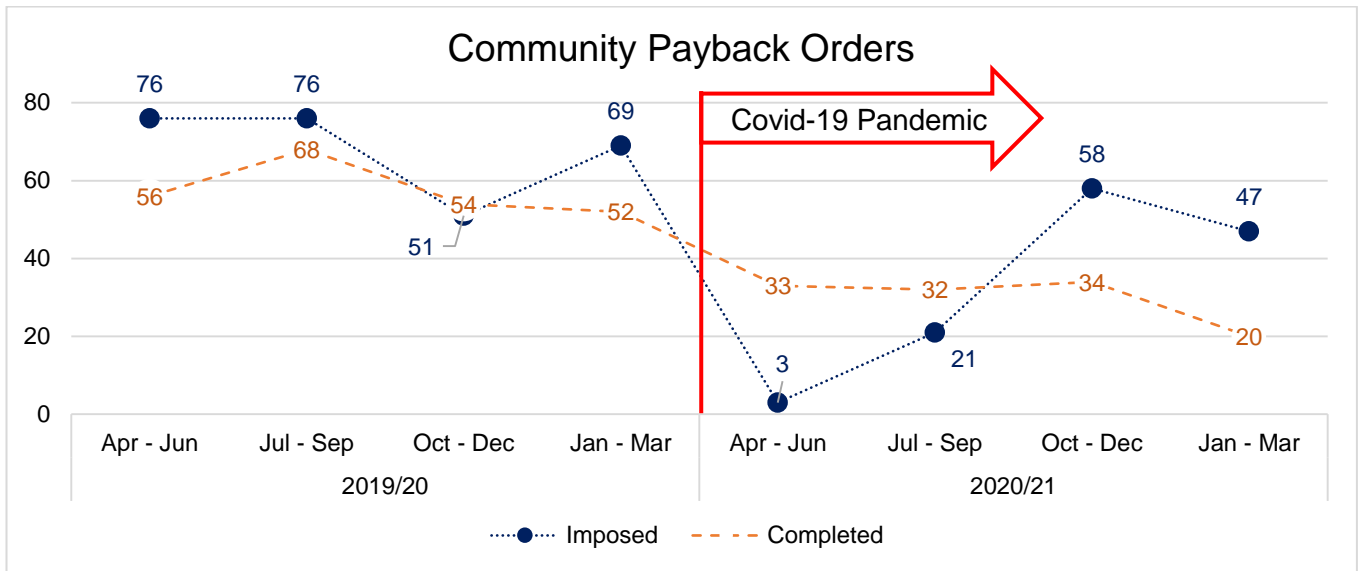


A key process is the Environmental Risk Assessment (ERA) process. The purpose of the ERA is to identify any housing related risks associated with individuals living within the community or about to be released into the community. It is a collaborative process involving primarily Police and Criminal Justice Social Work staff, is co-ordinated by Community Safety colleagues and carried out when individuals enter the MAPPA process, if they move address and thereafter on an annual basis.

The ERA process is extensive and on average takes two weeks to complete per property. During 2020/21, 42 ERA assessments were completed within the Inverclyde area. An individual can have more than one assessment completed, particularly where the focus is on identifying a manageable property following release from custody.

## The reduction of reoffending and supporting social inclusion

Effective community based sentencing options are essential in achieving the National Outcomes for Criminal Justice. Community Payback Orders (CPOs) were introduced in February 2011 and can consist of nine possible requirements, the most common of which is Unpaid Work and Supervision. These requirements can be made separately or combined into one CPO. In addition our community based Criminal Justice Social Work staff also supervise those released from custody on licence from Parole Board Scotland.



## Unpaid Work

Following the introduction of the first national lockdown on 23<sup>rd</sup> March 2020 our Unpaid Work placements had to be paused. Individual Service Users were advised of this and their allocated worker remained in contact with them throughout the Covid-19 pandemic to offer guidance and support where appropriate. The nature and frequency of this contact was determined on an assessment of their level of vulnerability along with their risk and needs profile and this was kept under regular review.

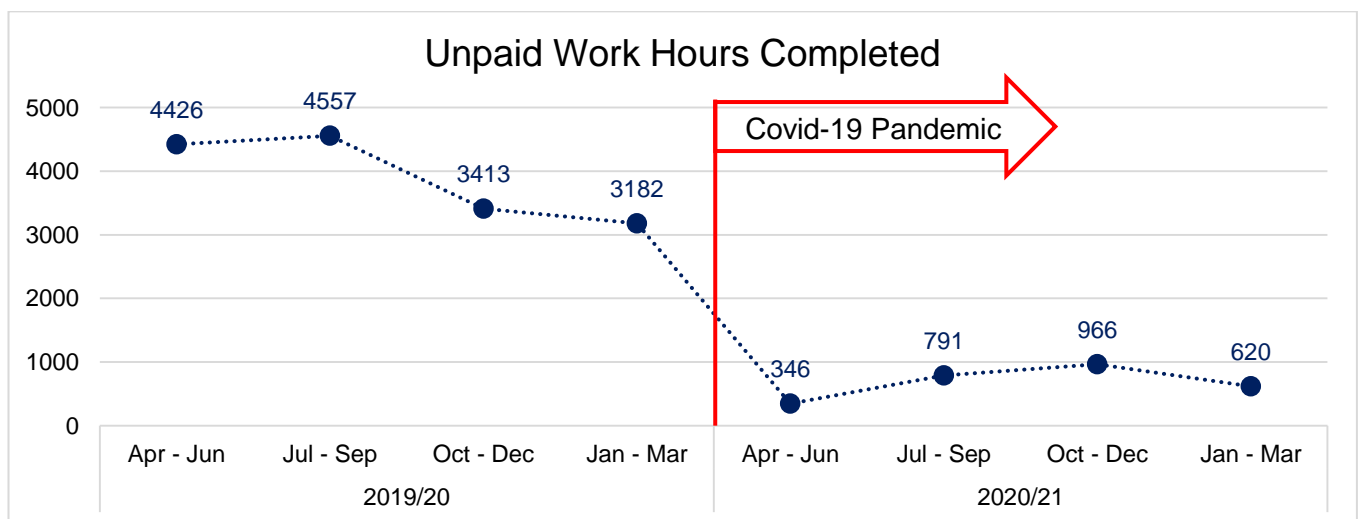
The Service actively engaged in planning for recovery with a priority of identifying potential outdoor projects which offered sufficient space to support social distancing requirements and were also easily accessible to service users to minimise their use of public transport and thus potential exposure to the Covid-19 virus.

An example of projects we engaged in is the Coves Local Nature Reserve. We have had a relationship with the nature reserve since 2019 and, pre-pandemic, had been involved in developing and maintaining the area. With the onset of Covid-19 pandemic, the area received considerably increased footfall by members of the public which, in turn, increased the need for further development and maintenance. This was the first site we returned to post-lockdown and were involved in a variety of tasks including litter picking, clearing and widening paths, clearing vegetation and preparing ground for tree planting.



“The work that has been ongoing at the Coves Local Nature Reserve has made a dramatic difference to this urban green space. The aesthetic improvements at the entrance to the nature reserve have had a profound effect on the way this space is perceived by the local community. Friends of Coves and the local community are so grateful for the assistance from Unpaid Work, helping us restore this unique habitat. It has already brought the community together, restoring pride of place. It has also encouraged and enabled more people to access the health and wellbeing benefits found in the natural environment. We cannot thank you all enough!”

Marie Stonehouse – Friends of Coves Community Project Leader.



The total number of hours of Unpaid Work completed in 2020/21 was 2,723 down 82.5% from 15,578 last year.

‘Other activity’ is also a recognised component of Unpaid Work and can target areas that assists the individual to make positive changes in their life. Throughout the Covid-19 pandemic our staff have helped service users identify and access resources online. Principally this has included accessing modules co-sponsored by Inverclyde Adult Education and West Scotland College with the aim of enhancing and/or addressing issues related to past offending. During 2020/21, 545 hours were completed in this manner.

## Community Supervision

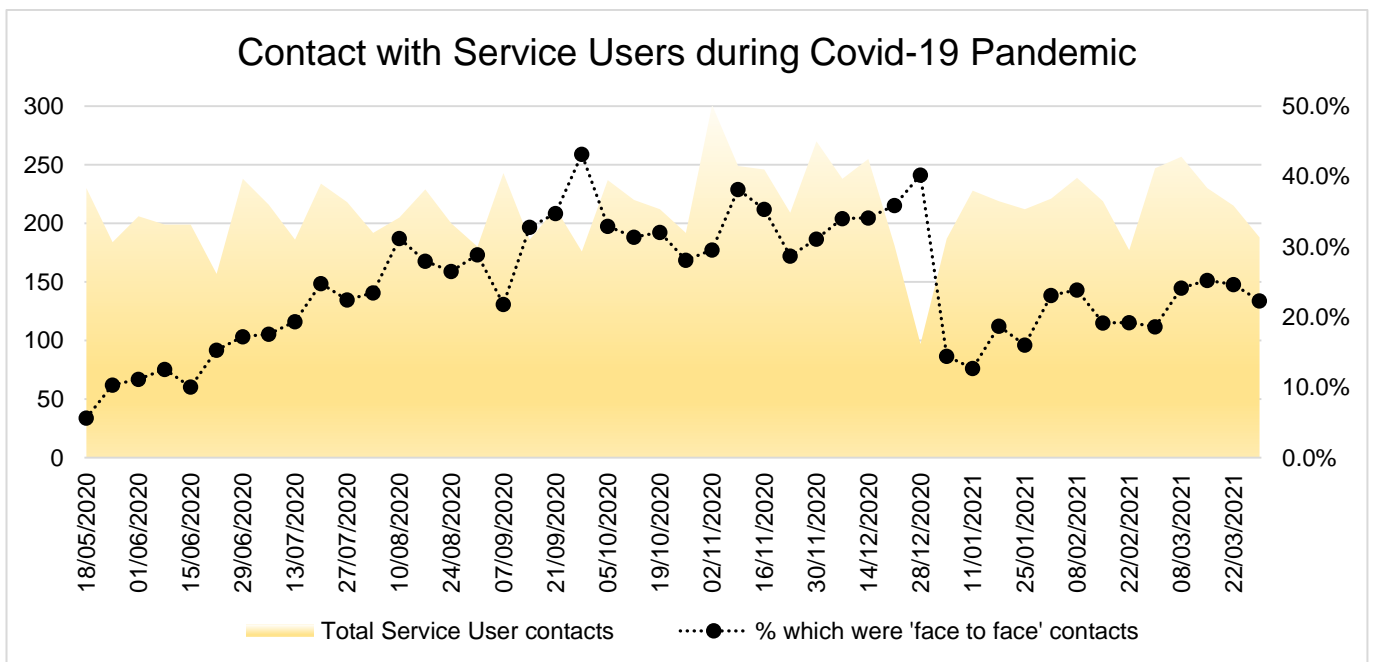
### John's story

John is on a Community Payback Order with both Supervision and Unpaid Work Requirements. He complies fully with supervision and is currently undertaking an online certificated course in Awareness of Mental Health Problems run by West Scotland College in conjunction with Community Learning and Development. This is giving John insight into his past difficulties, some of which had impacted upon his behaviour, including offending. He will be credited with Other Activity hours upon completion of this course.

John is also becoming involved in voluntary work, the nature of which will be assessed as a potential Unpaid Work individual placement.

As a consequence of the Covid-19 pandemic and the lockdowns which followed the Service had to review its model for interacting with service users on supervision to ensure it was safe for both service users and staff particularly during periods of high community transmission. All open cases were reviewed to determine the nature and frequency of the contact required

From mid-May 2020, the Service began to capture data on the number and nature of all contacts with our service users and also our contact with other agencies. The purpose was to assist with our recovery planning as well as to understand the impact of decisions at a national level regarding lockdowns and changes to local authority Covid-19 pandemic protection levels. The data pertaining to service user contact is illustrated below:-

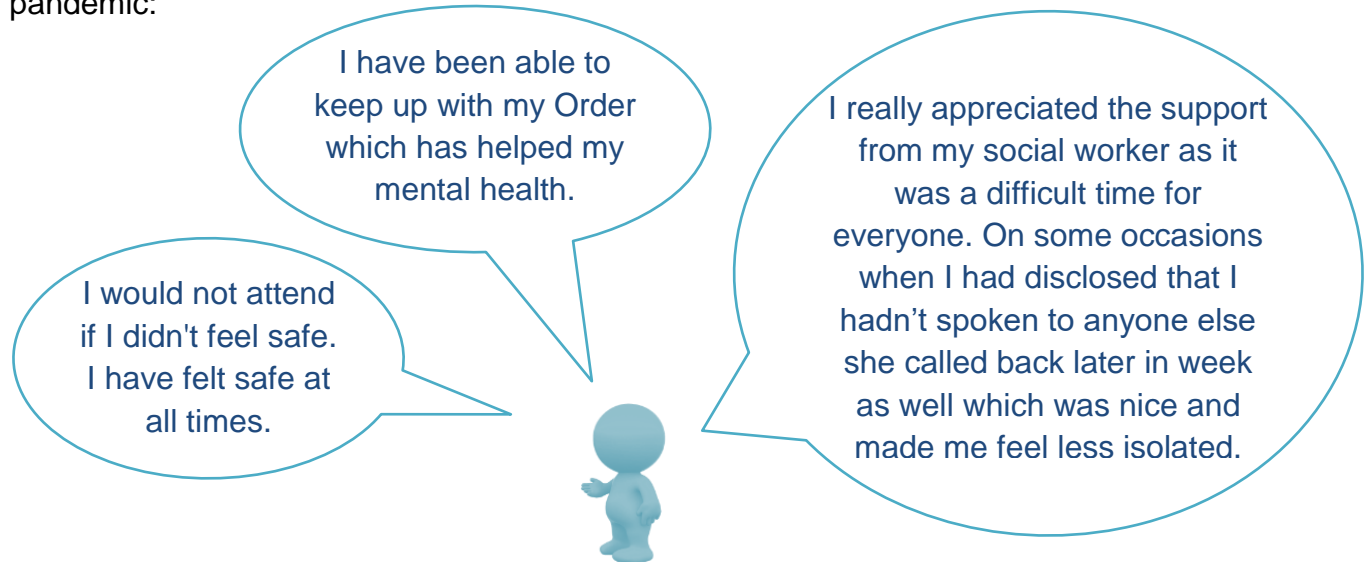


The above graphic captures both direct face to face contact and overall contact (which includes telephone contact). This has remained relatively stable throughout 2020/21 averaging 215 per week. Significantly as we moved through the first lockdown direct face to face contact increased steadily from approximately 5% of all contacts to around 35% as restrictions were eased. This fell sharply as we entered the second lockdown in January 2021, however, this did not fall back



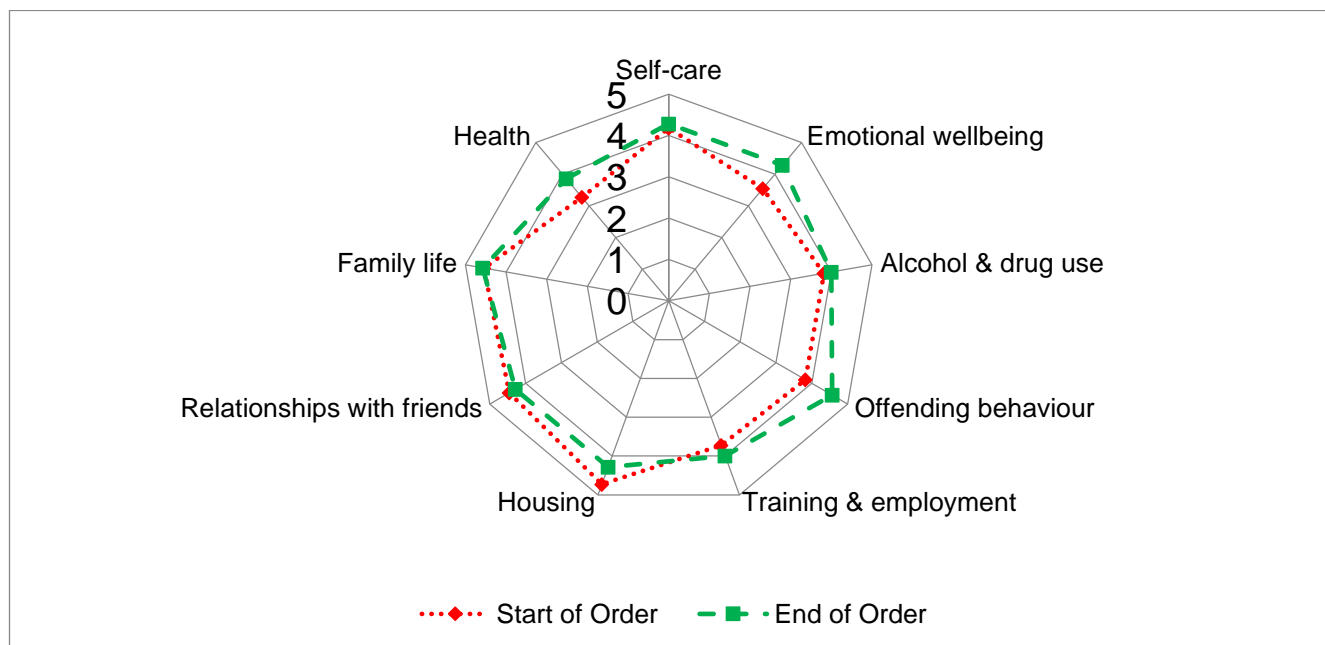
to the levels seen at the start of the first lockdown and is showing signs of stabilising at 20% to 25%. We believe this is due in part to the systems and protocols that were already in place which have now become well established within the Service and are providing staff and service users alike with confidence in how they engage.

Some direct quotes from Service Users on their experience of the Service during the Covid-19 pandemic:



### Needs assessment

Our bespoke Needs Assessment Tool assists us and Service Users to see improvements or challenges in their experience of the Service. The chart below show this with higher scores being better.



Some responses to the question “What changes have you made since working with Inverclyde Criminal Justice?”-



### Early Prisoner Release

In response to the national Covid-19 pandemic; legislation was passed allowing for the early release of certain prisoners from custody. Criminal Justice Social Work (CJSW), in collaboration with colleagues from Alcohol and Drugs Recovery Service, Homelessness and the Community Justice Lead Officer, were alert to the need to proactively offer support to the prisoners identified for early release under this scheme; recognising that the Covid-19 pandemic would lead to additional challenges for an already vulnerable and complex group.

To this end, protocols were devised to utilise the ‘email-a-prisoner’ scheme to make offers of support. During April 2020, 16 individuals identified as part of the early release scheme were contacted; 13 of whom accepted an offer of support. Support provided to these individuals included making referrals to the appropriate agencies to provide support to address housing; mental health; addictions and benefits issues and referrals to third sector partners such as Shine and I-Fit. Criminal Justice Social Work were able to effectively share information with partner agencies due to having successfully completed an Information Sharing Agreement with the Scottish Prison Service.

Criminal Justice Social Work has continued the process identified to support prisoners subject to early release in order to try to make a more consistent and comprehensive offer of voluntary through care to prisoners expecting to be released from short term custodial sentences. This recognises that prisoners who are not subject to statutory supervision on release not only make up the majority of the prison population but also encompass some of the most vulnerable people in our society. Reoffending rates within this population are high and the ‘landscape’ of services available has become disjointed and complex to navigate.

Now under further review, it is hoped that CJSW can build on the proactive approach established in the last year to create a more efficient and streamlined offer of support to this service user group using effective sharing of information between statutory and third partners agencies, and this increased partnership working across services, to ensure that such individuals are offered the right support at the right time.

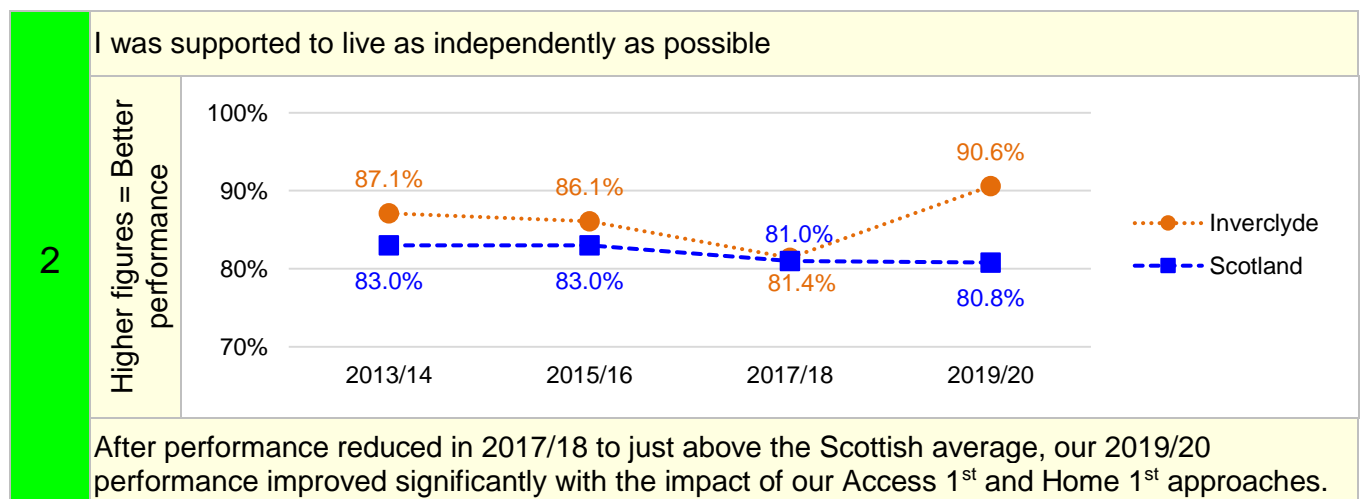
**Big Action 4 - We will Support more People to fulfil their right to live at home or within a homely setting and Promote Independent Living**

We will enable people to live as independently as possible & ensure people can live at home or in a homely setting including people who are experiencing homelessness, enhancing their quality of life by supporting independence for everyone

**National Outcomes relating to this Big Action**

1	People are able to look after and improve their own health and wellbeing and live in good health for longer
2	People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community
3	People who use health and social care services have positive experiences of those services, and have their dignity respected
4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
6	People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.
7	People using health and social care services are safe from harm

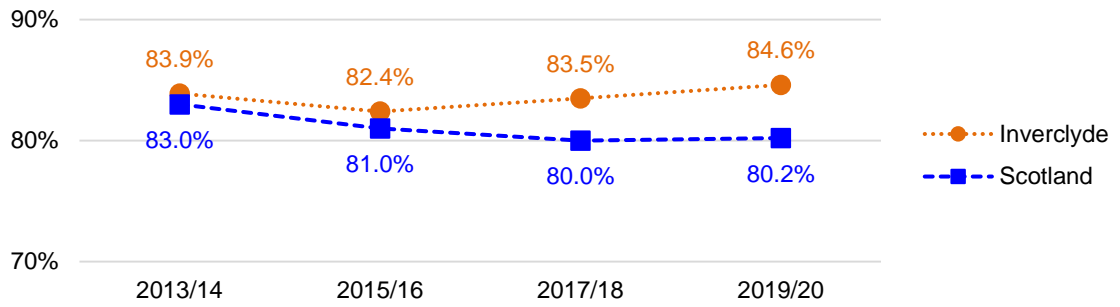
**National Integration Indicators**



Adults receiving any care or support who rated it as excellent or good

5

Higher figures = Better performance

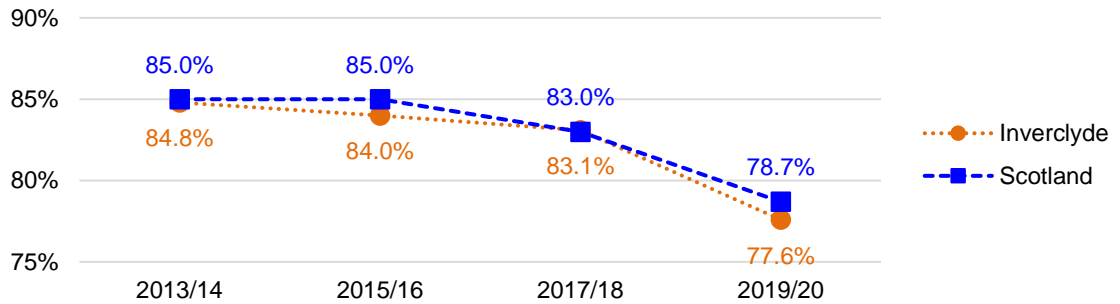


We have been able to maintain higher rankings than the national average and are seeing some small improvements.

Percentage of people with positive experience of the care provided by their GP practice

6

Higher figures = Better performance

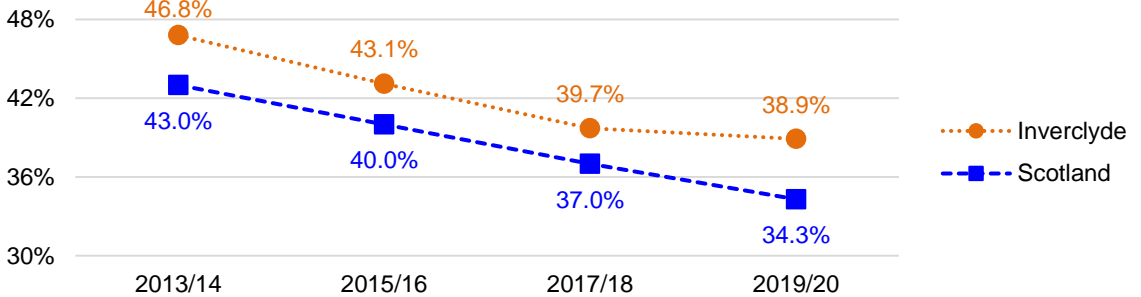


Even though performance has dipped slightly we are broadly matching the Scottish average.

I feel supported to continue caring

8

Higher figures = Better performance

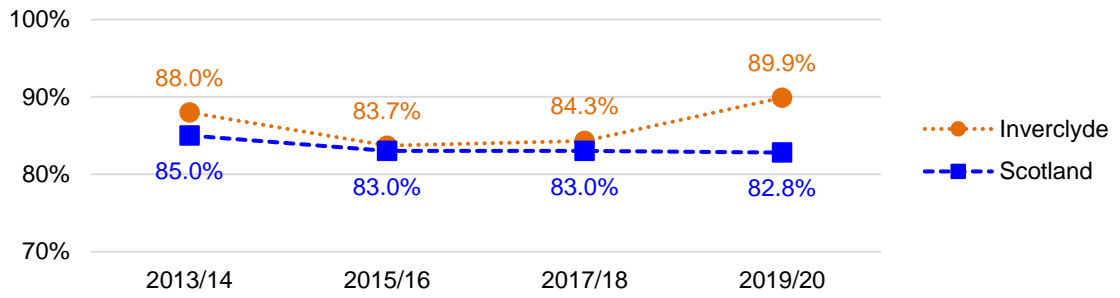


Both locally and nationally there has been a disappointing downward trend. We are focussed on improving the support for carers in partnership with the carers centre.

Adults supported at home who agreed they felt safe

9

Higher figures = Better performance

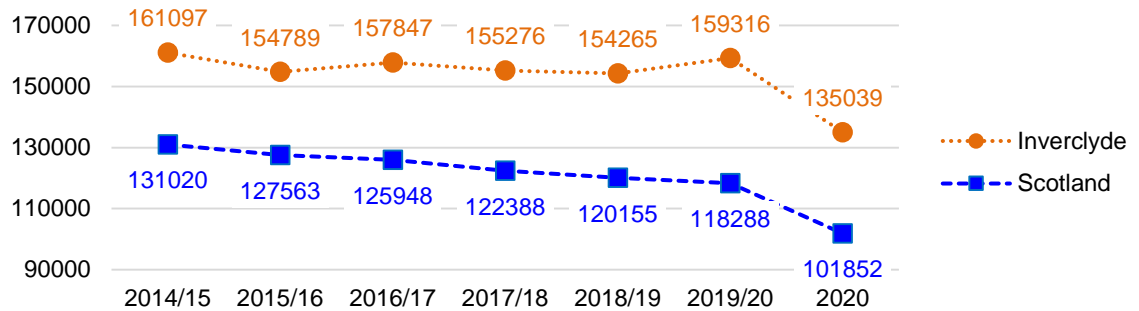


After a reduction both locally & nationally in 2015/16 we improved in the last 2 periods whilst nationally this remained static.

Emergency bed day rate (per 100,000 population)

13

Lower figures = Better performance



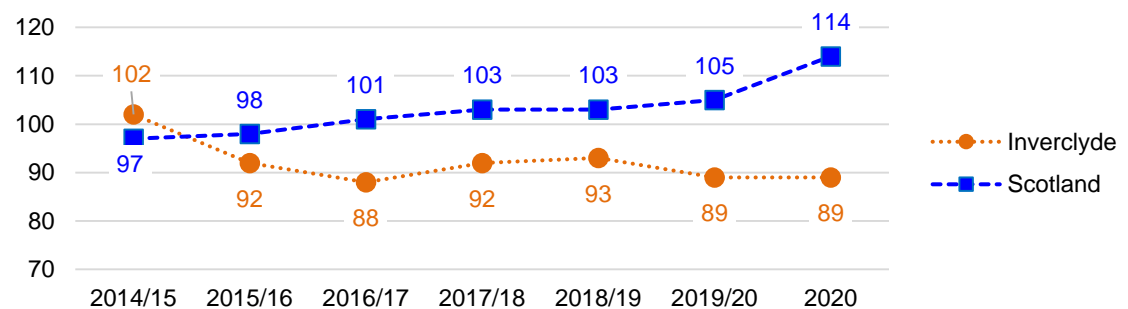
Local performance remained relatively static, however, a significant drop in the rate can be seen for 2020. Some of this will be due to our work in this area and also the impact of the Covid-19 pandemic.

\*see note 1

Readmission to hospital within 28 days (per 1,000 population)

14

Lower figures = Better performance



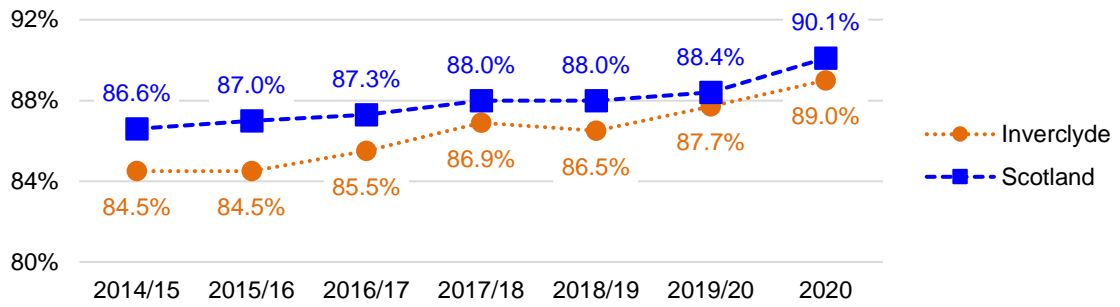
Inverclyde performance has improved and is better than the national picture. This is due to the Home 1<sup>st</sup> Policy and the intention to getting discharge right first time.

\*see note 1

Proportion of last 6 months of life spent at home or in a community setting

15

Higher figures = Better performance



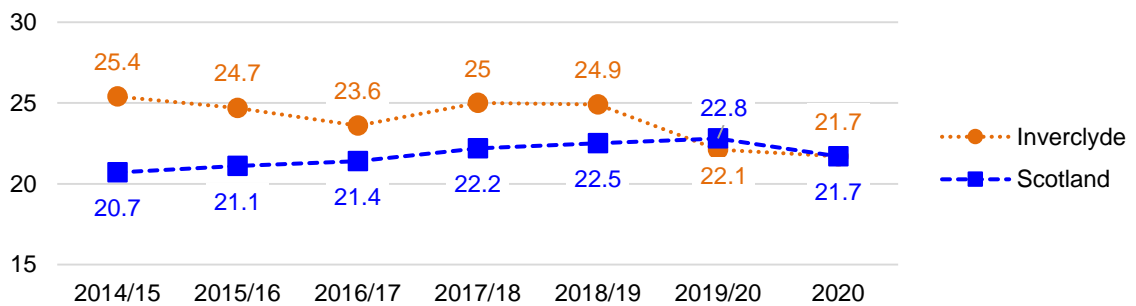
Local performance has continued to improve and we are now only slightly below the Scottish average.

\*see note 1

Falls rate per 1,000 population aged 65+

16

Lower figures = Better performance



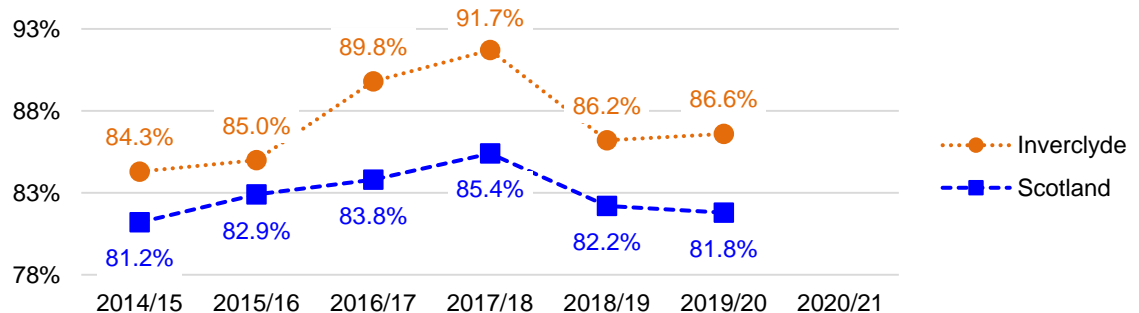
We saw some small improvements in reducing the rate of falls in our older population up to 2018/19. After introducing additional measures in 2019/20 we then saw a notable improvement.

\*see note 1

Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections

17

Higher figures = Better performance

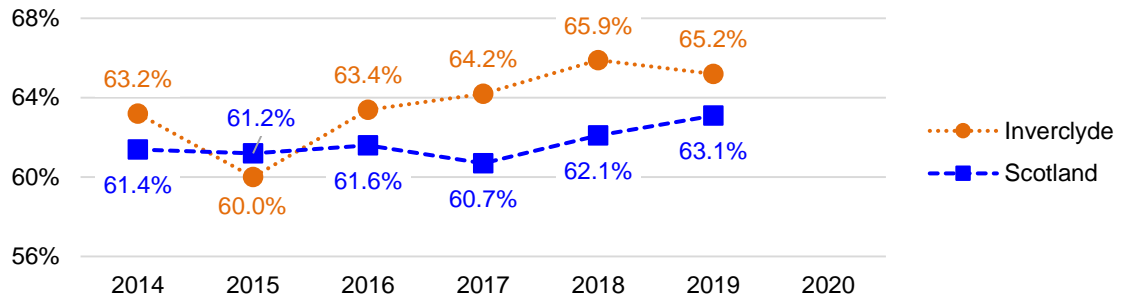


Even though our performance dropped from a high of 91.7%, we continue to do well and this reflects the strong partnership working between HSCP and our local care provider organisations.

Percentage of adults with intensive care needs receiving care at home

18

Higher figures = Better performance

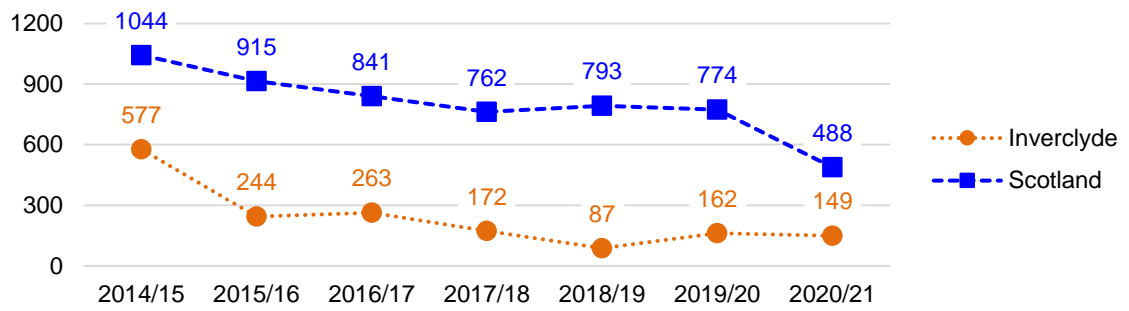


We have seen a sustained improvement in performance and we aim to further increase this.

Number of days people spend in hospital when they are ready to be discharged (per 1,000 population) (age 75+)

19

Lower figures = Better performance

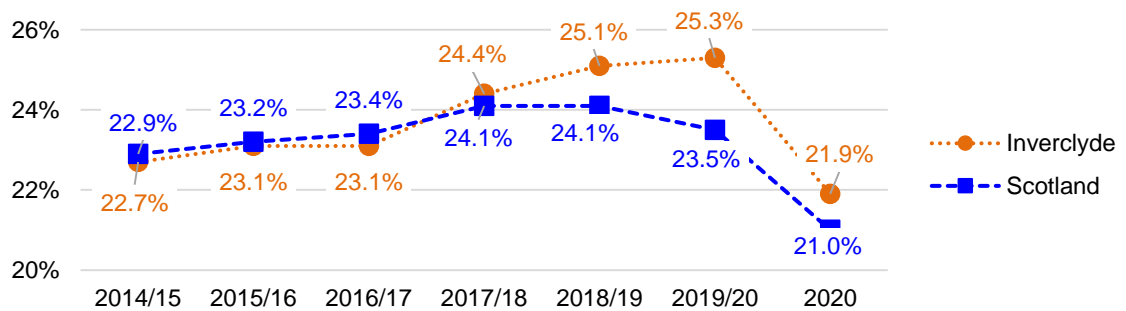


Inverclyde performance on delayed discharge is regularly the best in Scotland and significantly better than the Scottish average.

Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency

20

Lower figures = Better performance



Performance has remained fairly consistent both locally & nationally with only minor changes over the last few years.

\*see note 1

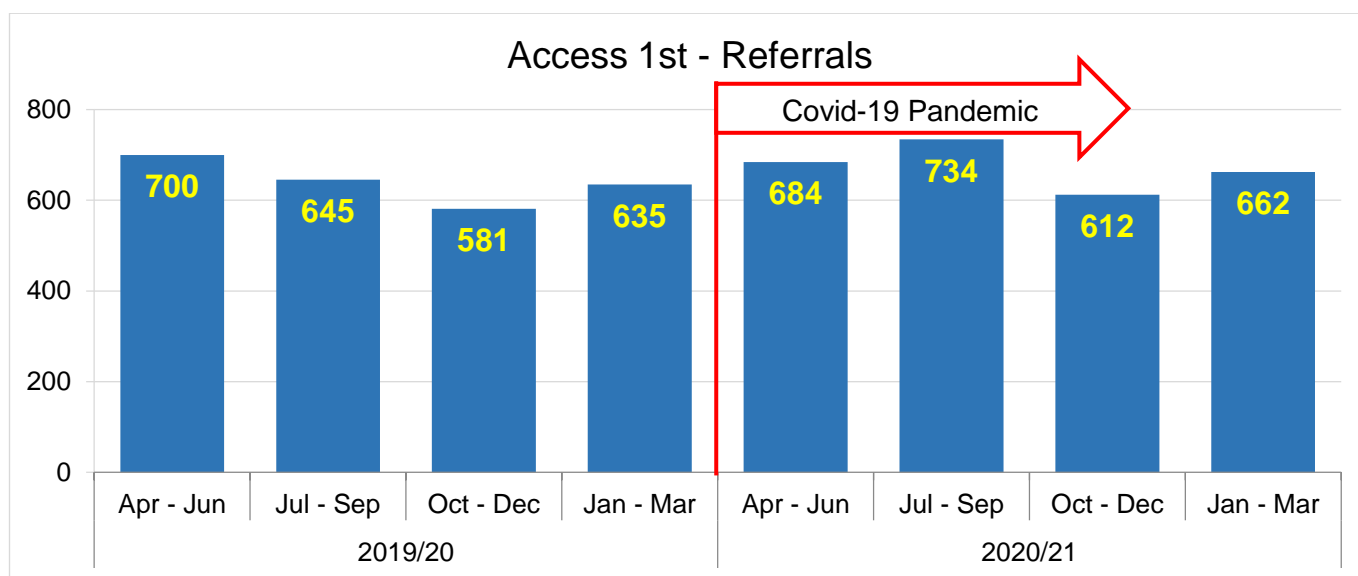
note 1: Calendar year 2020 is used here as a proxy for 2020/21 due to the national data for 2020/21 being incomplete. We have done this following guidance from Public Health Scotland and to improve consistency between our report and those for other Health and Social Care Partnerships. Please note that figures presented will not take into account the full impact of the Covid-19 pandemic during 2020/21.

## Local Activity

### Access 1st



Access 1st as a single referral pathway to Health and Community Care services continued to be rolled out to across Assessment and Care Management, Home 1st Reablement, hospital discharge, mainstream home care, palliative care and adult welfare concerns Over the past year, Access 1st adapted well to the impact of the Covid-19 pandemic. There was a need to make some adjustments to support the operational teams in managing their processes, however, overall referrals and inquiries continued to be received and processed in line with performance indicators.



77% of referrals were dealt with within 0-3 days from receipt.

### Home 1<sup>st</sup>



The established partnership with Acute around Home 1<sup>st</sup> laid foundation for successful discharge planning during the pandemic.

The established Discharge Hub at IRH ensured quality work continued with safe discharges reducing pressure on acute services and ensuring people were cared for in a safe environment of their choosing

### Delayed discharges

Inverclyde HSCP has a recent history of good performance in terms of discharges from hospital and ensuring vulnerable adults and older people return to their own home or a home like setting. Across Scotland the Covid-19 pandemic had a huge impact on hospital discharge performance. Inverclyde maintained a high level of performance and was best performing partnership in terms of reducing Bed Days Lost for patients over 75 years of age.

Further information on unscheduled care is covered under the MSG section.



In recent years unscheduled care services in Inverclyde have faced an unprecedented level of demand. While we perform well compared to other health and social care systems nationally, we struggle to meet key targets consistently.

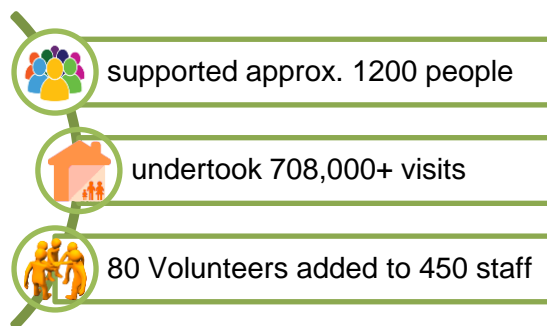
Our aim is to ensure every Service User is seen by the right person at the right time and in the right place with our emphasis being on seeing more people at home or in other community settings when it is safe and appropriate to do so. When hospital level care is required then we ensure that appropriate resources are available.

Our plans for improvement are focused on three main themes reflecting the patient pathway:

- ✓ Prevention and early intervention with the aim of better support so people receive the care and treatment they need at or close to home and to avoid hospital admission where possible
- ✓ Improving the primary and secondary care interface by providing GPs with better access to clinical advice and designing integrated patient pathways for specific conditions
- ✓ Improving hospital discharge and better supporting people to transfer from acute care to appropriate support in the community.

## Care at Home

The Care at Home team provides an essential service to people within their own home assisting them to live as independently as possible. Care at Home Services had a gap in service provision for the need to better support services users who required palliative and end of life care. During the past year the service has introduced a new Home Support Manager who is dedicated to managing the palliative end of life and discharge response team. The service works jointly with colleagues from the Ardgowan Hospice and community nursing team to ensure that service users have dignity in death, and families and informal carers are supported throughout this time. This team also enhances the discharge process within the service over 7 days alongside our colleagues in acute hospital settings which has been crucial during the Covid-19 pandemic.



## District Nursing

The community nursing service has maintained a service throughout the year.

District Nursing Teams continued to provide essential nursing care interventions throughout the year often collaborating with patients and family members and care at home staff to support people within their home environment. The service was delivered 24/7 covering 365 days of the year at around 85% in the initial stages.

Advanced Nurse Practitioners also worked through the pandemic conducting home assessments to acutely unwell patients within the home environment in lieu of GP colleagues who had to develop remote methods of assessment. Treatment Room Capacity was initially reduced to 1 site only, Greenock Health Centre, as lockdown & subsequent social distancing measures were implemented. As the year progressed gradual recovery and reopening of Port Glasgow and Gourock Treatment Rooms was implemented.

Managing safe working practices including enhanced Infection Prevention and Control Measures and Risk Assessments & Scottish Government / GG&C Public Health Covid-19 guidance was a key feature of service delivery.

District Nursing - 70,000 home visits (including out-of-hours and weekends)

District Nursing - Total caseload = approximately 1,000

21,000 Treatment room appointments across 3 sites

3,000 home support visits / Unscheduled care carried out by Advanced Nurse Practitioners

Care Home Liaison Nurses delivered a range of supports to Care Home registered nursing staff by means of remote “attend anywhere” app, by telephone, and also face to face when this level of contact was deemed essential. Significant additional support has been provided to care home Managers and Registered Nurses with Mass Covid-19 Testing of residents and Surveillance Testing of staff Infection Prevention and Control site visits and Quality Assurance visits.

### **Technology Enabled Care**

Technology Enabled Care (TEC) is a service providing a response to our Service Users following the activation of an alarm or telecare sensor resulting in an unscheduled visit covering 365 days of the year. A key challenge was to continue to provide the same level of care and support ensuring the continued safety of our service users and staff.

Our greatest achievement in this year is that we continued to provide support for people as needed. Responders were always available in any emergency situation and at a time when family could not visit we provided reassurance from our control centre operators. Where a physical response was required our responder team provided essential face to face contact.

An exciting 3 month trial started in October 2020 to support TEC in our requirement to move from an analogue to a digital service by 2025. This will require all current alarms and TEC equipment to be replaced. 25 new digital alarm units were purchased and installed in Service Users homes from a mixture of manufacturers. At the end of the trial the majority of Service Users were extremely positive about the new digital units.

We are at the starting point of our analogue to digital transformation journey and are currently establishing our roadmap to a fully digital service by 2025.

## Independent Living Assessment Processes

Utilising alternative assessment methods to ensure the service is reactive to service users' needs was part of the longer term aspirations of the Independent Living service. As a result of the Covid-19 pandemic and restrictions, a large waiting list developed for people requiring a routine assessment. In order to address this, a system was implemented to continually review the waiting list, keep service users updated of waiting times and pick up any issues that became more urgent as a result of having to wait. Many issues were able to be resolved over the phone and this resulted in a reduction in numbers waiting. The use of technology has been developed to assist this assessment and the integrated triage of referrals has been developed and is now more in depth to ensure the right person sees the service user at the right time and referrals are prioritised appropriately. This is a practice that will be continued as the service continues, as although not for everyone, the work is showing positive results and the feedback from staff and service users to date is very positive.

## Aids for Daily Living (ADL) equipment

Despite the Covid-19 pandemic restrictions roughly the same amount of equipment has been provided for service users as in previous years. This reflects the fact that equipment tends to be provided to support hospital discharge, preventing hospital admission and for urgent moving and handling situations, all of which have continued throughout the year. The Joint Equipment Store has always managed to deliver the necessary equipment required to support hospital discharge, helping to prevent any discharge delays. Over the last year, 94% of equipment was delivered to service users within 3 days of the request being received.



## Housing adaptations



This year saw a 42.5% reduction compared to our usual activity due to Covid-19 pandemic restrictions. We focussed on where there was an urgent need; for example to prevent a hospital admission, supporting hospital discharge or when there was an issue accessing essential amenities. Grabrails still account for approximately 50% of all adaptations.

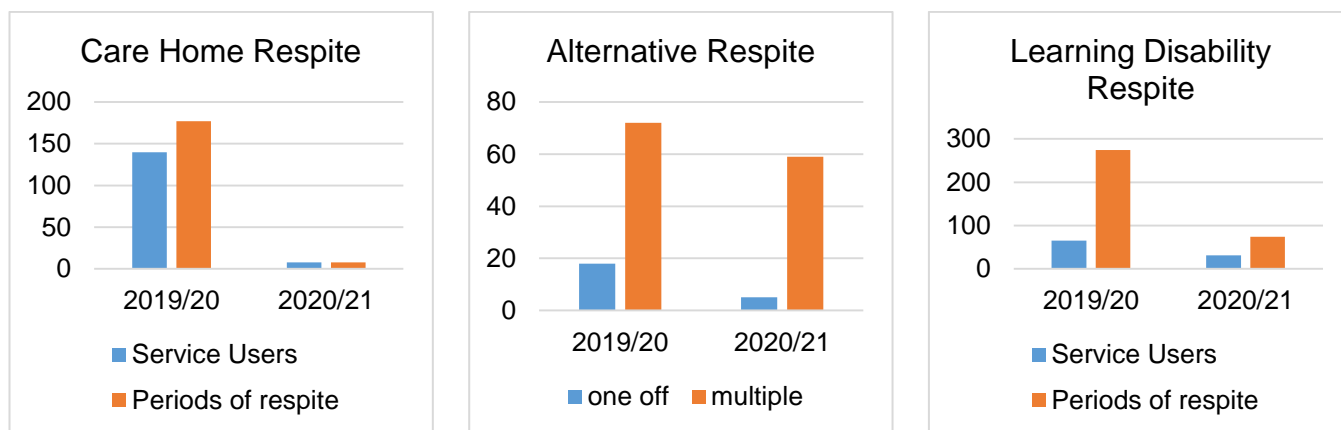
## Carers

Inverclyde HSCP works with partners across Inverclyde to support Carers and Young Carers. Our primary partner is Inverclyde Carers Centre (ICC) who lead on providing advise emotional support accessing mainstream services as well as a strong and campaigning voice for Carers in Inverclyde and nationally.

As with every other social care organisation the HSCP and ICC had to adapt and change how support was offered taking account of the increased social isolation Carers were experiencing and the reduction in face to face contact and peer support.

Infection Control was a major aspect of protecting Carers and the cared for and the HSCP worked to establish free access to PPE for this group as well as up-to-date information around vaccination which was communicated through the ICC.

The HSCP continued to support Carers and Young Carers throughout the pandemic by maintaining Carers support plans and providing short breaks away from the traditional residential care home. In 2020/21 we provided such breaks to 103 carers which though a reduced number on 2019/20 (295) was a substantive level of support given the context and demonstrates this respite and short breaks is increasing with indicators of a move away from traditional forms of residential respite.



The Carers Centre maintained contact with Carers and Young carers by telephone with regular calls carried out on a daily basis to those most in need. They also linked with the HSCP to escalate issues as well as the Council and 3<sup>rd</sup> sector partners during the Inverclyde response to the restrictions due to lockdown. Small grants were made to carers and young carers to purchase items that assisted them in taking a break from their caring role during lockdown.

## Covid-19 pandemic response

### Testing / Vaccinations / Assessment Centres

The primary care team worked collaboratively with partners across a range of agencies to develop and implement new services ensuring operating process and governance structures were in place as required.



Initially a Community Assessment Centre (CAC) was established at Greenock Health Centre and Covid-19 testing centres. Inverclyde HSCP were the only HSCP in NHS GG&C to develop a local site for staff testing which was in direct response to the initial surge of cases experienced in the local area. A drive through site with associated operating processes was developed at Port Glasgow Health Centre covering all health & social care staff. The learning from this was used to develop the of the local care home testing programme. Many staff were seconded from their usual roles to deliver these new services, learning new skills and working in a flexible way to respond as necessary.

Mass flu vaccination clinics with local town halls were delivered in conjunction with a range of colleagues in NHS GG&C, Inverclyde Leisure, Inverclyde Council, local GP practices and third

sector who provided volunteers to assist on site. Uptake of flu vaccination in Inverclyde was higher than in previous years.

The learning from this was instrumental in delivering the local Covid-19 vaccination programme. The HSCP remains responsible for vaccination of all housebound individuals unable to attend a GP practice or vaccination centre.

## Choose the right service

Progress on the Primary Care Improvement Plan was limited during 20/21 due to the team and practices directly responding to the pandemic however there was recruitment to 2 further Trainee Advanced Nurse Practitioner posts and to vacancies within Advanced Physiotherapy, Community Link Worker and Pharmacotherapy. The role of Community Link Workers changed during the pandemic as they directly supported the humanitarian response within Inverclyde. Whilst the ANPs spent some of the pandemic supporting the wider community nursing service, home visits in support of practices continued for much of the year.

The choose the Right serve campaign was extended to try to ensure the communities received the right support whilst supporting services to deliver throughout the pandemic



## Learning Disabilities

Service during the past year has had to focus on the most vulnerable such as those living alone or with elderly carers. New ways of delivering service virtually such as through Attend Anywhere / NHS Near Me and other virtual review meetings have all been implemented. There is still improvement needed in access to these technologies for some families and for people with more profound communication difficulties.

Partnership working with Parklea Branching out during restrictions providing a safe and supportive environment for people with LD and Autism to attend providing much needed respite for carers and meaningful activities for those where the impact of the Covid-19 pandemic and restrictions has been profound.

The Community Learning Disability Team (CLDT) has continued to provide a range of services even with the Covid-19 restrictions and contributed to the wider Inverclyde test and trace services. Nurses from the CLDT have taken part in the wider nursing rota for home testing and have now rolled out Covid-19 vaccinations to all patients with a Learning Disability, as well as to care home residents. Because CLDT nurses completed the relevant training early they were able to carry out the vaccinations quickly, in addition to the extra testing process now required for respite and other moves.

Learning Disability Day Opportunities (LD Day Opps) at the Fitzgerald Centre set up and ran the Personal Protective Equipment (PPE) hub for Inverclyde, and have been the centre for Lateral Flow Test (LFT) kits to be distributed to all relevant Inverclyde staff. This has offered support to the third sector providers across Inverclyde such as care homes and supported living services. In addition LD Day Opps supported colleagues at district nursing with PPE and technology distribution to care homes for Covid-19 vaccination programmes and have supported care and support at home colleagues by preparing and dispatching PCR 4 weekly testing kits to all HSCP home care staff.

From March 2020 to August 2020 LD Day Opps in collaboration with volunteer Transport providers, River Clyde Homes, Unity Enterprise and Education School meals, delivered over 15,000 hot meals to the most vulnerable people, shielding and in isolation throughout Inverclyde. Meals were provided 7 days per week.

From March 2020 The LD Day Opps Team and 2 Voluntary transport providers formed a Covid-19 Transport Team, with a focus on Patient Transport from Hospital to home, same day and with additional 'settling in service' from experienced LD Day Opps Worker. This service provided over 40 transfers and will be evaluated under the HOME 1ST discharge framework, looking at what impact this service has had in supporting bed capacity and Strathclyde Passenger Transport (SPT) service during critical periods.

### **Support to care homes**

The HSCP provided support to Local Authority, independent and Third Sector care home providers to protect their staff and residents throughout the Covid-19 pandemic, ensuring that each person received the right care in the appropriate setting for their needs. HSCP staff worked very closely with local care homes to offer any support they required including (but not limited to) the following:

- ✓ appropriate information, guidance and support to safely admit, accept discharges from hospital, and care for patients during the pandemic with direct access to the Public Health Protection team
- ✓ the right information and the right support to care for people within their care home
- ✓ ensure fair and prompt payment for existing care commitments by working with Commissioners
- ✓ ensure they have the right equipment and supplies, this includes appropriate Personal Protective Equipment (PPE) for care homes and that staff receive the right training in donning the equipment, its safe removal (doffing) and disposal so that staff can provide care safely and that they are appropriately
- ✓ psychological support to staff working in care homes
- ✓ training opportunities and support to all care homes in GG&C through Webinars
- ✓ delivered the Covid-19 vaccination programme in all care homes

## Market Facilitation and Commissioning Plan 2019 to 2024

The Market Facilitation and Commissioning Plan 2019 to 2024 sets out our Health and Social Care commissioning priorities and intentions in line with the overarching Strategic Plan 2019 to 2024.

Inverclyde HSCP is committed to ensuring Inverclyde service users can choose from a number of care and support providers and have a variety of creative support options available. The Market Facilitation and Commissioning Plan provides an innovative and creative approach to the commissioning of services while being responsive to the changing needs of Inverclyde service users.



During the Covid-19 pandemic, the Strategic Commissioning Team stepped up to provide additional support to services and were a key conduit for information from the Scottish Government and Public Health Scotland. Daily telephone support, advice and information calls were established to directly support care homes and providers of services which included PPE requirements especially in the early part of the pandemic. Additional reporting had to be established both internally and externally, and also significant event/notification of concerns or issues were collated and reported to the Local Resilience Management Team for action as required. In addition the team were involved in collation of a range of data including vaccination and testing data.

In late May early /June 2020 all older people and adult care homes had Infection, Prevention and Control visits to ensure compliance with infection control guidance. These were joint visits by nursing staff and the service manager of the Quality and Development team. Joint assurance visits supported by the Commissioning Team; Senior Social worker and the lead nurse, continued to all older people care homes in the early part of 2021 and was identified as good practice.



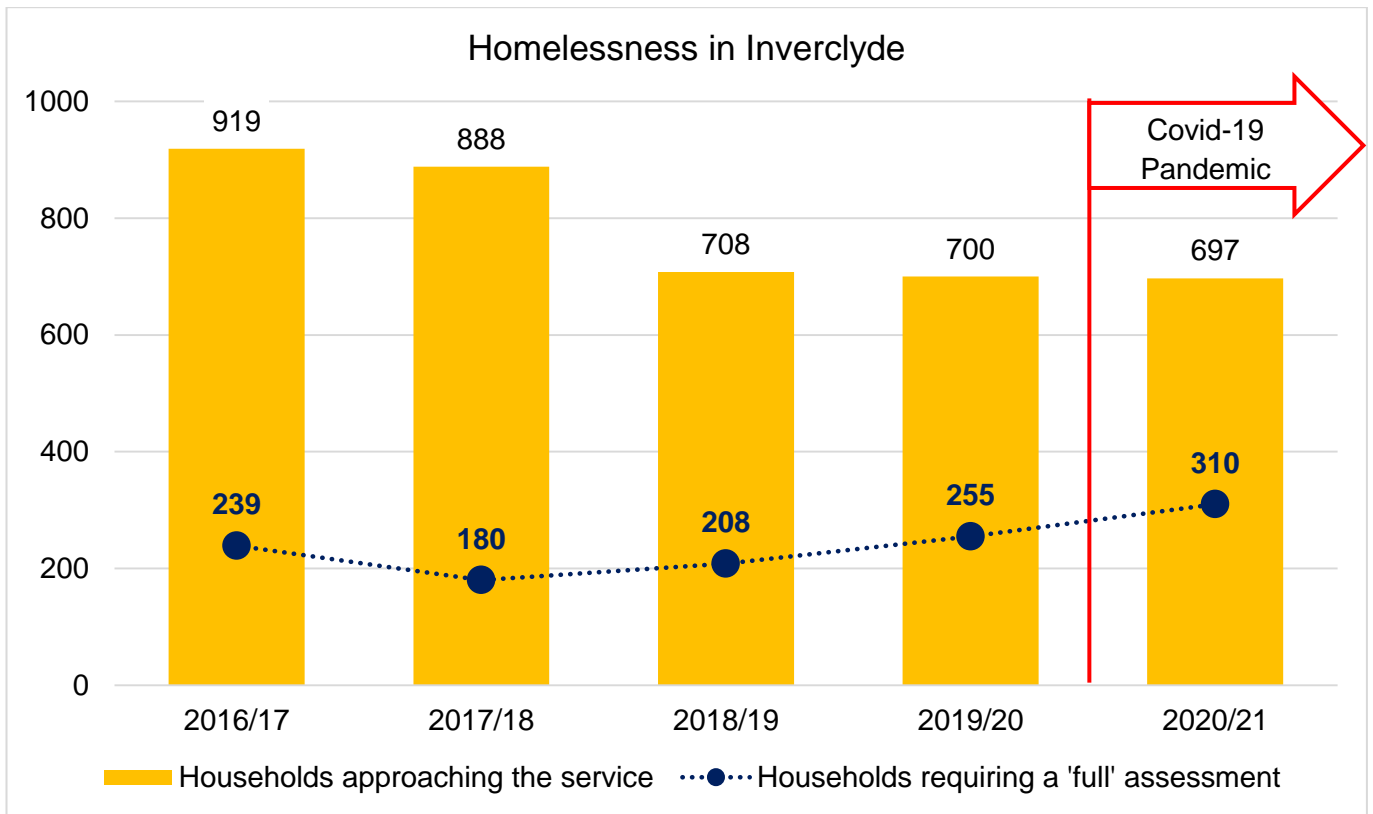
Although tasks in relation to Covid-19 were a priority for the team; 38 contract awards were made from April 2020 to March 2021, and market facilitation events have taken place in relation to the future contracting of Homecare, Daycare and Supported Living Services in Inverclyde.

Due to the additional demands on the team, additional staffing resources were agreed in October 2020 to ensure that all commissioning and contract monitoring was able to be undertaken alongside the Covid-19 specific roles.

## Homelessness

The Covid-19 pandemic impacted on Homeless and Prevention services within Inverclyde, with the service continuing to be at full operational levels throughout, to fulfil its statue duty in regards to homeless people in need of, Advice, Support and accommodation. Initially a decision was taken in line with public health advice to reduce the numbers accommodated within the Inverclyde Centre and also to establish an isolation corridor as required. The impact of the Covid-19 restrictions on the local Registered Social Landlords (RSL) and private housing sector, alongside numbers continuing to present during the height of the pandemic; and the Early Prisoner release, all placed a high demand on the service and alternative accommodation required to be sourced. Following assessment, a number of people were placed in Bed and Breakfast (B&B) accommodation out with the local area which presented additional challenges on the service due to increased levels of Anti-Social behaviour and a lack of localised services within reach of people who required them. Many of the homelessness clients have a number of support needs and the team worked to support through the issuing of mobile phones; use of Near Me (video call) technology and ongoing wellbeing calls and visits.

This use of B&B was reviewed as soon as possible and a decision made alongside additional availability of accommodation that we would at the earliest possible opportunity end the use of out of area placements and B&B usage in general. At end of the 2020-2021 period no out of authority placements were in operation.





## **Big Action 5** - Together we will reduce the use of, and harm from alcohol, tobacco and drugs

We will promote early intervention, treatment & recovery from alcohol, drugs & tobacco & help prevent ill health, we will support those affected to become more involved in their local community.

### **National Outcomes relating to this Big Action**

1	People are able to look after and improve their own health and wellbeing and live in good health for longer
3	People who use health and social care services have positive experiences of those services, and have their dignity respected
4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
5	Health and social care services contribute to reducing health inequalities

## Local Activity

### ADRS (Alcohol and Drug Recovery Service)

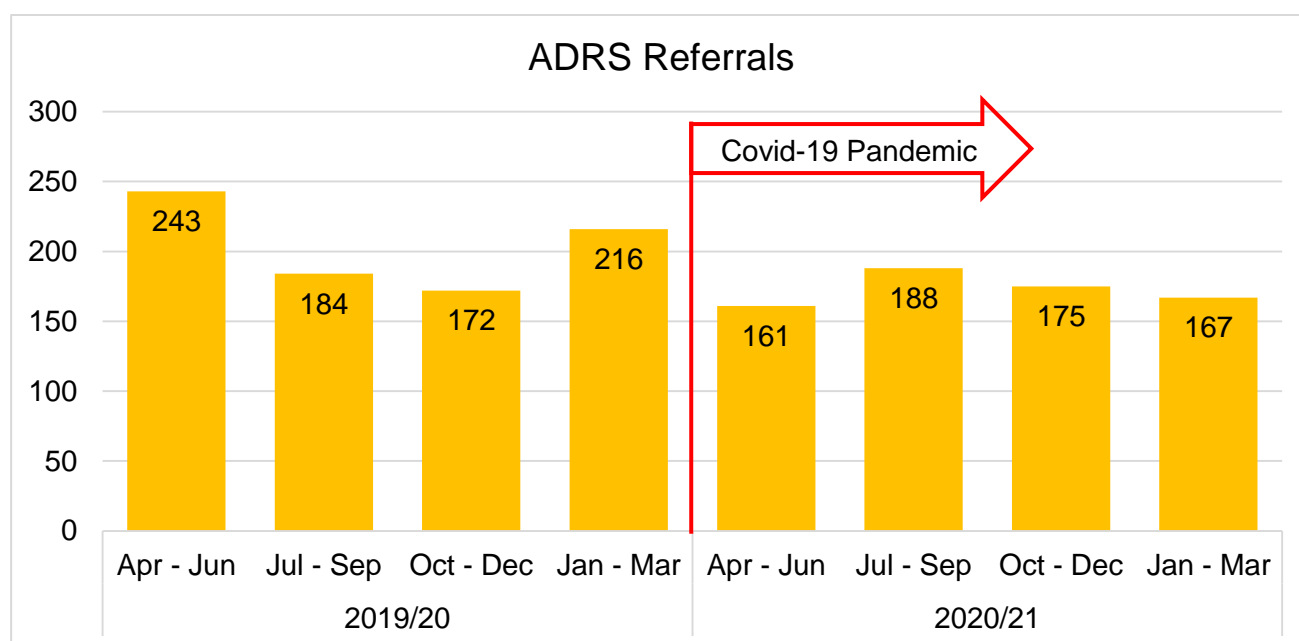
The Inverclyde Alcohol and Drug Recovery Service was part way through a service redesign at the beginning of the pandemic which was then paused. All staff from all functions of the service were brought into a centralised hub model to ensure oversight and risk assessment of all cases, overseen by Team Leaders and two designated Hub Managers.

The type, frequency and level of support and/or contact was determined by assessed risk and vulnerability. A standard operating procedure guided staff as to the intervention based on a traffic lights system of Red, Amber and Green categories.

Ongoing delivery of essential service providing:

- ✓ Duty system, prescription management, commencement of Opiate Replacement Therapy, medication administration, access to injecting equipment, venous bloods, prison liberations and delivery of medication to shielding/vulnerable patients
- ✓ Cases assessed at lower risk and reduced scheduled contact who were risk assessed as green were contacted less frequently by the service and notified of duty team and how to contact the service should they need it
- ✓ Liaison services to inpatients, primary care, shared care clinics and funded project work to develop a 7 day support service were put on hold. Inpatient detoxification was restricted to urgent cases only and no new commencement of disulfiram could take place
- ✓ Face to face appointments were limited to those at most risk of harm, vulnerability and risk

The service has incrementally increased as local and national pandemic restrictions have dictated. Referrals to the service dipped at the start of the Covid-19 pandemic before returning to expected levels.

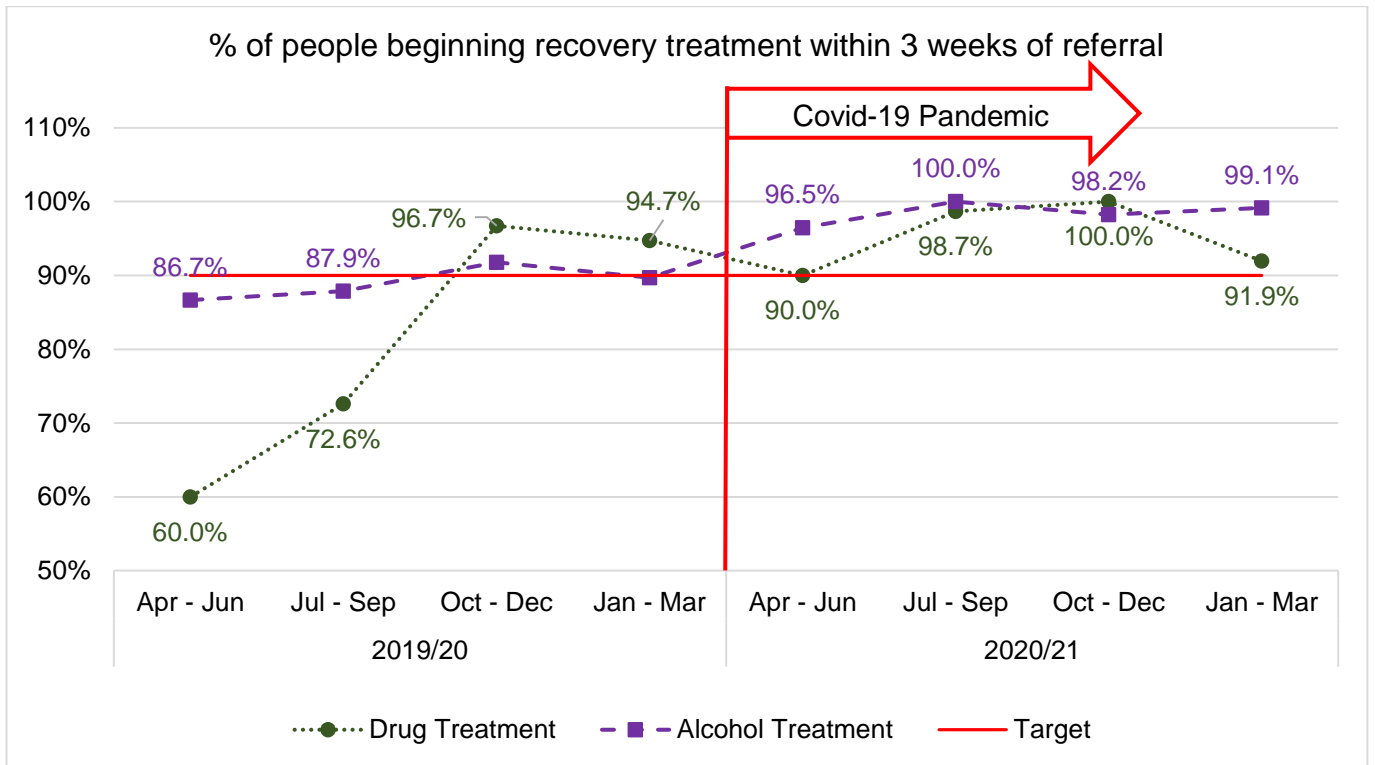


Source: SDMD (Scottish Drug Misuse Database)

## Beginning treatment

A national target has been set by the Scottish Government that states “90 per cent of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery”. Seeing people quickly gets them onto a journey of recovery sooner, thus leading to better outcomes.

After some hard work to improve our position in 2019/20 for 2020/21, even with the impact of Covid-19 pandemic, we have been able to meet or exceed this target.

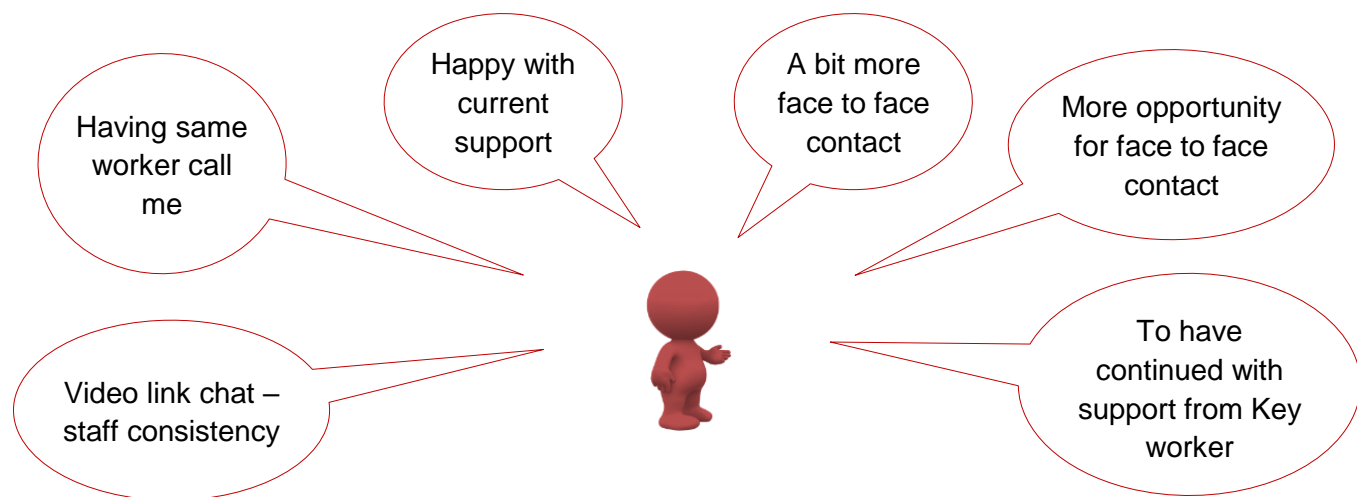


Source: SDMD (Scottish Drug Misuse Database)

We undertook a Service User questionnaire in August 2020 to gain their views on the service received during the Covid-19 pandemic. 24 people completed this for us and the results are noted below.

Q1: Overall do you feel throughout the Covid-19 pandemic you have received sufficient support from the service?	Q2: Did you find the telephone support you received helpful during this period?	Q3: Do you feel the service was accessible enough?

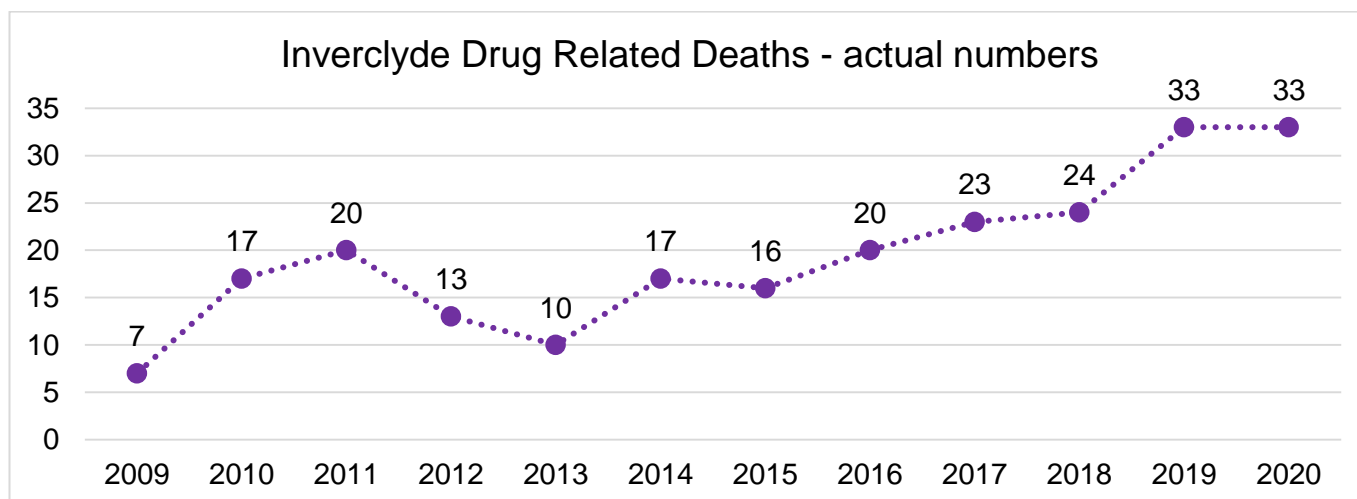
Q4: What do you feel could have been better?



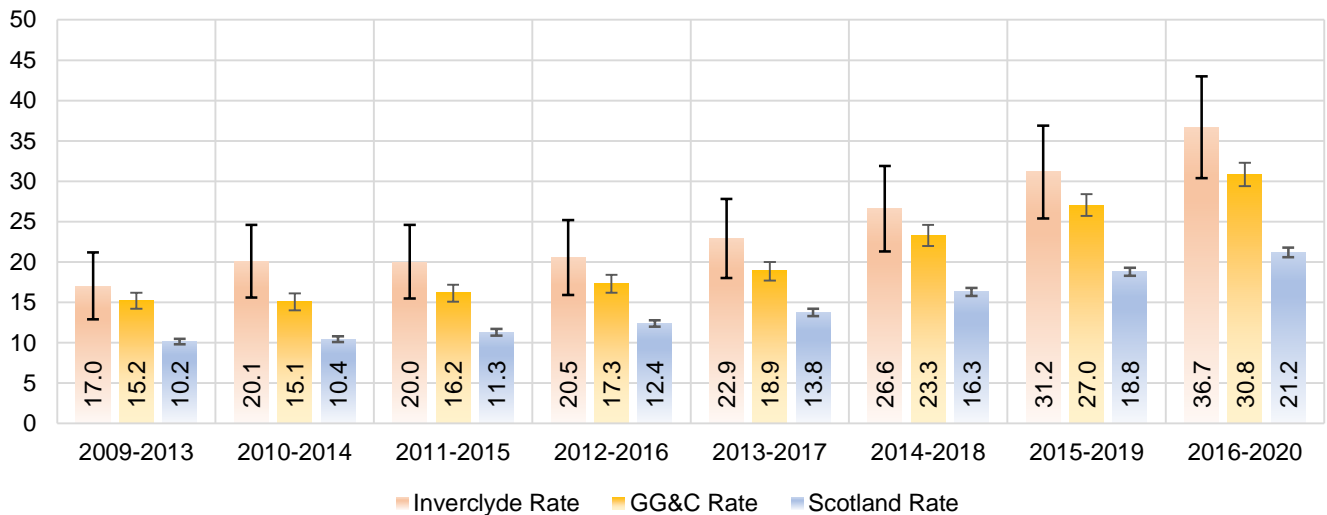
**Drug related deaths**

In 2020 there were sadly 33 drug-related deaths in Inverclyde. While Inverclyde has seen no rise in the number of drug-related deaths from 2019, remaining at 33; as outlined by the 5 year average rate of 36.7; Inverclyde remains the third highest rate only compared to Glasgow city at 39.8 and Dundee city at 43.1.

Drug related deaths - Actual numbers												
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Inverclyde	7	17	20	13	10	17	16	20	23	24	33	33
GG&C	193	158	183	187	138	189	221	257	280	394	404	444
Scotland	545	485	584	581	527	614	706	868	934	1187	1264	1339



## Drug related deaths - rate per 100,000 for 5 year rolling average



### Preventing Drug Related Deaths

In 2020, after adjusting for age, people in the most deprived areas were 18 times as likely to have a drug-related death as those in the least deprived areas (68.2 per 100,000 population compared with 3.7). This is an indication of the complex nature of drug-related deaths where factors like poverty and the impact of severe and multiple disadvantages including homelessness, mental health, and involvement in the justice system, as well as the impact of trauma, may increase the risk of a drug-related death.

Inverclyde Alcohol and Drug Partnership's (ADP) Drug Death Prevention Action Plan focuses on actions related to the national Drug Death Taskforce priorities:

- ✓ Targeted distribution of naloxone
- ✓ Immediate response pathway for non-fatal overdose
- ✓ Medication-Assisted Treatment
- ✓ Targeting the people most at risk
- ✓ Public Health Surveillance
- ✓ Equity of Support for People in the Criminal Justice System

Inverclyde ADP are in the process of refreshing the Drug Death Prevention Action Plan, taking the opportunity to capture the wide range of actions and additional funding. Partners recognise that these actions will take time before achieving the overall ambition of reducing the unacceptable number of drug related deaths in Inverclyde.

Over the last year good progress has been made in several key actions including:

- ✓ The inclusion of the 3rd sector to distribute Naloxone (through the Lord Advocate's decree during Covid-19)

- ✓ The development of the information sharing protocols with key partners to ensure assertive outreach within 48 hours to anyone who has had a non-fatal overdose
- ✓ Work to support those most at risk into treatment and try to keep them established within treatment services
- ✓ The reduction in waiting times into ADRS treatment services; the ongoing work to support service users onto appropriate doses of treatment; and the introduction of Buvidal (longer lasting injection) which may change prescribing practices
- ✓ The review of all drug deaths on a multiagency basis to determine any learning and improvements in practice
- ✓ The test of change of Care Navigators to work intensively with the most vulnerable service users known to Homelessness; ADRS and Criminal Justice

Analysis from the 2019 drug-related deaths in Inverclyde indicated that 30.3% of people were in police custody in the six months prior to their death. Inverclyde ADP has secured funding from the national Drug Death Task Force to employ Peer Navigators in Greenock Police Custody as a means of early help. This is a test of change with the potential to influence practice across Scotland, targeting a group of people who are at an increased risk of a drug-related death.

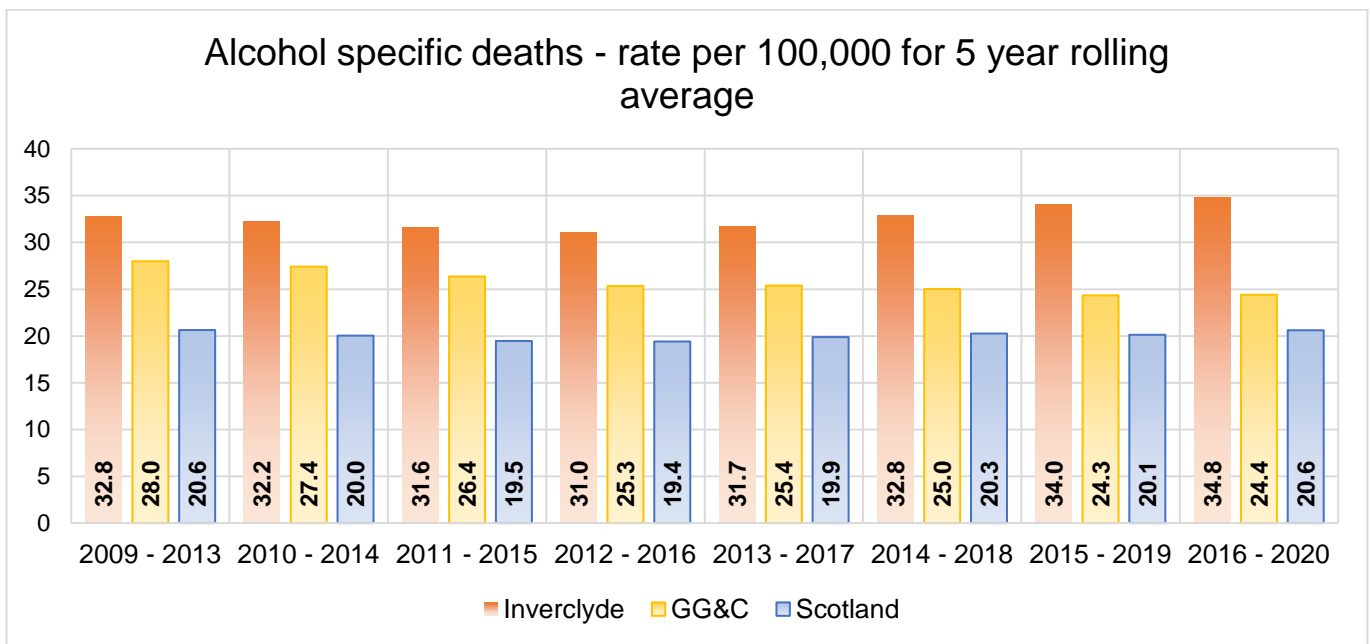
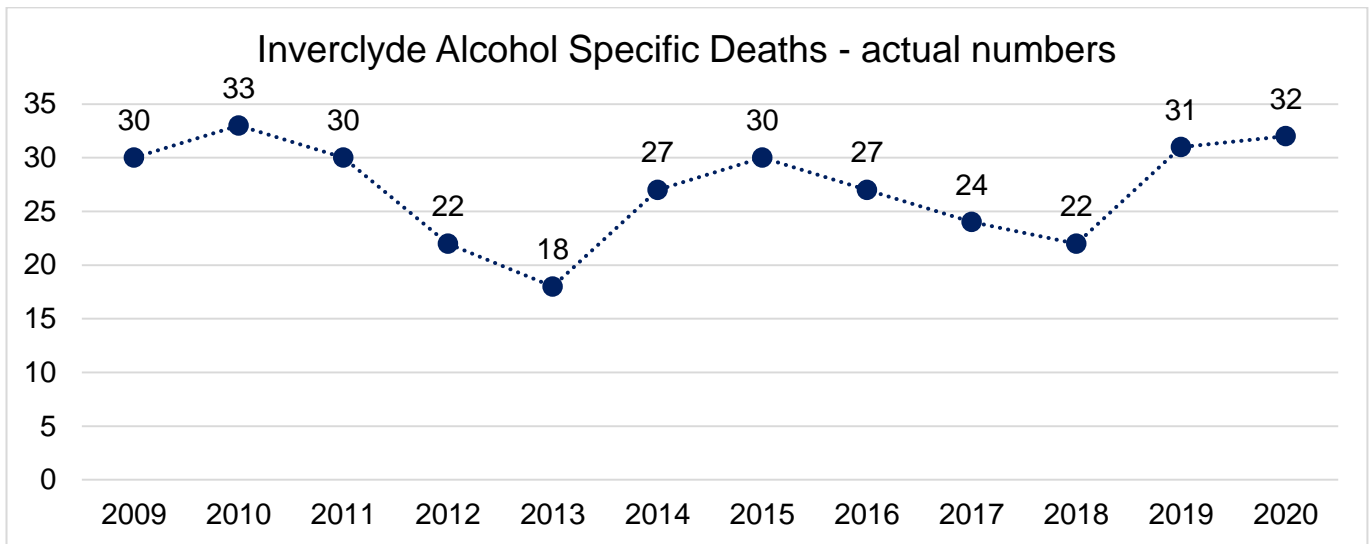
A key priority in Inverclyde’s Anti-Poverty Strategy is to use funding to undertake an employability pilot, targeting a cohort of 20-30 year old males who are unemployed with alcohol or drug dependencies. This pilot will initially target Greenock Town Centre followed by a second phase targeting Port Glasgow. This pilot recognises the challenges to be overcome in relation to reducing poverty and increasing employment opportunities while tackling health inequalities.

Other developments being progressed by Inverclyde ADP that may also help to prevent drug related deaths include more system wide changes, including developing a recovery community and where people are given hope that change is possible and people can and do recover. A key barrier is around stigma and Inverclyde ADP has developed a strategy and action plan to start to remove this barrier, titled “Being Accepted”. Finally, Inverclyde ADP recognises the vital role residential rehabilitation can provide, but only where the scaffolding is in place to offer people the necessary support in preparation for this step as well as the support in the community following a residential placement. We are in the process of developing a clear pathway of support.

### Alcohol Specific Deaths

Sadly in 2020 there were 32 recorded alcohol specific deaths in Inverclyde, up 1 from 2019 and the highest number recorded for 10 years.

Alcohol Specific Deaths												
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Inverclyde	30	33	30	22	18	27	30	27	24	22	31	32
GG&C	317	333	360	298	281	287	274	308	310	274	257	285
Scotland	1180	1183	1135	968	1002	1036	1045	1139	1120	1136	1020	1190



## Preventing Alcohol Specific Deaths

NHS GG&C have undertaken an audit of alcohol specific deaths and Inverclyde was included in this cohort. Findings from this report are being presented to the Drug Related Death Monitoring Group with a view to develop an action plan to reduce alcohol specific deaths in Inverclyde.

In addition, Inverclyde HSCP are actively involved in providing responses with regards to applications made to the Inverclyde Licensing Board. The Alcohol and Drugs Partnership (ADP) is also supporting the refresh of our local Alcohol Profile. This will inform the Inverclyde Licensing Forum in considering issues of over-provision across Inverclyde and at a locality level.

Inverclyde ADP closely monitor the number of Alcohol Brief Interventions delivered locally and are in the process of exploring opportunities to expand this in wider settings. This will be included as an action to support the prevention of alcohol specific deaths.

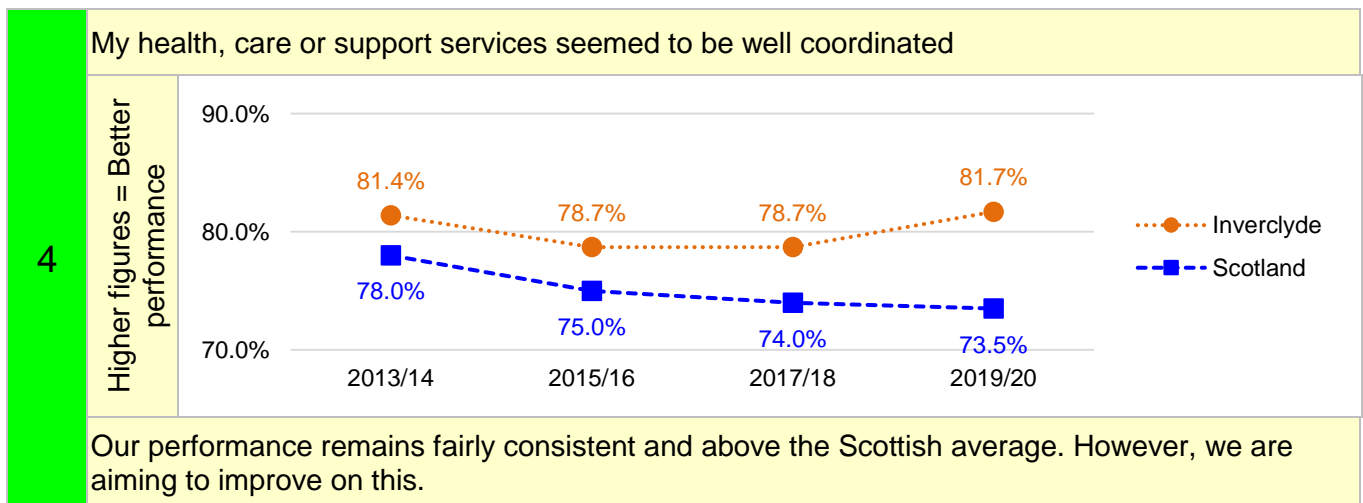
## Big Action 6 - We will build on the strengths of our people and our community

We will build on our strengths. This will include our staff, our carers, our volunteers & people within our community, as well as our technology & digital capabilities

### National Outcomes relating to this Big Action

1	People are able to look after and improve their own health and wellbeing and live in good health for longer
4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
6	People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.
8	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide
9	Resources are used effectively and efficiently in the provision of health and social care services

### National Integration Indicators





## Local Activity

### Supporting Communities

The impact of Covid-19 on our communities has been clear to see. Engagement with service users and the wider community has been crucial through Covid-19. HSCP services worked closely with other statutory partners and the 3<sup>rd</sup> sector to ensure communities were supported as much as possible with the impacts of the Covid-19 pandemic. The HSCP established the Humanitarian Group to oversee the Covid-19 response in terms of food and fuel insecurity; establishment of the helpline to support requests for shopping; prescription pick up; and identify supports for people who were socially isolated, including:

- ✓ Delivering the seven day a week helpline implemented where Inverclyde residents can access everything from food and medicine to heat and wellbeing advice.
- ✓ 470 referrals to CVS Inverclyde for support.
- ✓ Contact with 99.6% of people shielding to ensure they have all support they require.
- ✓ 2140 people referred from the Test and Protect line for humanitarian support.
- ✓ 23,500 support calls by Your Voice and Compassionate Inverclyde to people who were isolated.
- ✓ Community pantry in Grieve Road established with over 300 members.
- ✓ Extensive consultation with the community through partnership working Regular Food share sites established across Inverclyde

The 3<sup>rd</sup> sector CVS and Your Voice played a crucial role in supporting this Covid-19 response. Your Voice established digital opportunities for the HSCP Advisory Groups, Port Glasgow Localities Group and a range of Peer / Support Groups, to enable them to continue to meet virtually through online groups. This helped mitigate one of the key issues raised by people of being isolated. To ensure appropriate support and feedback, Your Voice facilitated solution focused conversations and debates, and worked alongside communities to explore what community initiatives and projects would be most beneficial to assist the people of Inverclyde to recover from the impact of Covid-19 and enhance the mental health and wellbeing whilst we establish a new 'normal'. This crucial information has helped shape the actions within the HSCP Strategic Plan.

### Digital approaches

To continue to meet the needs of service users, HSCP staff quickly had to adapt to utilising different ways to ensure continued access and engagement with their service users. Attend Anywhere, a web-based platform helped staff offer video call access to a number of services as part of their day-to-day operations. Being able to see service users at least virtually was helpful to build relationships and support more detailed and complex pieces of work. As part of the HSCP Digital Strategy, virtual booths across the HSCP are being introduced where service users can attend if they don't have access to their own device. One has recently been installed

at Hector McNeil House with other proposed sites including the Criminal Justice Hub at Unit 6, Port Glasgow and within the Inverclyde Centre run by the HSCP's Homeless Services.

Criminal Justice services successfully worked with the Connecting Scotland programme, which aimed to support the most vulnerable to get online through the provision of digital devices, data and support. Nine individuals met the criteria of being within the age range of 20 to 70 and suffering from multiple health conditions, experiencing social isolation and on a low income. As a consequence these individuals received Chromebooks and were supported by their allocated worker (their Digital Champion) to develop their digital skills. This in turn enabled these individuals to stay connected with services and family during the Covid-19 pandemic.

The Homelessness Service supported service users within temporary accommodation with mobile phones which enabled much great contact with this vulnerable group throughout the Covid-19 pandemic.

### **Feedback from the Community**

In June and then again in August 2020, Your Voice conducted a small Covid-19 survey to seek views on how people were feeling; what were their biggest concerns and what they feel would be useful to support people at this difficult time & beyond.

In the August survey, responses were received from 129 people.

In terms of key questions related to information, 118 people found it easy to find clear and understandable information about how to keep yourself and others safe during Covid-19 and 114 people felt the information and advice given around Covid-19 helped them adapt to the changes to their day to day life. People stated that access to clear and concise information – test track and trace was also important to enable to overcome and recover from the impact of Covid-19.

Throughout the survey, people shared that Covid-19 had had a negative impact on both their mental and physical health. The top three concerns were concern for their own or family's wellbeing, the long-term impact of Covid-19, and Mental Health. As lockdown continued responses indicated that some people were looking for support and were talking to a mental health councillor or therapist and participating in mindfulness, meditation, yoga. People were keen to be more informed about tools they can access/use to support their mental health and wellbeing including relaxation, stress reduction, thinking positively, coping strategies and routine / time management. People also wanted assistance to overcome challenges in the form of: one to one support; quick access to specialist support when they needed it; support groups; access to arts / crafts etc. and practical help for people in their community, especially the elderly, vulnerable, those who are lonely and isolated, households who are experiencing financial hardship, people who are shielding and more care for the 'carers'.

Just under two thirds of participants shared positive experiences and hopes for the future and highlighted and praised a range of projects and community responses across Inverclyde since Covid-19 - people and organisations working together to look after each other, especially the vulnerable. Respondents wanted to thank family, friends and neighbours for the support provided over this time.

This feedback has helped inform future learning and enabled all partners including the HSCP to listen, understand and develop future services and supports with the needs of local people in mind.

## Our staff

Ensuring all staff working in health and social care stay safe and well is essential to support them to deliver the best care to service users and their carers. This is augmented by providing resources and support so that workforce wellbeing and resilience is sustained and improved.

The arrival of Covid-19 pandemic acted as a springboard, bringing about an incredible scale and pace of transformation, and highlighting the enormous contribution of the entire Health and Social Care workforce and therefore, there is a collective responsibility to build on this momentum and continue to transform – keeping people at the heart of all that we are to achieve.

During August 2020, a series of focus groups and an online questionnaire were held. The findings of the survey and focus groups paved the way for the creation and implementation of the Workplace Wellbeing Matters Plan.

The Workforce Wellbeing Matters Plan has been constructed with the overall aim of:

Across Inverclyde we will deliver on integrated and collaborative approaches to support and sustain effective, resilient, and a valued health and social care workforce

This aim will be fully supported to:–

- ✓ Embed and support organisational cultures, where all staff are valued
- ✓ Staff Feel Supported in their Workplaces
- ✓ Staff maintain a sense of connectedness to their team, line manager and organisation
- ✓ Staff, where possible, have the tools and resources to work flexibly (Home, Office, and Community)



The Plan was launched on Monday 30<sup>th</sup> November 2020 (St Andrew's Day) with a 'Care for a Cuppa' event. Teams embraced the time out sharing a cuppa (and in some cases biscuits and cakes) both virtually and socially distanced. They watched a video explaining the launch of the plan and took some time out to chat about what it means for them as a team and as an individual.

When launching the plan we took the opportunity again to promote the national Wellbeing Hub: <https://www.nationalwellbeinghub.scot/>

A health and wellbeing guide of resources and contact information was produced in May 2020 to help support staff and Managers at the height of the Covid-19 pandemic. This guide has continued to be updated and circulated to all staff.

Caring Cuppas continue to take place with all new staff having the opportunity to meet the Chief Officer and Senior Management virtually as part of their induction.


Some examples of how staff have been supported throughout the Covid-19 pandemic

- The service has carried out regular Health & Wellbeing calls with staff to ensure that they felt supported and valued in their role.
- Identify any staff concerns and signpost to the appropriate services.
- We regularly communicate with staff via their mobile device so they have all relevant information available to them in real time.



Care at Home

- We introduced a Team A and Team B approach to service delivery by rotating being hub based or agile.
- Communication was undertaken using multiple ideas such as team meetings, one to one, video meetings and telephone calls.




Mental Health

- Regular check-ins and supervision were in place throughout the Covid-19 pandemic, ensuring that staff had the appropriate equipment at home to carry out an essential service.
- Staff wellbeing was at the forefront of managements thoughts during the year and issues identified were resolved at earliest opportunity.




Homelessness

- We had a nominated Team Lead who monitored and kept in contact with Staff to ensure wellbeing issues were addressed.
- Utilised the Willow Project (Ardgowan Hospice) for reflection of impact of Covid-19 pandemic on them using mindfulness and CBT techniques when appropriate.



Adult Protection

- We participated in the GG&C NHS wellbeing project.
- Purchased mindfulness sessions for Social Care staff so as to be able to focus on their welfare and learn techniques for managing stress and other wellbeing issues.



Children & Families

**Compassionate Inverclyde**  
**New Mum Companions**



**New Mum Companions**

We are local people who are keen to help. We know being a new parent can be exhausting and we can offer practical support and friendship to help you create a close and loving relationship with your baby. We can help by coming to your home (maintaining a safe distance and wearing PPE) or connect virtually through WhatsApp or by phone.

If you're interested in connecting or would like more information please either speak to your Health Visitor or contact Project Lead, Alison Bunce at [alison.bunce@ardhosp.co.uk](mailto:alison.bunce@ardhosp.co.uk) (07540766381)

The local infant feeding team and Compassionate Inverclyde have been working in partnership to develop an exciting programme of local volunteers “New mum companions” to support new mums just after birth. Eight companions trained just before Covid-19 pandemic restrictions. Unfortunately, due to the Covid-19 pandemic, the helpers did not start home visits as anticipated. Recently a small test is underway to explore the impact of one Mum and one helper engaging in safe face to face contact while other helpers are available to provide telephone contact and support.



**New initiatives due to Covid-19 pandemic**

- Provision of isolation boxes within the community as well as Back Home Boxes
- Collection of prescriptions by a group of new volunteers working in partnership with CVS
- Provision of toiletries for all wards and for people in the community.
- Provision of nightwear for patients in IRH, Langhill and Larkfield unit who have no one and no family visiting.
- Provision of daily/weekly phone calls to people in isolation. Developed grief and bereavement leaflets, memory stories and grief podcasts to help people make sense of grief in unprecedented times

## Development of Inverclyde Cares

Caring is in the DNA of Inverclyde and in 2016 Ardgowan Hospice provided initial funding alongside Inverclyde HSCP to develop Compassionate Inverclyde, Scotland's first compassionate community. This has grown to become an award winning and inspirational social movement that is helping to transform attitudes and everyday practices around loneliness, social isolation, death, loss and bereavement across Inverclyde.

This compassion has been evident across Inverclyde, particularly throughout Covid-19 where the communities came together to support one another through loneliness, isolation and bereavement.

Throughout 2020/21 work has continued to develop this approach and Compassionate Inverclyde is now being expanded to bring other community led initiatives together with the new programme called **Inverclyde Cares** which is an innovative collaboration between Inverclyde Council, HSCP and Ardgowan Hospice and is being led by CVS Inverclyde, the local third sector. Inverclyde Cares will engage with communities, continuing with the community development approach above to develop ideas and will provide a whole system support across all businesses, organisations and neighbourhoods to ensure that Inverclyde continues to build on the strength of its people and communities.

### The 4 principles of Inverclyde Cares are:

- ✓ *Engaging Communities* – Ensuring that the views of the community are heard and understood, and that everyone is given a realistic chance of being engaged and involved.
- ✓ *Connecting People* – Ensuring that, collectively we are creating opportunities for individuals, communities, schools, businesses and groups to get involved and “give something back”.
- ✓ *Build Neighbourly and Kind Communities* – Giving people the knowledge, tools and power to fully participate in their local community and have a leading role in its improvement.
- ✓ *Become Stronger Together* – Finding ways to increase co-ordination, collaboration and joint knowledge production.

Inverclyde Cares will look to develop this work further in 2021/22 with plans for a Charter for Inverclyde, a Covid-19 memorial programme and wider community engagement around kindness, compassion and bereavement.

## Ministerial Steering Group (MSG) Indicators

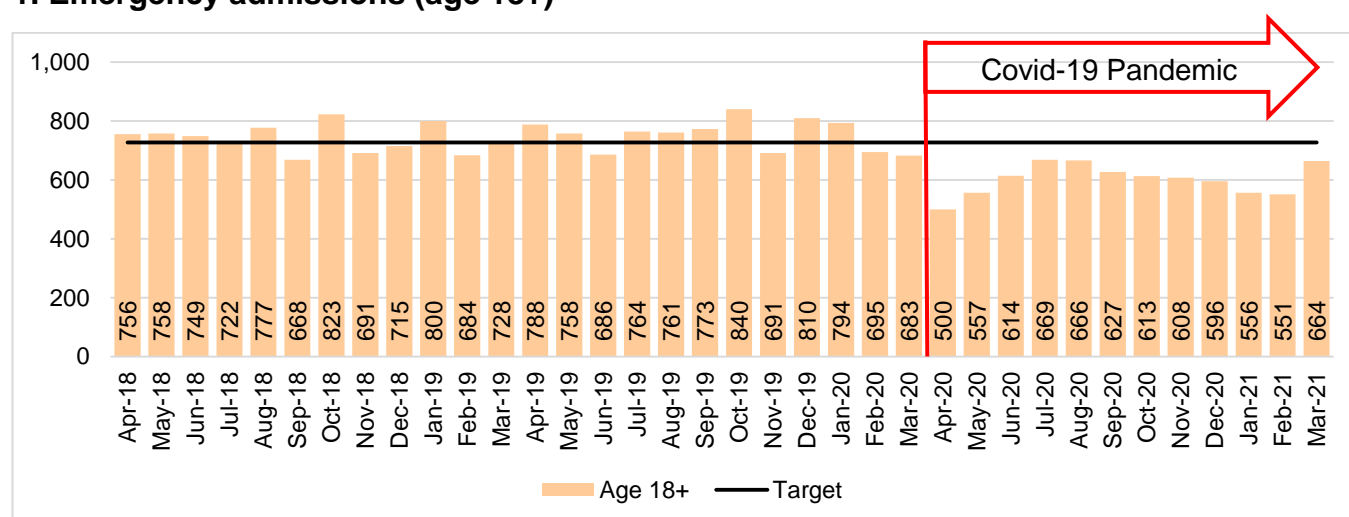
In recent years unscheduled care services in Greater Glasgow & Clyde have faced an unprecedented level of demand. The health and social care system, including primary and social care, has not seen such consistently high levels of demand before. While we perform well compared to other health and social care systems nationally, and overall the system is relatively efficient in managing high levels of demand, we struggle to meet key targets consistently and deliver the high standards of care we aspire to. Change is needed therefore if we are to meet the challenges ahead.

The global pandemic has had a massive impact on services, patients and the unscheduled care demand. The situation we face now in 2021 is significantly different from that in 2019 or early 2020. Data including MSG shows that during 2020 compared to the years before the pandemic our traditional access routes experienced a significant reduction as a consequence of the public lockdown.

As a consequence of the significant impact of the pandemic and the associated changes in unscheduled care demand and activity during 2020 we will be re-visiting all data relating to MSG performance moving forward.

In Inverclyde we have a well-established Interface meeting with acute managers monthly and we have developed good joint working arrangements that maximise opportunity for us to make improvements moving forward. The MSG data will continue to form a very important data set to ensure we focus on the different aspects of unscheduled care activity. We will also continue to develop out Home 1<sup>st</sup> approach to ensure discharge from hospital is effective and safe. This will also ensure we drive down our bed days lost performance.

### 1. Emergency admissions (age 18+)

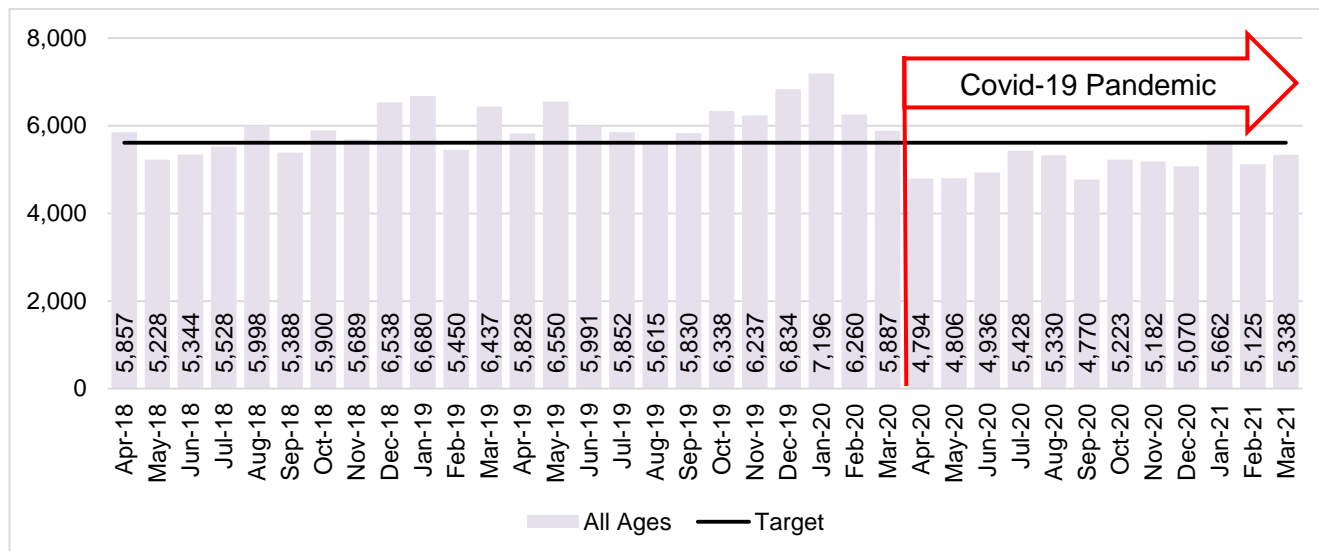


Lower numbers = better performance

The total number of emergency admissions for those aged 18 and over for 2020/21 was 7,221 representing a 20.1% decrease on the previous period (2019/20) total of 9,043.

Inverclyde's target is a 7% reduction on the 2015/16 baseline figure of 9,388; this sets our target at 8,731 per year.

## 2a. Unplanned bed days – Acute (all ages)

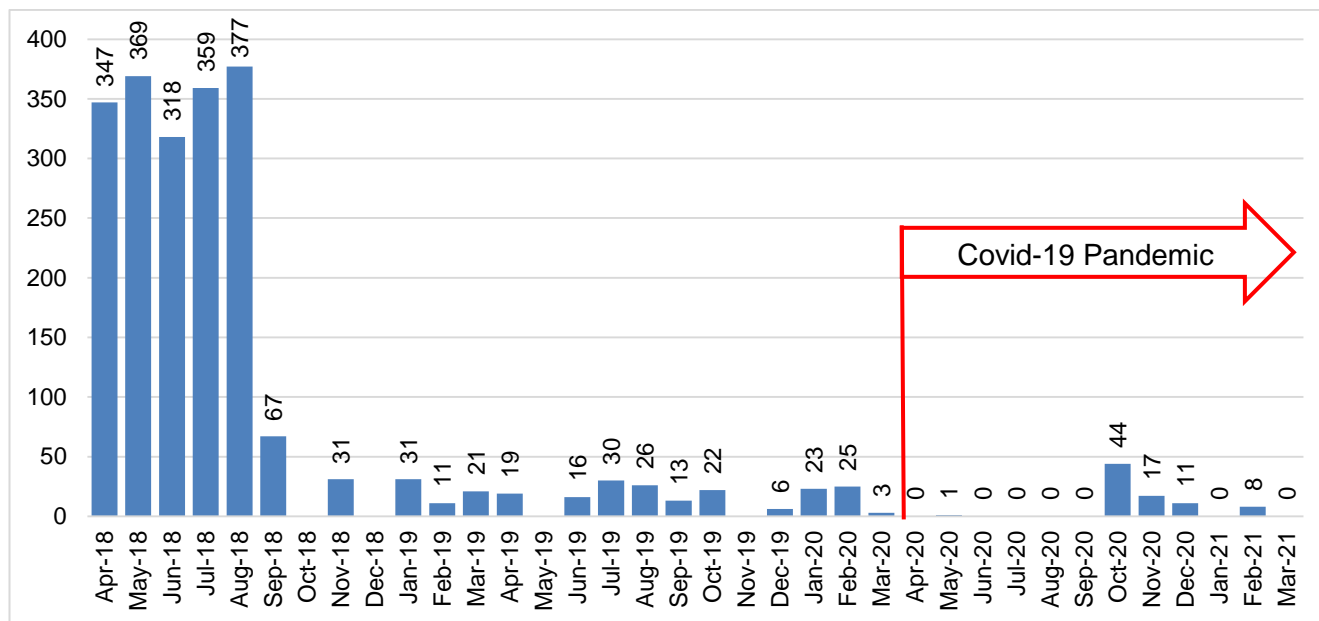


Lower numbers = better performance

The total number of unplanned bed days for 2020/21 was 61,664 representing a 17.1% decrease on the previous period (2019/20) total of 74,418.

Inverclyde’s target is a 6% reduction on the 2015/16 baseline figure of 71,679; this sets our target at 67,378 per year.

## 2b. Unplanned bed days – Geriatric Long Stay (all ages)



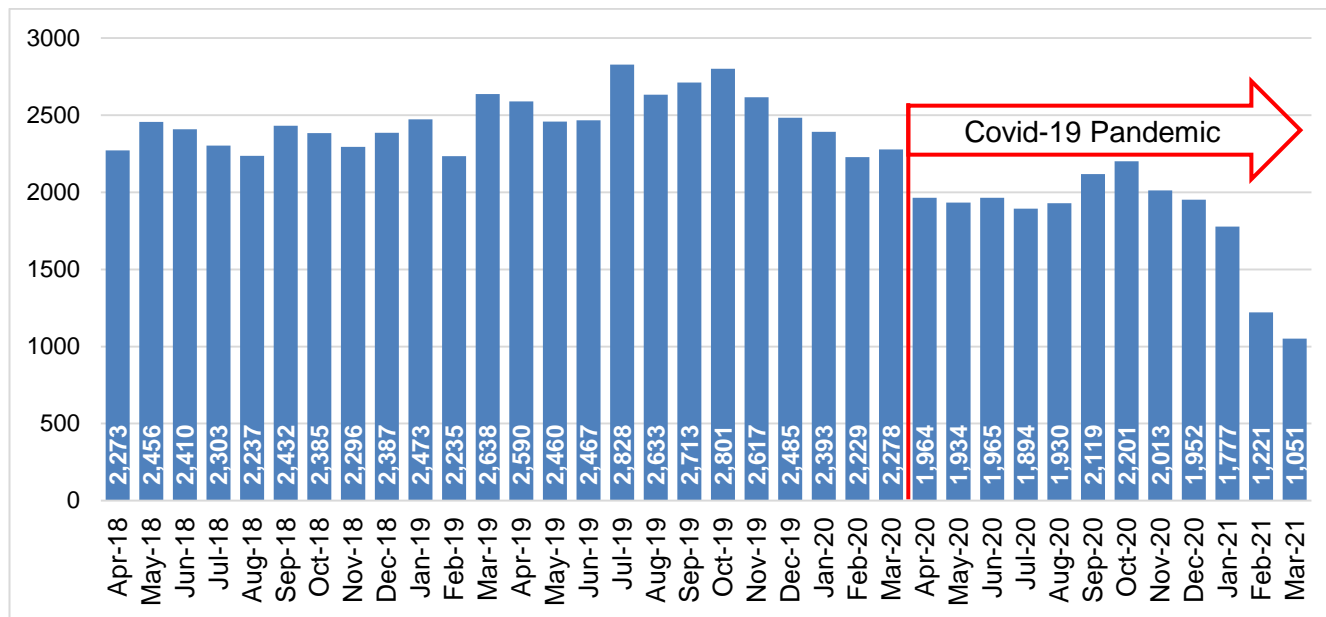
Lower numbers = better performance

The total number of unplanned bed days for 2020/21 was 81 representing a 55.7% decrease on the previous period (2019/20) total of 183.

The chart clearly shows a significant drop off in September 2018 when delivery of care for these patients transferred from a hospital based to a community based model, where this was appropriate, to better support the individuals.



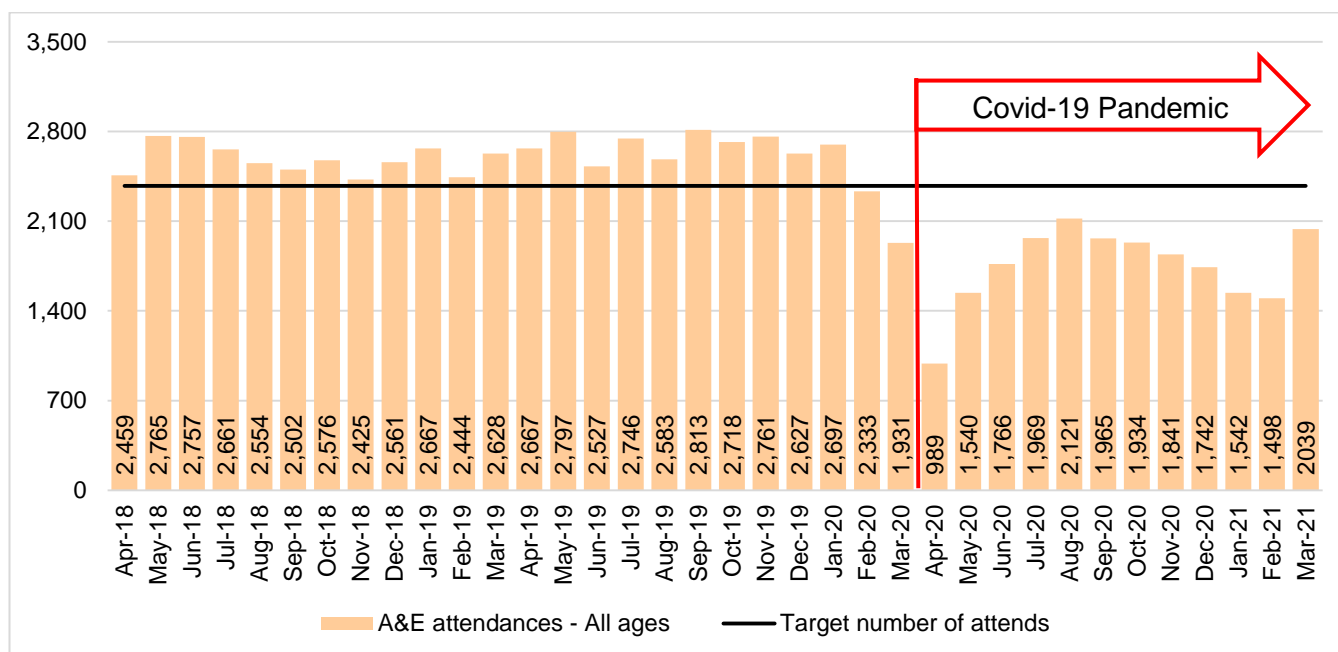
### 2c. Unplanned bed days – Mental Health (all ages)



Lower numbers = better performance

The total number of unplanned bed days for 2020/21 was 22,021 representing a 27.8% decrease on the previous period (2019/20) total of 30,494.

### 3a. Accident and Emergency Attendance (All ages)

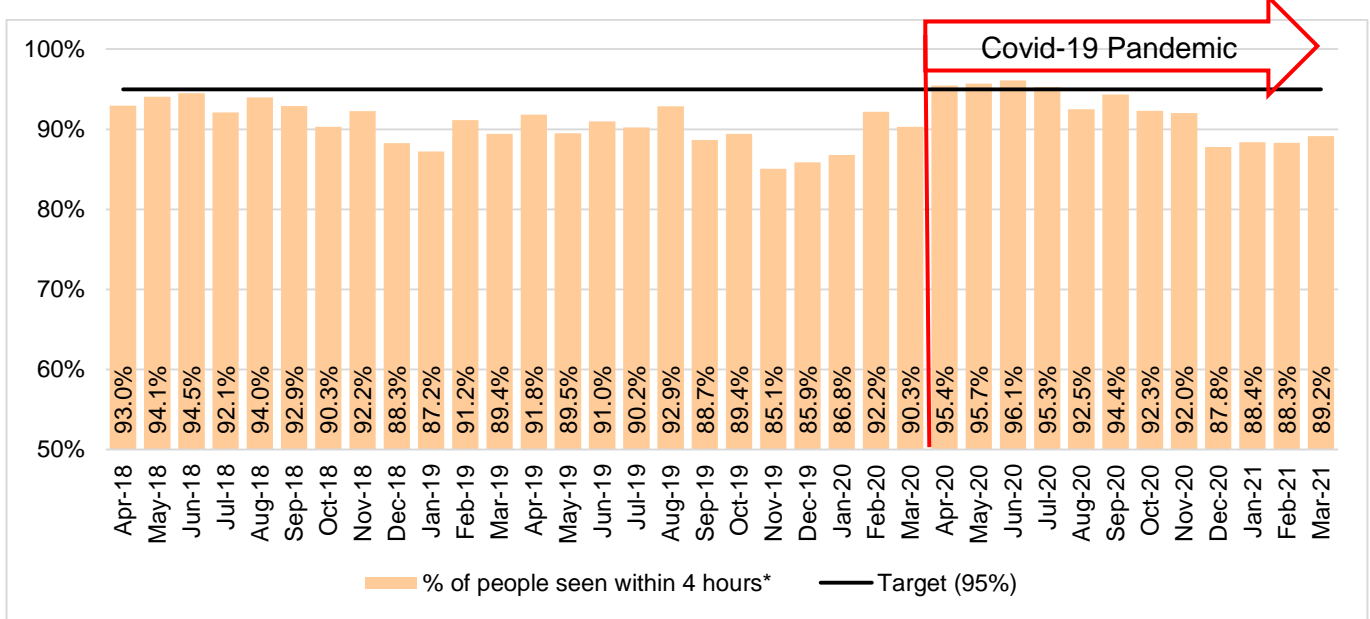


Lower numbers = better performance

The total number of A&E attends for 2020/21 was 20,946 representing a 32.9% decrease on the previous period (2019/20) total of 31,200.

Inverclyde’s target is a 3% reduction on the 2015/16 baseline figure of 29,395; this sets our target at 28,513 per year.

### 3b. Accident and Emergency - % seen within 4 hours\*

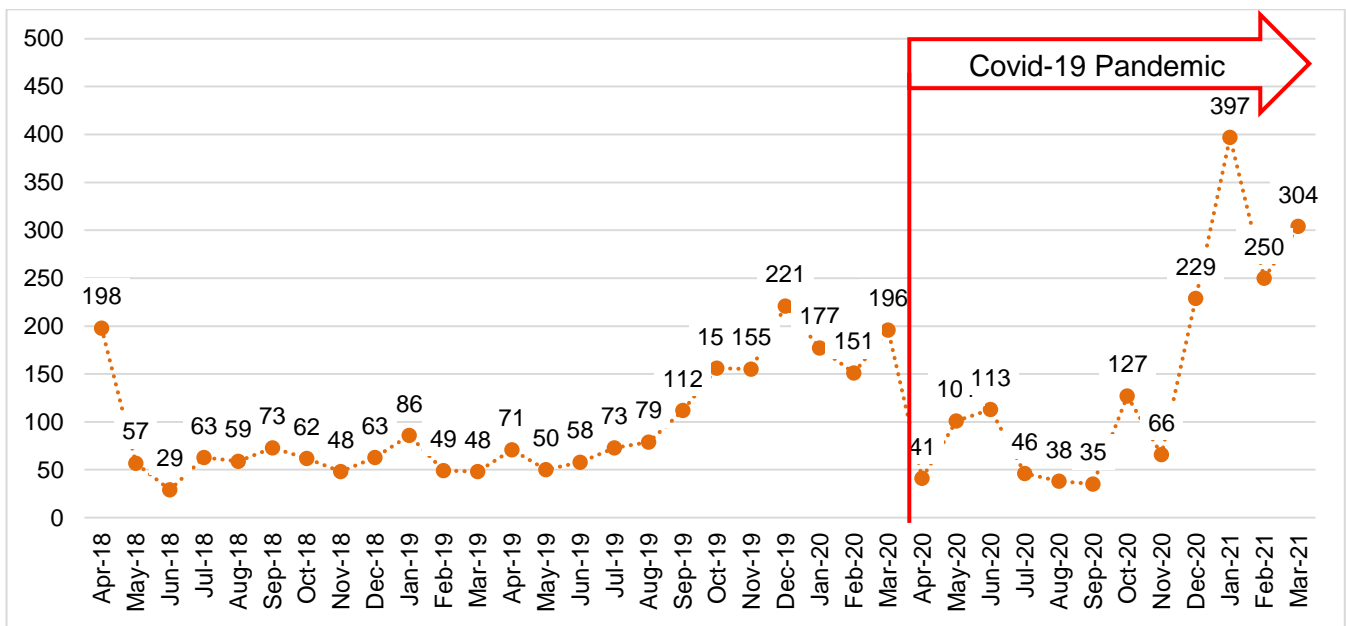


Higher % = better performance

\* measured from time of arrival until time of discharge, admission or transfer

The target to see 95% of all patients within 4 hours is a National target rather than a specific HSCP target. This indicator has been problematic in recent years although we did meet this for a period of 3 months at the start of the Covid-19 pandemic.

### 4. Delayed discharge bed days (Age18+)



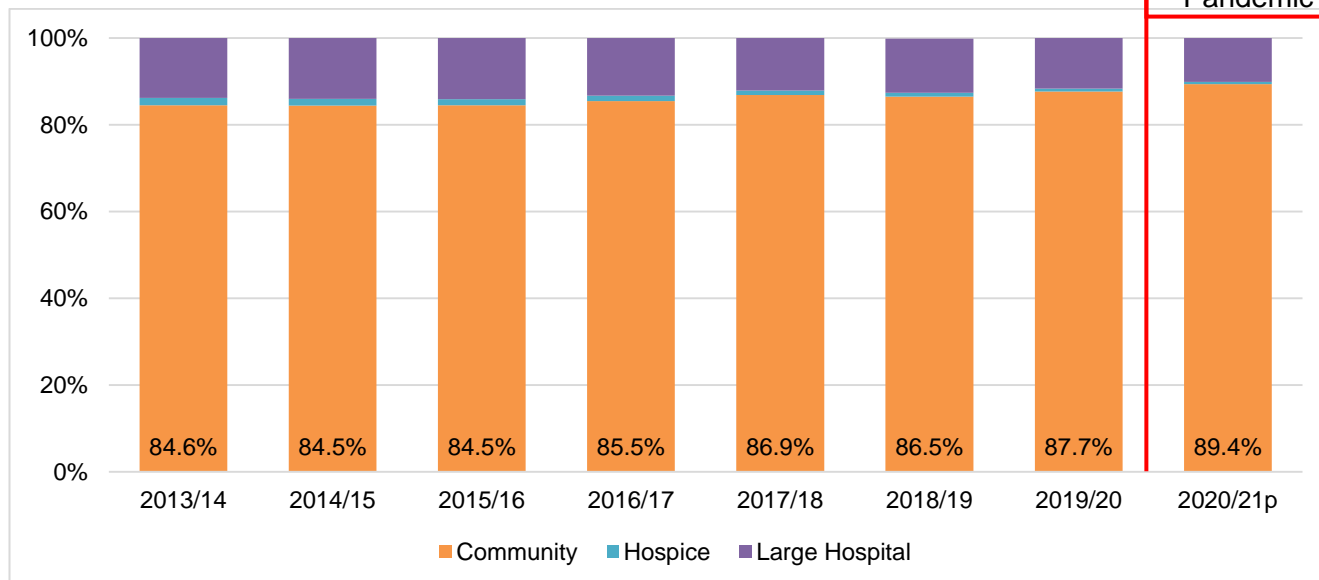
Lower numbers = better performance

The total number of delayed discharge bed days for 2020/21 was 1,747 representing a 16.5% increase on the previous period (2019/20) total of 1,499.

Inverclyde’s target is a 20% reduction on the 2015/16 baseline figure of 2,588; this sets our target at 2,070 per year. The impact of the Covid-19 pandemic, especially at the 2<sup>nd</sup> national lockdown, can be seen in the much higher figures from December 2020 on.

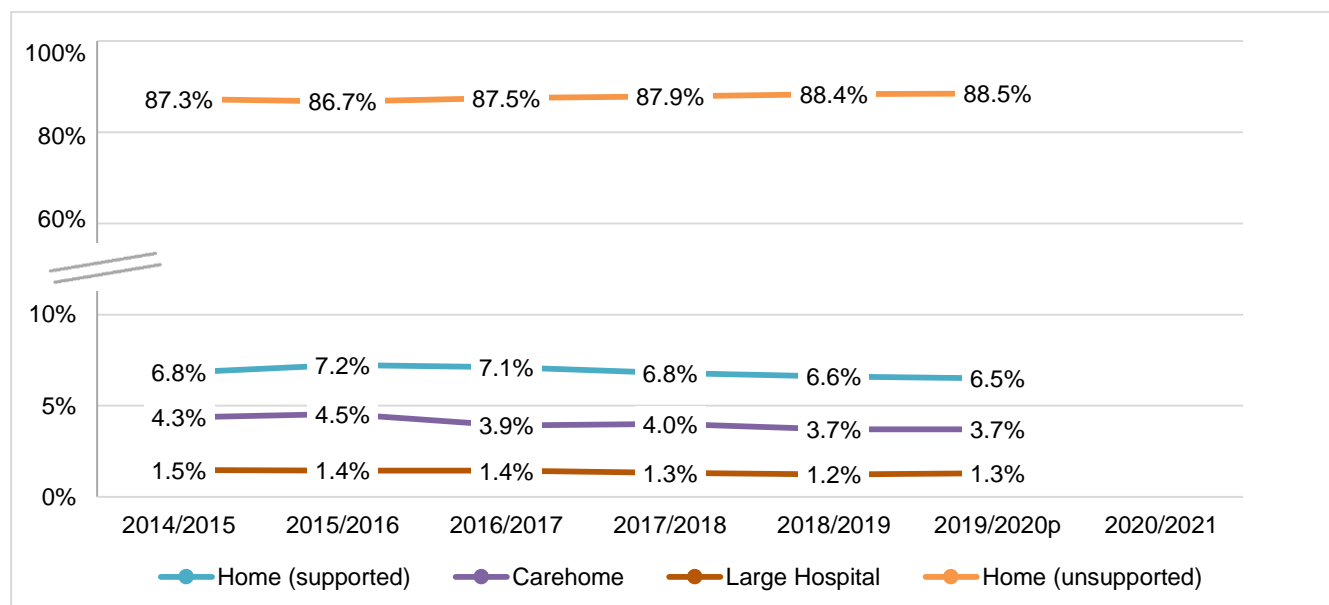
### 5. % of Last Six Months of Life by Setting (all ages)

Covid-19  
Pandemic



This MSG measure looks to achieve a 2% increase from the 2015/16 baseline figure of 84.5%, giving a target of 86.5%, for those who spend the last six months of life in a community setting. As can be seen on the chart above, Inverclyde HSCP has met or exceeded this target since 2017/18 with provisional figures for 2020/21 being our highest at 2.9% above target.

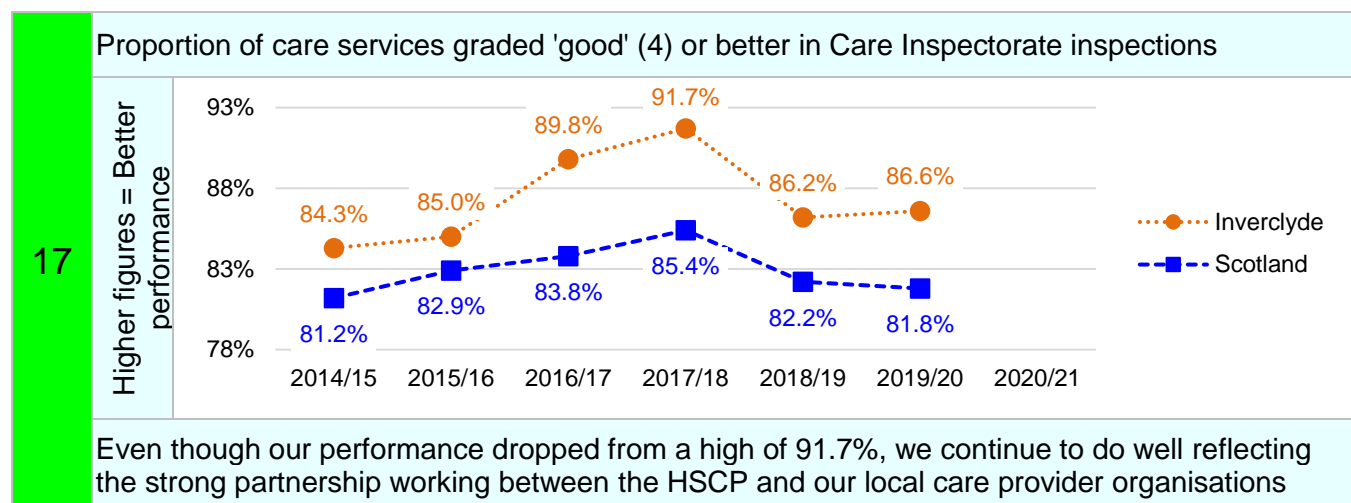
### 6. Balance of care: Percentage of population in community or institutional settings (age 65+)



The purpose of this indicator is to provide a picture of the level of need within the community, with the aim of increasing the percentage of our population who require very little support to live an independent life within their own home, or to provide the proper care to those who require it, again within their own home if possible.

At time of publication the 2020/2021 figures were not available.

## National Integration Indicators



Due to Covid-19 and with agreement from Scottish Government the Care Inspectorate restricted their presence in services unless necessary, therefore intensified oversight using a range of remote and virtual approaches to ensure services were supported and operating well. The Care Inspectorate had to develop a compendium of guidance and information in relation to Covid-19, which focused on the information that is most relevant to the operation and delivery of regulated care services across all care groups.



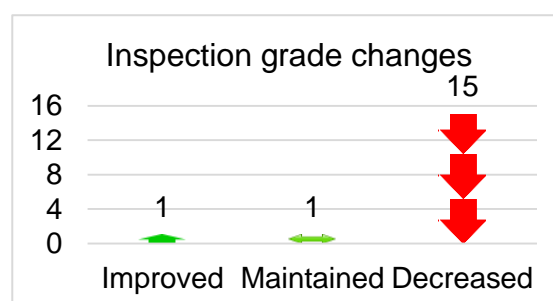
This new Care Inspectorate regime throughout Covid-19 resulted in 17 local providers being inspected in 2020/2021 with some providers being inspected more than once resulting in 27 inspections taking place.

7 of the services inspected were Inverclyde Area services, 10 were Out of Area placements.

Of the 17 services that were inspected during their initial visit:

- 1 services improved their grades
- 1 services grades were maintained
- 15 services grades decreased

Of the 17 services that received an initial visit 8 services were then inspected again. 7 of these services initially had a decrease in their grades but on the follow up visit increased these initial grades. 1 service initially maintained their grades but on the follow up visit had a decrease.



For the 7 initial inspections undertaken against Inverclyde services, all 7 received a decrease in grades.

- 4 from 'Good' to 'Adequate'
- 1 from 'Good' to 'Weak'
- 1 from 'Adequate' to 'Weak'
- 1 from 'Adequate' to 'Unsatisfactory'

From these 7 services 3 were re-inspected which seen all 3 receive an increase on the initial grades.

- 2 from 'Weak' to 'Adequate'
- 1 from 'Unsatisfactory' to 'Adequate'

From the initial inspections the Care Inspectorate recommended 42 improvements and also required 21 actions to be undertaken.

A sample of the areas of development & requirements made by the Care Inspectorate.

### *Recommendations*

The service will ensure that every person has a care plan that is person-centred, highlighting people's likes and dislikes, wishes and other information that is meaningful to them. Plans should also evidence and evaluate people's activities.

The service will ensure that the most up-to-date and relevant guidance, particularly around infection prevention and control, is accessible to all staff. This should inform staff training, development and observations of practice.

The provider should introduce an enhanced cleaning schedule immediately as part of their infection control management systems to mitigate against the risk of contact transmission associated with Covid-19 pandemic.

The provider should update their policy on the use of face masks to ensure that this provides clear and consistent guidance for staff.

### *Requirements*

The provider must implement quality management and assurance systems that improve the continuous management of infection prevention and control at the service

The provider must protect the health, welfare and safety of people using the service. In order to do this the provider must ensure that PPE is stored, accessible and disposed of in line with Health Protection Scotland Covid-19 pandemic Information and Guidance for Care Home Settings.

## Older Persons' Care Homes

In response to the Covid-19 pandemic the Care Inspectorate's main focus was on key questions around health and wellbeing, staffing and infection control within care establishments.

Key question 7 was implemented in relation to the inspections of older peoples care homes, this key question has three quality indicators associated with it.

- ✓ 7.1 People's health and wellbeing are supported and safeguarded during the Covid-19 pandemic.
- ✓ 7.2 Infection control practices support a safe environment for both people experiencing care and staff.
- ✓ 7.3 Staffing arrangements are responsive to the changing needs of people experiencing care.

Six local care homes have been inspected by the Care Inspectorate under quality indicator 7 throughout 20/21.

Over the past year the Strategic Commissioning Team in conjunction with social work and nursing carried out joint assurance visits to all older people care homes. There was apprehension from Care Home Managers around these visits initially due to the increased focus and scrutiny on them during the pandemic, however the following are just some of the comments from care home managers, staff and relatives from these visits:



Care Home Manager: "the HSCP has been brilliant in particular management, the Strategic Commissioning Team and also the Wednesday Care Home meetings"

Care Home Staff: "Things have been different during the pandemic but everyone has worked together for the health and welfare of the residents"

Relatives of care home residents: "I would like to thank everyone for all their care, love, compassion, thoughtfulness and professionalism."

"All staff have been supportive and caring during a really difficult year"

## Care Home Hub

As host HSCP for the non-city partnerships Inverclyde HSCP is developing, in partnership with NHS GG&C Corporate Nursing Services, a Care Home Hub Model comprising of multidisciplinary teams working across partnership to add additional support to care homes. Despite a whole system approach there are gaps within the system that need to be addressed to offer holistic support to care homes. The hub teams will focus on care homes with significant issues. By providing support and assurance HSCPs can maintain a high level of care and scrutiny. Chief Officers have agreed a two hub model and this has also been agreed by the

Nursing Director and GG&C Care Home Assurance group. Recruitment for the Care Home Hub multidisciplinary team has commenced.

Care Homes are under significant pressure with additional burden being placed upon them due to the Covid-19 pandemic. 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.

The plan will be for each hub to have a set number of care homes with additional administration and commissioning support, infection control, care home liaison, practice development senior nurses and pharmacist/ Pharmacy Technicians who will support the range of actions and activity required. For example, undertaking assurance visits, supporting improvement actions, providing direct input to the care homes where required, supporting the development of action plans, education and training, utilising data from the care home safety huddle tool. Administration and data support will be also located within the care home hub.

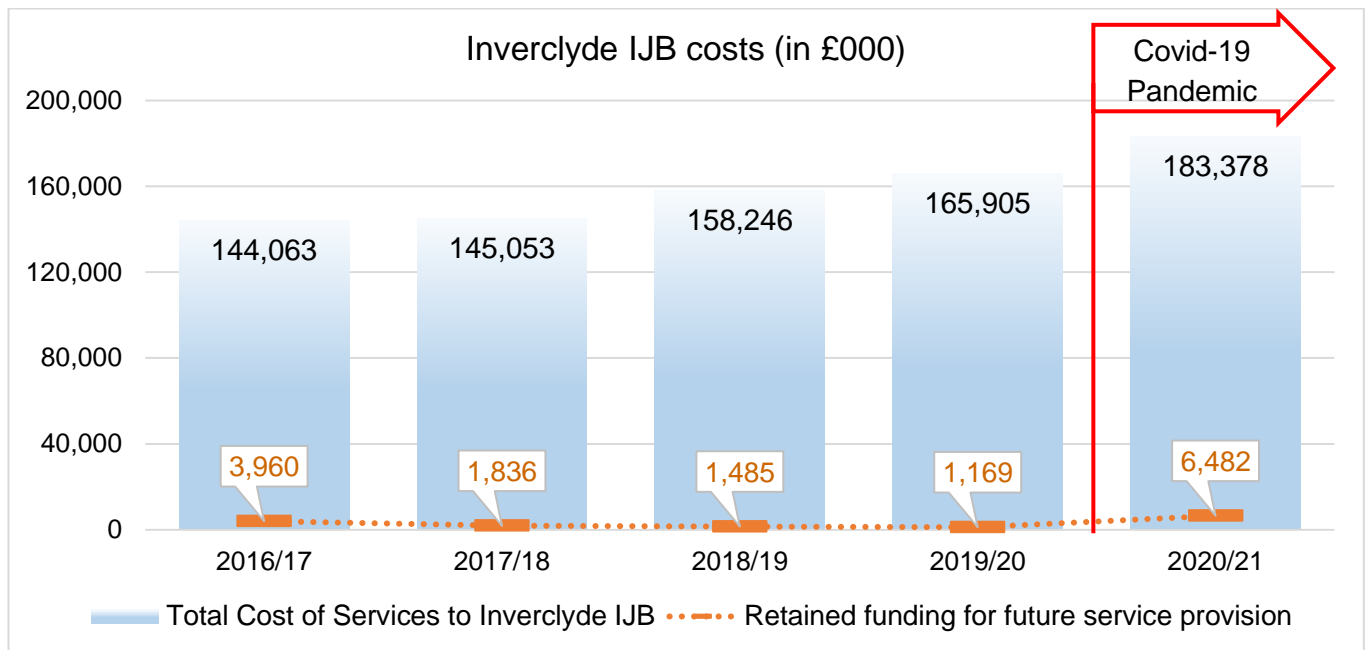
## Section 3 – Finance

### Inverclyde IJB Financial Summary by Service

	2017/18 £000	2018/19 £000	2019/20 £000	2020/21 £000
Strategy and Support Services	2,591	2,416	2,111	2,133
Older Persons	26,867	27,020	28,407	30,383
Learning Disabilities	10,653	11,898	12,545	12,299
Mental Health – Communities	5,804	6,712	7,101	7,485
Mental Health – In Patients	9,338	8,729	9,737	10,607
Children and Families	12,986	13,738	14,114	14,711
Physical and Sensory	2,659	3,117	3,203	2,939
Addiction / Substance Misuse	3,389	3,464	3,181	3,826
Assessment and Care Management / Health and Community Care	7,772	8,258	9,981	10,789
Support / Management / Administration	3,807	4,174	4,339	450
Criminal Justice / Prison Service	(38)	26	49	148
Homelessness	967	791	1,043	1,173
Family Health Services	21,766	25,547	27,056	29,618
Prescribing	18,817	18,591	18,359	18,242
Covid-19 pandemic Funding				10,400
Change Fund	1,236	1,133	1,044	0
<b>Cost of Services directly managed by Inverclyde IJB</b>	<b>128,614</b>	<b>135,614</b>	<b>142,270</b>	<b>155,201</b>
Set aside	16,439	22,632	23,635	28,177
<b>Total cost of Services to Inverclyde IJB</b>	<b>145,053</b>	<b>158,246</b>	<b>165,905</b>	<b>183,378</b>
Taxation and non-specific grant income	(146,889)	(159,731)	(167,074)	(189,860)
<b>Retained funding for future service provision</b>	<b>1,836</b>	<b>1,485</b>	<b>1,169</b>	<b>6,482</b>

The IJB works with all partners to ensure that Best Value is delivered across all services. As part of this process the IJB undertakes a number of service reviews each year to seek opportunities for developing services, delivering service improvement and generating additional efficiencies.





### Budgeted Expenditure vs Actual Expenditure per annum

	2017/18 £000	2018/19 £000	2019/20 £000	2020/21 £000
Projected surplus / (deficit) at period 9	(1,426)	(897)	(37)	(690)
Actual surplus / (deficit)	1,836	1,485	1,169	6,482
<b>Variance in Under/(Over) Spend</b>	<b>3,262</b>	<b>2,382</b>	<b>1,206</b>	<b>7,172</b>

#### Explanation of variances

2017/18 - spend on Earmarked Reserves lower than anticipated coupled with a higher than anticipated overall underspend on services, mainly Social Care, as outlined in the Annual Accounts

2018/19 - higher than anticipated underspends on services, mainly Social Care, as outlined in the Annual Accounts

2019/20 - higher than anticipated underspends on services due to delayed spend on some projects funded through reserves, delay in filling vacancies and additional income received in year, as outlined in the Annual Accounts

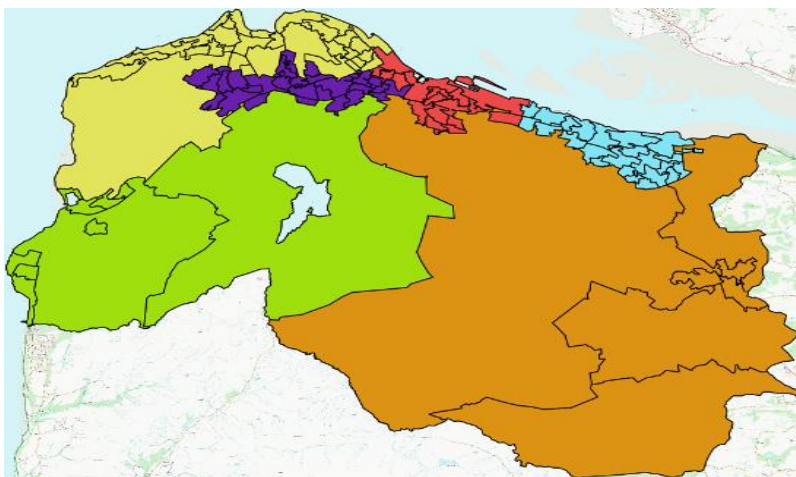
2020/21 - variance is higher than anticipated, as a result of underspends on services due to Covid-19 pandemic and delays on some projects funded through reserves, delay in filling vacancies and additional funding for Covid-19 pandemic costs received in 2020/21, being carried forward to reserves for future years spend.

## Section 4 – Localities

A joint approach to locality planning has been adopted by Inverclyde Alliance, the area's Community Planning Partnership and Inverclyde Health and Social Care Partnership. It aims to empower communities by strengthening their voices in decisions about public services. Locality planning is guided by two pieces of legislation:

- ✓ The Community Empowerment (Scotland) Act 2015 placed a requirement on community planning partnerships to produce locality plans for smaller areas of Inverclyde and work with communities to agree what the key priorities are that should be addressed in those locality plans.
- ✓ The Public Bodies (Joint Working) (Scotland) Act 2014 placed a requirement on Inverclyde's Health and Social Care Partnership (HSCP) to create at least two localities. The purpose of establishing localities for the HSCP is to provide an opportunity for communities and professionals such as GPs, social workers, pharmacists, and dentists to take an active role in and provide leadership for local planning of services.

Across Inverclyde, six localities have been created that cover the whole of Inverclyde to ensure that every community has the opportunity to take part. The intention is that each locality will comprise of a Locality Planning Group (LPG) and a Communications and Engagement Group (CEG). LPGs are forums for public services and communities to come together to design and deliver a plan for their locality. CEGs are a forum for the community to plan for the needs and aspirations of their local community and to lead community involvement and engagement activity that will be fed into the LPG.



- ✓ Kilmacolm and Quarriers Village
- ✓ Port Glasgow
- ✓ Greenock East and Central
- ✓ Greenock West and Gourrock
- ✓ Greenock South and South West
- ✓ Inverkip and Wemyss Bay

### Impact of Covid-19

The joint approach between the HSCP and the wider community planning partnership to develop localities has continued into 2020/21 albeit at a much slower pace due to the impact of Covid-19.

At the beginning of 2020 we set up Communication and Engagement Groups in each locality and held a number of face-to-face meetings and events and plans were in place to extend these and grow locality planning throughout 2020.

However by late March 2020 no face to face meetings could take place and engagement with the community shifted very much to a humanitarian effort ensuring all members of the community were supported as much as required.

Due to the ongoing pandemic we were unable to continue with face-to-face meetings and instead had to develop alternative ways of communicating and engaging with communities during 2020/21.

This was challenging as for many people within our communities, access to a digital means of communication, both equipment and Wi-Fi, was not available and many required support to gain confidence to use devices. Therefore support was provided by the Councils' Community Learning and Development Service (CLD) and 3<sup>rd</sup> sector organisations to try to engage and support people wherever possible.

For example:

- ✓ We established a digital Communications and Engagement Group for each locality via Facebook which enabled us to stimulate discussion and debate with communities on the key issues within their locality.
- ✓ We held online meetings of the Communication and Engagements in localities where the community were comfortable taking part in this type of meeting.
- ✓ We held a series of community listening events which are structured and planned events, supported by a facilitator and scribe, allowing each participant the opportunity to have their say. Community listening events proved to be an effective tool in order to engage with communities virtually. Although the events were structured the approach adopted helped create a friendly, relaxed and positive environment for the participants to have their say.
- ✓ We held a pilot LPG meeting in Port Glasgow in November 2020. The community of Port Glasgow was represented by members of the Port Glasgow CEG, a carer's rep and a Community Council rep. Your Voice, Inverclyde Council, Inverclyde Health and Social Care Partnership, Riverclyde Homes and Scottish Fire and Rescue were some of the partner organisations that took part in the first meeting. The community representatives provided feedback on what the community feel are the key issues in Port Glasgow and partner organisations are looking into how these can be addressed.

**Communication and Engagement  
Community Listening Feedback Events**

In response to the recent Poverty Fund Consultation, Communication & Engagement groups are hosting Community Listening Feedback Events.

The timeslots available are 11am and 5.30pm, to book a space, please contact Viv on:  
Call 0778551166  
Email [Vivienne.hearton@inverclyde.gov.uk](mailto:Vivienne.hearton@inverclyde.gov.uk)

Join your local Communication and Engagement Group and:

- Be a key part of the decision making process
- Work with key services to develop solutions to the community issues
- Ensure that communities are involved in decisions on budget allocations

Greenock West & Gourock Locality	Thursday 27th May 2021
Kilmacoll & Quarriers Village Locality	Tuesday 1st June 2021
Greenock South & Southwest Locality	Wednesday 2nd June 2021
Greenock East & Central Locality	Thursday 3rd June 2021
Port Glasgow Locality	Tuesday 8th June 2021
Inverkip & Wemyss Bay Locality	Wednesday 9th June 2021

**INVERCLYDE HSCP**  
Health and Social Care Partnership

**Inverclyde**  
Council



✓ A Locality Action Plan has been developed for each of the six localities. The purpose of Locality Action Plans is to outline the key issues in a locality that have been identified through the statistical information we hold for this locality, as well as extensive engagement with the community. The locality plan also identifies a range of actions that will be taken to address these issues by both Inverclyde Alliance, Inverclyde HSCP and the local community working together.

## The focus for 2021/22

- ✓ We will work with the Communication and Engagement Groups to increase membership, support the community members of the groups by providing training and support on digital engagement and work with the groups to take action to tackle the issues that they want us to prioritise.
- ✓ We will use what we learned from the Pilot Local Planning Group meeting held in Port Glasgow to inform the rollout of Locality Planning Groups across the remaining five localities. This will then be evaluated and review the original plan with potentially a proposal to move from 6 locality groups to two (East and West) We will continue to run with the 6 Communication and Engagement groups separate from the LPGs.
- ✓ We will review all Locality Action Plans to ensure that they contain the right priorities for each locality and we will involve communities in this process.

# Appendix 1 - National Outcomes

## National Health and Wellbeing Outcomes

1. People are able to look after and improve their own health and wellbeing and live in good health for longer.
2. People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
5. Health and social care services contribute to reducing health inequalities.
6. People who provide unpaid care are supported to look after their own health and wellbeing, including support to reduce any negative impact of their caring role on their own health and wellbeing.
7. People using health and social care services are safe from harm.
8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
9. Resources are used effectively and efficiently in the provision of health and social care services.

## National Outcomes for Children

10. Our children have the best start in life and are ready to succeed.
11. Our young people are successful learners, confident individuals, effective contributors and responsible citizens.
12. We have improved the life chances for children, young people and families at risk.

## National Outcomes for Criminal Justice

13. Prevent and reduce further offending by reducing its underlying causes.
14. Safely and effectively manage those who have committed offences to help them reintegrate into the community and realise their potential for the benefit of all.

## Appendix 2 – National Integration Indicators







National data for the reporting period of 1<sup>st</sup> April 2020 to 31<sup>st</sup> March 2021 has not yet been published by PHS, therefore the most recent available data has been used.

Those marked with an \* (numbers 1 to 9) are taken from the 2019/20 biennial Health and Care Experience Survey. The 2019/20 survey results were published later than planned (due to the Covid-19 pandemic) so we were unable to include them in our last report have included them here.

Of the 19 currently reported measures we are at or better than the Scottish average in 12 (green), just below in 4 (amber) and behind in 3 (red).

In 8 measures we have seen an improving trend (green arrow), maintaining our performance in 5 (amber arrows) and reducing performance in 6 (red arrow). This trend analysis is based upon the 5 most recent reporting years.

The convention for comparing performance in relation to the Scottish average are as follows:

	Performance is equal or better than the Scottish average	 	Trend is improving (moving in the right direction)
	Performance is close to the Scottish average	 	Trend is static – no significant change
	Performance is below the Scottish average	 	Trend is declining (moving in the wrong direction)

PHS are still developing 4 of the 23 National Integration Indicators so these have not been included in the report. These are

10	Percentage of staff who say they would recommend their workplace as a good place to work
21	Percentage of people admitted to hospital from home during the year, who are discharged to a care home
22	Percentage of people who are discharged from hospital within 72 hours of being ready
23	Expenditure on end of life care, cost in last 6 months per death

## Outcome Indicators

The Health and Care Experience survey for 2019/20 was published by the Scottish Government on 15 October 2020 with local level results available via an interactive dashboards on the PHS website.

National Integration Indicator		Time Period	Inverclyde HSCP	Scottish Average	Change from previous period	Inverclyde Long-term Trend	Scottish Long-term Trend
1	Percentage of adults able to look after their health very well or quite well	2019/20	89.9%	92.9%	↔	↓	↓
2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	2019/20	90.6%	80.8%	↑	↑	↔
3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	2019/20	81.7%	75.4%	↑	↓	↓
4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	2019/20	81.7%	73.5%	↑	↔	↓
5	Total % of adults receiving any care or support who rated it as excellent or good	2019/20	84.6%	80.2%	↔	↔	↓
6	Percentage of people with positive experience of the care provided by their GP practice	2019/20	77.6%	78.7%	↓	↓	↓
7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	2019/20	82.8%	80.0%	↑	↓	↓
8	Total combined percentage of carers who feel supported to continue in their caring role	2019/20	38.9%	34.3%	↔	↓	↓
9	Percentage of adults supported at home who agreed they felt safe	2019/20	89.9%	82.8%	↑	↑	↔

## Data indicators

The primary source of data for these indicators are Scottish Morbidity Records (SMRs) which are nationally collected discharge-based hospital records. In accordance with recommendations made by Public Health Scotland (PHS) and communicated to all Health and Social Care Partnerships, the most recent reporting period available is calendar year 2020; this ensures that these indicators are based on the most complete and robust data currently available. Please note that figures presented will not take into account the full impact of the Covid-19 pandemic during 2020/21.

National Integration Indicator	Time Period	Inverclyde HSCP	Scottish Average	Change from previous period	Inverclyde Long-term Trend	Scottish Long-term Trend
11 Premature mortality rate per 100,000 persons	2019	550	426	→←	→←	→←
12 Emergency admission rate (per 100,000 population)	2020	12492	11100	↓	→←	→←
13 Emergency bed day rate (per 100,000 population)	2020	135039	101852	→←	→←	↓
14 Readmission to hospital within 28 days (per 1,000 population)	2020	89	114	→←	↓	↑
15 Proportion of last 6 months of life spent at home or in a community setting	2020	89.0%	90.1%	↑	↑	↑
16 Falls rate per 1,000 population aged 65+	2020	21.7	21.7	↓	↓	→←
17 Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	2019/20	86.6%	81.8%	→←	↑	→←
18 Percentage of adults with intensive care needs receiving care at home	2019	65.2%	63.1%	→←	↑	↑
19 Number of days people spend in hospital when they are ready to be discharged (per 1,000 population) (age 75+)	2020/21	149	488	→←	↓	↓
20 Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	2020	21.9%	21.0%	↓	↑	→←



## Appendix 3 – Ministerial Steering Group (MSG) Indicators

MSG Indicator	Baseline 2015/16	Inverclyde 2020/21	Target	Trend
1 Emergency Admissions (Age 18+)	9,388	7227	7% reduction from baseline to 8731	↓
2a Unplanned Bed Days – Acute (All ages)	71679	59894	6% Reduction on baseline to 67378	↓
2b Unplanned Bed Days - Geriatric Long Stay	6342	81	n/a	↓
2c Unplanned Bed Days - Mental Health	26266	22021	n/a	↓
3a A&E attendances - All ages	29395	20946	3% Reduction on baseline to 29395	↓
3b A&E % seen within 4 hours – All ages		92.2%	95%	↔
4 Delayed discharge bed days - Age18+	2588	1747	20% Reduction on baseline to 2070	↑
5a % of Last Six Months of Life by Setting (all ages) - <b>Community</b>	84.5%	89.4%*	2% increase on baseline to 86.5%	↑
5b % of Last Six Months of Life by Setting (all ages) - <b>Hospice</b>	1.4%	0.5%*	n/a	↓
5c % of Last Six Months of Life by Setting (all ages) - <b>Large Hospital</b>	14.1%	10.1%*	n/a	↓
6a Balance of care: % of population in community or institutional settings - <b>Home (Unsupported)</b>	86.7%	88.5% (2019/20)	Increase on baseline (2020/21 Not yet available)	↑
6b Balance of care: % of population in community or institutional settings - <b>Home (Supported)</b>	7.2%	6.5% (2019/20)	Increase on baseline (2020/21 Not yet available)	↓
6c Balance of care: % of population in community or institutional settings - <b>Care home</b>	4.5%	3.7% (2019/20)	Decrease on baseline (2020/21 Not yet available)	↓
6d Balance of care: % of population in community or institutional settings – <b>Large Hospital</b>	1.4%	1.3% (2019/20)	Decrease on baseline (2020/21 Not yet available)	↓

## Glossary of abbreviations

A&E	Accident and Emergency department
AAU	Acute Assessment Unit
ADL	Aids for Daily Living
ADPM	Advanced Dementia Practice Model
ADRS	Alcohol and Drug Recovery Service
ADP	Alcohol and Drugs Partnership
APS	Annual Population Survey
CAC	Community Assessment Centre
CAMHS	Child and Adolescent Mental Health Services
CEG	Communications and Engagement Group
CJSW	Criminal Justice Social Work
CLD	Community Learning and Development Service
CLDT	Community Learning Disability Team
CMHT	Community Mental Health Team
CP	Child Protection
CPN	Community Psychiatric Nurse
CPO	Community Payback Orders
CRS	Community Response Service
DBI	Distress Brief Intervention
DZ	Data Zone
ERA	Environmental Risk Assessment
FNP	Family Nurse Partnership
GG&C	Greater Glasgow and Clyde Health Board
GP	General Practitioner
HSCP	Health and Social Care Partnership
HLE	Healthy Life Expectancy
IJB	Integration Joint Board
ICC	Inverclyde Carers Centre
IRD	Initial Referral Discussions
IPCU	Intensive Psychiatric Care Unit
LD	Learning Disability

LFT	Lateral Flow Test
LPG	Locality Planning Group
MAPPA	Multi-Agency Public Protection Arrangements
MMR	Measles, Mumps and Rubella
MSG	Ministerial Steering Group
NHS	National Health Service
NRS	National Records for Scotland
OPMHT	Older Persons Mental Health Team
PCMHT	Primary Care Mental Health Team
PDS	Post Diagnostic Support
PHS	Public Health Scotland
PPE	Personal Protective Equipment
RFA	Request for Assistance
RSL	Registered Social Landlord
SAMH	Scottish Association for Mental Health
SAPROF	Structured Assessment of Protective Factors
SIMD	Scottish Index of Multiple Deprivation
SMR	Scottish Morbidity Record
SNIPS	Special Needs in Pregnancy Service
SPT	Strathclyde Passenger Transport
TEC	Technology Enabled Care

This document can be made available in other languages, large print, and audio format upon request.

#### Arabic

هذه الوثيقة متاحة أيضا بلغات أخرى والأحرف الطباعية الكبيرة وبطريقة سمعية عند الطلب.

#### Cantonese

本文件也可應要求，製作成其他語文或特大字體版本，也可製作成錄音帶。

#### Gaelic

Tha an sgrìobhainn seo cuideachd ri fhaotainn ann an cànanan eile, clò nas motha agus air teip ma tha sibh ga iarraidh.

#### Hindi

अनुरोध पर यह दस्तावेज़ अन्य भाषाओं में, बड़े अक्षरों की छपाई और सुनने वाले माध्यम पर भी उपलब्ध है

#### Mandarin

本文件也可应要求，制作成其它语文或特大字体版本，也可制作成录音带。

#### Polish


Dokument ten jest na życzenie udostępniany także w innych wersjach językowych, w dużym druku lub w formie audio.


#### Punjabi

ਇਹ ਦਸਤਾਵੇਜ਼ ਹੋਰ ਭਾਸ਼ਾਵਾਂ ਵਿਚ, ਵੱਡੇ ਅੱਖਰਾਂ ਵਿਚ ਅਤੇ ਆਡੀਓ ਟੇਪ 'ਤੇ ਰਿਕਾਰਡ ਹੋਇਆ ਵੀ ਮੰਗ ਕੇ ਲਿਆ ਜਾ ਸਕਦਾ ਹੈ।

#### Urdu

درخواست پر یہ دستاویز دیگر زبانوں میں، بڑے حروف کی چھپائی اور سننے والے ذرائع پر بھی میسر ہے۔

 Inverclyde HSCP, Clyde Square, Greenock, PA15 1NB

 01475 715365

**Inverclyde Health and Social Care Partnership**

**Hector McNeil House**

**Clyde Square**

**Greenock**

**PA15 1NB**

INVERCLYDE  
**HSCP**  
Health and Social  
Care Partnership



**Inverclyde**  
council