

**A meeting of the Inverclyde Integration Joint Board will be held on Monday 20 September 2021 at 2pm.**

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

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

**Please note that this meeting will be recorded.**

**Anne Sinclair  
Interim Head of Legal Services**

<b>BUSINESS</b>		
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1.	<b>Apologies, Substitutions and Declarations of Interest</b>	
<b>ITEMS FOR ACTION:</b>		
2.	<b>a) Minute of Meeting of Inverclyde Integration Joint Board of 21 June 2021 b) Minute of Meeting of Inverclyde Integration Joint Board of 17 August 2021</b>	<b>p</b>
3.	<b>Financial Monitoring Report 2021/22 – Period to 30 June 2021, Period 3</b> Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	<b>p</b>
4.	<b>Annual Performance Report 2020/21</b> Report by Interim Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	<b>p</b>
5.	<b>Update on Implementation of Primary Care Improvement Plan</b> Report by Interim Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	<b>p</b>
6.	<b>CPC Annual Report 2018-2020</b> Report by Interim Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	<b>p</b>
7.	<b>Drug Related Deaths 2020 and ADP Update</b> Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	<b>p</b>

<b>ITEMS FOR NOTING:</b>		
8.	<b>a) Minute of Meeting of IJB Audit Committee of 29 March 2021</b> <b>b) Minute of Meeting of IJB Audit Committee of 21 June 2021</b> <b>NB There will also be a verbal update by the Chair of the IJB Audit Committee providing feedback on the meeting earlier in the day.</b>	<b>p</b>
9.	<b>IJB Directions Annual Report – 2020/21</b> Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	<b>p</b>
10.	<b>Covid-19 Recovery Plan 2020 Health &amp; Community Care Older People’s Day Service</b> Report by Interim Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	<b>p</b>
11.	<b>Chief Officer’s Report</b> Report by Interim Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	<b>p</b>
<p><b>The documentation relative to the following items has been treated as exempt information in terms of the Local Government (Scotland) Act 1973 as amended, the nature of the exempt information being that set out in the paragraphs of Part I of Schedule 7(A) of the Act as are set out opposite the heading to each item.</b></p>		
<b>ITEMS FOR ACTION:</b>		
12.	<b>Implementation of Management Review</b> <span style="float: right;"><b>Para 1</b></span> Report by Interim Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership seeking approval for the developments, proposals and finance to support a new management structure for the Senior Management Team.	<b>p</b>
13.	<b>Reporting by Exception – Governance of HSCP Para 6 &amp; 9 Commissioned External Organisations</b> Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on matters relating to the HSCP governance process for externally commissioned Social Care Services.	<b>p</b>

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

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

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

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

**INVERCLYDE INTEGRATION JOINT BOARD – 21 JUNE 2021**

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**Inverclyde Integration Joint Board**  
**Monday 21 June 2021 at 2pm**

**PRESENT:****Voting Members:**

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

**Non-Voting Professional Advisory Members:**

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

**Non-Voting Stakeholder Representative Members:**

Gemma Eardley	Staff Representative, Health & Social Care Partnership
Diana McCrone	Staff Representative, NHS Board
Charlene Elliot	Third Sector Representative, CVS Inverclyde
Hamish MacLeod	Service User Representative, Inverclyde Health & Social Care Partnership Advisory Group
Heather Davis	On behalf of Christina Boyd – Carer's Representative

**Additional Non-Voting Members:**

Stevie McLachlan	Inverclyde Housing Association Representative, River Clyde Homes
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**Also present:**

Vicky Pollock	Legal Services Manager, Inverclyde Council
Anne Malarkey	Interim Head of Homelessness, Mental Health & Drug & Alcohol Recovery Services, Inverclyde Health & Social Care Partnership
Andrina Hunter	Policy Officer, Inverclyde Council
Diane Sweeney	Senior Committee Officer, Inverclyde Council
Lindsay Carrick	Senior Committee Officer, Inverclyde Council
Craig Given (observing)	Finance Manager, Inverclyde Council

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Allan MacDonald

ICT Services Manager, Inverclyde Council

**Chair:** Councillor Clocherty presided

The meeting took place via video-conference.

Prior to the commencement of business Councillor Clocherty welcomed Mr Given to the meeting and congratulated him on his appointment as Chief Finance Officer.

### 42 **Apologies, Substitutions and Declarations of Interest** 42

An apology for absence was intimated on behalf of Christina Boyd (Carers Representative) with Heather Davis acting as proxy.

No declarations of interest were intimated.

### 43 **Minute of Meeting of Inverclyde Integration Joint Board of 17 May 2021** 43

There was submitted the Minute of the Inverclyde Integration Joint Board of 17 May 2021.

The Minute was presented by the Chair.

**Decided:** that the Minute be agreed

### 44 **Inverclyde Integration Joint Board (IJB) & IJB Audit Committee – Proposed dates of future Meetings** 44

There was submitted a report by the Corporate Director (Chief Officer) Inverclyde Health & Social Care Partnership seeking approval of a timetable of meetings for the Inverclyde Integration Joint Board (IIJB) and IIJB Audit Committee for 2021/22.

The report was presented by Ms Pollock and provided an overview and explanation of the meeting cycle. In light of the COVID-19 pandemic the report requested a continuation of video-conference meetings which would be reviewed when appropriate. The IIJB and IIJB Audit Committee meeting dates were noted as follows:

IJB Audit – Monday 20 September 2021 at 12 noon (Members meet with Auditor and External Auditors only)

IJB Audit – Monday 20 September 2021 at 1pm (normal meeting)

IIJB – Monday 20 September 2021 at 2pm

IIJB – Monday 1 November 2021 at 2pm

IJB Audit – Monday 24 January 2022 at 1pm

IIJB – Monday 24 January 2022 at 2pm

IJB Audit – Monday 21 March 2022 at 1pm

IIJB – Monday 21 March 2022 at 2pm

IIJB – Monday 13 June 2022 at 2pm

**Decided:**

(1) that the timetable of meetings as detailed in the Appendix to the report be approved; and

(2) that in the light of the ongoing COVID-19 emergency all meetings continue to be held via video-conference and that this arrangement be reviewed at a future date, taking account of the public health situation at that time.

**45 2020/21 Draft Annual Accounts**

45

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership (1) setting out the proposed approach for the Board to comply with its statutory requirements in respect of its annual accounts, and (2) presenting the draft 2020/21 Annual Accounts and Annual Governance Statement, a copy of which was appended to the report.

The report was presented by Ms Branter and provided detailed information outlining the regulations and best practice which govern the preparation of financial statements. It was noted that the Coronavirus (Scotland) Act had permitted publication of the draft. The report instructed that the Annual Governance Statement must be approved by the IJB, or authorised sub-committee, and that the draft for this was included within the draft Annual Accounts.

The Board asked for clarification on the Earmarked Reserves balance. Ms Branter explained that the net increase figure of £6.482m was achieved through a mix of over and underspends and it was agreed that she would provide a breakdown on how this figure was reached in a future report.

The Board sought reassurance that the underspend on vacancies, noted in the accounts as 'Underspend on various Social Care services due to a delay in filling vacancies', would be retained within the IJB. Ms Long assured that the Scheme of Integration did not permit either Inverclyde Council or the NHS to clawback the underspend where the underspend is an element of the operational budget with exception of ring fenced budgets. There followed a discussion on whether this applied to circumstances when a service was being transformed, and Ms Long advised she would discuss this matter with Ms Pollock and provide a detailed response to Mr Carr outwith the meeting.

The Board queried if and how the accounts would accurately reflect the spend on PPE, and Ms Branter advised that the accounts were still in draft form at present and that discussions were still ongoing on this matter.

The Board sought confirmation that the staff posts detailed in the 'Remuneration Report' section were accurately recorded, and Ms Long confirmed that they were and provided an explanation of the IJB officer structure.

The Vice Chair reminded the IJB that the Audit Committee in line with their remit is required to review the overall internal control arrangements of the IJB and make recommendations to the IJB regarding signing of the Governance Statement. The Annual Accounts will form part of the agenda for the September IJB Audit Committee.

**Decided:**

- (1) that the proposed approach to complying with the Local Authority Accounts (Scotland) Regulations 2014 be noted;
- (2) that the Draft Annual Governance Statement included with the Accounts be approved, subject to the net increase figure of £6.482m Earmarked Reserves being confirmed; and
- (3) that it be agreed that the unaudited accounts for 2020/21 be submitted to the Auditor subject to the condition noted at (2) above.

**46 Strategic Plan – Year 2 Progress 2020/21**

46

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on the progress achieved towards meeting the objectives of the HSCP Strategic Plan and the changes outlined in

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the Big 6 Actions.

The report was presented by Ms Hunter and advised that the Strategic Plan 2019-2024 and Big 6 Actions had previously outlined planned commitments to be achieved through a programme of transformational change. In light of the COVID-19 pandemic and the identified need for recovery, the Strategic Plan was reviewed and a new list of 29 key priorities identified which reflected newly emerging priorities within the HSCP, and which received positive feedback after community consultation. The report detailed the progress of the 29 key priorities mapped against each of the 6 Big Actions, and also provided a list of key achievements. The report advised that progress will continue to be monitored and gave an overview as to how the Strategic Plan refresh would be achieved.

Ms Hunter also advised the Board that the Annual Performance Report, which would normally be presented at the June meeting, would now be presented later in the year as the Scottish Government had extended the submission date. Ms Hunter noted that an extension had been permitted to November 2021, but that an initial report may be presented to the September meeting.

The Board asked if the timescale for the Strategic Plan refresh must comply with that set out in the original 2019-2024 Strategic Plan, and Ms Long advised that this timescale was bound by legislation.

Ms Hunter advised that the refreshed Strategic Plan should be with the Board by April 2022. The Board asked if there would be the opportunity to review this in draft form in order to provide comment, if a Red/Amber/Green (RAG) status could be added and commented that a Development Session would be helpful.

Ms Long recalled that the Board previously requested that the RAG status be removed from the Strategic Plan, and confirmed she would organise a Development Session before the September IJJB meeting.

The Board commented positively on the way the information in the report had been presented, and noted that setting milestones and the possible reintroduction of the RAG status could be discussed at the Development Session.

Reassurance was sought by the Board that members of the public who were in short-term tenancies, as noted within the 'Key Achievements' section of the report, were receiving appropriate levels of assistance with practical issues such as getting children to school if they have been rehomed outwith their school catchment area. Ms Malarkey advised that the Homelessness Service was mindful of allocating the appropriate tenancy, that needs were assessed on an individual basis and that a multi-agency approach was taken to provide the assistance needed. The service is working on a report for the IJJB on the Homelessness Service Redesign.

**Decided:**

- (1) that progress made to date against the 6 Big Actions 2020/21 be noted;
- (2) that the strategic direction to continue to monitor progress against the Transition Strategic Plan in 2021/22 be approved;
- (3) that plans to refresh the original Strategic Plan and Strategic Needs Assessment to continue to deliver transformational change in line with the original 5 year HSCP Strategic Plan 2019-2024 be noted; and
- (4) that it be remitted to officers to arrange a Development Session on the Strategic Plan refresh by September 2021, in advance of the next IJJB meeting.

### 47 Annual Report Clinical & Care Governance 2020/2021

47

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership (1) providing a summary of the yearly activity of the

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Clinical & Care Governance Group for 2020-2021, (2) appending the 'Inverclyde HSCP Clinical and Care Governance Annual Report 2020-21' (Annual Report) for noting, and (3) advising Board members that the Annual Report will be sent to NHS Greater Glasgow & Clyde as all HSCPs are requested to provide an Annual Report covering the role, remit, and future plans for review and evaluation.

The report was presented by Dr MacDonald and advised that the Annual Report will also act as a reference point in the wider strategic direction of governance of the Inverclyde HSCP. The report covered the main areas of priority for Inverclyde HSCP in responding to the COVID-19 pandemic and the significant and ongoing challenges for services and staff.

The report also contained an embedded link to the Clinical and Care Governance Strategy Work Plan for the Inverclyde HSCP, as there had been an outstanding remit for this to be brought to the IJJB for noting.

The Board requested clarification as to how the risks identified at the 'Conclusion' section of the Annual Report were reported, monitored and managed, and in what way this linked to the Corporate Risk Register. Dr MacDonald advised that the HSCP Clinical and Care Governance Group provided a monitoring role, and that identified issues could be escalated there. Ms Long expanded on this, and detailed the process through which Corporate Risks could be brought to the Health Board and the Chief Officer Group within Inverclyde Council.

The Board sought reassurance on the 'Complaints by timescale in each quarter' figures provided in the Annual Report, particularly referencing the higher figures for Health & Community Care. Mr Stevenson provided an overview of the complaints process and a breakdown of the type of complaint received. He assured the Board that Health & Community Care formed a large part of the service, and that every effort was made to provide consistency for clients and respond timeously to complaints and learn from them. The Board were advised that customer feedback and complaints provided a useful tool to monitor performance and were reviewed by the Service Manager to monitor patterns.

The Board referred to the vaccination figures contained within the report for staff within Care Homes and Dr MacDonald advised that the figure had risen since the report was prepared, and that current figures could be provided to future meetings.

Board members referred to the 'Significant Adverse Event Reviews' section of the report and questioned if numbers had increased. Dr MacDonald provided reassurance that there had been no overall increase, but that the COVID-19 pandemic had impacted on timescales for the completion of each individual Review.

Board members highlighted the value of the Clinical and Care Governance Strategy Work Plan in monitoring risk and providing a mechanism to deliver actions, and also acknowledged the positive culture of continuous improvement.

**Decided:**

- (1) that the Annual Report be approved; and
- (2) that the Clinical and Care Governance Strategy Work Plan for the Inverclyde HSCP noted.

Dr MacDonald left the meeting at this juncture.

### 48 HSCP Interim Workforce Plan 2021/22

48

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership appending the Interim Workforce Plan 2021/22 for approval.

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The report was presented Ms Malarkey and noted that all HSCPs are required by the Scottish Government to develop and publish a Workforce Plan which sets out the strategic direction for workforce development, service redesign and resulting changes to the workforce. The Interim Workforce Plan 2021/22 was designed to respond to the ongoing challenges of the COVID-19 pandemic as well as supporting the existing Workforce Plan 2020-2024 and the IJJB's Strategic Plan 2019-2024.

The Board requested more detail on the Out of Hours review, referred to in the report within the 'Service Specific Priorities – Health & Community Care' section, and Mr Stevenson advised that this was an ongoing piece of work related to District Nursing and TEC (Technology Enabled Care) responders and clarified that it was not related to Out of Hours GP services.

The Board requested an indication of the numbers involved and Ms Long agreed that numbers could be added. There was further comment that there was no indication of the scoring mechanism used to allocate the 'Measure/RAG' status referred to in the report.

The Board raised the matter of staff wellbeing, it being noted at the meeting that initially refreshment hubs had been set up to provide rest and relaxation areas for staff, but that over time this has been reduced. Ms Long and Mr Stevenson provided reassurance that staff wellbeing continued to be of great importance and that specific activities were being driven by managers in locations throughout the service. Ms Malarkey advised that she would work with the Board to address any specific concerns they may have.

Mr McLachlan left the meeting during discussion of this item.

**Decided:**

- (1) that the work done to date be noted;
- (2) that the Interim Workforce Plan be noted and approved.
- (3) that authority be given to the Chief Officer to issue directions to the Council and Health Board on the basis of this report

### 49 IJB Complaint Handling Procedures

49

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership (1) advising members of the new Model Complaints Handling Procedure (CHP) required to manage the delegated functions of the IJJB, and (2) appending a copy of the Complaints Handling Procedure for Inverclyde Integration Joint Board for approval.

The report was presented by Mr Stevenson and detailed the requirement for the IJJB to agree to the new model CHP to ensure compliance with Scottish Public Services Ombudsman guidance.

The Board requested clarification on the Ombudsman complaints process, and Mr Stevenson provided an overview of this.

The Board requested reassurance as to how staff would respond to a 'customer/service user acting in an unacceptable way' as detailed in item 10 of the 'Expected Behaviours' section of the CHP, and Mr Stevenson provided reassurance that staff were experienced in dealing with, and de-escalating, any situations, and gave an overview of some of the approaches that staff may take.

**Decided:**

- (1) that the IJJB Model Complaints Handling Procedure 2021 be approved and;
- (2) that the requirement to report and publish complaint information quarterly, and that this is done on the HSCP section of 'Inverclyde Performs', be noted.



50 **Anti-Poverty**

50

There was submitted a report by the Corporate Director (Chief Officer) Inverclyde Health & Social Care Partnership providing an update on a series of proposals on the deployment of funds allocated to anti-poverty initiatives in Inverclyde, including governance and interventions.

The report was presented by Ms Hunter and advised that in 2020 Scottish Indices of Multiple Deprivation (SIMD) reported that a number of data zones within Inverclyde were amongst the worst in Scotland. Inverclyde Council and the IJJB established a joint £1million anti-poverty fund in 2020 (£750,000 from Inverclyde council and £250,000 from IJJB). In addition the report detailed a proposal to vire £80,000 in unused funds from the Scottish Welfare Fund and Discretionary Housing Payments, allocated as extra funding in 2017, to the anti-poverty fund, which will increase it to £1.08million.

The report advised of the staff governance structure put in place to manage the anti-poverty initiatives, including the appointment of a 0.6 dedicated Team Leader, and noted that an Anti-Poverty Steering Group will be established, chaired by Inverclyde Council's Corporate Director of Education, Communities & Organisational Development, which will report to Inverclyde Council's Policy & Resources Committee. The report provided an update on the following anti-poverty initiatives: local employment pilots, school linked Social Workers, business start-up, food insecurity, fuel insecurity, Financial Fitness, Starter Packs, early intervention support and mentoring for families, Tail o' the Bank Credit Union, and noted that there are other services which have a direct or indirect impact on alleviating poverty.

The Board requested reassurance on the governance aspect of the initiatives, and Ms Hunter advised that appropriate governance was achieved with a number of control groups, that the effectiveness of each initiative would be monitored and there would be an annual update report to the IJJB.

The Board commented that the 'Implications: Finance' section of the report may be inaccurate, as the proposed spend was noted as £800k. Ms Hunter agreed that the figure should reflect the IJJB funding of £250,000.

The Board agreed that the initiatives detailed in the report were positive, an opportunity to initiate change and agreed that going forward Ms Long and Ms Hunter would ensure that future update reports focussed on, and were relevant to, the IJJB remit.

Ms Speirs left the meeting during discussion of this item.

**Decided:** that the proposals and governance structure detailed in the report be noted.

51 **Appointment of Chief Finance Officer**

51

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

The report was presented by Ms Pollock and noted that the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 sets out the arrangements for the membership of all Integration Joint Boards, and that the IJJB is required to appoint a 'proper officer' who has responsibility for the administration of its financial affairs in terms of Section 95 of the Local Government (Scotland) Act 1973. Following a recruitment process Craig Given was appointed as Chief Finance Officer with a start date of 12 July 2021.

The Chair thanked Ms Branter for her work as Interim Chief Finance Officer, and welcomed Mr Given to the IJJB.

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### **Decided:**

- (1) that the appointment of Craig Given as the Chief Finance Officer of Inverclyde Integration Board as from 12 July 2021 be confirmed; and
- (2) that Craig Given be designated as the Inverclyde Integration Joint Board's Section 95 Officer as from 12 July 2021.

Ms Elliot left the meeting at this juncture.

### **52 Inverclyde Integration Joint Board – Voting Membership Update**

52

There was submitted a report by the Corporate Director (Chief Officer) Inverclyde Health & Social Care Partnership (1) advising of changes to the Chair and Vice Chair positions of the Inverclyde Integration Joint Board, and (2) providing an update in respect of current voting membership.

The report was presented by Ms Pollock and advised on the membership of the IJJB. It was noted that the appointment of the Chair and Vice Chair rotates every two years between Greater Glasgow and Clyde NHS Board and Inverclyde Council, with the Chair from one party and the Vice Chair from the other, and that the current Chair and Vice Chair have reached the end of their terms of office. In respect of the new arrangements, GG&C NHS Board have appointed Alan Cowan as Chair of the IJJB and Inverclyde Council confirmed the appointment of Councillor Jim Clocherty as Vice Chair of the IJJB on 10 June 2021. Inverclyde Council also agreed to the reappointment of Councillors as voting members, as detailed in the decisions below.

Councillor Clocherty congratulated Mr Cowan on his appointment.

### **Decided:**

- (1) that the appointment by Greater Glasgow & Clyde NHS Board of Mr Alan Cowan as Chair of the Inverclyde Integration Joint Board be noted;
- (2) that the appointment by Inverclyde Council of Councillor Jim Clocherty as Vice Chair of the Inverclyde Integration Joint Board be noted;
- (3) that the Board notes the reappointment by Inverclyde Council of the following Councillors as voting members of the Inverclyde Integration Joint Board for a further term of office of two years or until the date of the next ordinary Elections for Local Government Councillors in Scotland, whichever is shorter, it being noted that Councillor MacLeod is a newly appointed proxy for Councillor Robertson:-
  - Councillor Jim Clocherty with Councillor Robert Moran as proxy;
  - Councillor Luciano Rebecchi with Councillor Gerry Dorrian as proxy;
  - Councillor Lynne Quinn with Councillor Ronnie Ahlfeld as proxy;
  - Councillor Elizabeth Robertson with Councillor Jim MacLeod as proxy.

### **53 Inverclyde Integration Joint Board Audit Committee – Membership & Chair and Vice Chair Appointments**

53

There was submitted a report by the Corporate Director (Chief Officer) Inverclyde Health & Social Care Partnership seeking agreement for revised membership arrangements and Chair and Vice Chair appointments for the Inverclyde Integration Joint Board Audit Committee (IJJB Audit Committee).

The report was presented by Ms Pollock and advised that the IJJB had previously agreed the powers, remit and membership of the IJJB Audit Committee, and as a result of changes to the Chair and Vice Chair arrangements for the IJJB, it was necessary to change the membership and appoint a new Chair, from the Council members, and Vice Chair, from NHS Board members, of the IJJB Audit Committee. The report also sought

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the appointment of one Greater Glasgow and Clyde NHS Board voting member. Prior to discussion on this item Mr Cowan provided a brief update on the business undertaken by the IJJB Audit Committee, which he had chaired earlier in the afternoon. The Board asked for clarification on the appointment process of Councillors to the IJJB Audit Committee, and Ms Pollock advised that Councillor appointments to IJJB were made by Inverclyde Council, and that subsequent appointments to the IJJB Audit Committee were made by the IJJB. After discussion, Mr Cowan advised the member changes as detailed in the decisions below.

**Decided:** that the following appointments be agreed;  
Councillor Elizabeth Robertson be appointed as Chair of the Inverclyde Integration Joint Board Audit Committee, with Mr Cowan having remitted this role;  
Ms Paula Speirs be appointed as Vice Chair of the Inverclyde Integration Joint Board Audit Committee; and  
Mr Simon Carr be appointed to serve on the Inverclyde Integration Joint Board Audit Committee as a voting member.

**54 Councillor Jim Clocherty and Mr Alan Cowan**

At the conclusion of business Councillor Clocherty thanked all for their contribution to the IJJB and wished Mr Cowan well in his new role as Chair of the IJJB. Mr Cowan thanked Councillor Clocherty for his stewardship, positivity, good humour and the inclusive manner with which he conducted business.

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

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**Inverclyde Integration Joint Board**  
**Tuesday 17 August 2021 at 2pm**

**PRESENT:****Voting Members:**

Alan Cowan (Chair)	Greater Glasgow and Clyde NHS Board
Councillor Jim Clocherty (Vice Chair)	Inverclyde Council
Councillor Luciano Rebecchi	Inverclyde Council
Councillor Elizabeth Robertson	Inverclyde Council
Simon Carr	Greater Glasgow and Clyde NHS Board
Dorothy McErlean	Greater Glasgow and Clyde NHS Board

**Non-Voting Professional Advisory Members:**

Louise Long	Corporate Director (Chief Officer) Inverclyde Health & Social Care Partnership
Sharon McAlees	Chief Social Worker, Inverclyde Health & Social Care Partnership
Craig Given	Chief Finance Officer, Inverclyde Health & Social Care Partnership
Dr Deirdre McCormick	Chief Nurse, NHS GG&C

**Non-Voting Stakeholder Representative Members:**

Gemma Eardley	Staff Representative, Health & Social Care Partnership
Christina Boyd	Carer's Representative

**Additional Non-Voting Members:**

Stevie McLachlan	Inverclyde Housing Association Representative, River Clyde Homes
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**Also present:**

Vicky Pollock	Legal Services Manager, Inverclyde Council
Diane Sweeney	Senior Committee Officer, Inverclyde Council
Lindsay Carrick	Senior Committee Officer, Inverclyde Council

**Chair:** Alan Cowan presided

The meeting took place via video-conference.

**55 Apologies, Substitutions and Declarations of Interest****55**

Apologies for absence were intimated on behalf of:

Councillor Lynne Quinn	(Voting Member) Inverclyde Council
Paula Speirs	(Voting Member) Greater Glasgow & Clyde NHS Board
Dr Hector MacDonald	Clinical Director, Inverclyde Health & Social Care Partnership
Charlene Elliot	Third Sector Representative, CVS Inverclyde
Diana McCrone	Staff Representative, NHS Board

No declarations of interest were intimated.

## INVERCLYDE INTEGRATION JOINT BOARD – 17 AUGUST 2021

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### 56 Appointment of Interim Chief Officer

56

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership confirming the appointment of the Inverclyde Integration Joint Board's Interim Chief Officer as from 30 August 2021 pending the appointment of a permanent Chief Officer.

The report was presented by Ms Pollock and noted that the Public Bodies (Joint Working) (Scotland) Act 2014 sets out the arrangements for the membership of all Integration Joint Boards, and that the IJJB is required to appoint a Chief Officer as a member of staff. The IJJB's current Chief Officer, Louise Long, is to take up post of Chief Executive of Inverclyde Council in September 2021. The report confirmed that following a recruitment process Allen Stevenson had been selected as Interim Chief Officer with effect from 30 August 2021.

In response to questions from Board Members regarding the filling of Mr Stevenson's substantive post, Ms Long provided an overview of the process and timeline. The Chair provided reassurance to the Board that he, Councillor Clocherty and Ms Long met bi-weekly and that this support would be available to Mr Stevenson.

The Chair welcomed Mr Stevenson to the IJJB and congratulated him on his appointment.

**Decided:** that the appointment of Allen Stevenson as Interim Chief Officer of the Inverclyde Integration Joint Board with effect from 30 August 2021 be confirmed.

### 57 Future Meetings

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At the conclusion of business the Chair reminded Members of the following diary commitments:

10 September 2021 – Risk Appetite Training Session

17 September 2021 – Board Awards

20 September 2021 – Development Session (AM)

20 September 2021 – IJJB and IJJB Audit Committee meetings (PM)

The Chair also requested Members give consideration as to how meetings may be conducted in the future; face-to-face, remotely or hybrid, and that this would be discussed at a future meeting.

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

**Report By:** Louise Long  
Corporate Director (Chief Officer)  
Inverclyde Health & Social Care Partnership      **Report No:** IJB/38/2021/CG

**Contact Officer:** Craig Given  
Chief Financial Officer      **Contact No:** 01475 715381

**Subject:** FINANCIAL MONITORING REPORT 2021/22 – PERIOD TO 30 JUNE 2021, PERIOD 3

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## **1.0 PURPOSE**

- 1.1 The purpose of this report is to advise the Inverclyde Integration Joint Board (IJB) of the Revenue and Capital Budgets, other Income Streams and Earmarked Reserves position for the current year with a detailed report as at Period 3 to 30 June 2021.

## **2.0 SUMMARY**

- 2.1 The detailed report outlines the financial position at Period 3 to the end of June 2021. The Covid-19 pandemic has created significant additional cost pressures across the Health & Social Care Partnership (HSCP). The figures presented include projected Covid costs and offset against that is confirmed Covid funding. It is anticipated that the balance of actual additional Covid costs will be received from the Scottish Government and funding has been projected on this basis.
- 2.2 The current year-end operating projection for the Partnership includes £6.586m of net Covid-19 costs for which full funding is anticipated from Scottish Government through local mobilisation plans and current Covid Earmarked reserves. At Period 3 there is a projected overspend of £0.554m in Social Care core budgets. Without a further reduction in costs this overspend would be met from within our existing free reserves.
- 2.3 As in previous years, the IJB has financial commitments in place in relation to spend against its Earmarked Reserves in-year for previously agreed multi-year projects and spend, including the impact of any transfers to/from reserves as a result of anticipated over and underspends. This together with the in year overspend means that the IJB reserves are forecast to decrease in year by a net £5.772m.
- 2.4 The Chief Officer and Heads of Service will continue to work to mitigate any projected budget pressures and keep the overall IJB budget in balance for the remainder of the year. It is proposed that as in previous years, any over or underspend is taken from or added to IJB reserves.
- 2.5 The report outlines the current projected spend for the Transformation Fund.
- 2.6 The assets used by the IJB and related capital budgets are held by the Council and Health Board. Planned capital spend in relation to Partnership activity is budgeted as

£1.728m for 2021/22 with £0.005m actual spend to date.

- 2.7 The IJB holds a number of Earmarked and General Reserves; these are managed in line with the IJB Reserves Policy. The total Earmarked Reserves available at the start of this financial year were £14.191m, with £0.741m in Unearmarked Reserves, giving a total Reserve of £14.932m. The projected year-end position is a carry forward of £9.160m. This is a decrease in year due to anticipated spend of funding on agreed projects.

### **3.0 RECOMMENDATIONS**

3.1 It is recommended that the Integration Joint Board:

1. Notes the current Period 3 forecast position for 2021/22 as detailed in the report Appendices 1-3 and notes that the projection assumes that all Covid costs in 2021/22 will be fully funded by the Scottish Government,
2. Notes that in the event that there are any gaps in funding for Covid costs, then the IJB will review the reserves to meet this shortfall,
3. Approves the proposed budget realignments and virement (Appendix 4) and authorises officers to issue revised directions to the Council and/or Health Board as required on the basis of the revised figures enclosed (Appendix 5);
4. Approves the planned use of the Transformation Fund (Appendix 6);
5. Notes the current capital position (Appendix 7);
6. Notes the current Earmarked Reserves position (Appendix 8) and the addition of £0.164m worth of funding transferring from Inverclyde Council for Autism Friendly.
7. Notes the key assumptions within the forecasts detailed at section 11.

**Louise Long**  
Corporate Director (Chief Officer)

**Craig Given**  
Chief Financial Officer

#### 4.0 BACKGROUND

- 4.1 From 1 April 2016 the Health Board and Council delegated functions and are making payments to the IJB in respect of those functions as set out in the integration scheme. The Health Board have also “set aside” an amount in respect of large hospital functions covered by the integration scheme.
- 4.2 The IJB Budget for 2021/22 was set on 29 March 2021 based on confirmed Inverclyde Council Funding and indicative NHS GG&C funding. The table below summarises the agreed budget and funding together with the projected operating outturn for the year as at 30 June:

	Revised Budget 2021/22 £000	Projected Outturn £000	Projected Over/(Under) Spend £000
Social Work Services	73,338	73,882	544
Health Services	76,753	76,753	0
Set Aside	28,177	28,177	0
<b>HSCP NET EXPENDITURE</b>	<b>178,268</b>	<b>178,812</b>	<b>544</b>
<b>FUNDED BY</b>			
Transfer from / (to) Reserves	95	639	544
NHS Contribution to the IJB	123,129	123,129	0
Council Contribution to the IJB	55,044	55,044	0
<b>HSCP FUNDING</b>	<b>178,268</b>	<b>178,812</b>	<b>544</b>
Planned Use of Reserves	(5,772)	(5,772)	
<b>Annual Accounts CIES Position</b>	<b>(5,772)</b>	<b>(5,772)</b>	

#### 4.3 Updated Finance Position and Forecasting to Year-end

Timelines for Committee paper submission mean that, by necessity, finance reports are often a couple of months old by the time they come to the IJB. To address this, an updated finance summary detailing any significant changes to financial forecasts from the report date to the current period will be provided as part of the monitoring report presentation from the October report onwards each year.

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

#### 4.4 Covid-19 Mobilisation Plans

Local Mobilisation Plan (LMP) submissions are made regularly through the Health Board to the Scottish Government detailing projected and actual Covid costs on a month to month basis. This report reflects the current projected costs and confirmed income in relation to this.

- 4.5 Appendix 1B details the current projected Covid costs and confirmed income, this ties back with the latest LMP.
- Projected costs for the year based on the July submission are £6.586m (£5.266m Social Care and £1.302m Health).
  - The table at the top of Appendix 1B details the projected spend across Social Care and Health on Employee costs, Supplies and Services etc.



- The second table on Appendix 1a shows a summary of the specific areas this spend is projected across.
- Actual costs to 30 June were £2.003m (£1.8m Social Care, £0.203m Health)

4.6 The IJB has provided the Scottish Government with regular updates in relation to forecasted spend for all services and the cost of responding to the pandemic and this will be used by the Scottish Government in assessing future funding needs. The IJB expects these costs to be fully funded from a combination of Scottish Government funding and the existing £2.89m Covid 19 Earmarked Reserve carried forward from last year.

## 5.0 SOCIAL WORK SERVICES

5.1 The projected net Social Care Covid spend is £5.266m for this year with the biggest elements of that being provider sustainability. It is expected that all Covid costs will be funded by the Scottish Government through the remobilisation plan. Assuming all Covid costs are covered by the Scottish Government there is a £0.554m projected overspend for core Social Work services. In line with previous practice it is expected that any year-end overspend would be covered by the IJB free reserve. In order to get to this projected outturn position, Inverclyde Health and Social Care Partnership needs to use £0.907m of its smoothing reserves.

5.2 The Mobilisation Plan which captures all Covid related spend and underspends. The Mobilisation Plan is updated and submitted to the Scottish Government monthly. It is anticipated that the remaining savings will be delivered in full during the year.

5.3 Appendix 2 contains details of the Social Work out turn position. The main projected variances are linked to Covid. Key projected social work budget variances which make up the projected core budget overspend, excluding Covid costs, include the following:

Main areas of overspend are:

- A projected overspend of £567,000 in Children's Residential Placements, Foster, Adoption and Kinship after full utilisation of the £350,000 smoothing Earmarked Reserve. Plans are in place to resume the request for Assistance team in order to help reduce this overspend. At Period 3 there is a projected net overspend of £118,000 in Continuing Care. This is being funded out of the smoothing Earmarked Reserve.
- Within Criminal Justice a £256,000 projected overspend as a result of client package costs.
- A projected overspend of £184,000 within Residential and Nursing Care other client commitments, which reflects an anticipated overspend against direct payments. Within the Older Persons budget this is offset by a projected £190,000 within External Homecare based upon invoices received. There is also a projected net overspend of £89,000 in Residential & Nursing accommodation at Period 3, this is currently being funded out of the relevant smoothing reserve.

Main areas of underspend are:

- The projected underspend in Learning Disabilities mainly relates to £187,000 against employee costs due to vacant posts within day services resulting in additional turnover being projected.

Any over / underspends on Learning Disability client commitments are transferred to the earmarked reserve at the end of the year. The opening

balance on the Learning Disability client commitments reserve is £350,000. At period 3 there is a projected net overspend of £372,000 of which £350,000 would be funded from the earmarked reserve at the end of the year if it continues, leaving an overspend against Core of £22,000 across these services.

- The projected £139,000 underspend in Alcohol & Drugs underspend is against employee costs and due to a combination of delays in reviewing roles following the restructure together with slippage filling posts.

The SMT are currently carrying out a detailed review off all care packages with the aim to provide the most accurate commitments in each instance.

A detailed analysis of the social care variances has been prepared by the Council for Period 3. This is seen in Appendix 2.

## **6.0 HEALTH SERVICES**

6.1 For Health, Covid spend is projected to be £1.302m for the year with the biggest elements of that being additional staffing costs.

The projected out turn for health services at 30 June is in line with the revised budget. At Period 3 an underspend of £0.156m is being reported. The current underspend is detailed as follows:

- Alcohol & Drug Recovery – £0.046m underspend mainly due to vacancies as the service currently recruits for the redesign.
- Adult Community Services - £0.049m underspend mainly due to vacancies in Management posts. These are currently being recruited to.
- Children’s Community Services - £0.063m underspend mainly due to Health visiting vacancies. These are also being recruited to.
- Management & Admin - £0.045m underspend due to vacancies mainly in Finance Services.

In line with previous years an underspend at year-end will be transferred to reserves

### **6.2 Prescribing**

Currently projected in line with budget. The prescribing position will continue to be closely monitored throughout the year, at present no significant pressures have been identified which will have an impact or require the use of the Prescribing smoothing reserve.

6.3 To mitigate the risk associated with prescribing cost volatility, the IJB agreed as part of this and prior year budgets to invest additional monies into prescribing. However, due to the uncertain, externally influenced nature of prescribing costs, this remains an area of potential financial risk going forward. This year Covid-19 and Brexit have both added to the complexity around forecasting full year prescribing costs.

6.4 GP Prescribing remains a volatile budget; a drug going on short supply and the impacts of Covid and Brexit can have significant financial consequences.

### **6.5 Set Aside**

- The Set Aside budget in essence is the amount “set aside” for each IJB’s consumption of large hospital services.
- Initial Set Aside base budgets for each IJB were based on their historic use of certain Acute Services including: A&E Inpatient and Outpatient, general

- medicine, Rehab medicine, Respiratory medicine and geriatric medicine.
- Legislation sets out that Integration Authorities are responsible for the strategic planning of hospital services most commonly associated with the emergency care pathway along with primary and community health care and social care.
  - The Set Aside functions and how they are used and managed going forward are heavily tied in to the commissioning/market facilitation work that is ongoing

Work is continuing across GG&C around Unscheduled Care to further refine the Set Aside position within GG&C for each HSCP. Further updates will be brought to the IJB as available.

## **7.0 VIREMENT AND OTHER BUDGET MOVEMENTS AND DIRECTIONS**

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

## **8.0 TRANSFORMATION FUND**

### **8.1 Transformation Fund**

The Transformation Fund was set up at the end of 2018/19. At the beginning of this financial year, the Fund balance was £1.085m. Spend against the plan is done on a bids basis through the Transformation Board. Appendix 6 details the current agreed commitments against the fund. At present there is £0.597m still uncommitted. Proposals with a total value in excess of £0.100m will require the prior approval of the IJB.

## **9.0 CURRENT CAPITAL POSITION - nil Variance**

9.1 The Social Work capital budget is £11.149m over the life of the projects with £1.728m budgeted to be spent in 2021/22

### **9.2 Crosshill Children's Home:**

- The former Neil Street Children's Home is in use as temporary decant accommodation for the Crosshill residents.
- The demolition of the original Crosshill building was completed in Autumn 2018. Main contract works commenced on site in October 2018 and had been behind programme when the Main Contractor (J.B. Bennett) ceased work on site on 25th February 2020 and subsequently entered administration. The Administrators confirmed that the Council would require to progress a separate completion works contract to address the outstanding works and a contract termination notice was issued for the original contract.
- The COVID-19 situation impacted the progression of the completion works tender which was issued in late December 2020 and returned mid-February 2021. Approval to accept the lowest acceptable tender was granted through emergency powers in March 2021. The completion work recommenced on 4

May 2021 with a contractual completion date in early November 2021.

- The building has been made wind and watertight with defective materials identified and removed from site. Previous equipment installations have been surveyed and remedial works action plans are being progressed including the requirement to replace part of the previously installed external drainage.

### 9.3 New Learning Disability Facility

The project involves the development of a new Inverclyde Community Learning Disability Hub. The new hub will support and consolidate development of the new service model and integration of learning disability services with the wider Inverclyde Community in line with national and local policy. The February 2020 Health & Social Care Committee approved the business case, preferred site (former Hector McNeil Baths) and funding support for the project with allocation of resources approved by the Inverclyde Council on 12<sup>th</sup> March 2020. The COVID-19 situation has impacted the progression of the project. The progress to date is summarised below:

- Site information and survey work has been completed including engagement of specialist consultants to assess the flood risk of the site and surrounding area, informing the detail design ahead of formal engagement with The Scottish Environment Protection Agency (SEPA) as part of the formal Planning approval process.
- Space planning and accommodation schedule interrogation work has been progressed through Technical Services and the Client Service to inform the concept design. Consultation with service users, families, carers and learning disability staff continues supported by the Advisory Group.
- Property Services are progressing the procurement of a Quantity Surveyor for the project with the Design Team focus currently on concluding the concept design to Architectural Stage 2.
- The legal process connected with the inalienable common good status of the site and the proposed change of use for a community Learning Disability Resource Hub has now been concluded with an application to the Court granted in June 2021.

### 9.4 Swift Upgrade

The project involves the replacement of the current Swift system. The March Policy & Resources Committee approved spend of £600,000. There has been a delay going back out to tender because of Covid. An update report will be brought to the Committee later in 2021/22.

## 10.0 **EARMARKED RESERVES**

10.1 The IJB holds a number of Earmarked and Unearmarked Reserves; these are managed in line with the IJB Reserves Policy.

- Total Earmarked Reserves available at the start of this financial year were £14.191m, with £0.741m in Unearmarked Reserves, giving a total Reserve of £14.932m.
- To date at Period 3, £4.004m of new reserves are expected in year (mainly due to addition monies from Scottish Government for ringfenced projects). This also includes the addition of the new Earmarked Reserve of £0.164m for Autism Friendly transferring from the Council. Plans are currently being developed for this project and will be detailed in a future Earmarked Reserve report.
- £812k of the reserves funding has been spent in the year to date.
- Projected carry forward at the yearend is £9.160m.
- Appendix 8 shows all reserves under the following categories:

<b>Ear-Marked Reserves</b>	Opening Balance	New Funds in Year	Spend to Date	Projected C/fwd
Scottish Government Funding - funding ringfenced for specific initiatives	4,798	3,438	534	2,006
Existing Projects/Commitments - many of these are for projects that span more than 1 year	4,807	523	120	4,136
Transformation Projects - non recurring money to deliver transformational change	2,888	43	158	1,940
Budget Smoothing - monies held as a contingency for specific volatile budgets such as Residential Services and Prescribing to smooth out in year one off pressures	1,698	0	0	891
<b>TOTAL Ear-Marked Reserves</b>	<b>14,191</b>	<b>4,004</b>	<b>812</b>	<b>8,973</b>

<b>General Reserves</b>	<b>741</b>	<b>0</b>	<b>0</b>	<b>741</b>
In Year Surplus/(Deficit) going to/(from) reserves				(554)

<b>TOTAL Reserves</b>	<b>14,932</b>	<b>4,004</b>	<b>812</b>	<b>9,160</b>
<b>Projected Movement (use of)/transfer in to Reserves</b>				<b>(5,772)</b>

## 11.0 STATUTORY ACCOUNTS COMPREHENSIVE INCOME & EXPENDITURE STATEMENT (CIES) AND KEY ASSUMPTIONS WITHIN THE P3 FORECAST

11.1 The creation and use of reserves during the year, while not impacting on the operating position, will impact the year-end CIES outturn. For 2021/22, it is anticipated that as a portion of the brought forward £14.932m and any new Reserves are used the CIES will reflect a surplus. At Period 3, that CIES surplus is projected to be the same as the projected movement in reserves detailed in Paragraph 10.1 above and Appendix 8.

### 11.2 Key Assumptions within the P3 Forecast

- These forecasts are based on information provided from the Council and Health Board ledgers
- The social care forecasts for core budgets and covid spend are based on information provided by Council finance staff which have been reported to the Council's Health & Social Care Committee and provided for the covid LMP returns.
- Prescribing forecasts are based on advice from the Health Board prescribing team using the latest available actuals and horizon scanning techniques.

## 12.0 DIRECTIONS

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

### 13.0 IMPLICATIONS

#### 13.1 FINANCE

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

One off Costs

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

Annually Recurring Costs / (Savings)

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

#### LEGAL

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

#### HUMAN RESOURCES

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

#### EQUALITIES

13.4 There are no equality issues within this report.

Has an Equality Impact Assessment been carried out?

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

13.5 How does this report address our Equality Outcomes?

There are no Equalities Outcomes implications within this report.

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	None
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	None
People with protected characteristics feel safe within their communities.	None
People with protected characteristics feel included in the planning and developing of services.	None

HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	None
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	None
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	None

### 13.6 CLINICAL OR CARE GOVERNANCE IMPLICATIONS

There are no governance issues within this report.

### 13.7 NATIONAL WELLBEING OUTCOMES

How does this report support delivery of the National Wellbeing Outcomes

There are no National Wellbeing Outcomes implications within this report.

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

## 14.0 CONSULTATION

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

## **15.0 BACKGROUND PAPERS**

15.1 None.



**INVERCLYDE HSCP****REVENUE BUDGET 2021/22 PROJECTED POSITION****PERIOD 3: 1 April 2021 - 30 June 2021**

SUBJECTIVE ANALYSIS	Budget 2021/22 £000	Revised Budget 2021/22 £000	Projected Out-turn 2021/22 £000	Projected Over/(Under) Spend £000	Percentage Variance
Employee Costs	52,863	56,689	56,339	(350)	-0.6%
Property Costs	1,002	1,021	1,036	15	1.5%
Supplies & Services	49,292	51,278	52,232	954	1.9%
Family Health Services	28,629	28,674	28,674	0	0.0%
Prescribing	18,508	18,965	18,965	0	0.0%
Transfer from / (to) Reserves	0	0	0	0	0.0%
Income	(2,440)	(6,535)	(6,600)	(65)	1.0%
Funding/Savings still to be allocated	0	0	0	0	0.0%
<b>HSCP NET DIRECT EXPENDITURE</b>	<b>147,854</b>	<b>150,091</b>	<b>150,645</b>	<b>554</b>	<b>0.4%</b>
Set Aside	28,177	28,177	28,177	0	0.0%
<b>HSCP NET TOTAL EXPENDITURE</b>	<b>176,031</b>	<b>178,268</b>	<b>178,822</b>	<b>554</b>	<b>0.3%</b>

OBJECTIVE ANALYSIS	Budget 2021/22 £000	Revised Budget 2021/22 £000	Projected Out-turn 2021/22 £000	Projected Over/(Under) Spend £000	Percentage Variance
Strategy & Support Services	2,166	2,174	2,200	26	1.2%
Older Persons	22,548	22,949	22,986	37	0.2%
Learning Disabilities	8,974	8,979	8,815	(164)	-1.8%
Mental Health - Communities	4,098	4,299	4,249	(50)	-1.2%
Mental Health - Inpatient Services	9,310	9,386	9,386	0	0.0%
Children & Families	13,905	14,089	14,734	645	4.6%
Physical & Sensory	2,461	2,461	2,456	(5)	-0.2%
Alcohol & Drug Recovery Service	2,717	2,900	2,761	(139)	-4.8%
Assessment & Care Management / Health & Community Care / Business Support	14,072	15,345	15,285	(60)	-0.4%
Criminal Justice / Prison Service	75	75	370	295	0.0%
Homelessness	1,218	1,218	1,187	(31)	-2.5%
Family Health Services	28,649	28,674	28,674	0	0.0%
Prescribing	18,695	19,152	19,152	0	0.0%
Contribution to Reserves	0	0	0	0	0.0%
Funding/Savings still to be allocated	573	95	95	0	0.0%
Unallocated Funds	0	0	0	0	0.0%
<b>HSCP NET DIRECT EXPENDITURE</b>	<b>147,854</b>	<b>150,091</b>	<b>150,645</b>	<b>554</b>	<b>0.4%</b>
Set Aside	28,177	28,177	28,177	0	0.0%
<b>HSCP NET TOTAL EXPENDITURE</b>	<b>176,031</b>	<b>178,268</b>	<b>178,822</b>	<b>554</b>	<b>0.3%</b>
<b>FUNDED BY</b>					
NHS Contribution to the IJB	93,202	94,952	94,952	0	0.0%
NHS Contribution for Set Aside	28,177	28,177	28,177	0	0.0%
Council Contribution to the IJB	54,652	55,044	55,044	0	0.0%
Transfer from / (to) Reserves	0	95	649	554	0.0%
<b>HSCP NET INCOME</b>	<b>176,031</b>	<b>178,268</b>	<b>178,822</b>	<b>554</b>	<b>0.3%</b>
<b>HSCP OPERATING SURPLUS/(DEFICIT)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.0%</b>
Anticipated movement in reserves *	0	(5,772)	(5,772)		
<b>HSCP ANNUAL ACCOUNTS REPORTING SURPLUS/(DEFICIT)</b>	<b>0</b>	<b>(5,772)</b>	<b>(5,772)</b>		

\* See Reserves Analysis for full breakdown

**INVERCLYDE HSCP - COVID 19****REVENUE BUDGET 2020/21 PROJECTED POSITION****PERIOD 3: 1 April 2021 - 30 June 2021**

SUBJECTIVE ANALYSIS - COVID 19 based on Q1 Mobilisation Plan submission	Social Care Projected Out-turn 2021/22 £000	Health Projected Out-turn 2021/22 £000	TOTAL Projected Out-turn 2021/22 £000
Employee Costs	1,555	1,055	3,236
Property Costs	0	0	0
Supplies & Services	3,419	247	3,089
Family Health Services			0
Prescribing		0	0
Loss of Income	243		243
<b>PROJECTED COVID RELATED NET SPEND</b>	<b>5,266</b>	<b>1,302</b>	<b>6,568</b>

SUMMARISED MOBILISATION PLAN	Social Care 2021/22 £'000	Health 2021/22 £'000	Revenue 2021/22 £'000
<b>COVID-19 COSTS HSCP</b>			
Additional PPE	400	5	405
Contact Tracing			
Testing			
Covid-19 Vaccination			
Flu Vaccination			
Scale up of Public Health Measures		85	85
Additional Community Hospital Bed Capacity			
Community Hubs		309	309
Additional Care Home Placements	163		163
Additional Capacity in Community			
Additional Infection Prevention and Control Costs			
Additional Equipment and Maintenance	50		50
Additional Staff Costs	535		535
Staff Wellbeing	25		25
Additional FHS Prescribing			
Additional FHS Contractor Costs		46	46
Social Care Provider Sustainability Payments	1,867		1,867
Social Care Support Fund Claims			
Payments to Third Parties			
Homelessness and Criminal Justice Services	92		92
Children and Family Services	1,646		1,646
Loss of Income	218		218
Other		5	5
<b>Covid-19 Costs</b>	<b>4,995</b>	<b>450</b>	<b>5,445</b>
Unachievable Savings	25	0	25
Offsetting Cost Reductions		0	
<b>Total Covid-19 Costs - HSCP</b>	<b>5,020</b>	<b>450</b>	<b>5,470</b>
<b>REMOBILISATION COSTS - HSCP</b>			
Adult Social Care			
Reducing Delayed Discharge	197		197
Digital & IT costs	48	37	85
Primary Care			
Other		815	815
<b>Total Remobilisation Costs</b>	<b>245</b>	<b>853</b>	<b>1,098</b>
<b>Total HSCP Costs</b>	<b>5,265</b>	<b>1,303</b>	<b>6,568</b>

**SOCIAL CARE****REVENUE BUDGET 2021/22 PROJECTED POSITION****PERIOD 3: 1 April 2021 - 30 June 2021**

<b>SUBJECTIVE ANALYSIS</b>	Budget 2021/22 £000	Revised Budget 2021/22 £000	Projected Out-turn 2021/22 £000	Projected Over/(Under) Spend £000	Percentage Variance
<b>SOCIAL CARE</b>					
Employee Costs	29,677	31,781	31,431	(350)	-1.1%
Property costs	997	996	1,011	15	1.5%
Supplies and Services	805	845	845	0	0.0%
Transport and Plant	378	380	401	21	5.5%
Administration Costs	723	767	770	3	0.4%
Payments to Other Bodies	42,904	42,967	43,897	930	2.2%
Resource Transfer	(16,816)	(18,294)	(18,294)	0	0.0%
Income	(4,016)	(4,398)	(4,463)	(65)	1.5%
Funding/Savings still to be allocated	0	0	0	0	0.0%
<b>SOCIAL CARE NET EXPENDITURE</b>	<b>54,652</b>	<b>55,044</b>	<b>55,598</b>	<b>554</b>	<b>1.0%</b>

<b>OBJECTIVE ANALYSIS</b>	Budget 2021/22 £000	Revised Budget 2021/22 £000	Projected Out-turn 2021/22 £000	Projected Over/(Under) Spend £000	Percentage Variance
<b>SOCIAL CARE</b>					
Strategy & Support Services	1,649	1,649	1,675	26	1.6%
Older Persons	22,548	22,949	22,986	37	0.2%
Learning Disabilities	8,435	8,435	8,271	(164)	-1.9%
Mental Health	939	939	889	(50)	-5.3%
Children & Families	10,494	10,494	11,139	645	6.1%
Physical & Sensory	2,461	2,461	2,456	(5)	-0.2%
Alcohol & Drug Recovery Service	960	951	812	(139)	-14.6%
Business Support	3,157	3,157	3,608	451	14.3%
Assessment & Care Management	2,716	2,716	2,205	(511)	-18.8%
Criminal Justice / Scottish Prison Service	75	75	370	295	0.0%
Resource Transfer		0		0	0.0%
Unallocated Funds		0		0	0.0%
Homelessness	1,218	1,218	1,187	(31)	-2.5%
<b>SOCIAL CARE NET EXPENDITURE</b>	<b>54,652</b>	<b>55,044</b>	<b>55,598</b>	<b>554</b>	<b>1.0%</b>

<b>COUNCIL CONTRIBUTION TO THE IJB</b>	Budget 2021/22 £000	Revised Budget 2021/22 £000	Projected Out-turn 2021/22 £000	Projected Over/(Under) Spend £000	Percentage Variance
<b>Council Contribution to the IJB</b>	<b>54,652</b>	<b>55,044</b>	<b>55,044</b>	<b>0</b>	
<b>Transfer from / (to) Reserves</b>			<b>554</b>		

**HEALTH****REVENUE BUDGET 2021/22 PROJECTED POSITION****PERIOD 3: 1 April 2021 - 30 June 2021**

SUBJECTIVE ANALYSIS	Budget 2021/22 £000	Revised Budget 2021/22 £000	Projected Out-turn 2021/22 £000	Projected Over/(Under) Spend £000	Percentage Variance
<b>HEALTH</b>					
Employee Costs	23,186	24,908	24,908	0	0.0%
Property	5	25	25	0	0.0%
Supplies & Services	4,482	6,319	6,319	0	0.0%
Family Health Services (net)	28,629	28,674	28,674	0	0.0%
Prescribing (net)	18,508	18,965	18,965	0	0.0%
Resource Transfer	18,393	18,294	18,294	0	0.0%
Income	(1)	(2,137)	(2,137)	0	0.0%
Transfer to Earmarked Reserves	0	0	0	0	0.0%
<b>HEALTH NET DIRECT EXPENDITURE</b>	<b>93,202</b>	<b>95,047</b>	<b>95,047</b>	<b>0</b>	<b>0.0%</b>
Set Aside	28,177	28,177	28,177	0	0.0%
<b>HEALTH NET DIRECT EXPENDITURE</b>	<b>121,379</b>	<b>123,224</b>	<b>123,224</b>	<b>0</b>	<b>0.0%</b>

OBJECTIVE ANALYSIS	Budget 2021/22 £000	Revised Budget 2021/22 £000	Projected Out-turn 2021/22 £000	Projected Over/(Under) Spend £000	Percentage Variance
<b>HEALTH</b>					
Children & Families	3,411	3,595	3,595	0	0.0%
Health & Community Care	6,420	7,674	7,674	0	0.0%
Management & Admin	1,779	1,798	1,798	0	0.0%
Learning Disabilities	539	544	544	0	0.0%
Alcohol & Drug Recovery Service	1,757	1,949	1,949	0	0.0%
Mental Health - Communities	3,159	3,360	3,360	0	0.0%
Mental Health - Inpatient Services	9,310	9,386	9,386	0	0.0%
Strategy & Support Services	517	525	525	0	0.0%
Family Health Services	28,649	28,674	28,674	0	0.0%
Prescribing	18,695	19,152	19,152	0	0.0%
Unallocated Funds/(Savings)	0	0	0	0	0.0%
Transfer from / (to) Reserves	573	95	95	0	0.0%
Resource Transfer	18,393	18,294	18,294	0	0.0%
<b>HEALTH NET DIRECT EXPENDITURE</b>	<b>93,202</b>	<b>95,047</b>	<b>95,047</b>	<b>0</b>	<b>0.0%</b>
Set Aside	28,177	28,177	28,177	0	0.0%
<b>HEALTH NET DIRECT EXPENDITURE</b>	<b>121,379</b>	<b>123,224</b>	<b>123,224</b>	<b>0</b>	<b>0.0%</b>

HEALTH CONTRIBUTION TO THE IJB	Budget 2021/22 £000	Revised Budget 2021/22 £000	Projected Out-turn 2021/22 £000	Projected Over/(Under) Spend £000	Percentage Variance
<b>NHS Contribution to the IJB</b>	<b>121,379</b>	<b>123,129</b>	<b>123,129</b>	<b>0</b>	
Transfer from / (to) Reserves	0	95	95	0	



Children & Families	3,411	186		3,596
Learning Disabilities	539	117	1,137	1,793
Health & Community Care	6,420	19		6,439
Mental Health - Communities	3,159	5		3,163
Mental Health - Inpatient Services	9,310	(28)	220	9,502
Alcohol & Drug Recovery Service	1,757	195	7	1,959
Strategy & Support Services	517	76		593
Management, Admin & Business Support	1,779	8		1,787
Family Health Services	28,649		25	28,674
Prescribing	18,695		456	19,152
Resource Transfer	18,393	(99)		18,294
Unallocated Funds/(Savings)	0			0
Transfer from Reserves	573	(479)		94
<b>Totals</b>	<b>93,202</b>	<b>0</b>	<b>0</b>	<b>1,845</b>
				<b>0</b>
				<b>95,048</b>

#### Virement Analysis

	Increase Budget £000	(Decrease) Budget £000
<b>Budget Virements since last report</b>		
Pay award funding	455	
Transfer from Reserves		455
Funding from Fin Planning re Infant Feeding posts	55	
Transfer from Reserves		55
Anticipated funding re Ardgowan uplift from Fin Planning	22	
Transfer from Reserves		22
Move funding for ADP Manager from ADRS to Fin Planning	(52)	
Transfer from Reserves		(52)
HOS MH funding from Fin Plann to MH	97	
Transfer from Reserves		97
RT Budget to Financial Planning	(99)	
Transfer from Reserves		(99)
	478	478

**Supplementary Budget Movement Detail**

£000

£000

<b>Criminal Justice</b>		<b>0</b>
<b>Children &amp; Families</b>		<b>0</b>
<b>Alcohol &amp; Drugs Recovery Service</b>		<b>220</b>
ADP National Drugs Mission funding (CAMCHP22)	220	
<b>Health &amp; Community Care</b>		<b>1,137</b>
PCIP 1st Tranche Allocation (CAMCHP20)	1,137	
<b>Learning Disabilities</b>		<b>0</b>
<b>Mental Health - Communities</b>		<b>7</b>
Funding from Ren HSCP re OT Lead post	7	
<b>Mental Health - Inpatient Services</b>		<b>0</b>
<b>Strategy &amp; Support Services</b>		<b>0</b>
<b>Management &amp; Admin</b>		<b>0</b>
<b>Prescribing</b>		<b>456</b>
FHS Other to HSCP budgets	456	
<b>Family Health Services</b>		<b>25</b>
Gms X Chg Hscps Covid Locum	8	
Gms X Chg Hscp Covid MI 6701	14	
Gms X Chg Hscp Covid MI 6701	3	
		<b>1,845</b>

**INVERCLYDE INTEGRATION JOINT BOARD**

**DIRECTION**

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

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

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

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

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

Associated Budget:

<b>SUBJECTIVE ANALYSIS</b>	Budget 2021/22 £000
<b>SOCIAL CARE</b>	
Employee Costs	31,781
Property costs	996
Supplies and Services	845
Transport and Plant	380
Administration Costs	767
Payments to Other Bodies	42,967
Income (incl Resource Transfer)	(22,692)
Unallocated Funds	0
<b>SOCIAL CARE NET EXPENDITURE</b>	<b>55,044</b>
Health Transfer to EMR	0

<b>OBJECTIVE ANALYSIS</b>	Budget 2021/22 £000
<b>SOCIAL CARE</b>	
Strategy & Support Services	1,649
Older Persons	22,949
Learning Disabilities	8,435
Mental Health	939
Children & Families	10,494
Physical & Sensory	2,461
Alcohol & Drug Recovery Service	951
Business Support	3,157
Assessment & Care Management	2,716
Criminal Justice / Scottish Prison	75
Unallocated Funds	0
Homelessness	1,218
Social Care Transfer to EMR	
Resource Transfer	0
<b>SOCIAL CARE NET EXPENDITURE</b>	<b>55,044</b>

This direction is effective from 20 September 2021.



**INVERCLYDE INTEGRATION JOINT BOARD**

**DIRECTION**

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

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

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

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

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

Associated Budget:

<b>SUBJECTIVE ANALYSIS</b>	Budget 2021/22 £000
<b>HEALTH</b>	
Employee Costs	24,908
Property costs	25
Supplies and Services	6,319
Family Health Services (net)	28,674
Prescribing (net)	18,965
Resources Transfer	18,294
Unidentified Savings	0
Income	(2,137)
Transfer to EMR	0
<b>HEALTH NET DIRECT EXPENDITURE</b>	<b>95,047</b>
Set Aside	28,177
<b>NET EXPENDITURE INCLUDING SCF</b>	<b>123,224</b>

<b>OBJECTIVE ANALYSIS</b>	Budget 2021/22 £000
<b>HEALTH</b>	
Children & Families	3,595
Health & Community Care	7,674
Management & Admin	1,798
Learning Disabilities	544
Alcohol & Drug Recovery Service	1,949
Mental Health - Communities	3,360
Mental Health - Inpatient Services	9,386
Strategy & Support Services	525
Family Health Services	28,674
Prescribing	19,152
Unallocated Funds/(Savings)	0
Transfer to EMR	95
Resource Transfer	18,294
<b>HEALTH NET DIRECT EXPENDITURE</b>	<b>95,047</b>
Set Aside	28,177
<b>NET EXPENDITURE INCLUDING SCF</b>	<b>123,224</b>

This direction is effective from 20 September 2021.

**INVERCLYDE HSCP  
TRANSFORMATION FUND  
PERIOD 3: 1 April 2021 - 30 June 2021**

Total Fund at 31/03/21	1,085,000
Balance Committed to Date*	487,677
Balance Still to be Committed	597,323

Current Projects List

\*Balance Committed to Date excludes commitments funded in previous financial years

Ref	Project Title	Service Area	Approved IJB/TB	Date Approved	Updated Agreed Funding	Spend to date	Balance to spend
008	Sheltered Housing Support Services Review	Health & Community Care	TB	27/09/18	59,370	51,714	7,656
009	Equipment Store Stock system - £50k capital plus 1.5 yrs revenue costs up to £20k in total	ICIL	TB	09/01/19	70,000	42,405	27,595
012	Long Term Conditions Nurses - 2 x 1wte Band 5 nurses to cover Diabetes, COPD and Hypertension for a fixed term of one year.	Community Nursing	IJB/SMT	09/01/19	129,300	115,500	13,800
013	Match Funding for CORRA bid to pilot 7 day Addictions Services	Addictions	IJB	29/01/19	0	0	0
014	Localities Project	Strategy & Support Services	IJB	28/01/20	121,000	89,922	31,078
015	Young Persons Engagement Officer 18 mths Big Actions 1 & 2	Children's Services	TB	27/03/19	51,100	27,800	23,300
020	Legal Support - Commissioning £85k over 2 years. Approved 1 year initially.	Quality & Development	TB	01/05/19	42,500	20,219	22,281
024	Temp HR advisor for 18 months to support absence management process and occupational health provision within HSCP.	Strategy & Support Services	TB	26/06/19	66,000	52,705	13,295
027	Autism Clinical/Project Therapist	Specialist Children's Services	TB	28/08/19	90,300	60,200	30,100
028	Strategic Commissioning Team - progressing the priorities on the Commissioning List.	Strategy & Support Services	IJB	10/09/19	200,000	43,971	156,029
030	Care Navigator Posts - Pilot to develop a care co-ordinated response to clients with multiple complex issues.	Homelessness	IJB	17/03/20	100,000	15,487	84,513
031	Proud2Care to enable the continued partnership with Your Voice over 18 months to support continued Proud2Care activity.	C&F	IJB	23/06/20	110,000	60,000	50,000
034	Inverclyde Cares - One off contribution to allow CVS to second a full time member of staff from Ardgowan Hospice to oversee both the Compassionate Inverclyde and Inverclyde Cares initiatives jointly.	Strategy & Support Services	SMT	04/04/2021	28000	0	28000

## APPENDIX 7

**INVERCLYDE HSCP - CAPITAL BUDGET 2020/21****PERIOD 3: 1 April 2021 - 30 June 2021**

<u>Project Name</u>	<u>Est Total</u> <u>Cost</u> <u>£000</u>	<u>Actual to</u> <u>31/3/21</u> <u>£000</u>	<u>Revised</u> <u>Budget</u> <u>2021/22</u> <u>£000</u>	<u>Actual</u> <u>YTD</u> <u>£000</u>	<u>Est</u> <u>2022/23</u> <u>£000</u>	<u>Est</u> <u>2023/24</u> <u>£000</u>	<u>Future</u> <u>Years</u> <u>£000</u>
<b>SOCIAL CARE</b>							
Crosshill Children's Home Replacement	2,315	1,489	720	2	106	0	0
New Learning Disability Facility	7,400	67	406	3	6,292	635	0
SWIFT Upgrade	1,421	0	600	0	821	0	0
Completed on site	13	0	2	0	11	0	0
<b>Social Care Total</b>	<b>11,149</b>	<b>1,556</b>	<b>1,728</b>	<b>5</b>	<b>7,230</b>	<b>635</b>	<b>0</b>
<b>HEALTH</b>							
<b>Health Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Grand Total HSCP</b>	<b>11,149</b>	<b>1,556</b>	<b>1,728</b>	<b>5</b>	<b>7,230</b>	<b>635</b>	<b>0</b>

**EARMARKED RESERVES POSITION STATEMENT**

**APPENDIX 8**

**INVERCLYDE HSCP**

**PERIOD 3: 1 April 2021 - 30 June 2021**

<u>Project</u>	<u>Lead Officer/ Responsible Manager</u>	<u>Planned Use By Date</u>	<u>b/f Funding 2020/21 £000</u>	<u>New Funding 2021/22 £000</u>	<u>Total Funding 2021/22 £000</u>	<u>YTD Actual 2021/22 £000</u>	<u>Projected Net Spend 2021/22 £000</u>	<u>Amount to be Earmarked for Future Years £000</u>	<u>Lead Officer Update</u>
<b>Scottish Government Funding</b>			<b>4,798</b>	<b>3,438</b>	<b>8,236</b>	<b>534</b>	<b>6,230</b>	<b>2,006</b>	
Mental Health Action 15	Anne Malarkey	31/03/2022	343	522	865	135	687	178	Ongoing expenditure. Unspent budget will be carried into 22/23.
ADP	Anne Malarkey	31/03/2022	423	439	862	44	360	502	Any remaining balance will be carried forward into 22/23.
Covid-19	Louise Long	31/03/2022	2896		2,896	0	2,896	0	Balance of Covid -19 funding received in 2020-21. Will be spent in 2021-22
IJB Covid Shielding SC Fund	Louise Long	31/03/2022	34	0	34	0	34	0	Balance of Covid -19 funding received in 2020-21. Will be spent in 2021-22
Rapid Rehousing Transition Plan (RRTP)	Anne Malarkey	31/03/2022	136		136		60	76	RRTP funding- progression of Housing First approach and the RRTP partnership officer to be employed. Full spend is reflected in 5 year RRTP plan
IJB DN Redesign	Louise Long	ongoing	86	(51)	35		35	0	£35K to fund DN. £51k reallocated to Supplementary Fixed Term Staffing
PCIP	Allen Stevenson	31/03/2022	560	2528	3088	355	2,158	930	Any remaining balance will be carried forward into 22/23.
Community Living Charge	Allen Stevenson	31/03/2022	320		320		0	320	LD money for 3 years only for Placements.
<b>Existing Projects/Commitments</b>			<b>4,807</b>	<b>523</b>	<b>5,330</b>	<b>120</b>	<b>1,194</b>	<b>4,136</b>	
Self Directed Support	Alan Brown	31/03/2022	43	-43	0		0	0	Now reallocated to SWIFT Project.
Growth Fund - Loan Default Write Off	Craig Given	ongoing	24		24		1	23	Loans administered on behalf of DWP by the credit union and the Council has responsibility for paying any unpaid debt. This requires to be kept until all loans are repaid and no debts exist. Minimal use anticipated in 2021/22. Possibly added to Capital or LD Hub
Integrated Care Fund	Allen Stevenson	ongoing	109		109		0	109	The Integrated Care Fund funding has been allocated to a number of projects, including reablement, housing and third sector & community capacity projects.
Delayed Discharge	Allen Stevenson	ongoing	88	334	422	97	422	0	Delayed Discharge funding has been allocated to specific projects, including overnight home support and out of hours support. Spend of £422k is expected for 2021-22.
Autism Friendly	Allen Stevenson	ongoing	0	164	164		0	164	Plans currently being developed.
CJA Preparatory Work	Sharon McAlees	31/03/2022	88		88		13	75	Funding community justice Third sector work, £13k along with funding shortfall in prison income and shortfall of turnover savings against core grant in 21/22
Continuing Care	Sharon McAlees	ongoing	425		425	23	253	172	To address continuing care legislation. Based on period 3 projections it is assumed that £253k of the EMR will be utilised in 2021/22. This includes £134k for 6 months cost of the Continuing Care flat being used as a Residential Unit that was previously funded via Covid.

<u>Project</u>	<u>Lead Officer/ Responsible Manager</u>	<u>Planned Use By Date</u>	<u>b/f Funding 2020/21 £000</u>	<u>New Funding 2021/22 £000</u>	<u>Total Funding 2021/22 £000</u>	<u>YTD Actual 2021/22 £000</u>	<u>Projected Net Spend 2021/22 £000</u>	<u>Amount to be Earmarked for Future Years £000</u>	<u>Lead Officer Update</u>
Children & Young Person Mental Health & Welbeing	Sharon McAlees	ongoing	329		329		202	127	Plan and implement a programme aimed at supporting children and young people whose life chances are negatively impact through community mental health based issues. Expenditure will be on staffing: two FTE staff from Action for Children, two FTE staff from Barnardo's, one FTE research assistant based in Educational Psychology and 0.2 Educational Psychologist to act as development Officer with backfill. CAHMS Tier 2 now added to this.
Dementia Friendly Inverclyde	Anne Malarkey	ongoing	100		100		90	10	Now linked to the test of change activity associated with the new care co-ordination work. Proposals for spend of circa £90k over 18 months, to fund a Development Worker post and a Training Co-Ordinator post. This will continue to be reviewed at the Steering Group.
Primary Care Support	Allen Stevenson	31/03/2022	274		274		30	244	Requires a spend plan to be created
Contribution to Partner Capital Projects	Craig Given	ongoing	610		610		0	610	This is a shared reserve & is coded to 94017. £130k was set up by L Aird at 17/18 & 18/19 year ends from health CFCR and Primary Care Reserve; £15k from the Council re Wellpark Centre. Full spend expected for Wellpark Centre. £310k complex care monies added to EMR at 2019-20 year end.
Welfare	Craig Given	ongoing	297		297		0	297	For IDEAS Plan
Anti Poverty - Community Support Fund	Craig Given	31/03/2022	0	17	17		17	0	£7k NDR relief Tail O The Bank, £10k HSCP Digital Devices
LD Redesign	Allen Stevenson	31/03/2022	383		383		0	383	To be developed
Older People WiFi	Allen Stevenson	31/03/2022	7		7		7	0	Work has been carried out with balance looking to be fully spent this year.
Refugee Scheme	Sharon McAlees	31/03/2025	737		737		50	687	Funding to support Refugees placed in Inverclyde. Funding extends over a 5 year support programme.
CAMHS Post	Sharon McAlees	31/03/2022	68		68		68	0	IJB reserve to be allocated
Tier 2 School Counselling	Sharon McAlees	31/07/2024	375		375		41	334	EMR covers the contract term - potentially to 31 July 2024. Contract commenced 1 August 2020.
Children & Families Residential Services	Sharon McAlees	31/03/2022	250		250		0	250	Potentially to be moved to smoothing reserve.
IJB Homelessness	Louise Long	ongoing	200		200		0	200	IJB reserve to be allocated
Supplementary Fixed Term Staffing Fund	Louise Long	31/03/2022	400	51	451		0	451	IJB reserve to be allocated
<b>Transformation Projects</b>			<b>2,888</b>	<b>43</b>	<b>2,931</b>	<b>158</b>	<b>991</b>	<b>1,940</b>	
Transformation Fund	Louise Long	ongoing	1,085		1,085	32	488	597	Based on latest Transformational Board.
Social Care Records Replacement System Project	Sharon McAlees	30/06/2023	374	43	417	14	94	323	Project ongoing. £43k reallocated from Self Directed Support.
Mental Health Transformation	Louise Long	ongoing	788		788		142	646	IJB reserve to be allocated
Addictions Review	Anne Malarkey	31/03/2022	250		250		0	250	IJB reserve to be allocated
Children's Winter Plan	Sharon McAlees	31/03/2022	187		187	112	187	0	The winter pressure Fund funding has been allocated to a number of projects, direct awards to families and enhanced family support, additional staff to meet demands of additional workload associated with outstanding referrals, deferred children's hearing orders etc. This will be spent in full in 21/22

<u>Project</u>	<u>Lead Officer/ Responsible Manager</u>	<u>Planned Use By Date</u>	<u>b/f Funding 2020/21 £000</u>	<u>New Funding 2021/22 £000</u>	<u>Total Funding 2021/22 £000</u>	<u>YTD Actual 2021/22 £000</u>	<u>Projected Net Spend 2021/22 £000</u>	<u>Amount to be Earmarked for Future Years £000</u>	<u>Lead Officer Update</u>
Staff Learning & Development Fund	Sharon McAlees	ongoing	204		204		80	124	So far £76k practice teachers to be funded from this EMR.
<b>Budget Smoothing</b>			<b>1,698</b>	<b>0</b>	<b>1,698</b>	<b>0</b>	<b>807</b>	<b>891</b>	
C&F Adoption, Fostering Residential Budget Smoothing	Sharon McAlees	ongoing	350		350		350	0	This reserve is used to smooth the spend on children's residential accommodation, adoption, fostering & kinship costs over the years. The projection assumes that the EMR will be fully utilised in 2021/22.
LD Client Commitments	Allen Stevenson	ongoing	350		350		350	0	Smoothing Reserve to aid in overspend pressure within LD Client Commitments. The projection assumes that the EMR will be fully utilised in 2021/22.
Residential & Nursing Placements	Allen Stevenson	ongoing	617		617		89	528	Smoothing Reserve to aid in overspend pressure within Residential/Nursing Client Commitments
Advice Services	Craig Given	31/03/2022	18		18	0	18	0	Smoothing reserve to aid the £105k 19/20 savings within advice service to be fully achieved by 21/22
Prescribing	Allen Stevenson	ongoing	363		363		0	363	Unlikely to be needed in 21/22 based on current projections
<b>TOTAL EARMARKED</b>			<b>14,191</b>	<b>4,004</b>	<b>18,195</b>	<b>812</b>	<b>9,222</b>	<b>8,973</b>	
<b>UN-EARMARKED RESERVES</b>									
General			741		741		0	741	IJB reserve to be allocated
			<b>741</b>	<b>0</b>	<b>741</b>	<b>0</b>	<b>0</b>	<b>741</b>	
In Year Surplus/(Deficit) going to/(from) reserves								(554)	
<b>TOTAL IJB RESERVES</b>			<b>14,932</b>	<b>4,004</b>	<b>18,936</b>	<b>812</b>	<b>9,222</b>	<b>9,160</b>	

b/f Funding 14,932  
 Earmark to be carried forward 9,160  
 Projected Movement in Reserves (5,772)

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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?

<input type="checkbox"/>	YES
<input checked="" type="checkbox"/>	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', with a stylized, cursive font.

**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

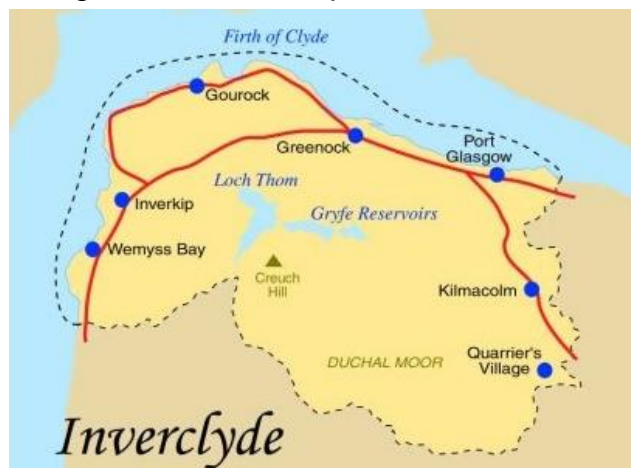
Inverclyde Health and Social Care Partnership (HSCP) was established under the direction of Inverclyde's Integration Joint Board (IJB) in 2015 and has been built on a long history of integrated ways of working locally. Our Partnership has always managed a wider range of services than is required by the 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.

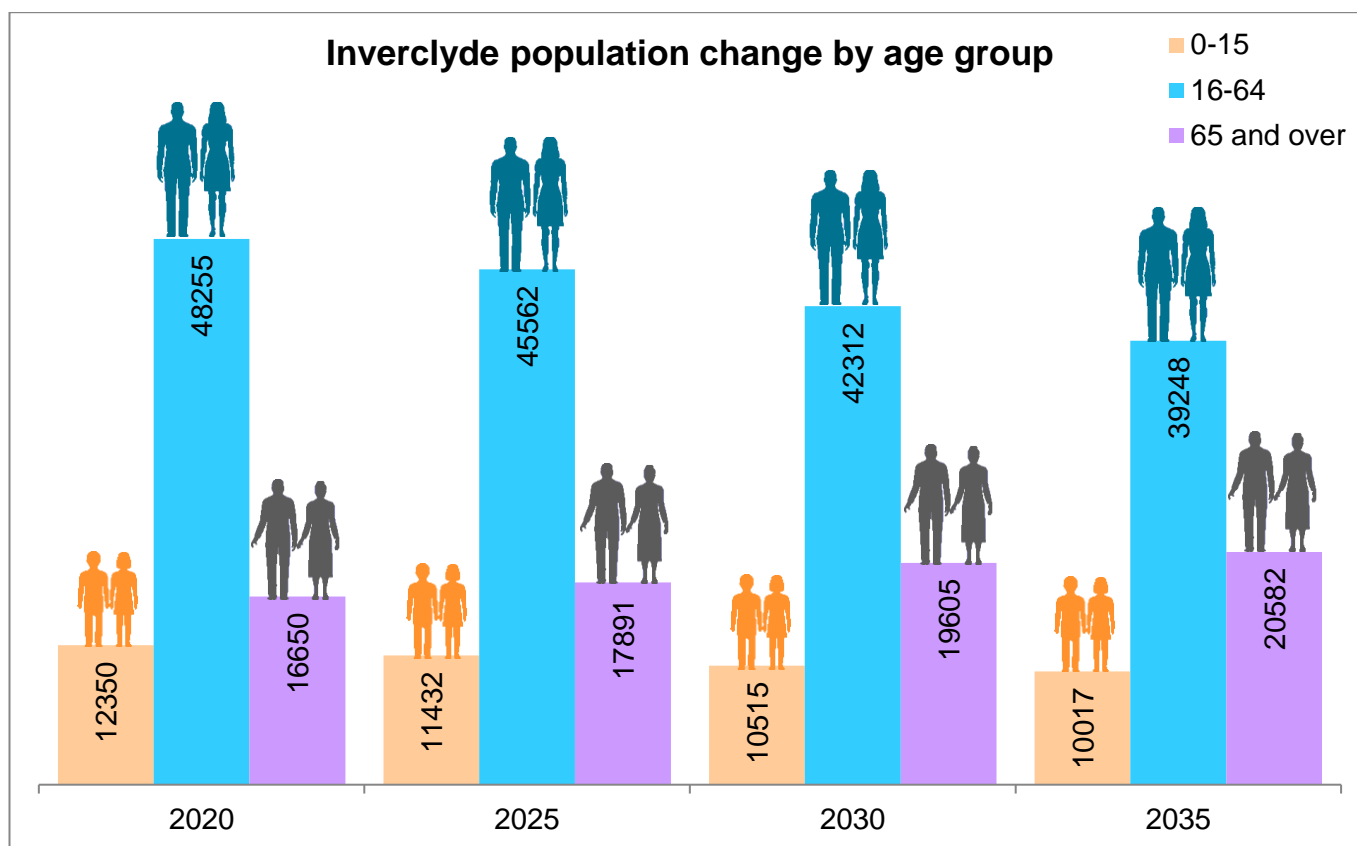
The latest estimated population of Inverclyde was taken from the mid-year population estimates published by the National Records of Scotland (NRS). This gives us a total population of 77,060 (down 740 from 77,800 last year) as at the end of June 2020.

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.

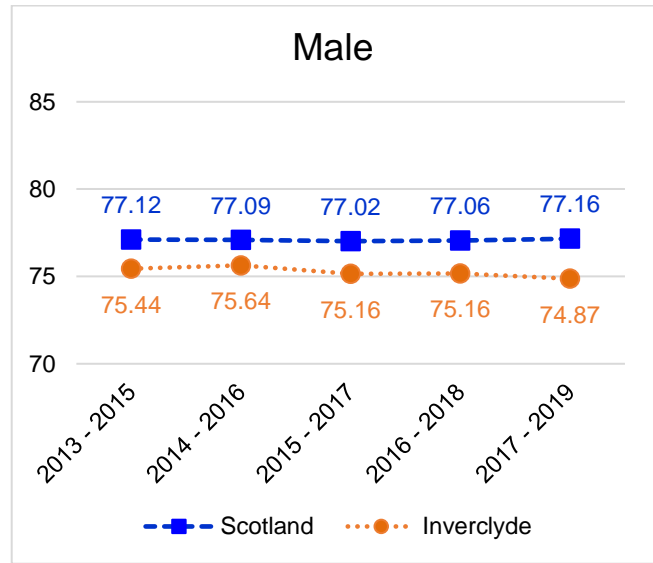
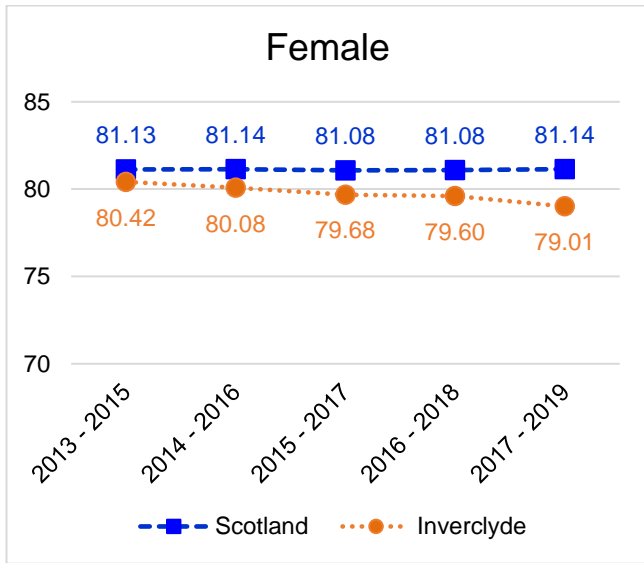
The profile of our population is also changing significantly. As is demonstrated in the graphic below our working age population will reduce whilst the numbers of people over 65 will increase.



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.

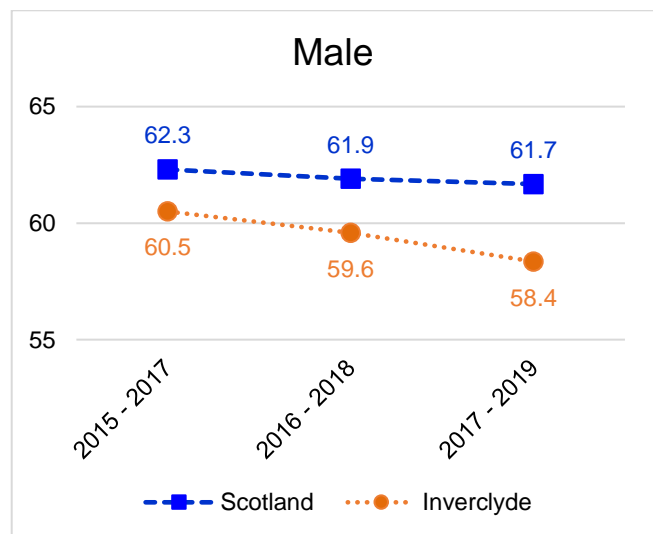
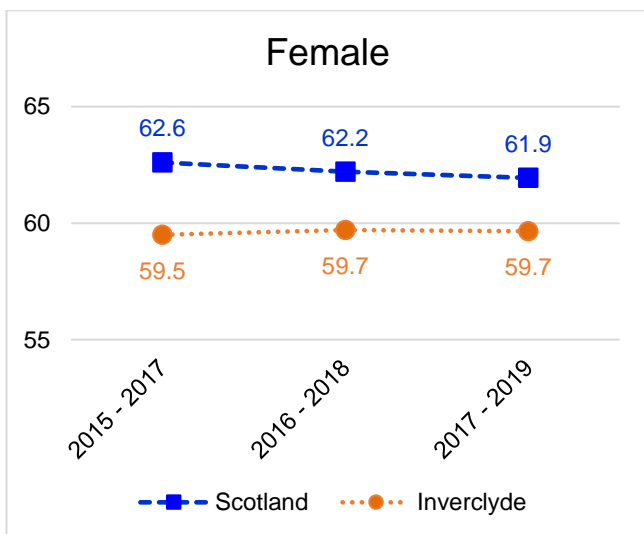


In the longer term, we aim to reduce the differences between Inverclyde and the Scottish average, and also the differences between men and women.

## 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.

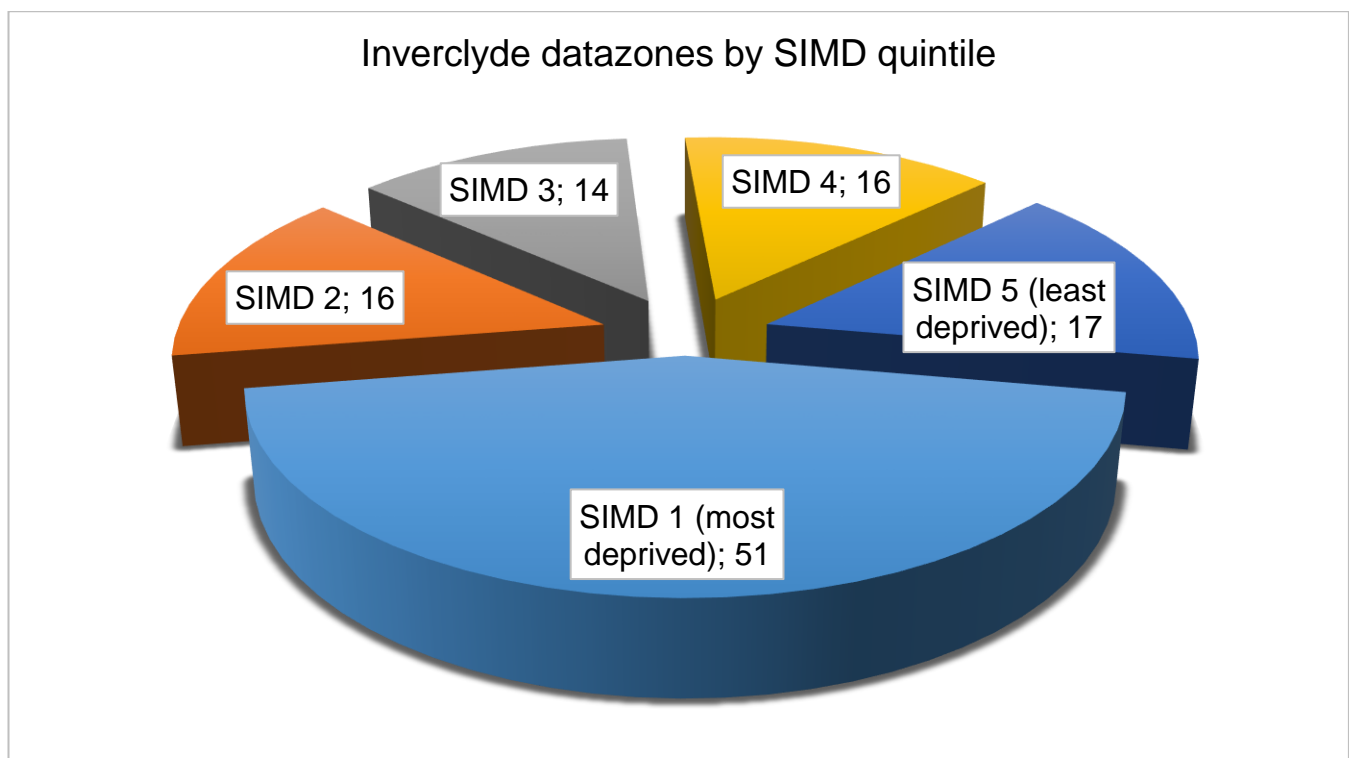
## Deprivation

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).

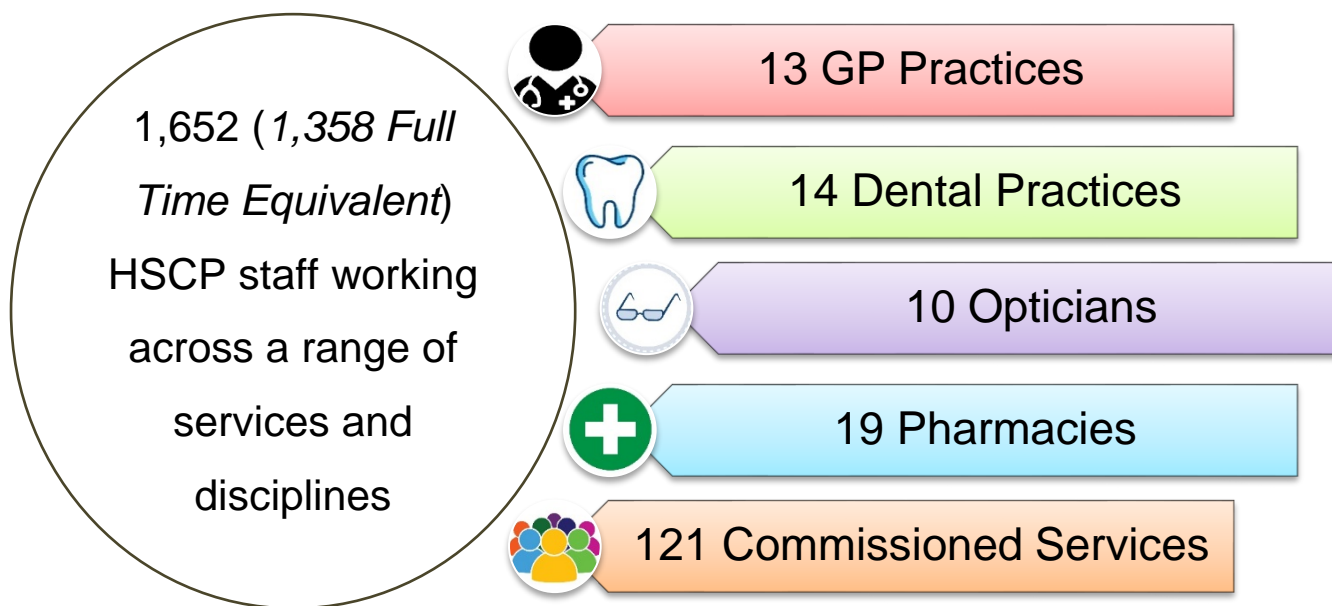
Deprived does not just mean 'poor' or 'low income'. It can also mean that people have fewer resources and opportunities. The highest deprivation areas of in Inverclyde are around Central and East Greenock. Unfortunately this now includes the most deprived area in Scotland.



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

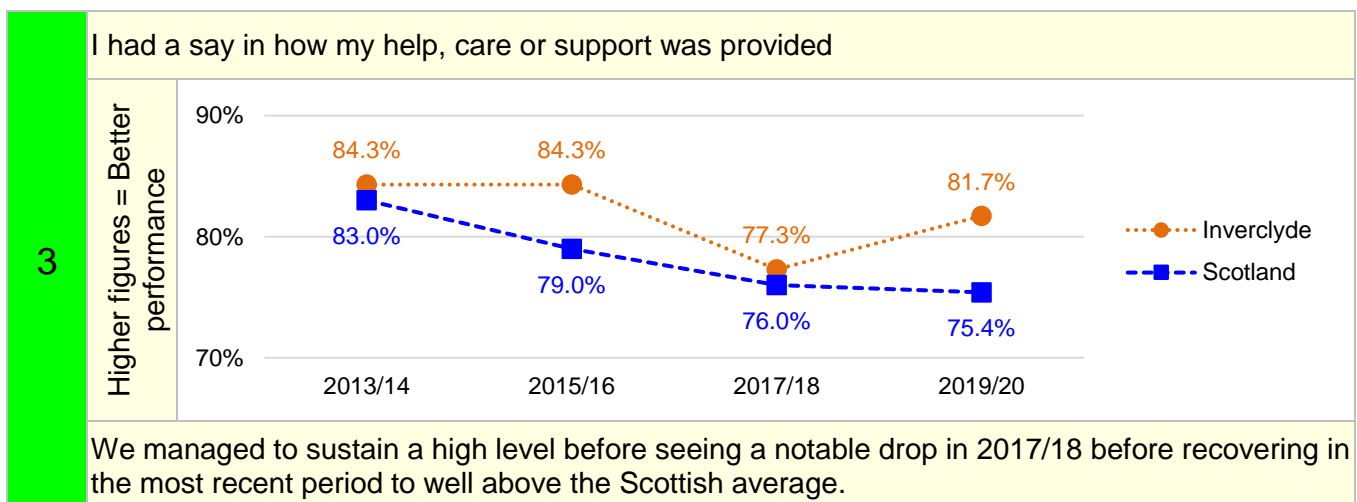
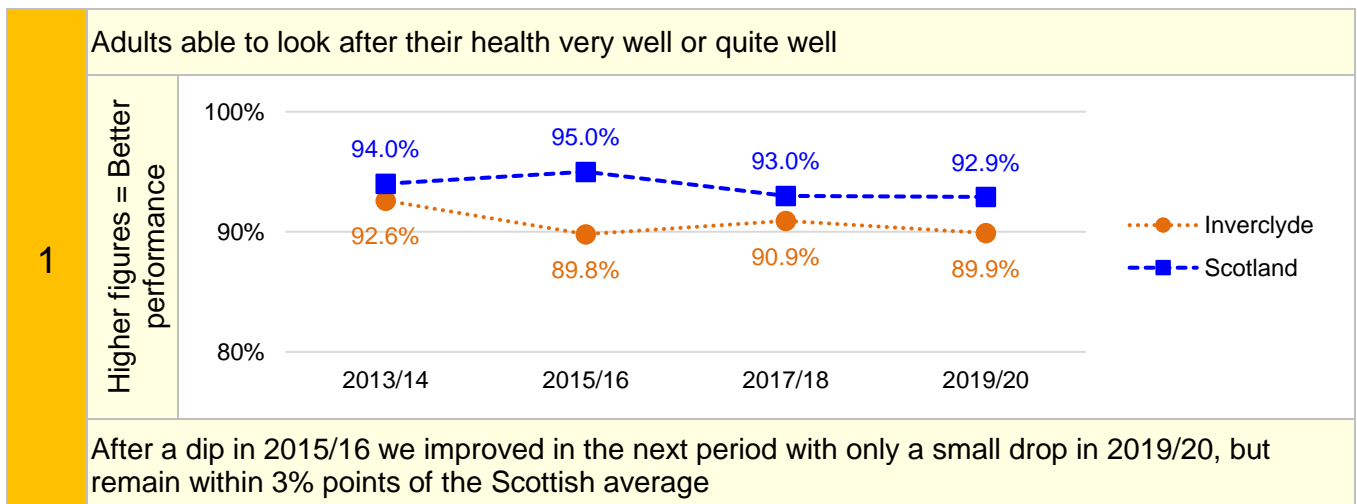
## Big Action 1 - Reducing Inequalities by Building Stronger Communities and Improving Physical and Mental Health

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.

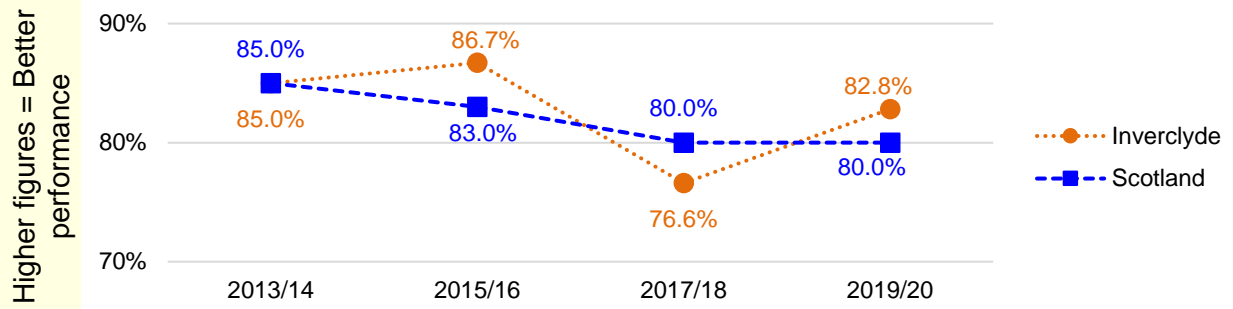
### National Integration Indicators





7

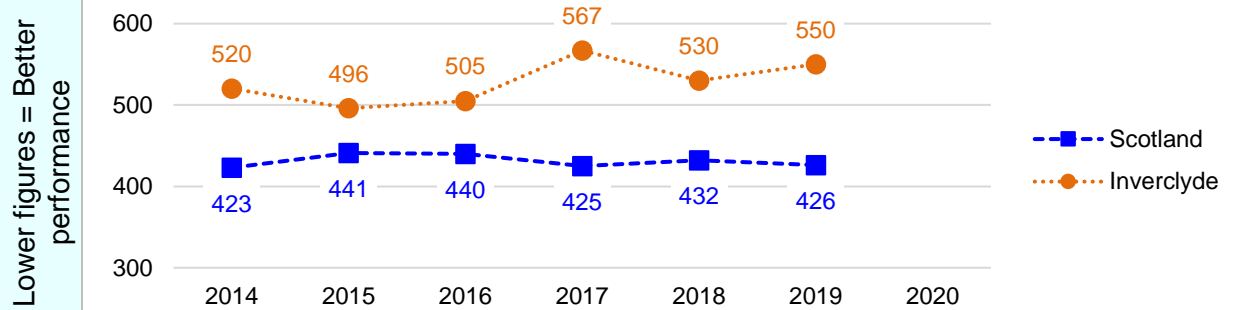
The help, care or support improved or maintained my quality of life



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.

11

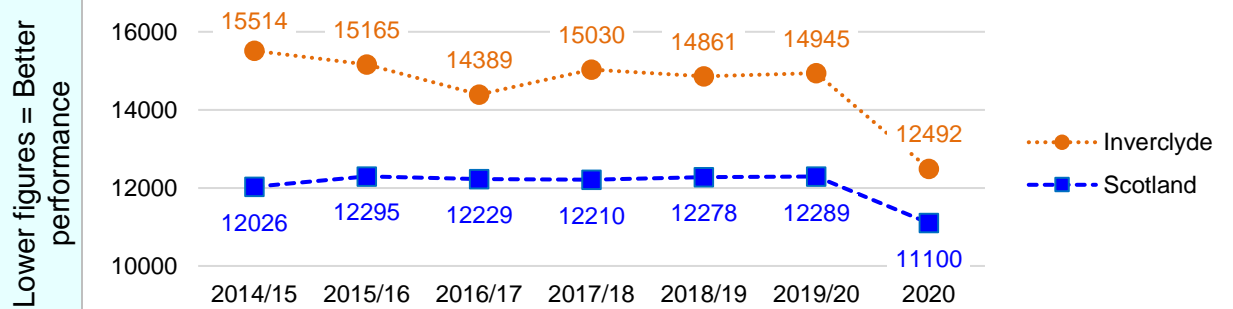
Premature mortality rate per 100,000 persons



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

12

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

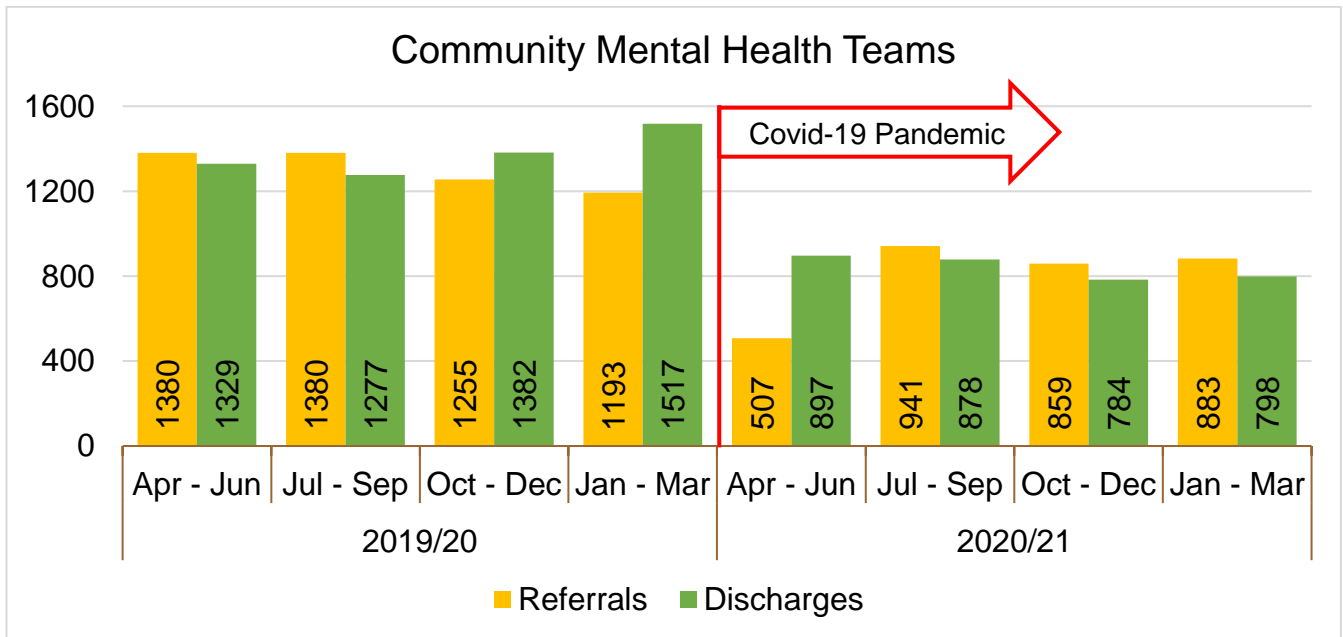


The service elements of Primary Care Mental Health Team (PCMHT), Adult Community Mental Health Team (CMHT), Community Response Service (CRS) and Older Persons Mental Health Team (OPMHT) worked much closer together than would usually occur pre-pandemic. This has enhanced the knowledge, skills and experience 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.

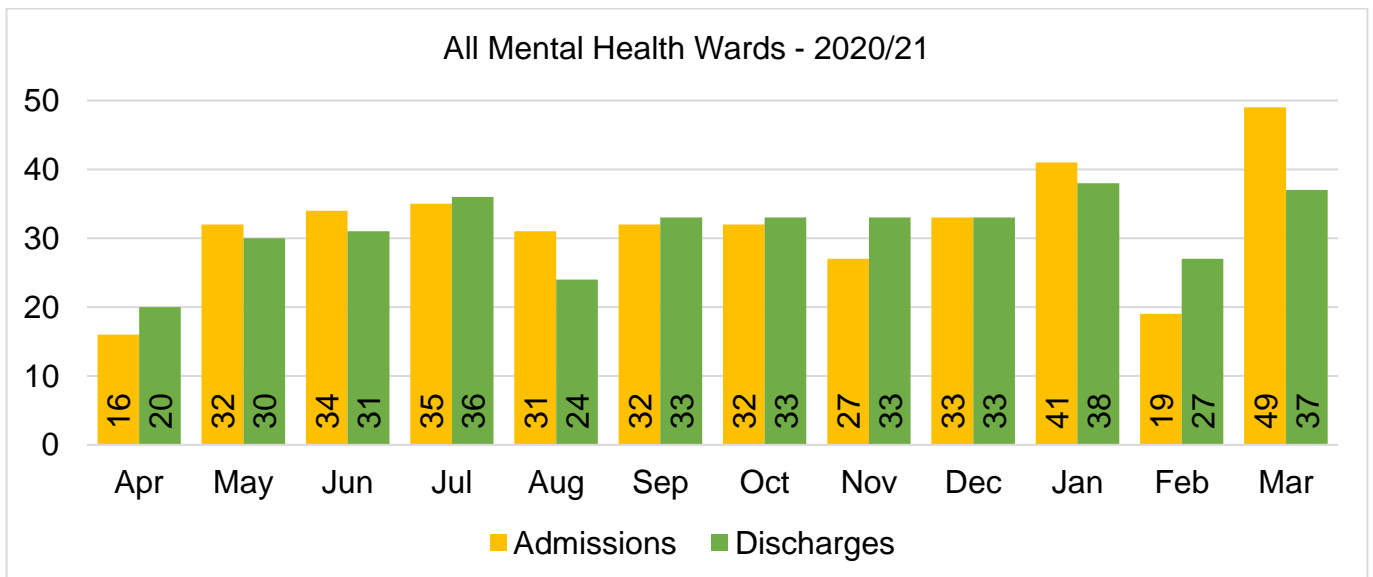
The purpose of the Mental Health Inpatient Service is to provide 24 hour nursing and medical care to adults who require an acute admission for assessment of their mental health, or longer term admission to manage their complex care needs.

## Community Mental Health Services

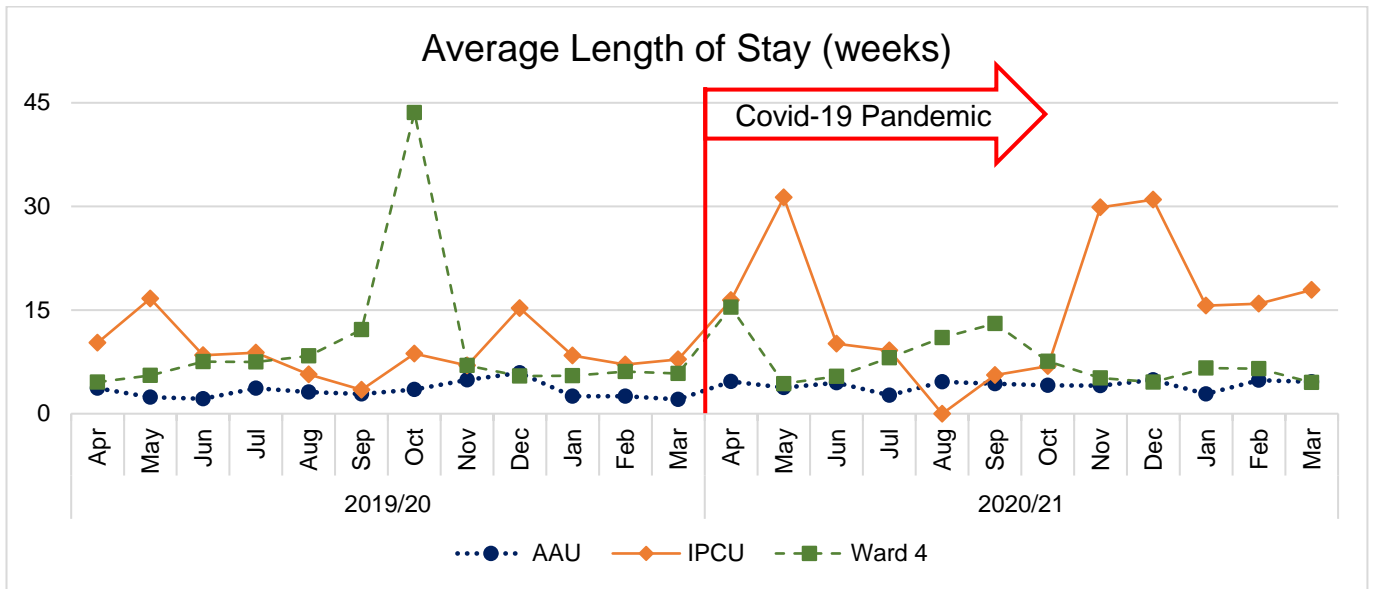


The Covid-19 pandemic has caused a significant reduction in referrals with the PCMHT being the most affected. As this team normally sees a high volume of people with low intensity needs we are remobilising this part of the service as quickly and safely as possible to help people avoid reaching a crisis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

## Inverclyde Mental Health Inpatient Services



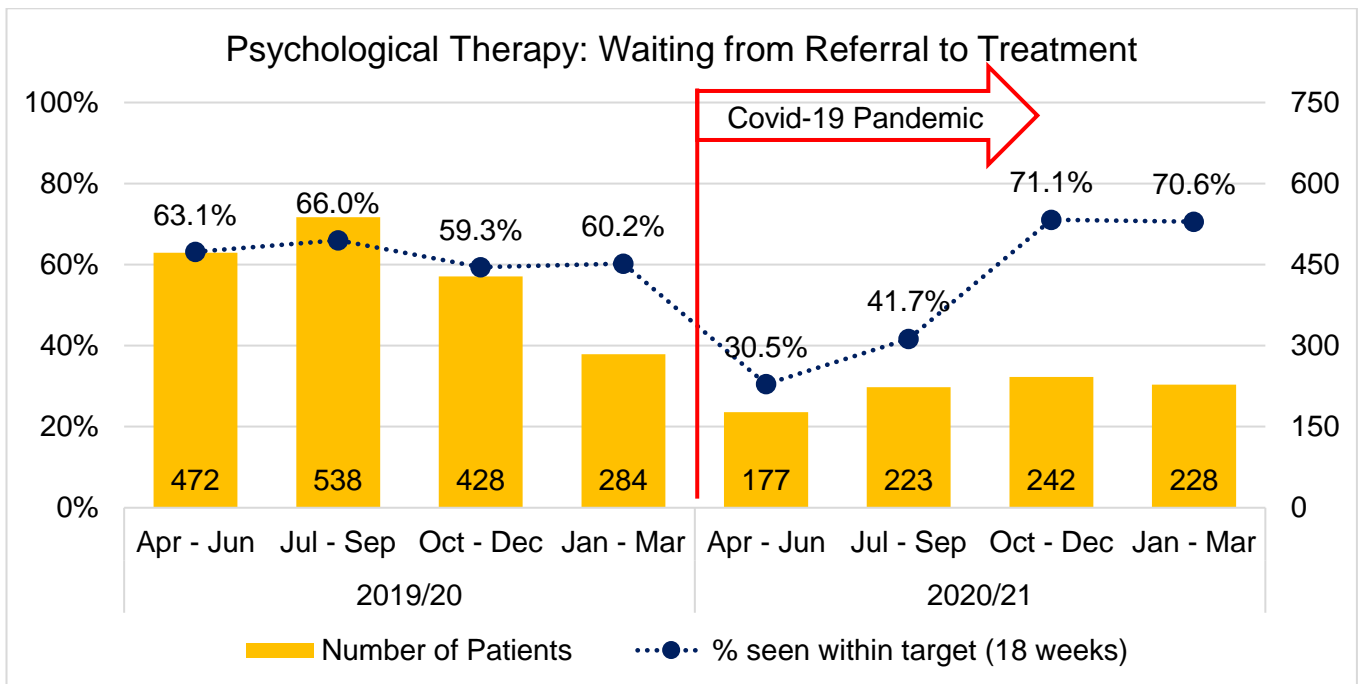
At the onset of the Covid-19 pandemic, the emphasis was to protect hospital services as far as possible, with patients discharges prioritised where possible and admissions as a last resort and where patients needs could met be met in the community. Initially there was a reduction in acute admissions, 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

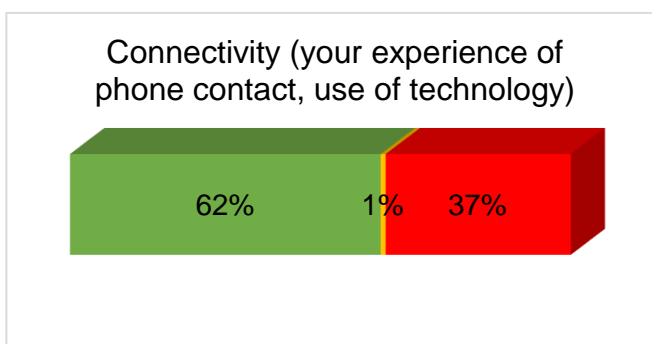
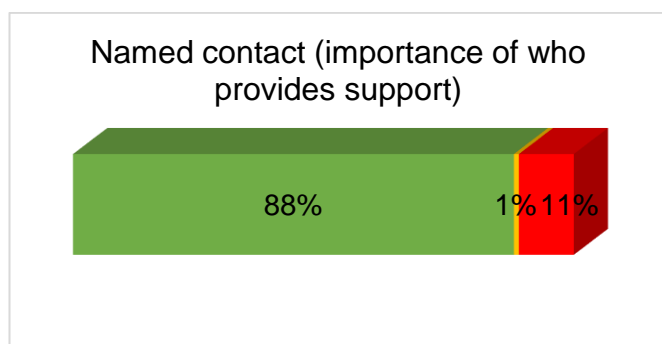
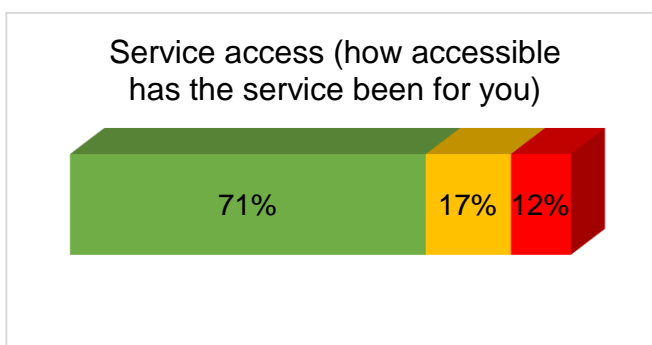
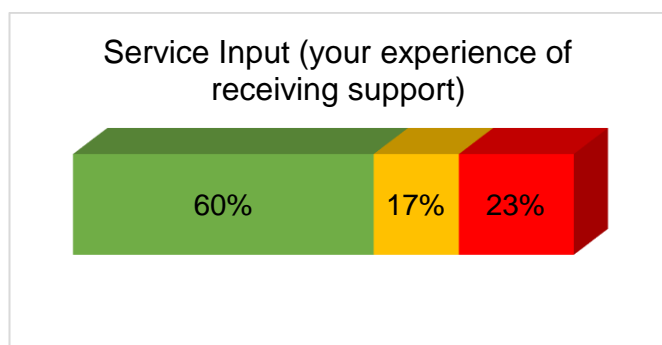
Health Team (PCMHT) being impacted. The PCMHT continued to accept referrals however there was a lower than standard rate of referral and those with lower levels of need being linked with more upstream services where appropriate. This enabled staffing reconfiguration to support the HSCP prioritised Community 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%.

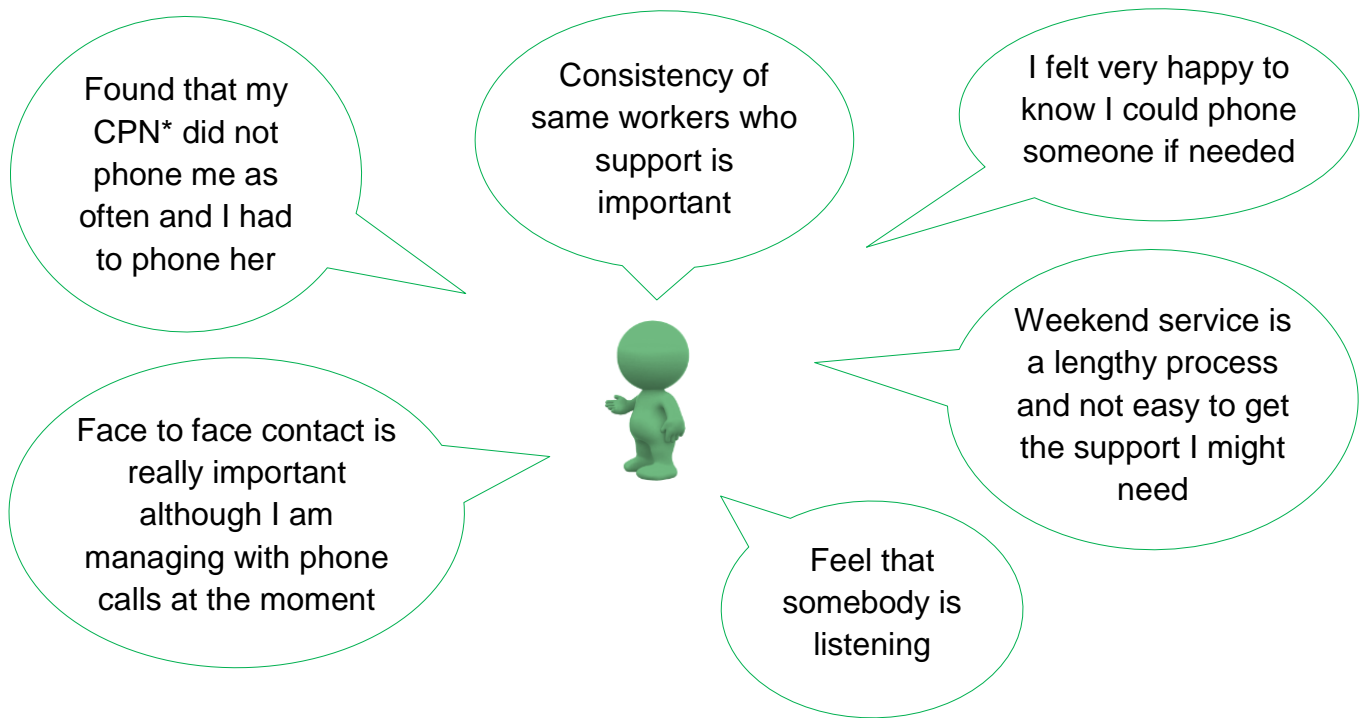
### Service User Engagement (Community Mental Health)

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

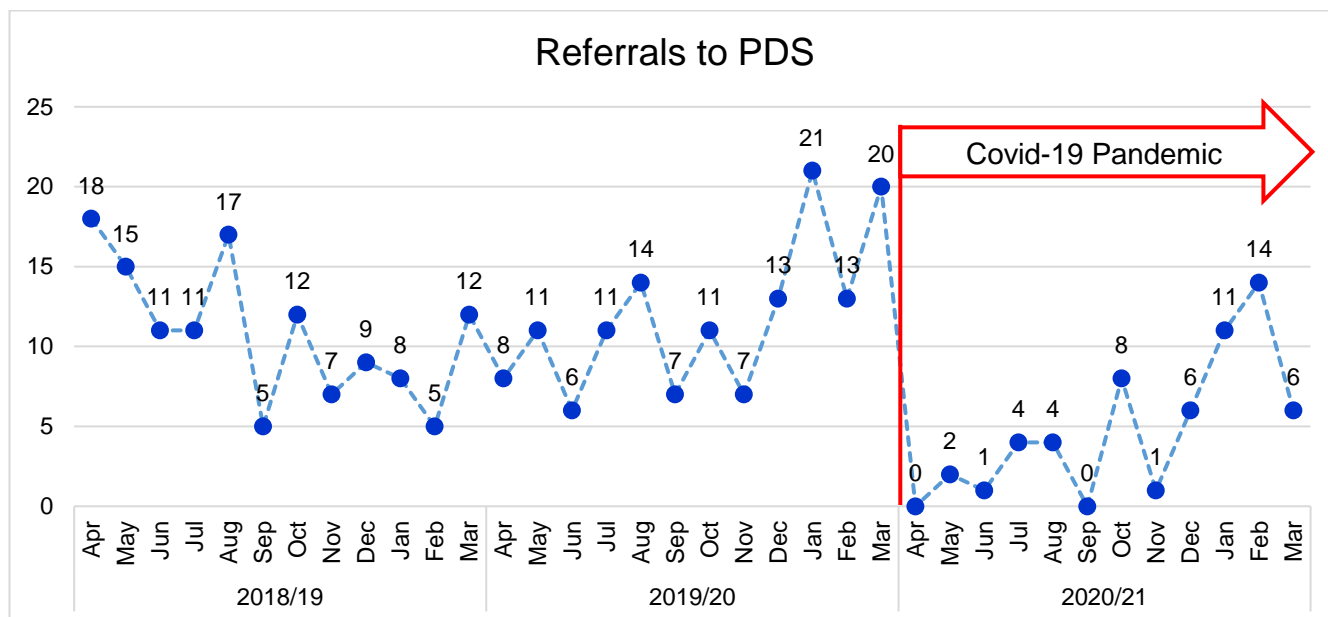
### Summary of progress

<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 a 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

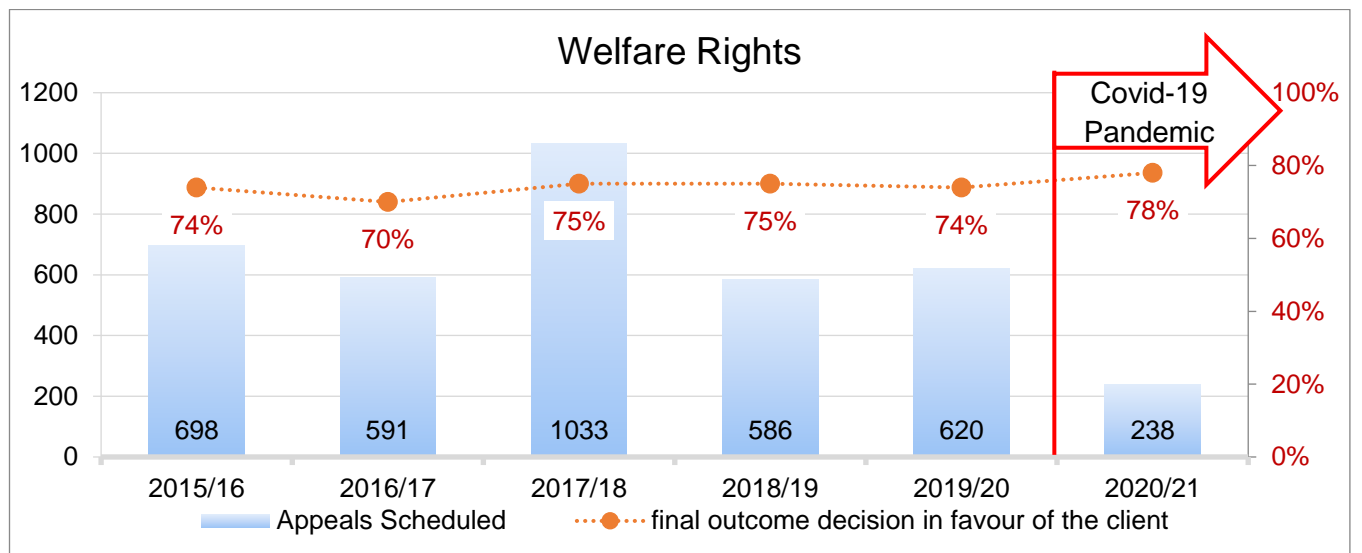
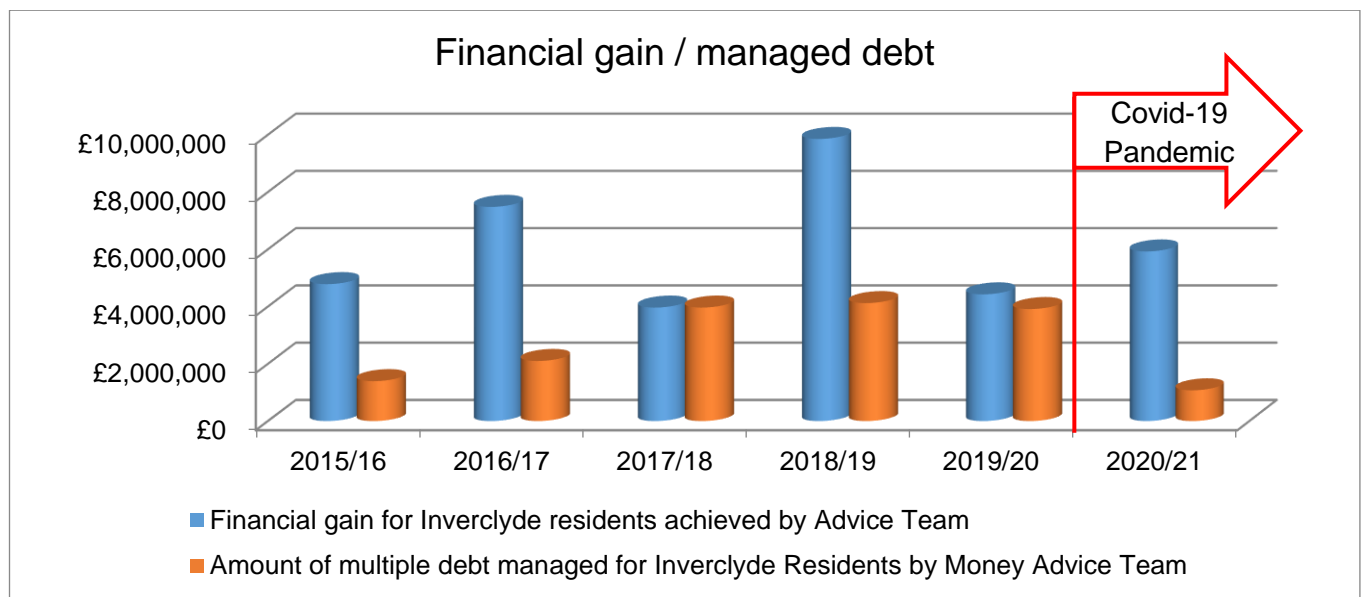
Our award winning Advice Services Team handles a vast range of enquiries including debt advice, benefits advice, welfare rights appeals and debt resolution.

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.

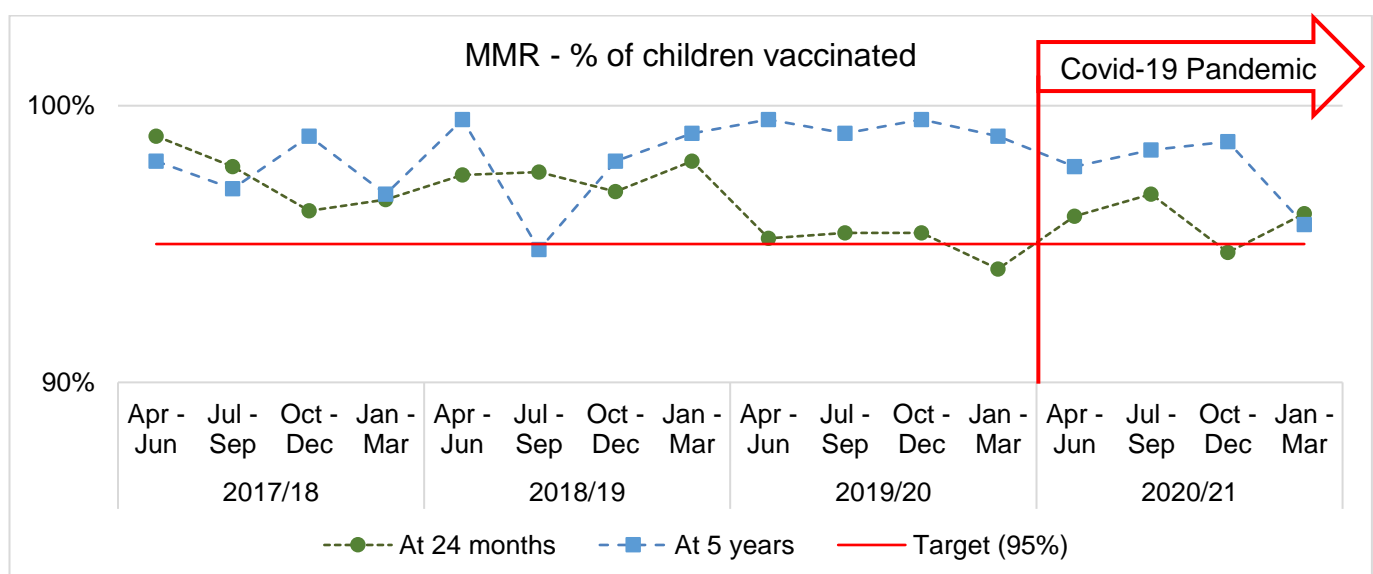
### National Outcomes relating to this Big Action

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).



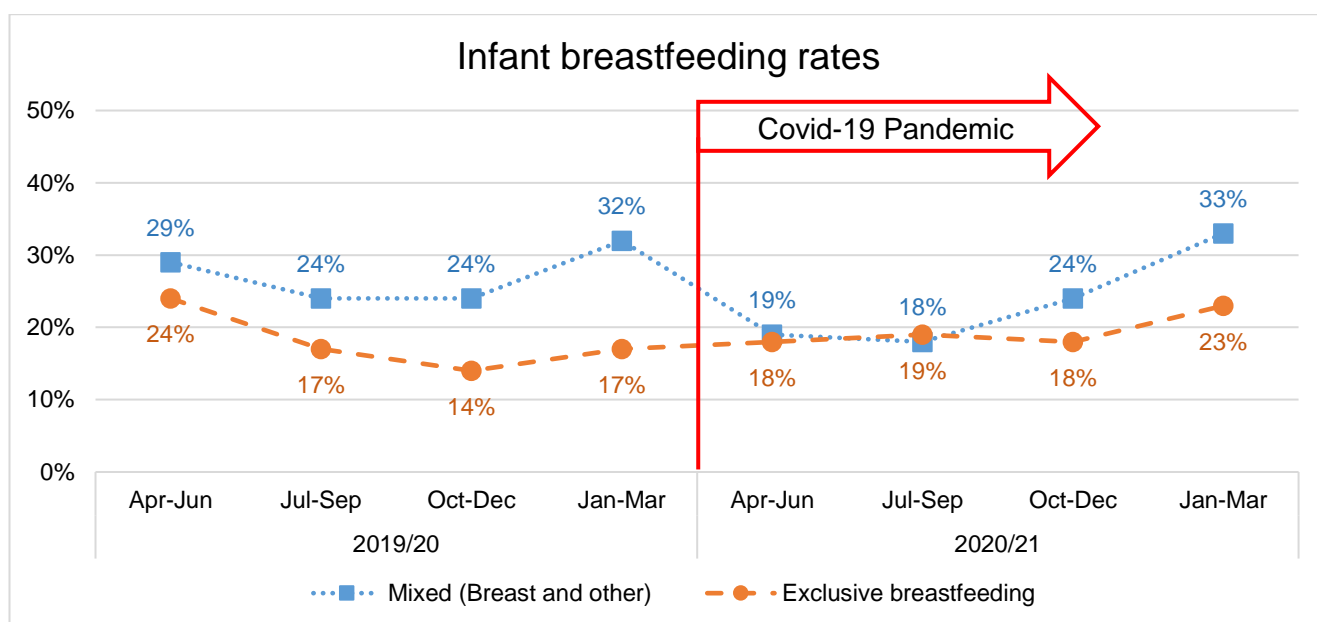
Source: PHS (Public Health Scotland)

## 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.

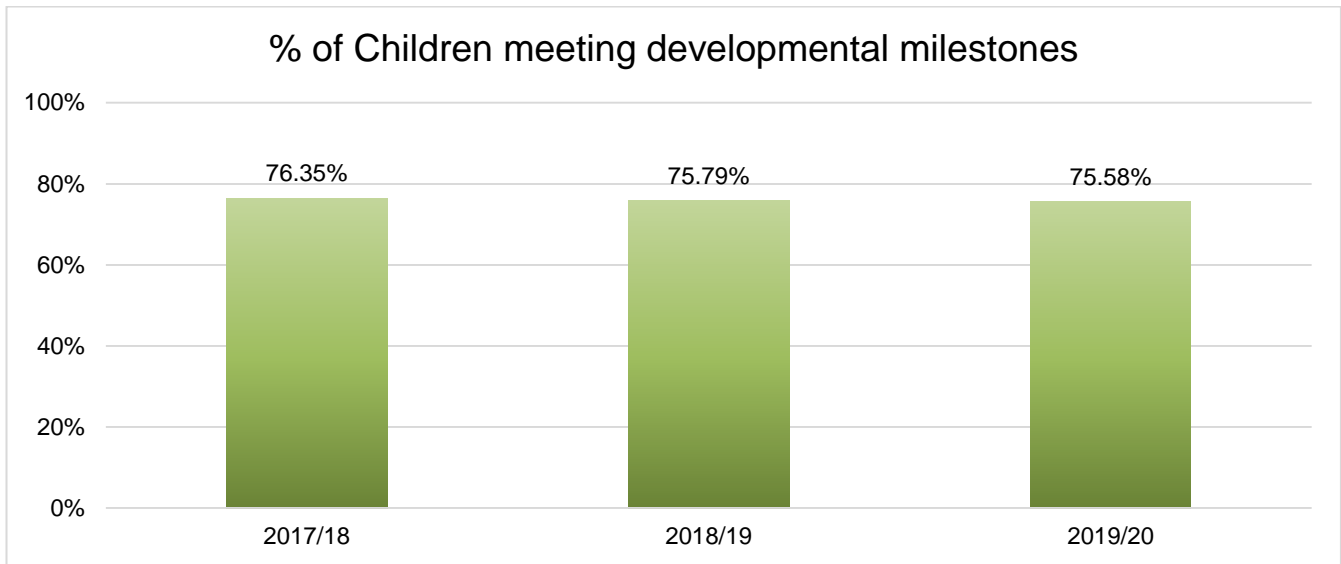
This chart shows our rates of breastfeeding at the 6-8 weeks assessment stage where infants are either exclusively breast fed or partially breast fed.



## 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.

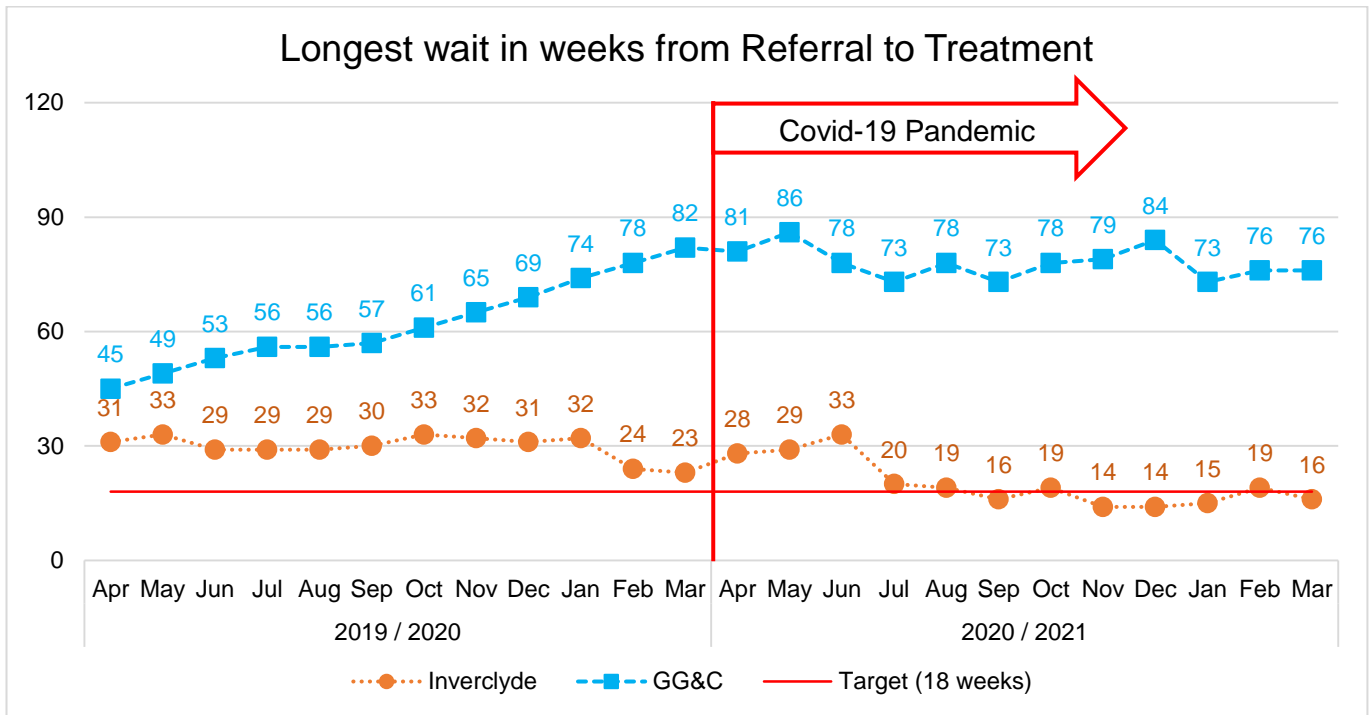
**CAMHS (Child and Adolescent Mental Health Service)**

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.

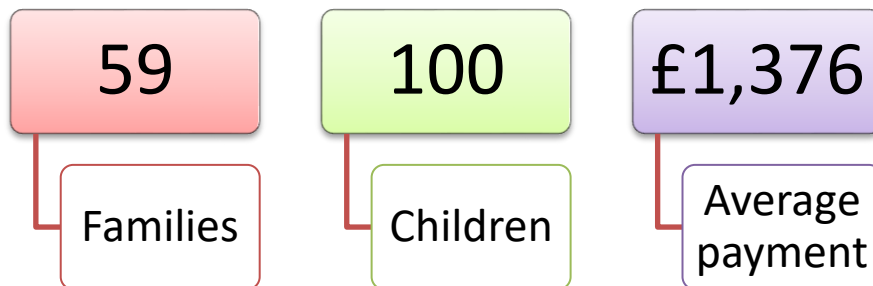
We have seen a rise in urgent referrals with 30% of all new referrals being categorised as urgent.

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

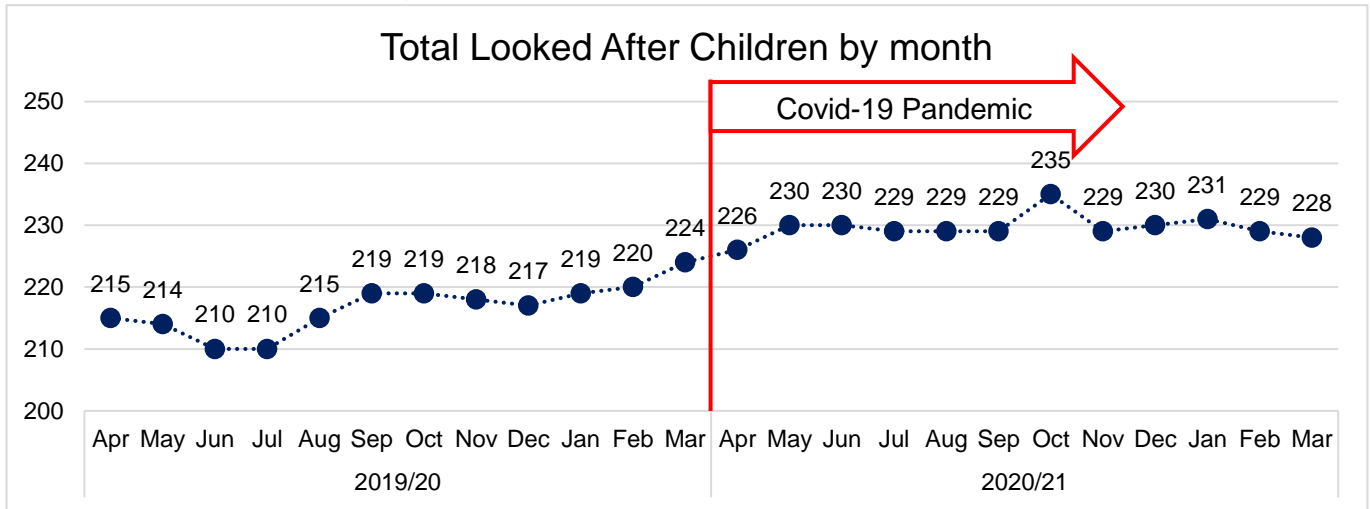
As part of recovery funding made available during the Covid-19 pandemic, children's services were able to provide significant financial support to families most affected by poverty. It was observed that the Covid-19 pandemic was having a greater impact on vulnerable families and limiting the choices 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

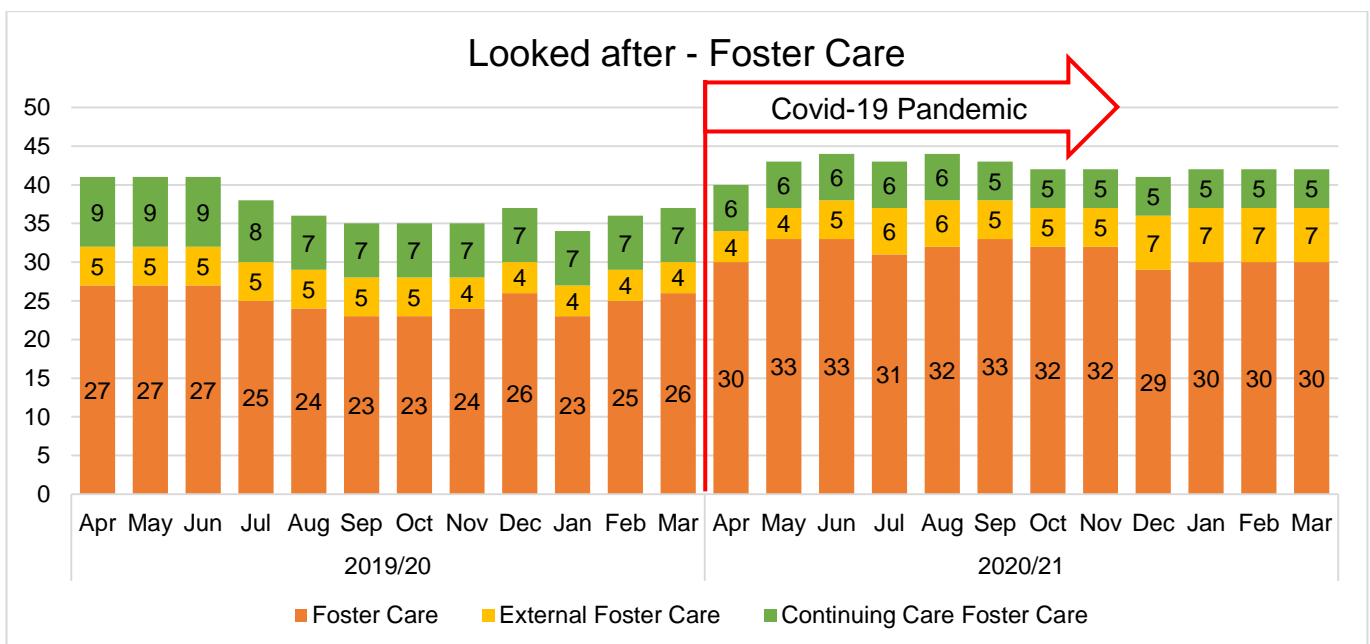
Pre-pandemic the number of looked after children remained relatively static (averaging approximately 219) however the numbers started to rise steadily from the first lockdown with the balance of care shifting from looked after at home to an increase in looked after away from home in residential, fostering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

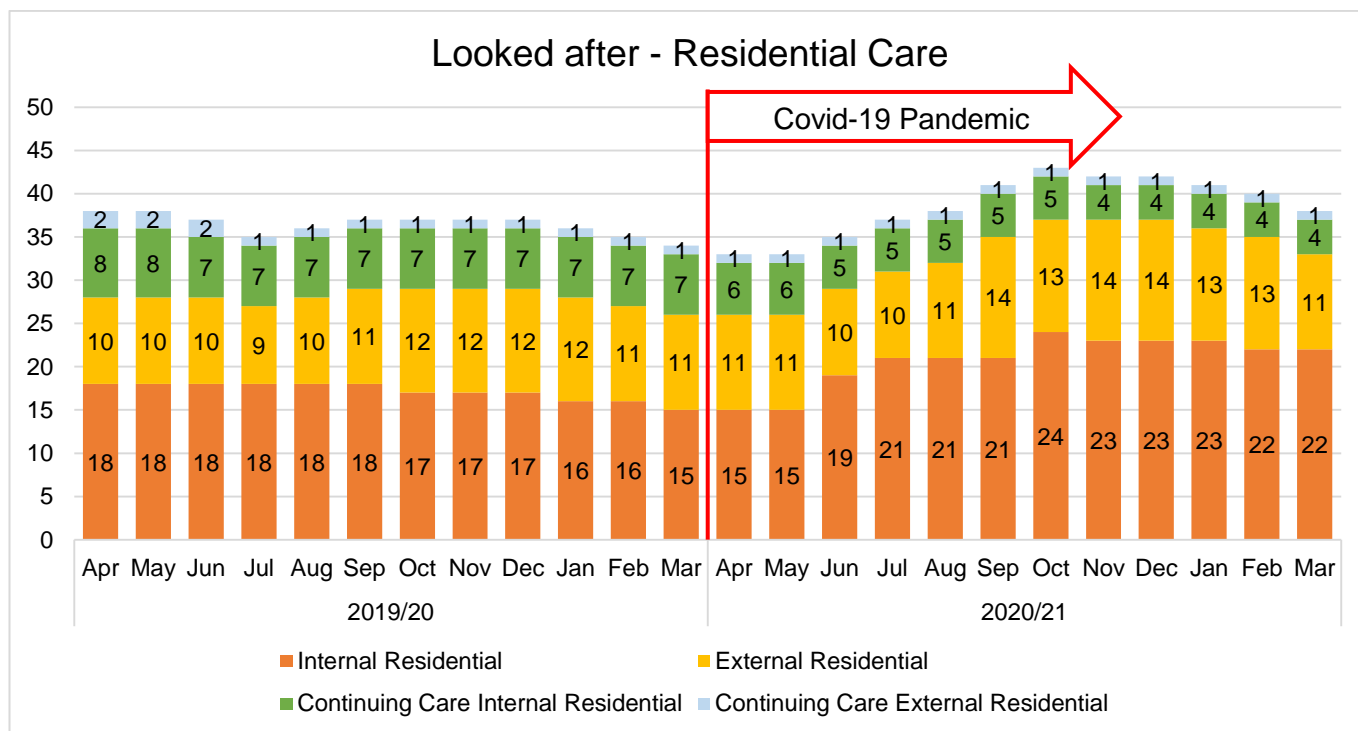
For continuing care the pandemic did not significantly impact on care planning arrangements for young people and the numbers have reduced in line with the needs of young people.



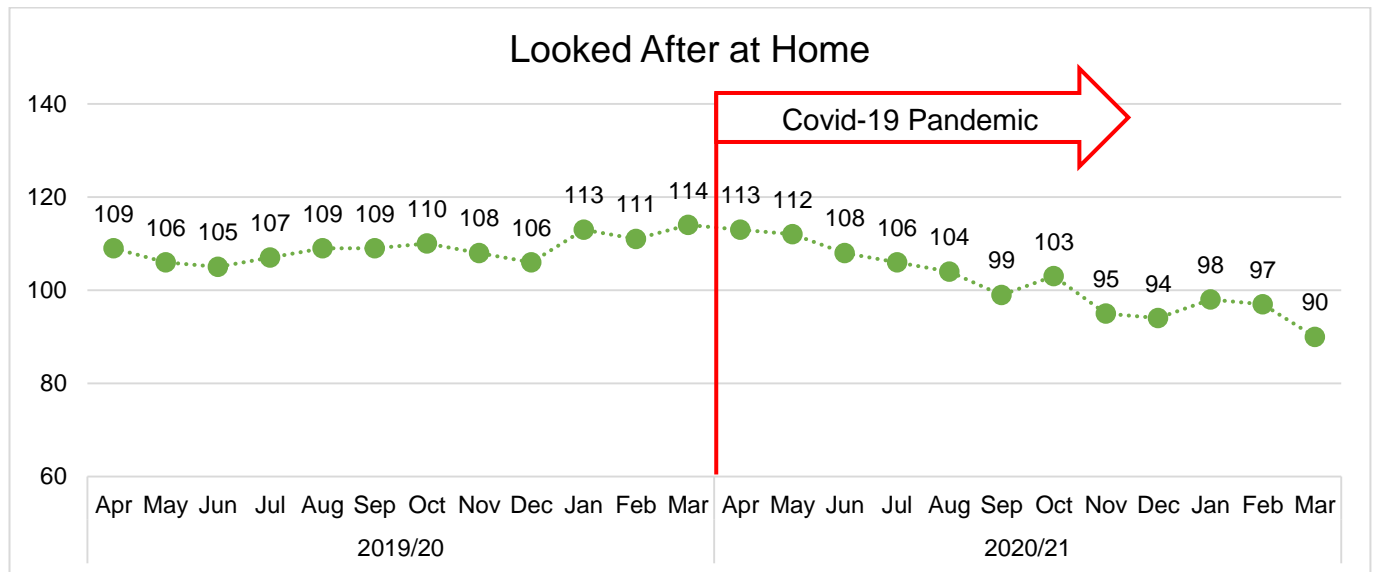
The overall number of young people in residential care has increased steadily since pre-pandemic. Inverclyde is committed to keeping young people in local placements and to the benefit of continuing care, however this does create placement pressure. As with fostering placements the service has throughout 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.

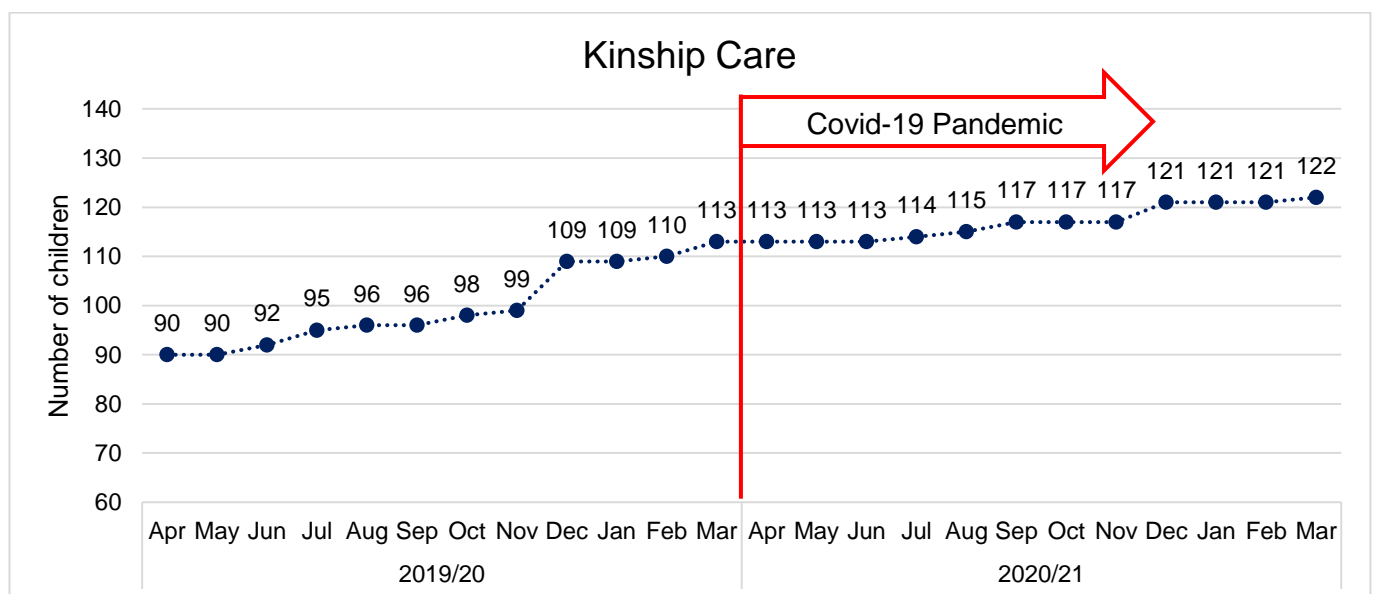
The pressures in local fostering and residential placement capacity in conjunction with the complex needs of young people who require to be looked after away from home is reflected in the steady increase in the use of externally commissioned placements. This is an area that does require deeper understanding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

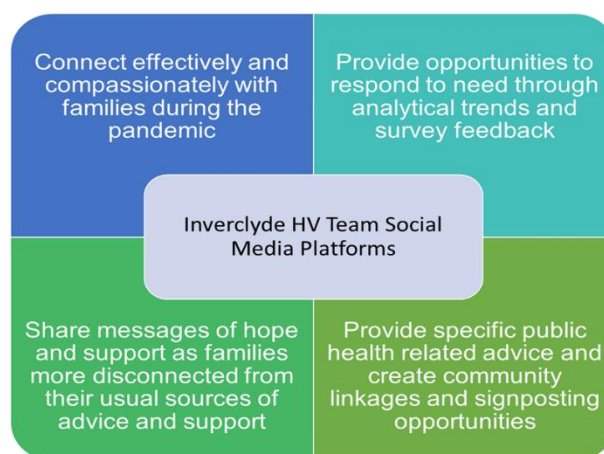
[www.facebook.com/inverclydehealthvisitingteam](http://www.facebook.com/inverclydehealthvisitingteam)

[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



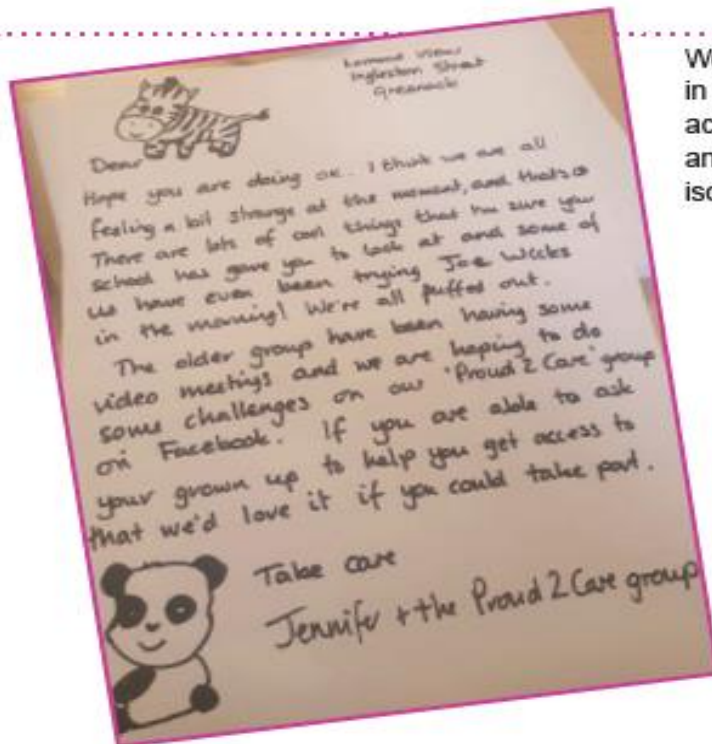
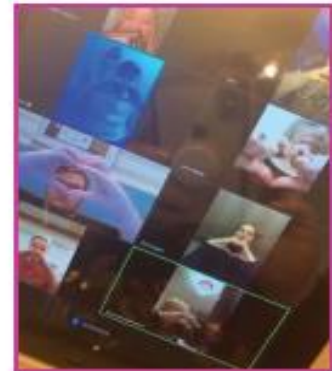
Physically distanced BUT Socially connected!

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



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.

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!



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.

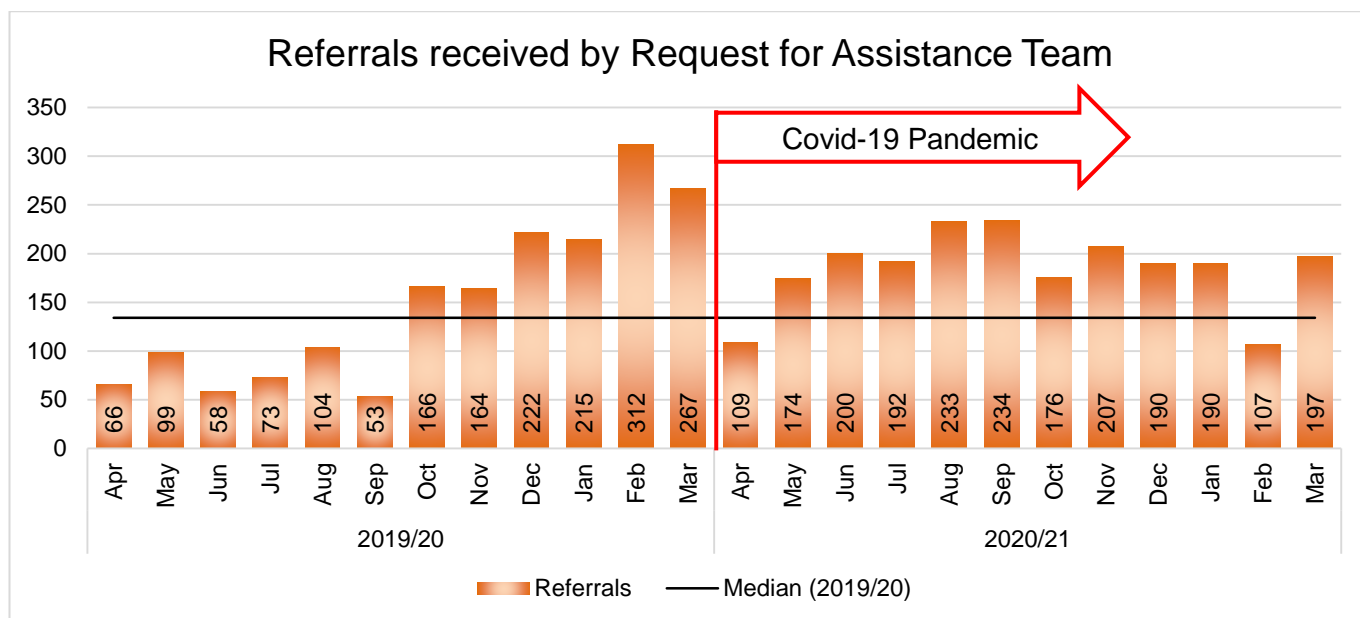
### National Outcomes relating to this Big Action

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.

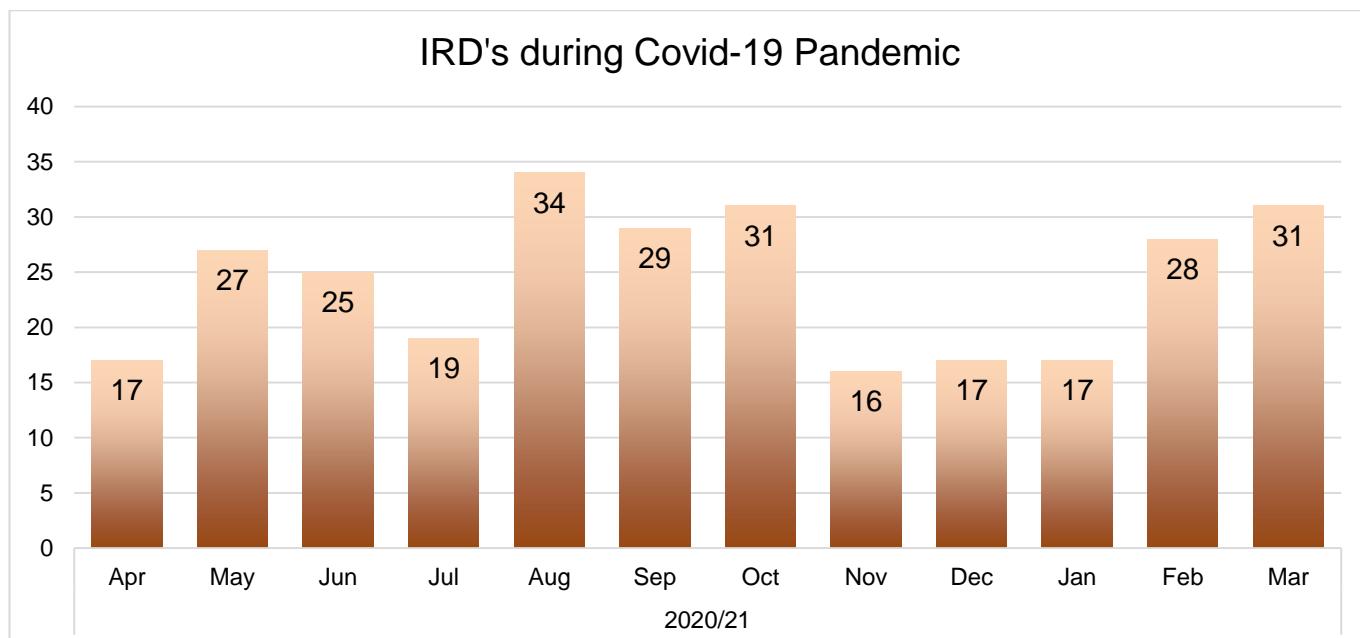
## Local Activity

### 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)



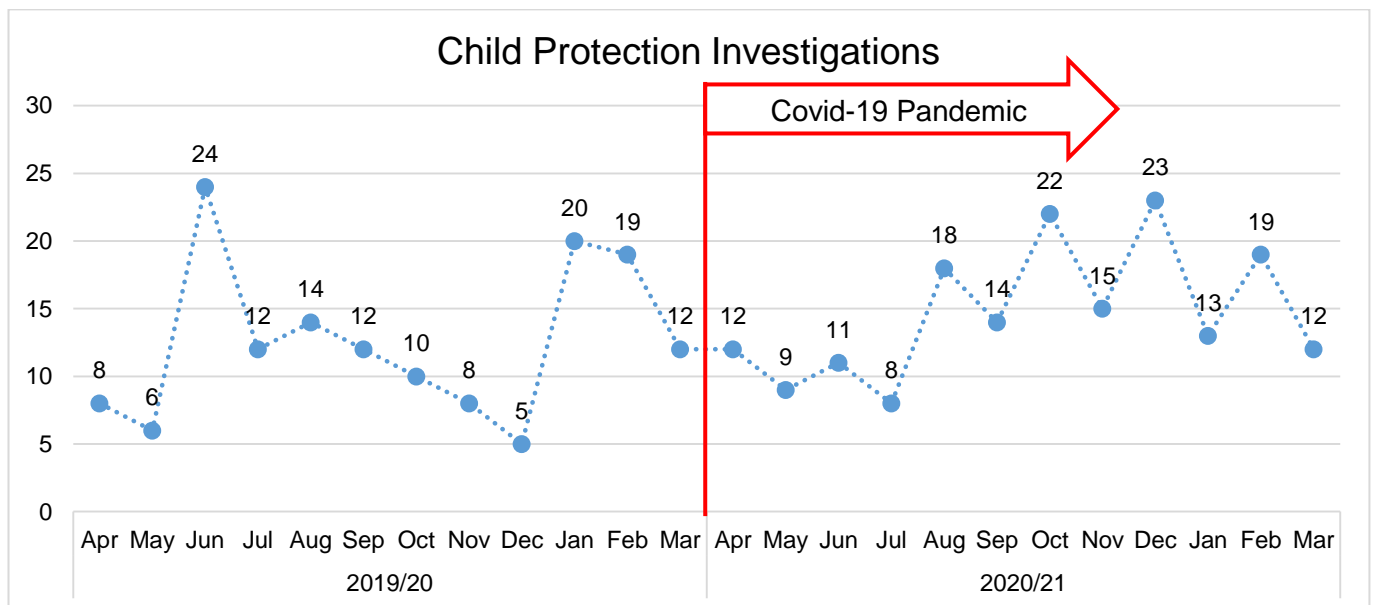
You will note that the number of Interagency Referral Discussions do not correspond to an equivalent number of Child Protection Investigations. This is not unusual as IRD's by their very purpose, share information on a multiagency level which can help to reduce the assessed level of risk as well as increase 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.

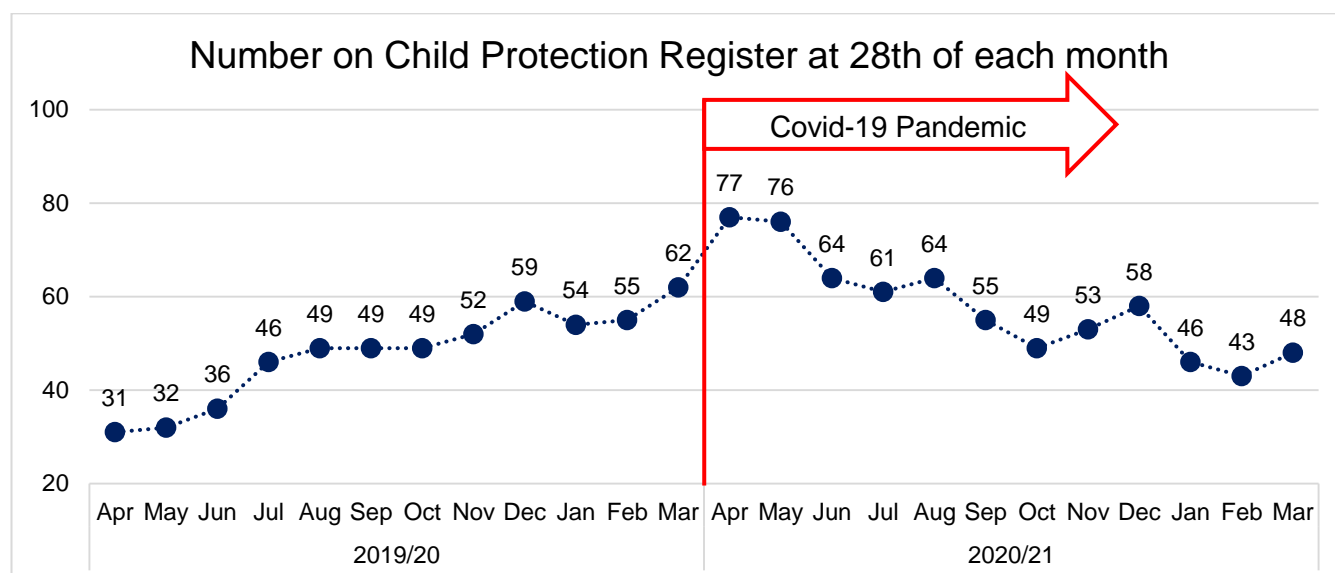


### Child Protection Conferences / Register

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.

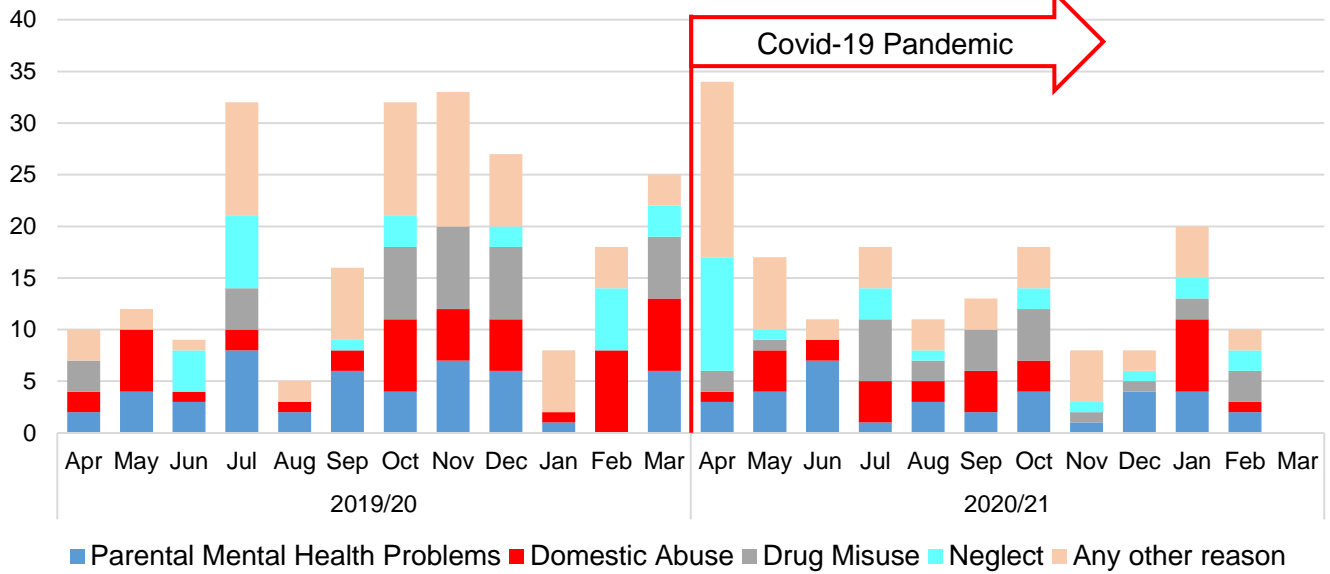
	Inverclyde	Scotland
Children with a child protection plan seen by a professional	100%	97%
Children with a multi-agency plan contacted by a professional	56%	44%
Young people eligible for aftercare	71%	65%
Child Protection Register – registrations (average per week)	1	62
Child Protection Register – de-registrations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

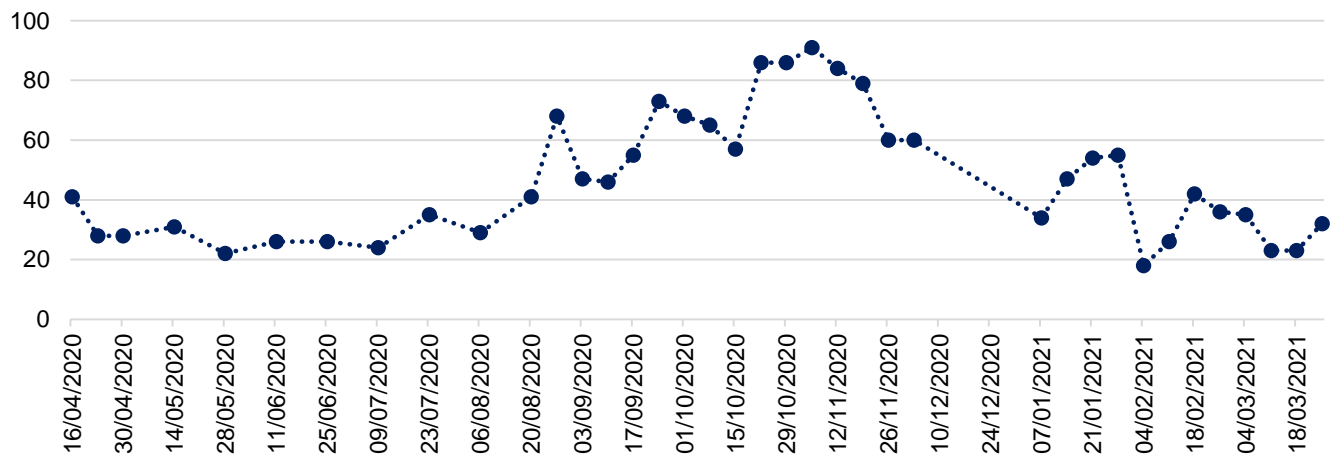


'Any other reason' includes emotional abuse, physical abuse, sexual abuse, the child placing themselves at risk, alcohol abuse and non-engaging family.

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.

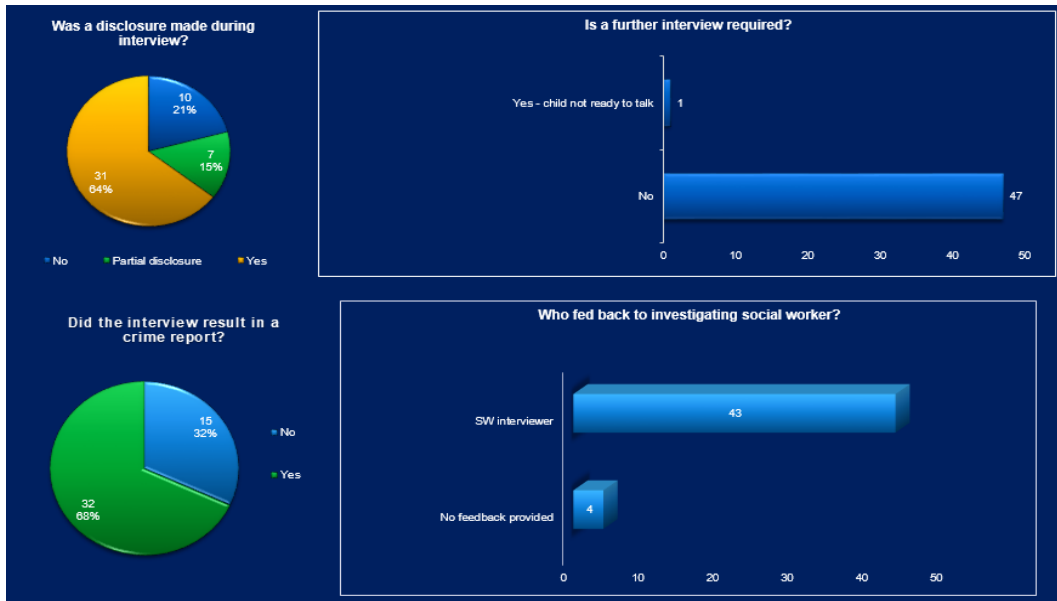
From October 2020 recruitment has progressed significantly with 12 Social Workers being recruited. All 12 are newly qualified and whilst they have increased our capacity to offer earlier help and support their level of skills and experience do not yet allow them to increase capacity for more complex 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





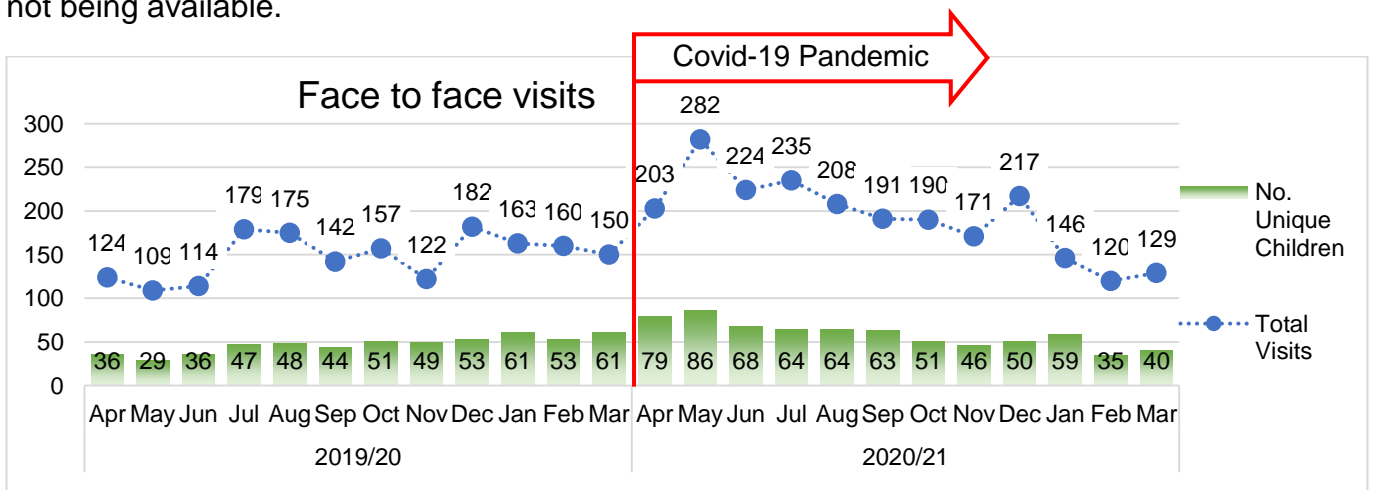
## Joint Investigative Interviews



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.

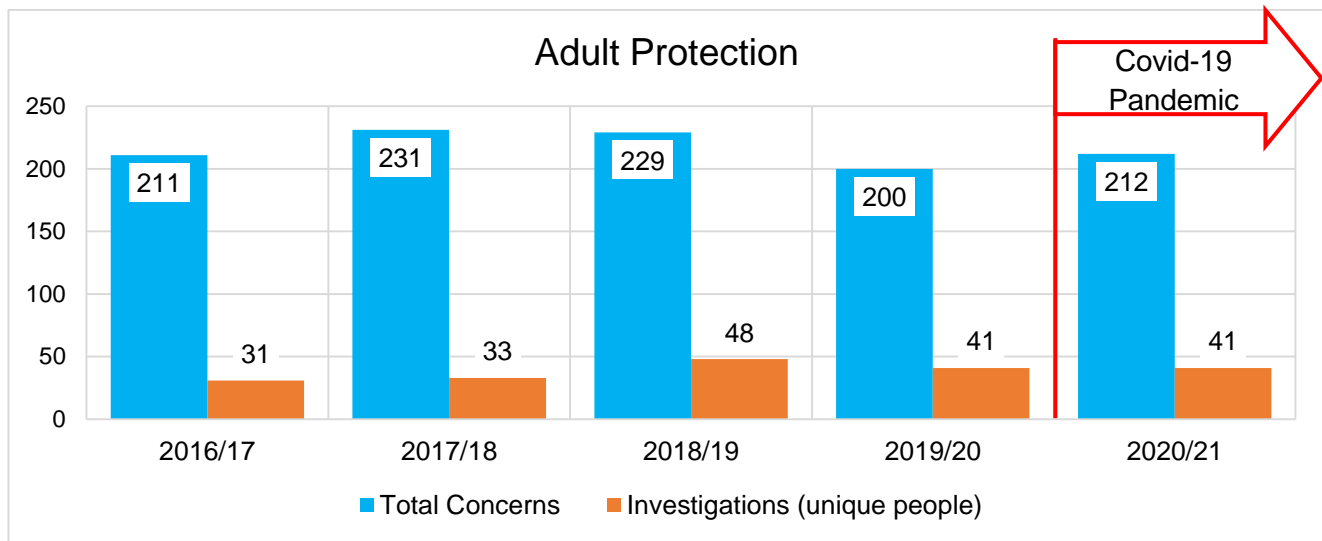
### Face to face visits

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

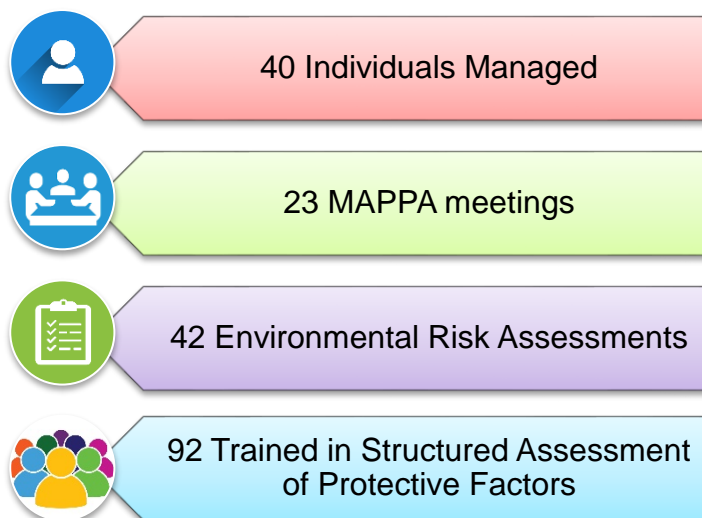
Initial feedback has been provided which is very positive in particular around practice, partnership working and outcomes for vulnerable adults.

## 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.

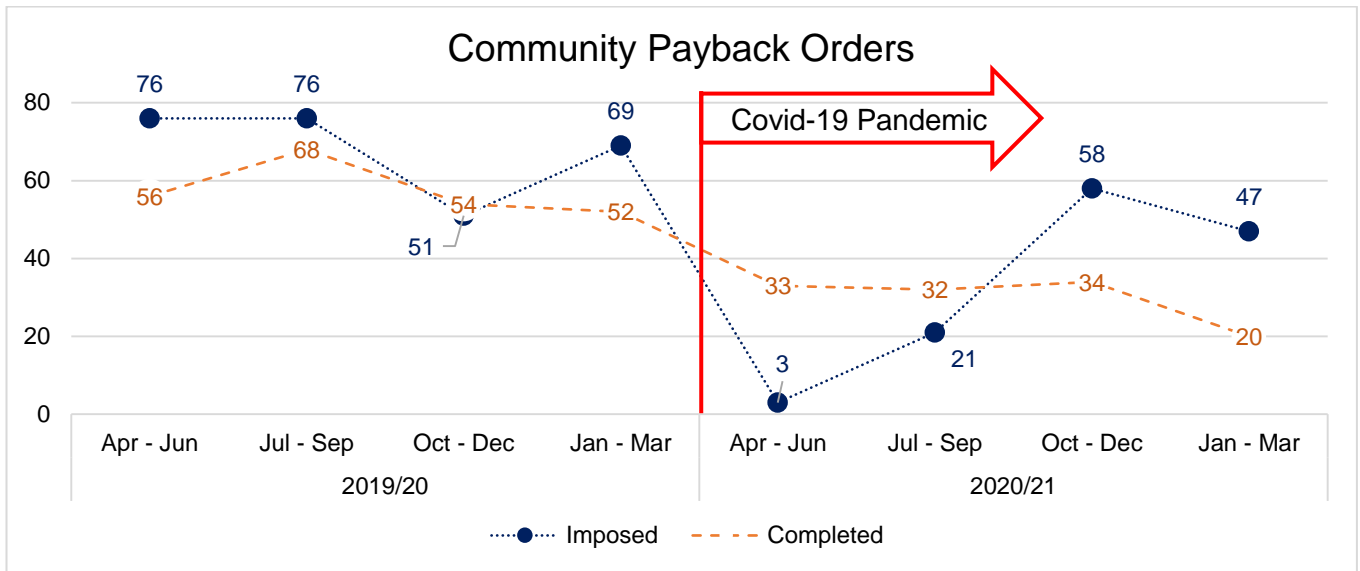


A key process is the Environmental Risk Assessment (ERA) process. The purpose of the ERA is to identify any housing related risks associated with individuals living within the community or about to be released into the community. It is a collaborative process involving primarily Police and Criminal Justice 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.

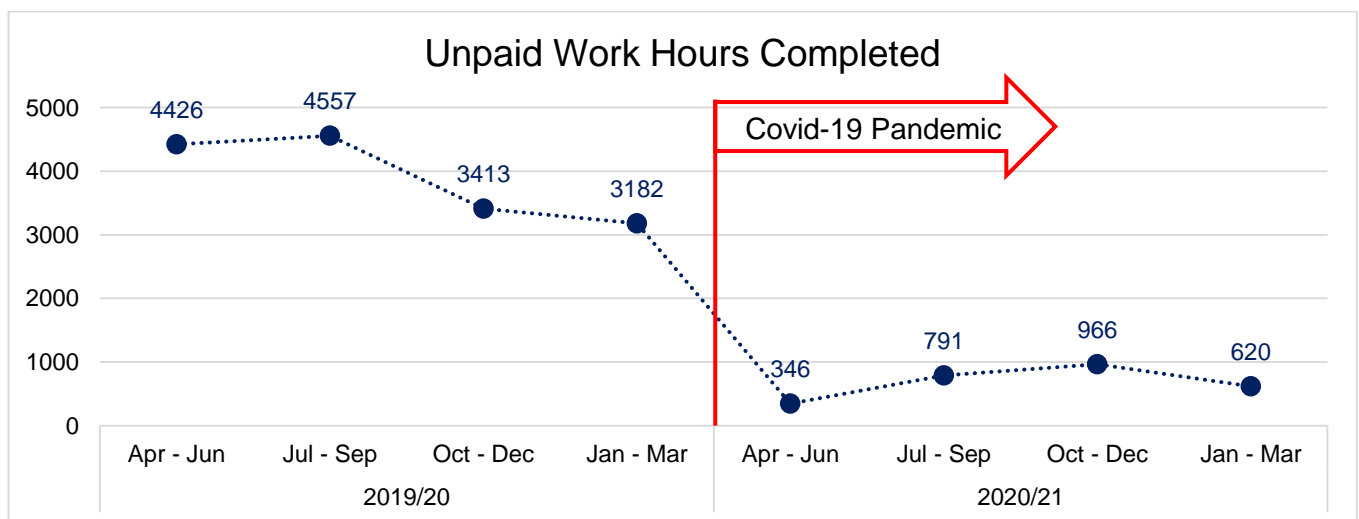
The Service actively engaged in planning for recovery with a priority of identifying potential outdoor projects which offered sufficient space to support social distancing requirements and were also easily accessible to service users to minimise their use of public transport and thus potential exposure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

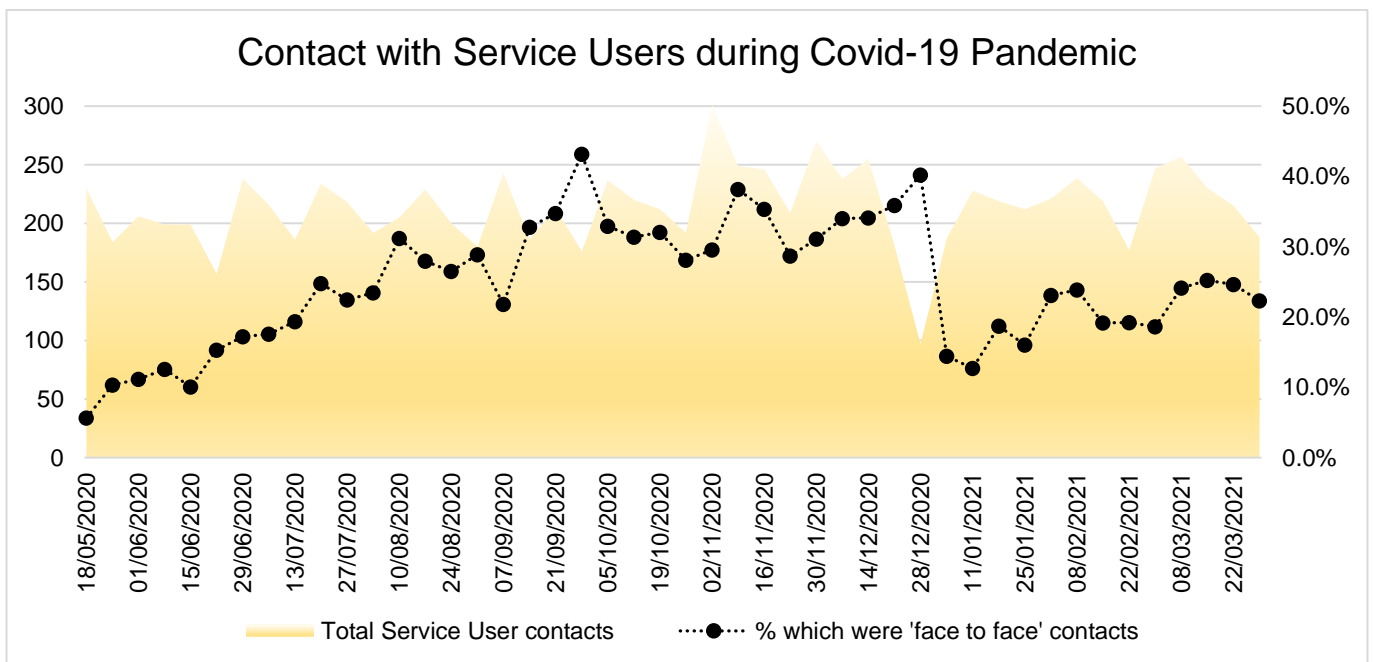
### John's story

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

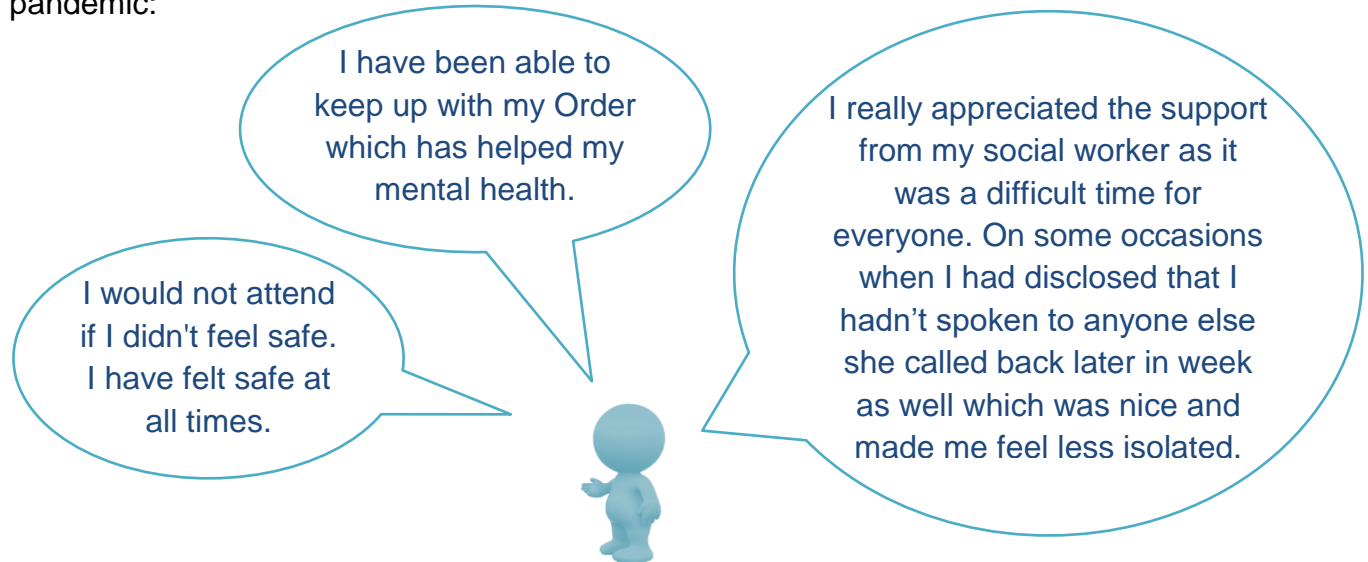
From mid-May 2020, the Service began to capture data on the number and nature of all contacts with our service users and also our contact with other agencies. The purpose was to assist with our recovery planning as well as to understand the impact of decisions at a national level regarding lockdowns 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

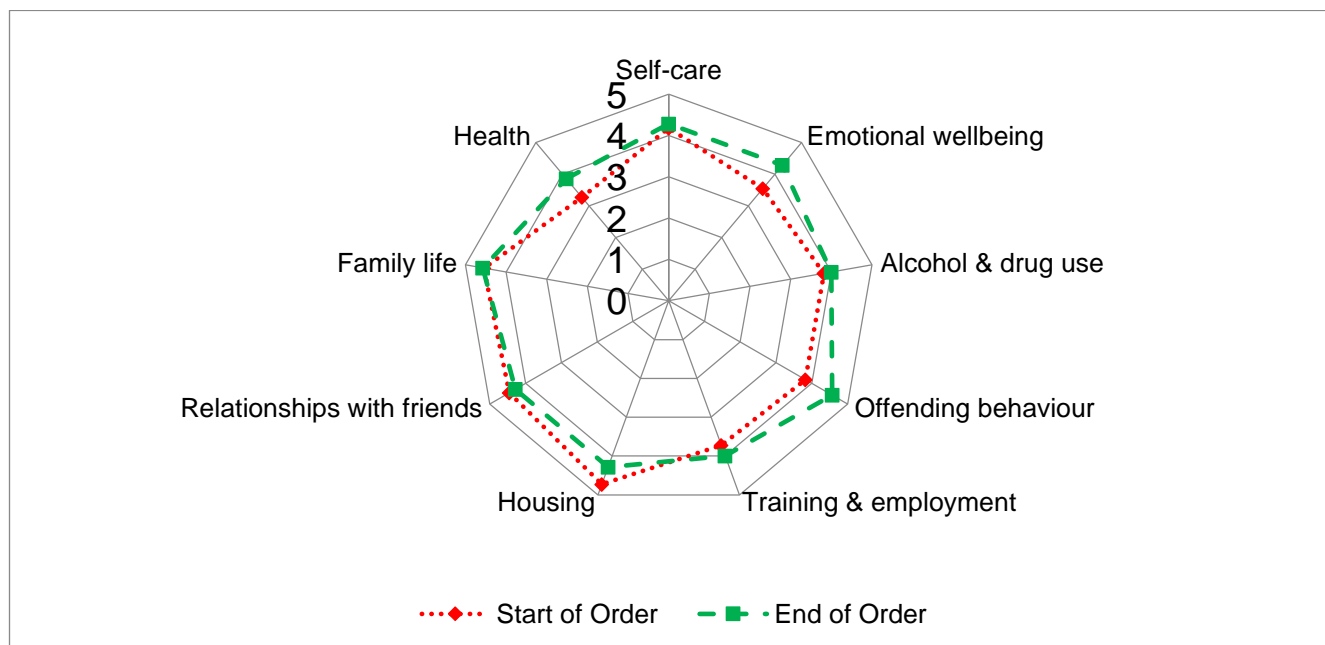
to the levels seen at the start of the first lockdown and is showing signs of stabilising at 20% to 25%. We believe this is due in part to the systems and protocols that were already in place which have now become well established within the Service and are providing staff and service users alike with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



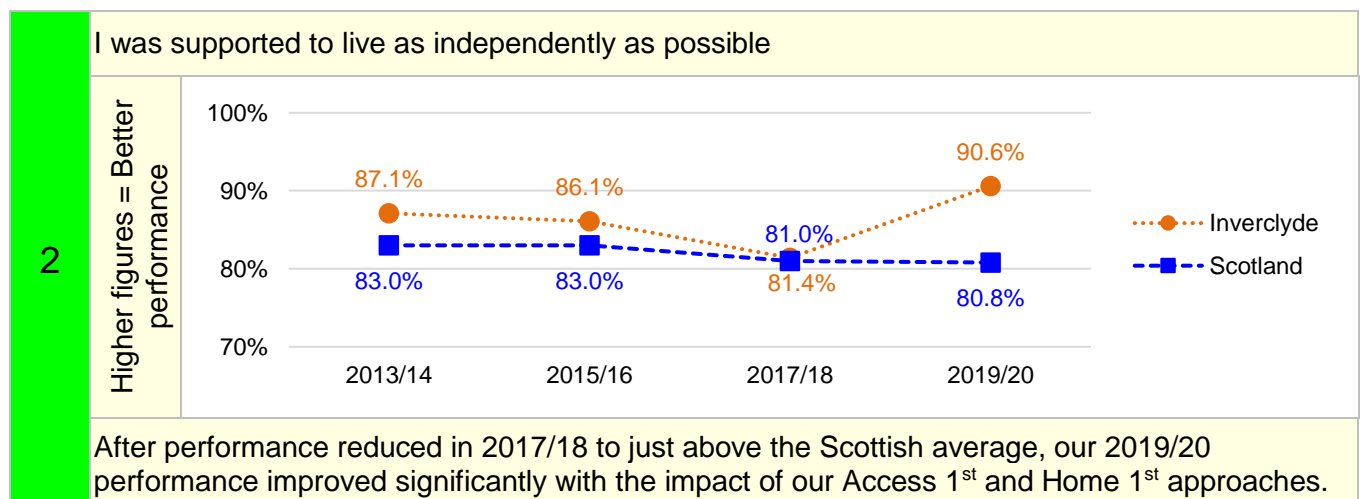
**Big Action 4 - We will Support more People to fulfil their right to live at home or within a homely setting and Promote Independent Living**

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

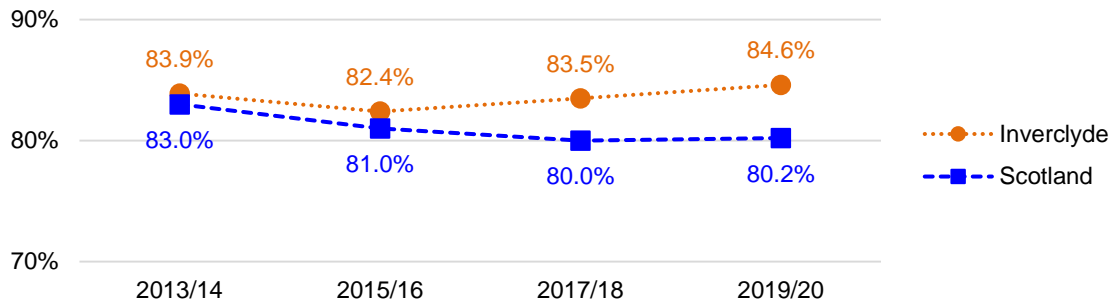
**National Integration Indicators**



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

5

Higher figures = Better performance

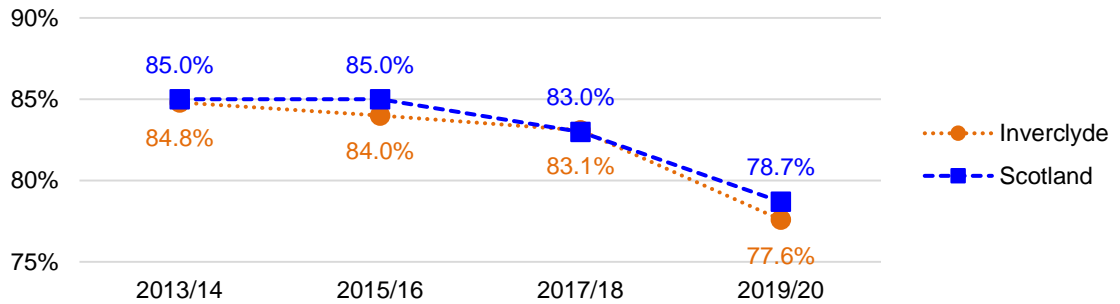


We have been able to maintain higher rankings than the national average and are seeing some small improvements.

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

6

Higher figures = Better performance

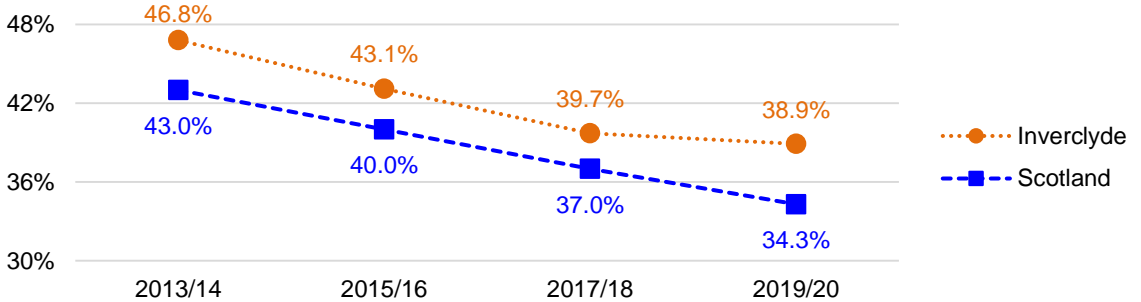


Even though performance has dipped slightly we are broadly matching the Scottish average.

I feel supported to continue caring

8

Higher figures = Better performance

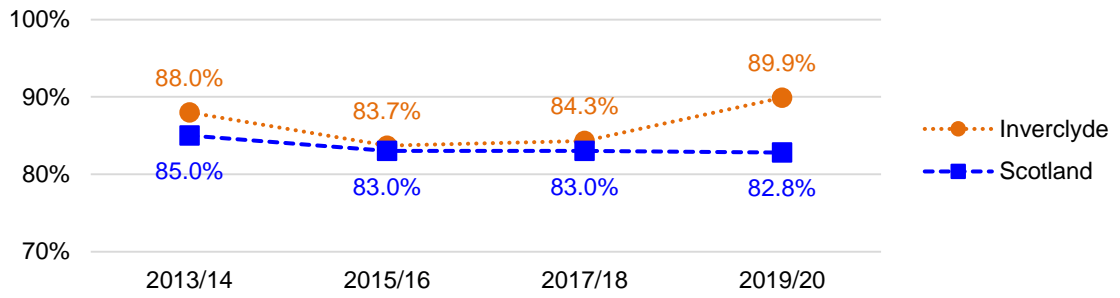


Both locally and nationally there has been a disappointing downward trend. We are focussed on improving the support for carers in partnership with the carers centre.

Adults supported at home who agreed they felt safe

9

Higher figures = Better performance

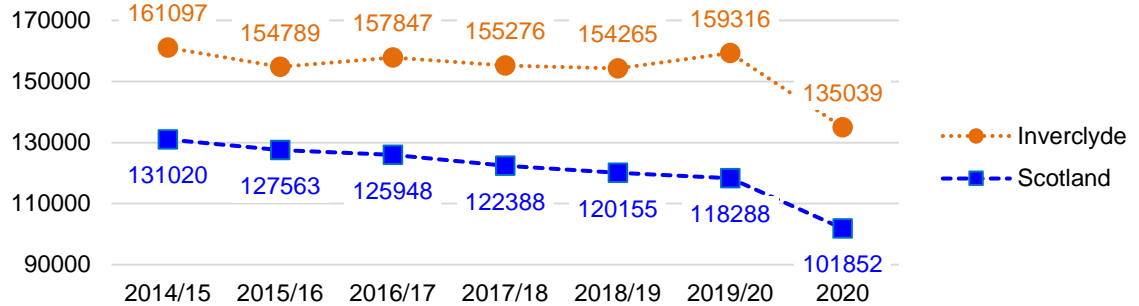


After a reduction both locally & nationally in 2015/16 we improved in the last 2 periods whilst nationally this remained static.

Emergency bed day rate (per 100,000 population)

13

Lower figures = Better performance



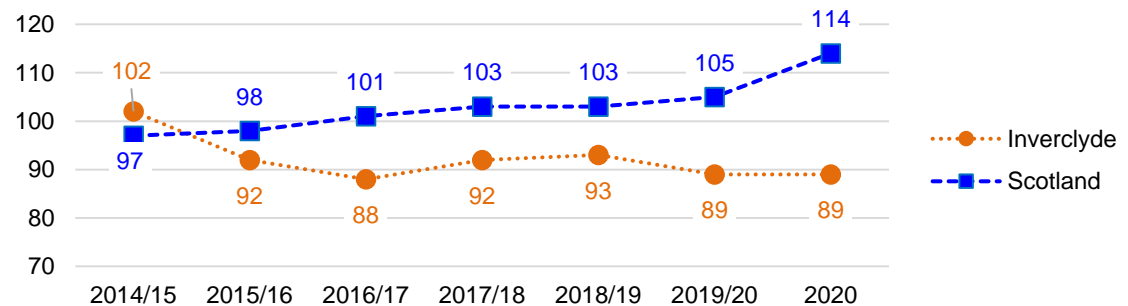
Local performance remained relatively static, however, a significant drop in the rate can be seen for 2020. Some of this will be due to our work in this area and also the impact of the Covid-19 pandemic.

\*see note 1

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

14

Lower figures = Better performance



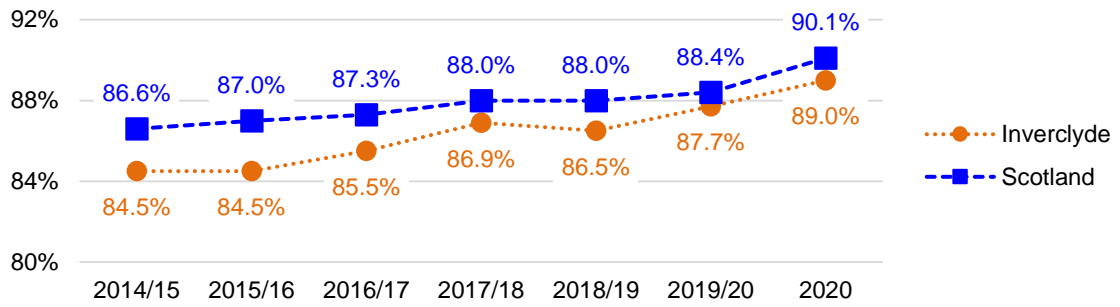
Inverclyde performance has improved and is better than the national picture. This is due to the Home 1<sup>st</sup> Policy and the intention to getting discharge right first time.

\*see note 1

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

15

Higher figures = Better performance



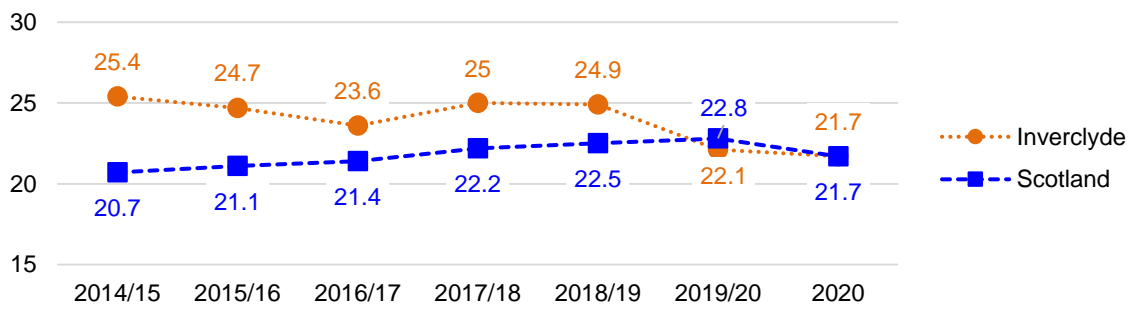
Local performance has continued to improve and we are now only slightly below the Scottish average.

\*see note 1

Falls rate per 1,000 population aged 65+

16

Lower figures = Better performance



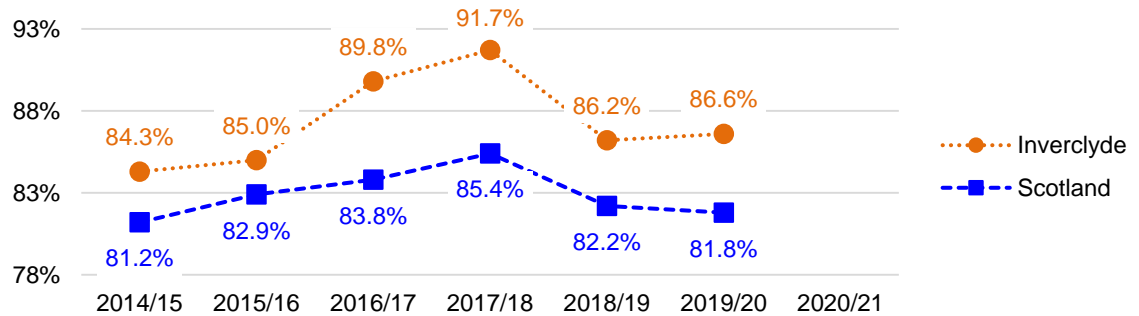
We saw some small improvements in reducing the rate of falls in our older population up to 2018/19. After introducing additional measures in 2019/20 we then saw a notable improvement.

\*see note 1

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

17

Higher figures = Better performance

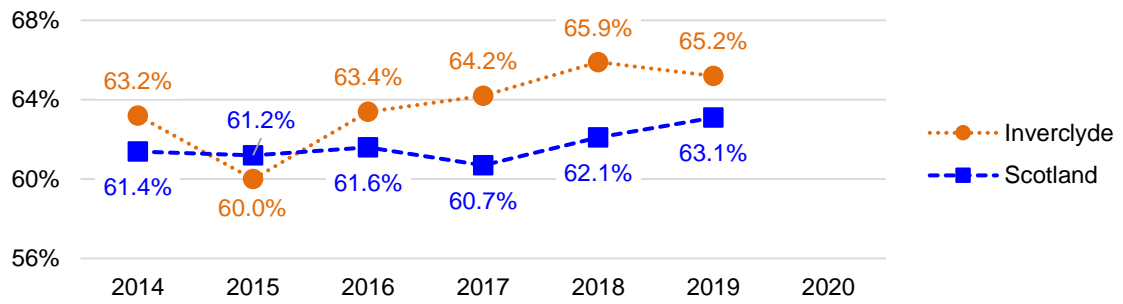


Even though our performance dropped from a high of 91.7%, we continue to do well and this reflects the strong partnership working between HSCP and our local care provider organisations.

Percentage of adults with intensive care needs receiving care at home

18

Higher figures = Better performance

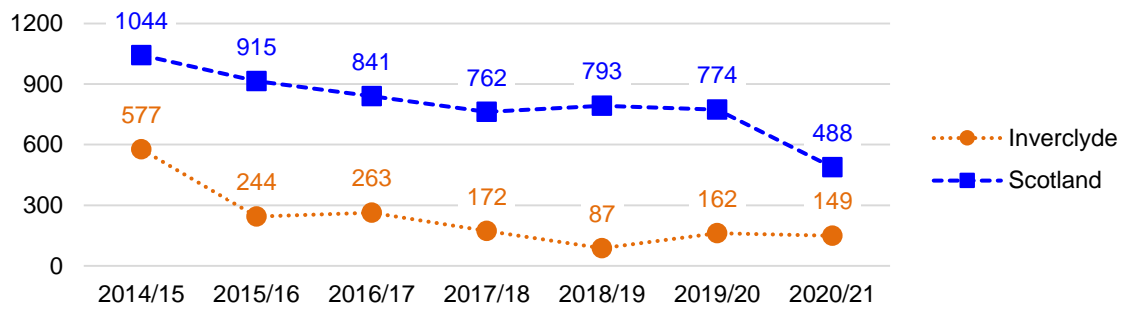


We have seen a sustained improvement in performance and we aim to further increase this.

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

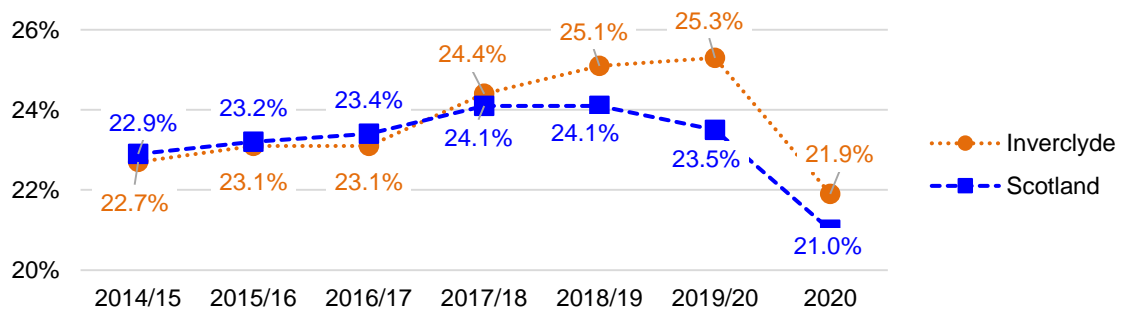


Inverclyde performance on delayed discharge is regularly the best in Scotland and significantly better than the Scottish average.

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

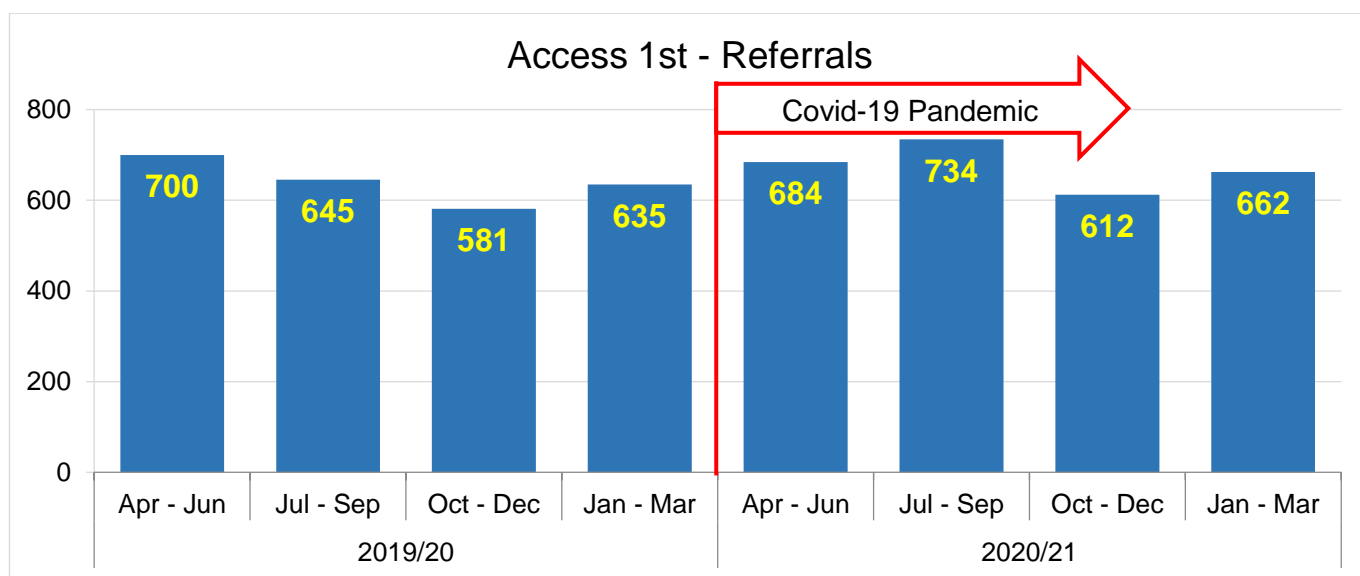
note 1: Calendar year 2020 is used here as a proxy for 2020/21 due to the national data for 2020/21 being incomplete. We have done this following guidance from Public Health Scotland and to improve consistency between our report and those for other Health and Social Care Partnerships. Please note that 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.

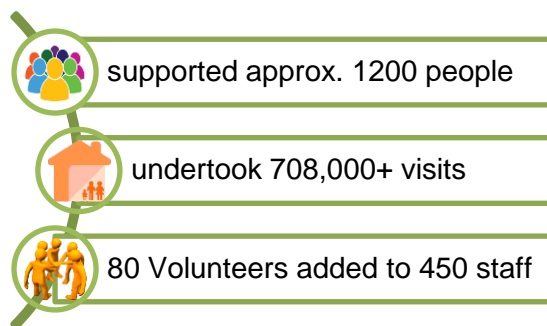
Our aim is to ensure every Service User is seen by the right person at the right time and in the right place with our emphasis being on seeing more people at home or in other community settings when it is safe and appropriate to do so. When hospital level care is required then we ensure that appropriate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

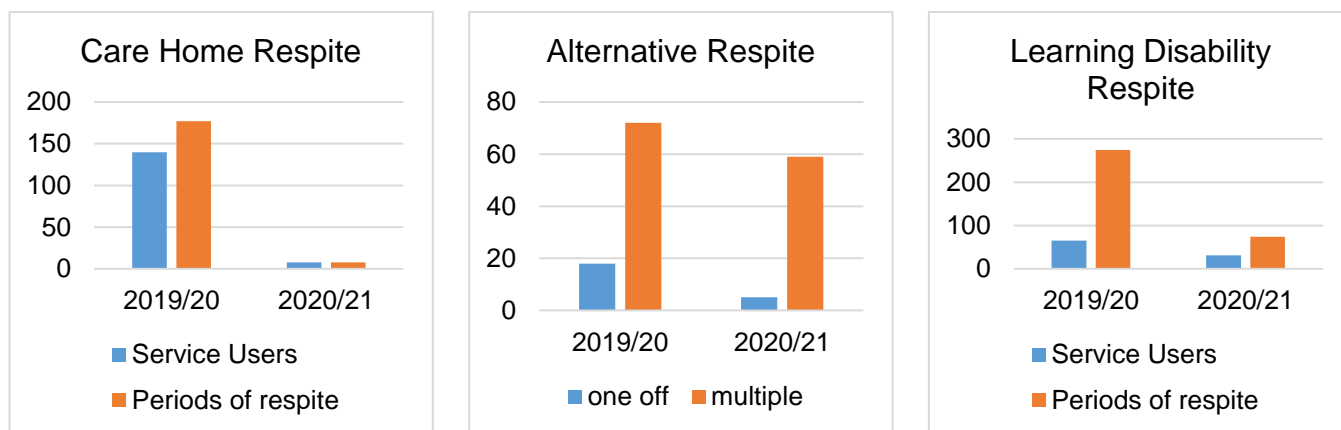
## Carers

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.



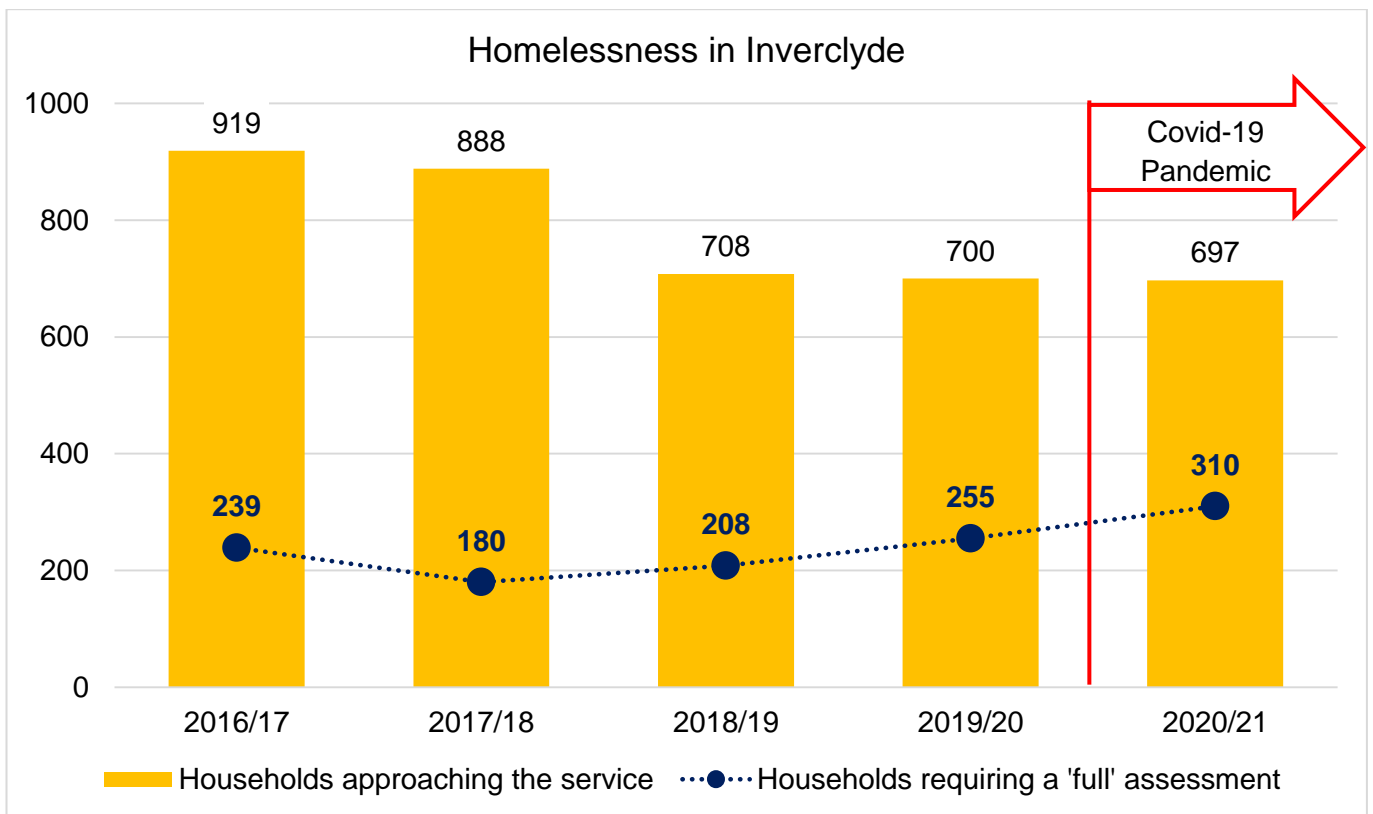
Although tasks in relation to Covid-19 were a priority for the team; 38 contract awards were made from April 2020 to March 2021, and market facilitation events have taken place in relation to the future contracting of Homecare, Daycare and Supported Living Services in Inverclyde.

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)

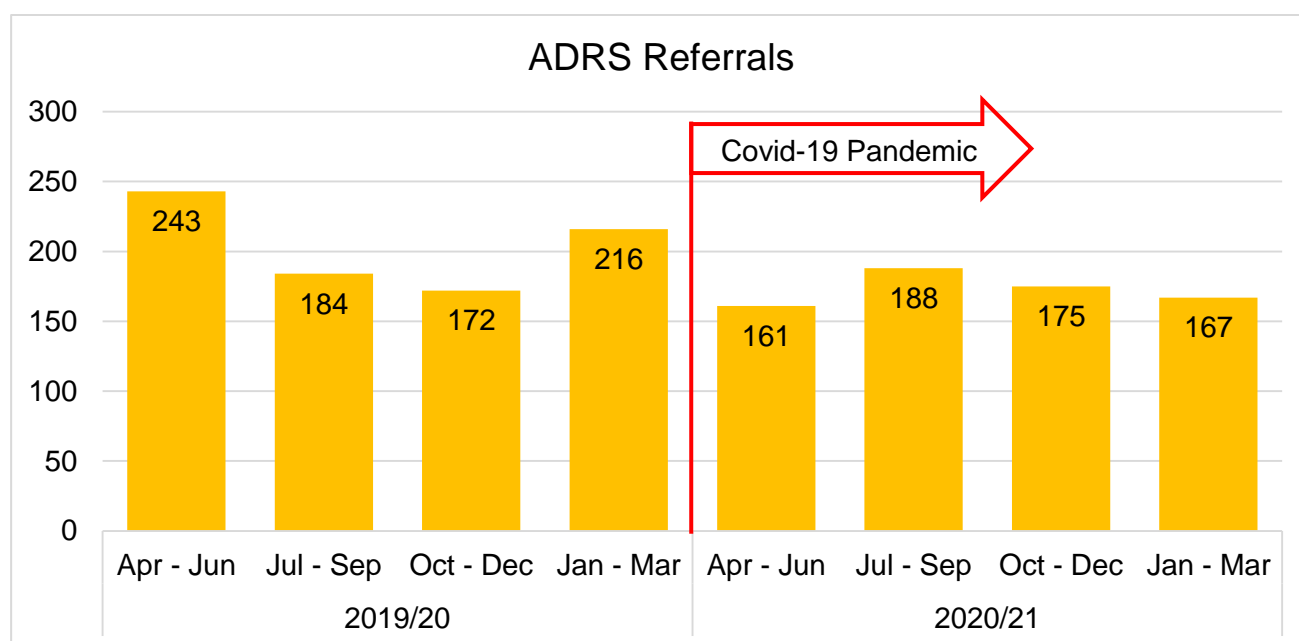
The Inverclyde Alcohol and Drug Recovery Service was part way through a service redesign at the beginning of the pandemic which was then paused. All staff from all functions of the service were brought into a centralised hub model to ensure oversight and risk assessment of all cases, overseen by Team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



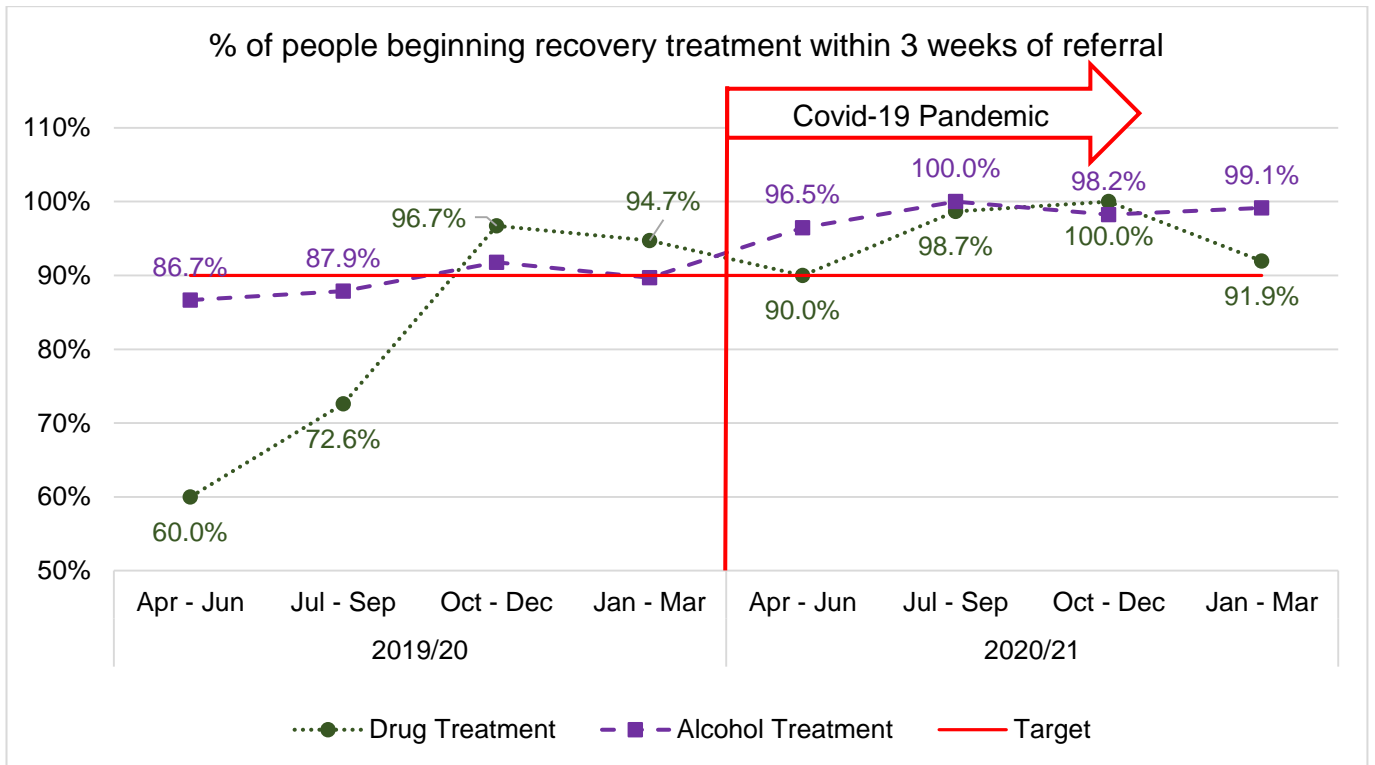
Source: SDMD (Scottish Drug Misuse Database)



## 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.

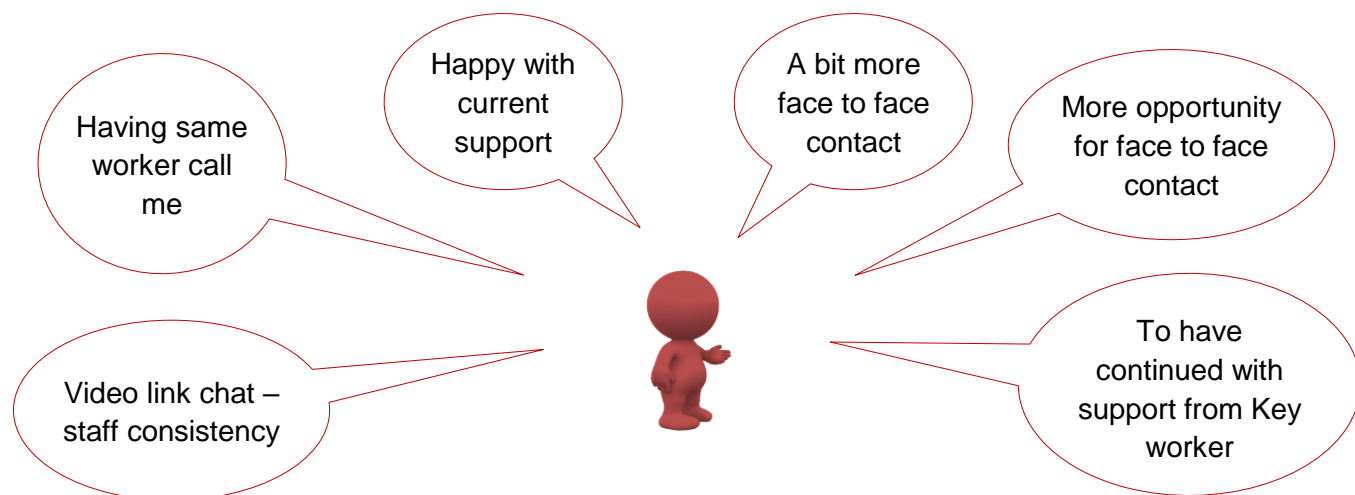


Source: SDMD (Scottish Drug Misuse Database)

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?

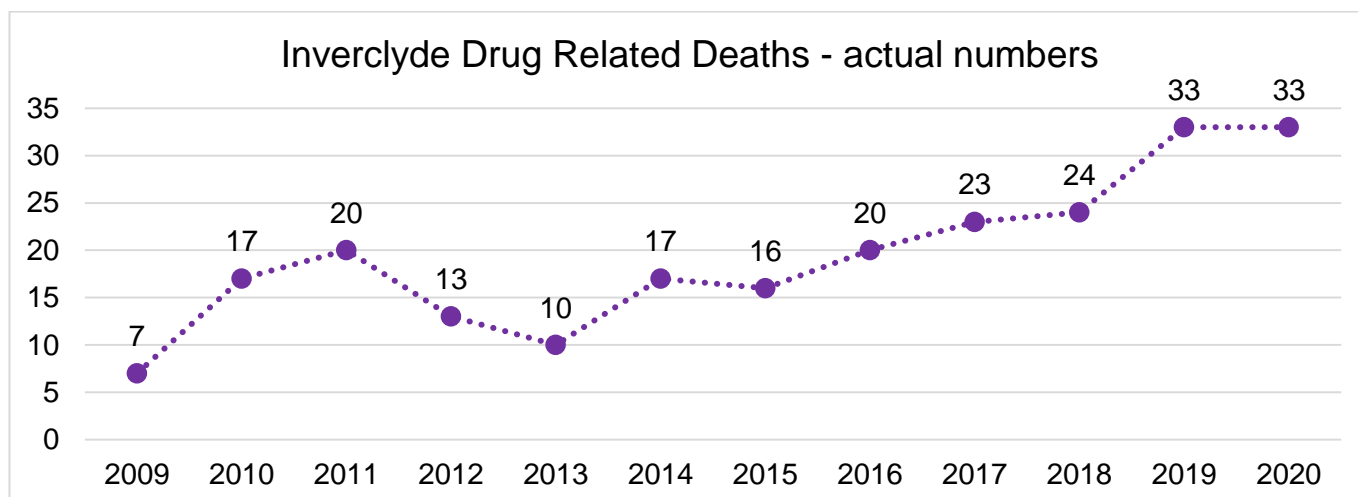
Q4: What do you feel could have been better?



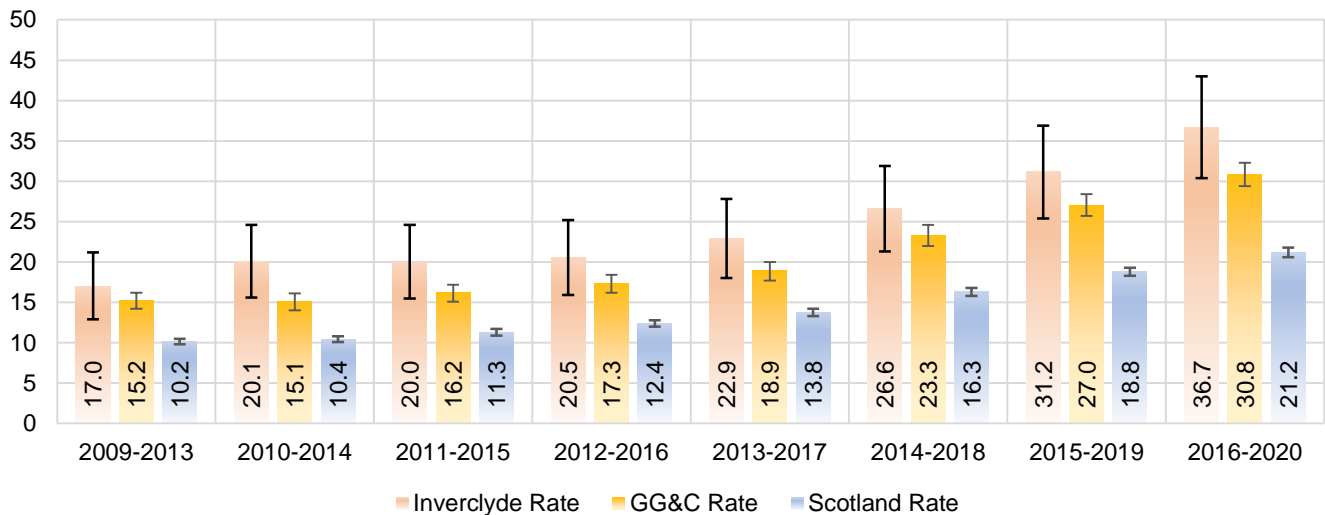
**Drug related deaths**

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.

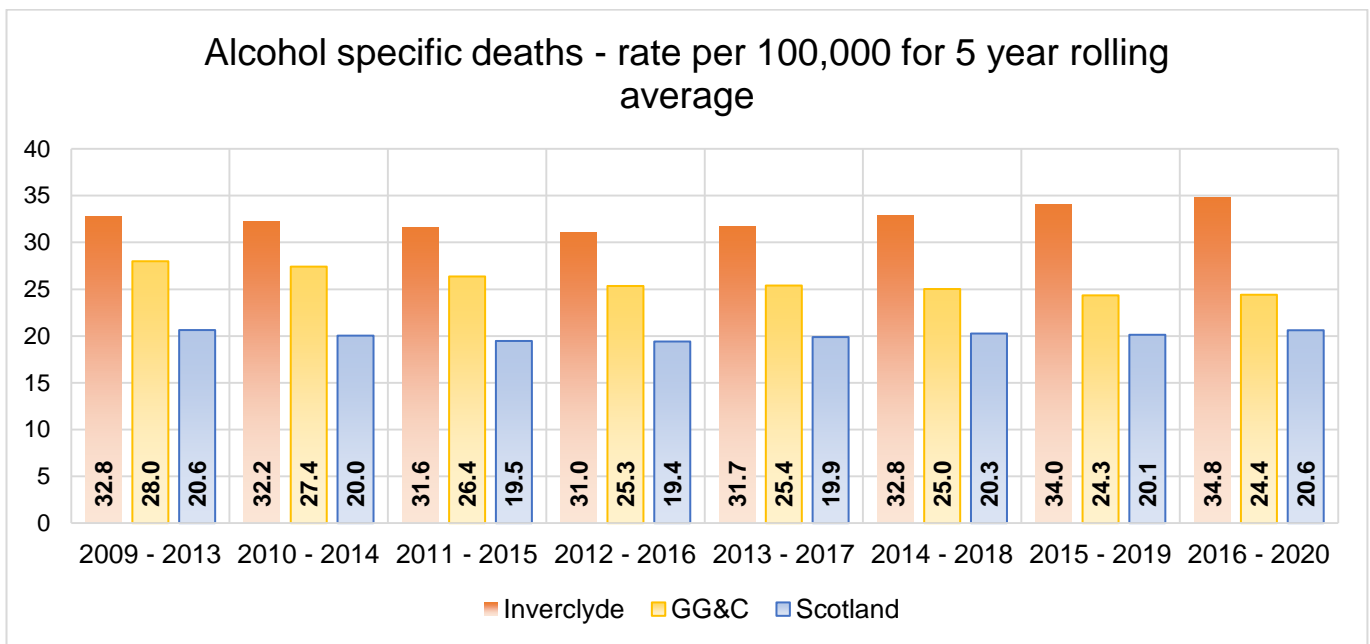
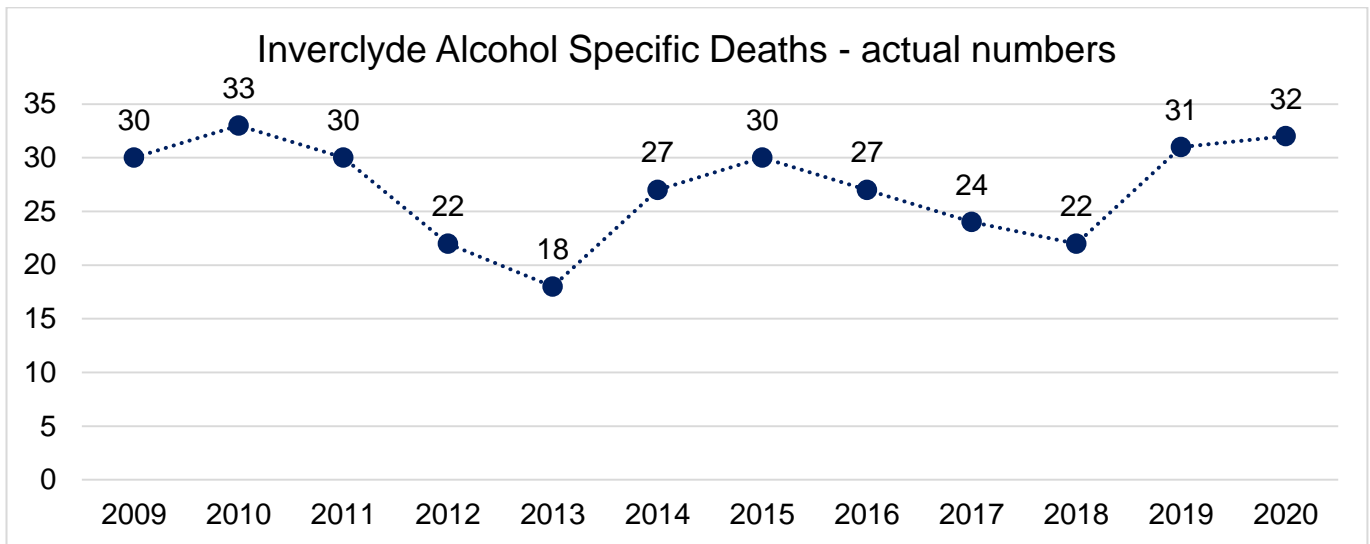
A key priority in Inverclyde’s Anti-Poverty Strategy is to use funding to undertake an employability pilot, targeting a cohort of 20-30 year old males who are unemployed with alcohol or drug dependencies. This pilot will initially target Greenock Town Centre followed by a second phase targeting Port 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.

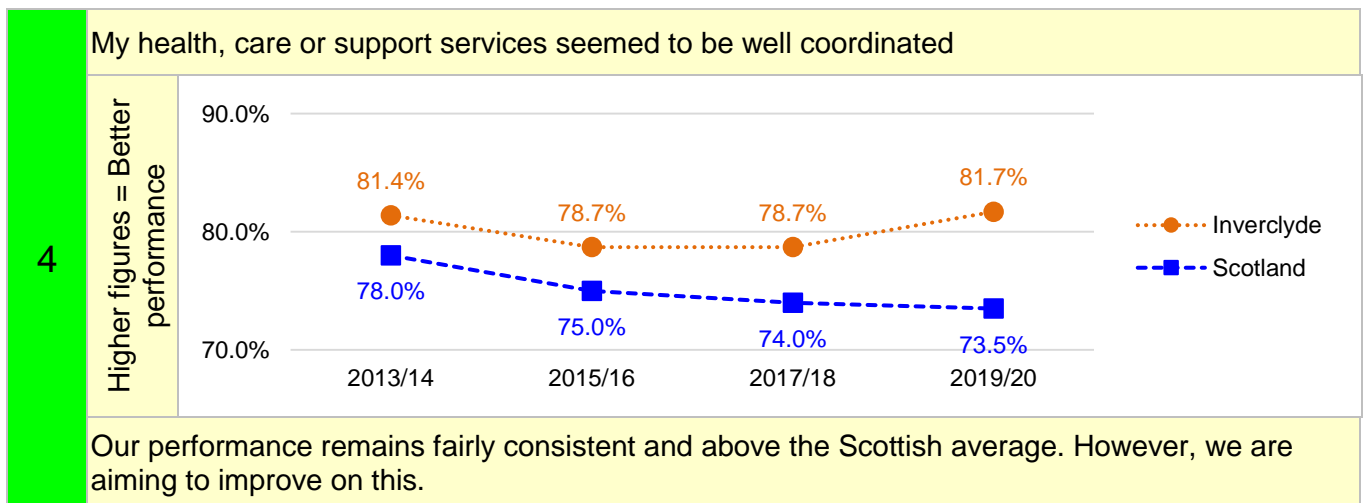
## Big Action 6 - We will build on the strengths of our people and our community

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



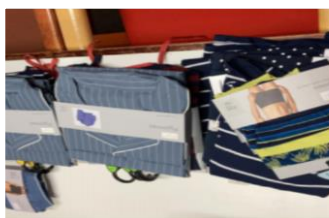
**New Mum Companions**

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

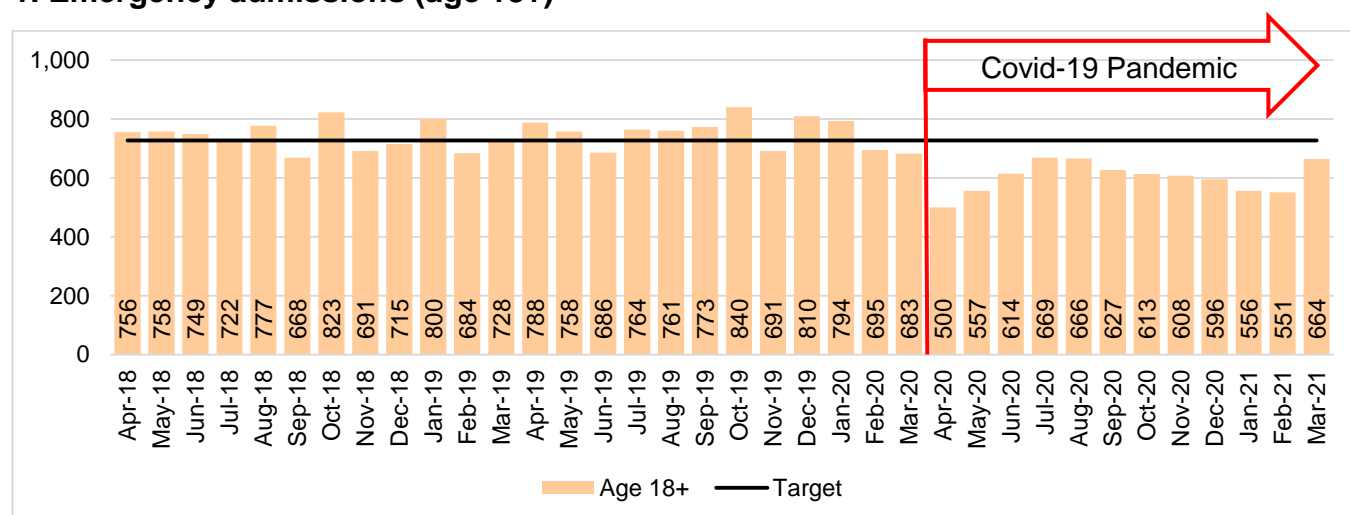
In recent years unscheduled care services in Greater Glasgow & Clyde have faced an unprecedented level of demand. The health and social care system, including primary and social care, has not seen such consistently high levels of demand before. While we perform well compared to other health and social 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+)

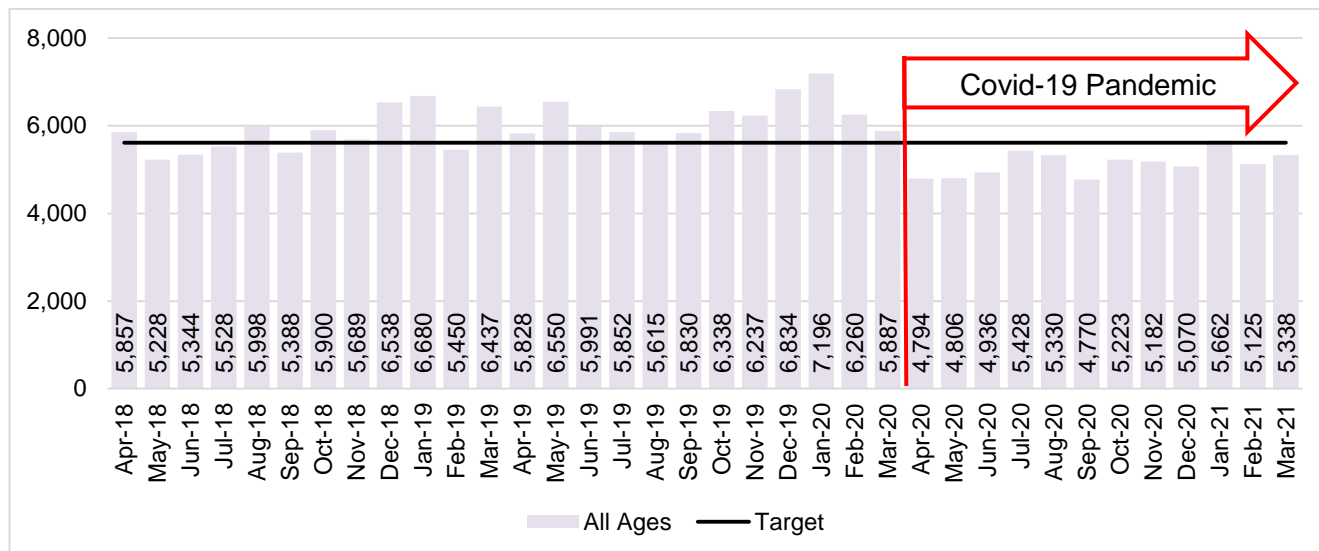


Lower numbers = better performance

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)

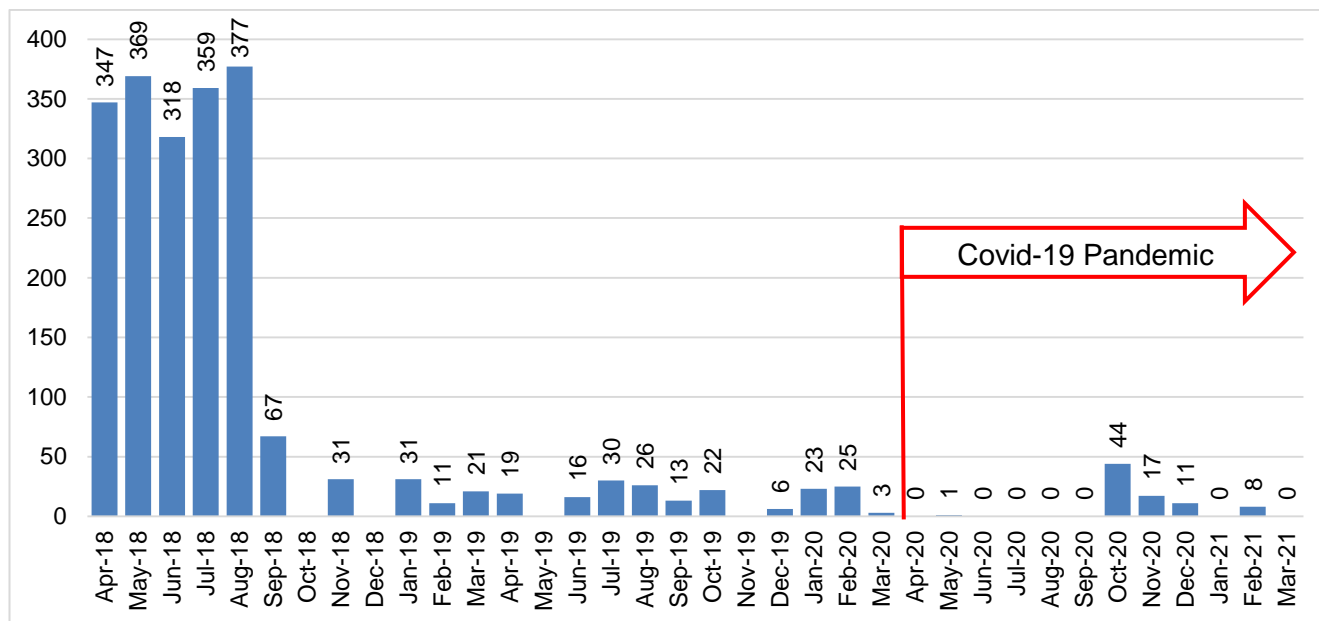


Lower numbers = better performance

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)

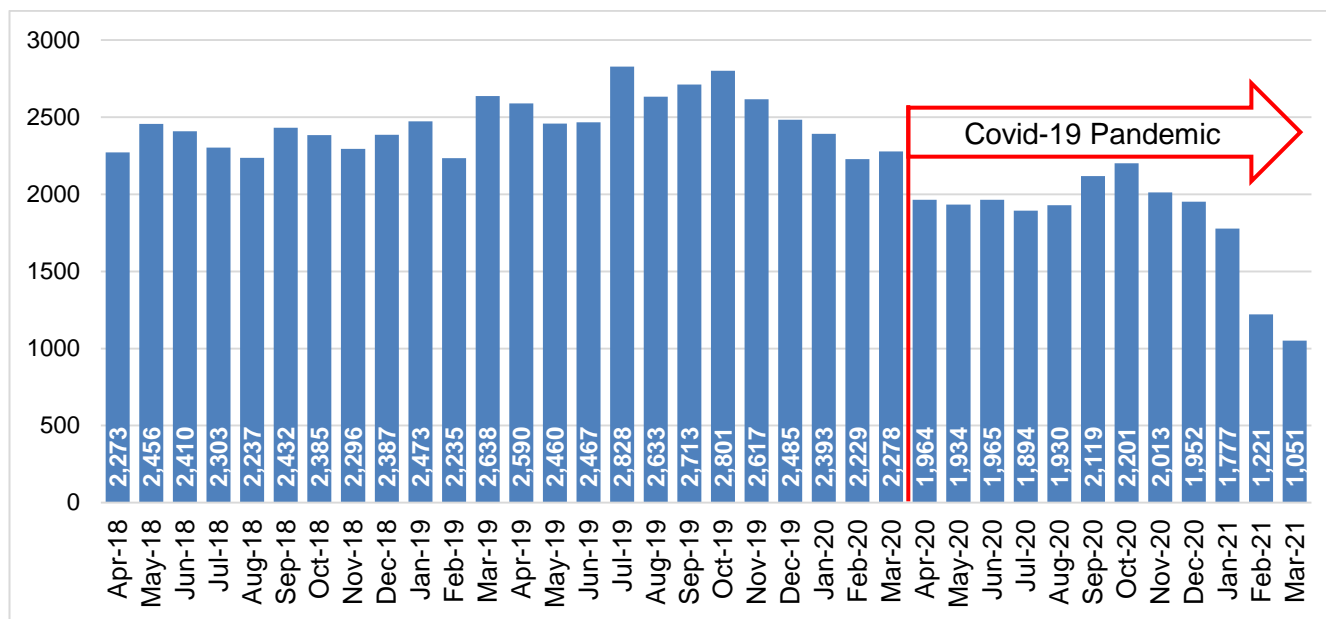


Lower numbers = better performance

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.

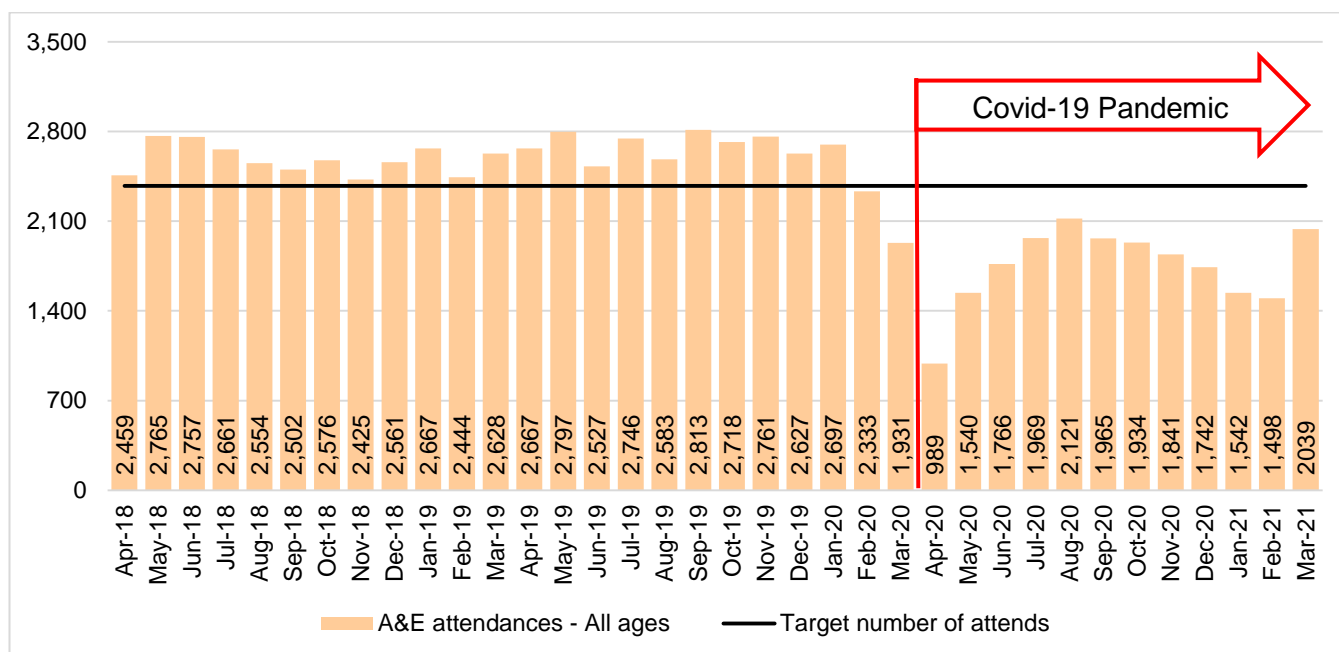
### 2c. Unplanned bed days – Mental Health (all ages)



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)

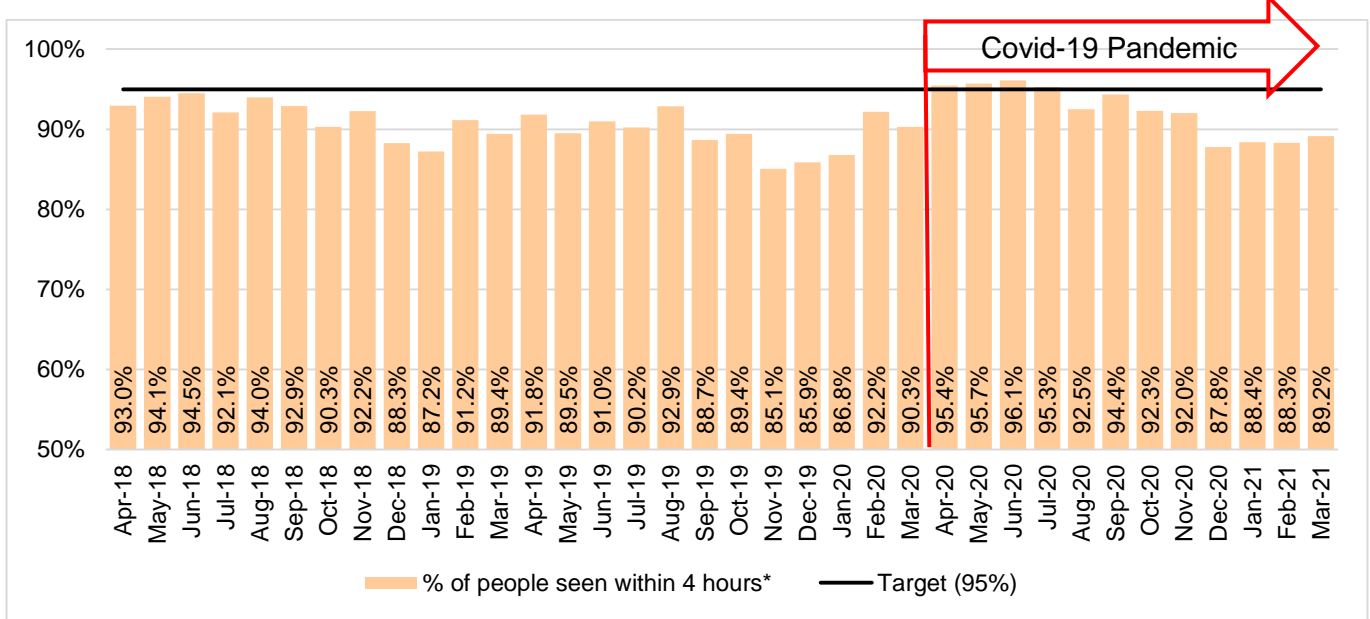


Lower numbers = better performance

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\*

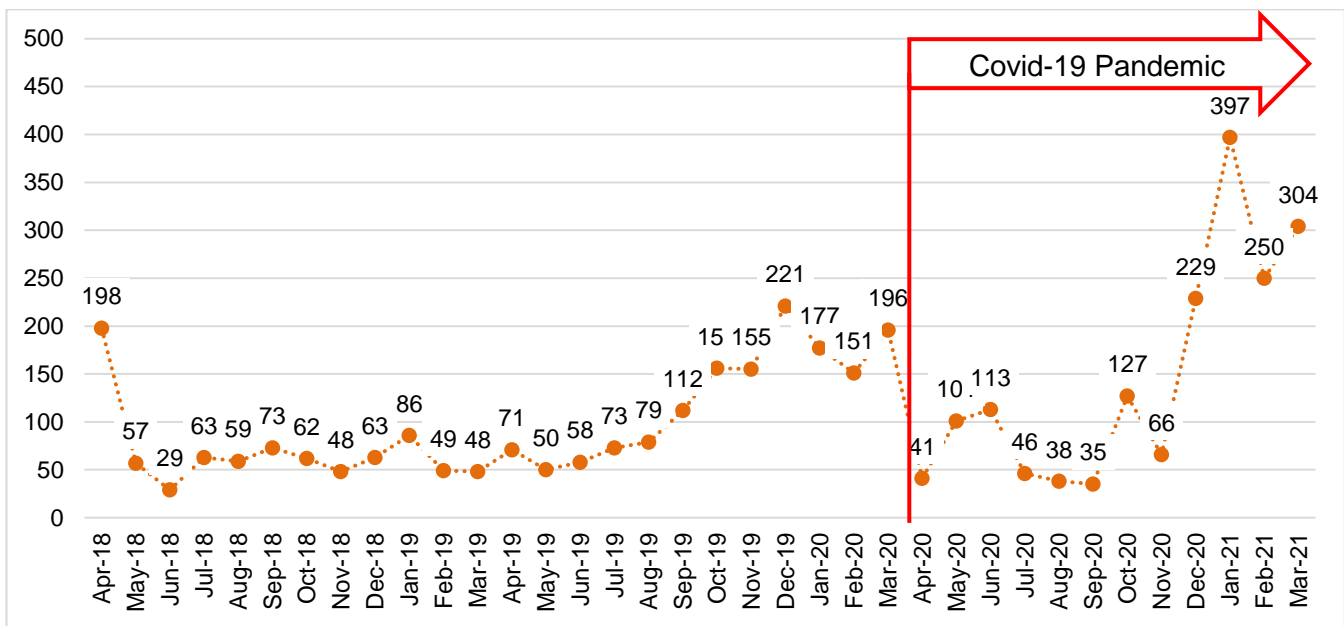


Higher % = better performance

\* 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

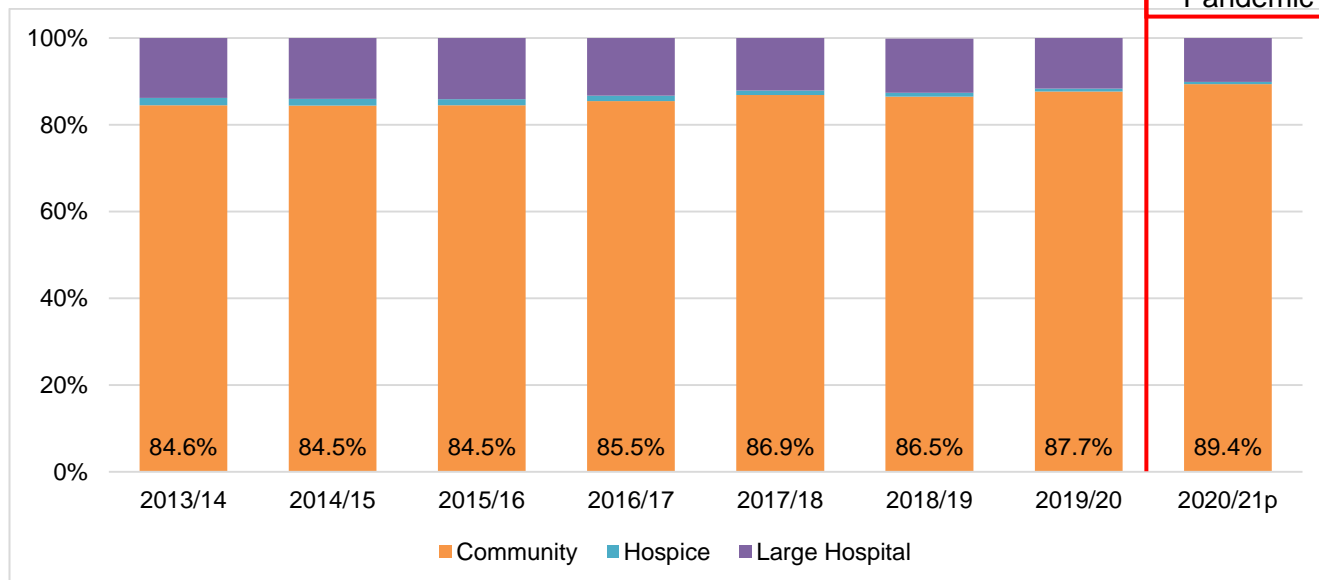
The total number of delayed discharge bed days for 2020/21 was 1,747 representing a 16.5% increase on the previous period (2019/20) total of 1,499.

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.



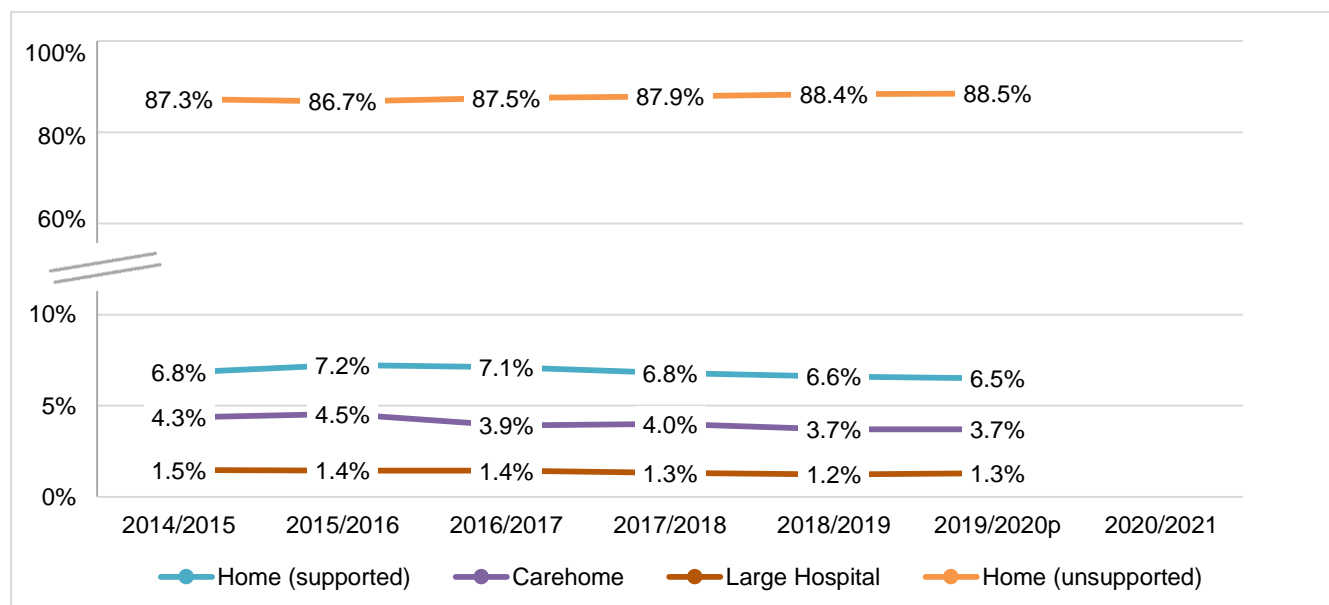
### 5. % of Last Six Months of Life by Setting (all ages)

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.

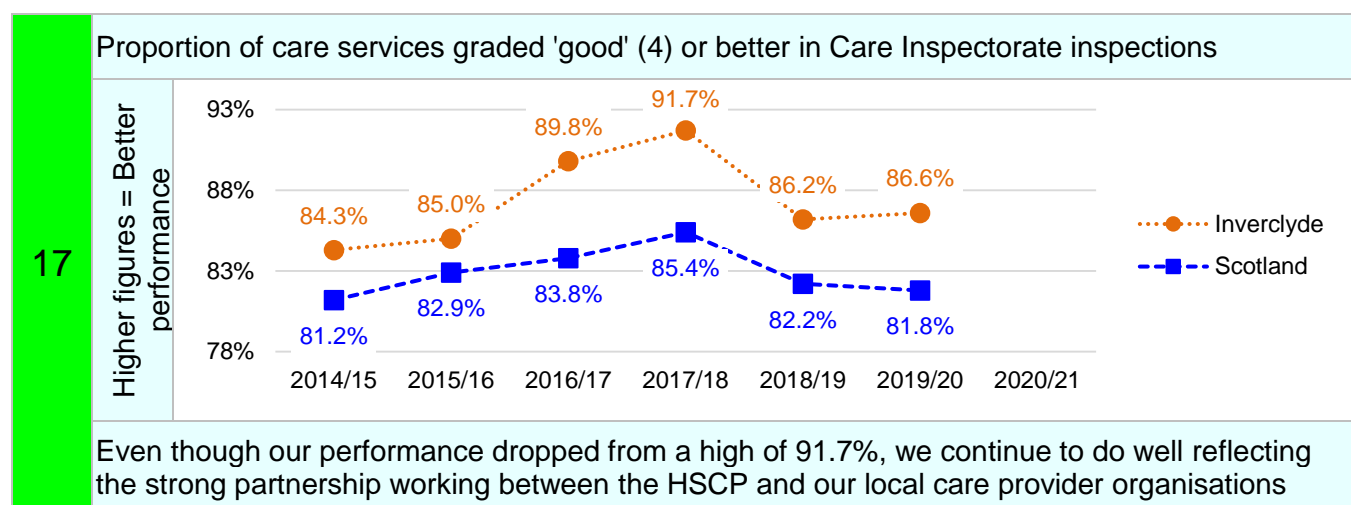
### 6. Balance of care: Percentage of population in community or institutional settings (age 65+)



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.



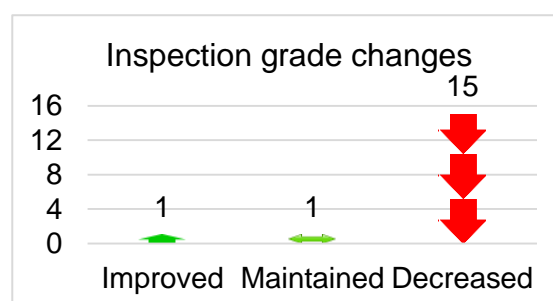
This new Care Inspectorate regime throughout Covid-19 resulted in 17 local providers being inspected in 2020/2021 with some providers being inspected more than once resulting in 27 inspections taking place.

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.

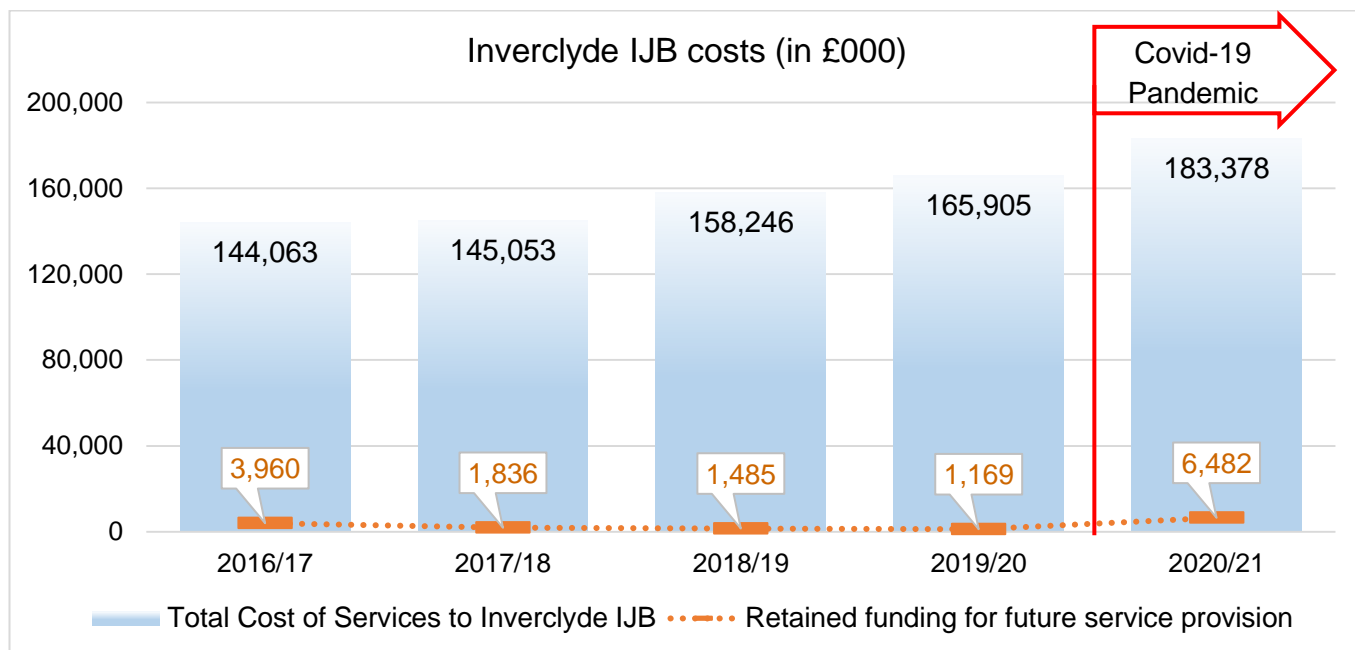
The plan will be for each hub to have a set number of care homes with additional administration and commissioning support, infection control, care home liaison, practice development senior nurses and pharmacist/ Pharmacy Technicians who will support the range of actions and activity required. For example, 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

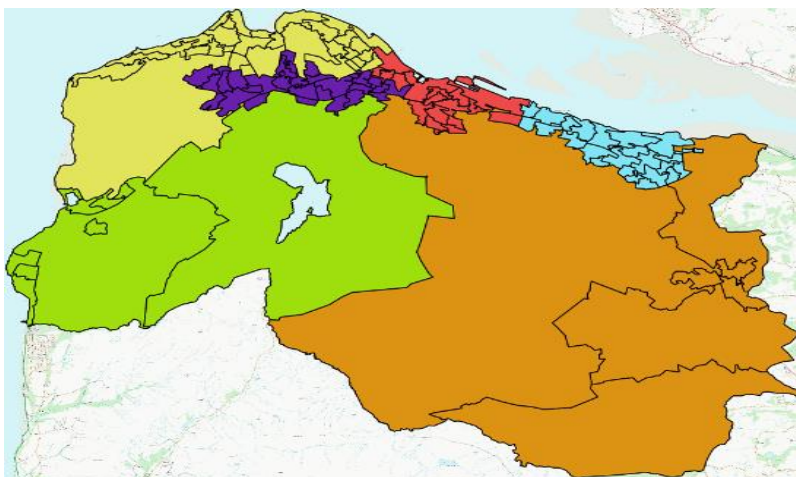
2020/21 - variance is higher than anticipated, as a result of underspends on services due to Covid-19 pandemic and delays on some projects funded through reserves, delay in filling vacancies and additional funding for Covid-19 pandemic costs received in 2020/21, being carried forward to reserves for 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.hearnton@inverclyde.gov.uk](mailto:Vivienne.hearnton@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
Kilmacolm & 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 formacie 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۔

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INVERCLYDE  
**HSCP**  
Health and Social  
Care Partnership



**Inverclyde**  
council

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

**Report By:** Allen Stevenson      **Report No:** IJB/37/2021/AS  
Interim Chief Officer  
Inverclyde Health & Social Care  
Partnership

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

**Subject:**      **UPDATE ON IMPLEMENTATION OF PRIMARY CARE  
IMPROVEMENT PLAN**

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## **1.0 PURPOSE**

- 1.1 The purpose of this report is to update the Integration Joint Board on progress and the financial plans associated with implementation of the Primary Care Improvement Plan.

## **2.0 SUMMARY**

- 2.1 A report was presented to the Integration Joint Board in May 2021 outlining challenges faced with regard to implementing the Memorandum of Understanding (MOU) and updating on the joint letter from Scottish Government and British Medical Association received in December 2020.
- 2.2 Subsequently, an updated Memorandum of Understanding (MOU 2) was published in August 2021. This confirms the priorities outlined in the December 2020 letter and states that Scottish Government and Scottish General Practitioners Committee will develop principles on how transitional arrangements and payments will work by the end of summer 2021.
- 2.3 Since the last update the HSCP has collated feedback from all GP practices and progressed plans around Vaccinations, Urgent Care and Community Treatment and Care Services.

## **3.0 RECOMMENDATIONS**

- 3.1 The Integration Joint Board note the update and plans for financial balance.
- 3.2 The Integration Joint Board agree the current plans for implementation of the Primary Care Improvement Plan.

## 4.0 BACKGROUND

- 4.1 In May 2021 the Integration Joint Board was updated on the challenges to implementation of the Primary Care Improvement Plan including factors associated with the Covid pandemic, recruitment, retention and finance.
- 4.2 In December 2020 the Scottish Government and BMA issued the “Joint Letter- the GMS Contract Update for 2021/22 and Beyond” and this has now been followed up with the MOU2. The MOU2 confirms the ongoing commitment to all six original MOU areas but with a clear focus on the three key areas of Vaccination Transformation Programme, Pharmacotherapy and Community Treatment and Care Services during 2021/22. The MOU2 is also clear on the requirement to ensure primary care improvement is closely connected to other improvement programmes and investment streams such as Mental Health (Action 15) and unscheduled care.
- 4.3 The MOU2 does not provide any further clarity on the nature of proposed transitional payments introduced in the December 2020 letter and this is now expected by the end of summer 2021. Such payments will be expected where practices do not benefit from implementation of the prioritised commitments by the end of this financial year.
- 4.4 A review of our existing plan has taken place in conjunction with local GPs and the local LMC representative.

Key things practices told us:

- Continue to roll out Advanced Nurse Practitioners (ANPs) in support of urgent care and consider whether other models of delivery not limited to home visiting may be appropriate
- There was general support for developing a Pharmacotherapy hub to deliver level 1 services however some practices expressed concerns. GPs wish to have Pharmacotherapy services expanded urgently.
- There is support for providing health care Support Workers (HCSW) to work within practices to deliver phlebotomy and some other chronic disease functions. GPs also want to see expansion of CTAC services urgently.
- All practices wish to see further roll out of the Advanced Practice Physiotherapy roles however most practices are happy to see a different model developed such as a hub or telephone advice service.
- Review the Distress Brief Interventions Service after the summer to consider if this is providing the expected outcomes and review long term funding commitment for the PCIF.

### 4.5 Updates to delivery of priority areas

#### The Vaccination Transformation Programme (VTP)

GP practices across NHSGG&C will no longer be the default providers of flu and Covid 3<sup>rd</sup> dose vaccinations. The HSCP will remain responsible for delivering vaccinations to housebound individuals and the board will remain responsible for all other groups either through mass clinic venues or specialist teams/ services (eg. Maternity services or children's teams). Recruitment to a vaccination team including a lead nurse and business support is underway. This will initially be on a fixed term 6 month basis and will allow time for us to consider how we implement this on a permanent basis in future. The delivery of Covid 3<sup>rd</sup> doses and the extended flu cohorts require additional funding from Scottish Government as these were not part of the originally agreed VTP.

A once for Scotland solution for travel health will be developed by the national Travel Health sub-group.

#### 4.6 Pharmacotherapy Services

We continue to explore all available opportunities for skill-mix and the development of a hub for Level 1 workload which would provide economy of scale and better use of technician level staff, freeing up capacity to ensure full implementation of Level 1 workload and providing additional cover for practices when staff are on leave. This will enable renewed focus on level 2 and 3 implementation. A board- wide Task and Finish group and a local working group have been convened however Pharmacotherapy remains our most significant delivery challenge both from a financial and a staff recruitment and retention aspect we continue to see significant impact of staff turnover and maternity leave. The most up to date modelling provided by NHSGG&C Pharmacy Directorate suggests we would require in the region of £2m to deliver the full MOU commitments against a total Inverclyde Primary Care Improvement Fund of £2.5m. Pharmacotherapy spend currently accounts for almost ¼ of total PCIP spend and this would be an increase of 3 ½ times the current spend.

#### 4.7 Community Treatment & Care Services (CTAC)

A stock take of progress following implementation of the Treatment Room review and impact of Covid on clinical delivery has been undertaken and a working group and development plan are in place. Recruitment is underway for HCSW and Nurse lead posts and we are now testing our model of delivering phlebotomy in practices. Planned building works within Gourock Health Centre are almost complete and works will commence in Port Glasgow to upgrade the Lithgow Wing to provide 4 additional rooms. Additional business support and nursing posts will be advertised to support this expansion. It is difficult to quantify the amount of workload and appointments which we require to shift from practices as general practice data remains difficult to obtain and demand across practices fluctuates however we will keep our planned model under review via the working group.

#### 4.8 Urgent Care (Advanced Practitioners)

Recruitment is underway for a Lead ANP and once this is complete we will begin to advertise the remaining posts and hope to achieve full complement by the end of the financial year. How these will be deployed and the speed at which we can progress our plans to provide additional home visiting and consider other options will largely depend on the outcome of recruitment to qualified or trainee posts and the level of support and development these clinicians will require. We had hoped with the addition of the Lead ANP post, to increase our compliment of ANPs from 7.5wte to 8.5wte however funding does not allow for this (section 5.1)

#### 4.9 **Updates to delivery of non-priority areas for 21/22 and future years**

##### Additional Professionals -Advanced Physiotherapy Practitioners

Eight of our thirteen practices currently have access to this service and we will not prioritise further roll out at this time as per the MOU2. As with other HSCPs, we are engaging with the board Physiotherapy leads to explore future options for this service.

##### 4.9.1 Additional Professionals – Mental Health

The Distress Brief Interventions (DBI) service is currently being delivered by SAMH and NHSGG&C have indicated that full commissioning of this cannot take place until 2023 when their capacity allows. The implementation group will provide an evaluation before the end of 2021 and we will consider this along with Mental Health colleagues in relation to agreeing options for longer term funding.

#### 4.10 Community Link Workers (CLW)

No Change- Community Link Workers remain in place via the commissioned CVS Inverclyde service within all 13 practices. Funding for Welfare Rights officers is being made available from Scottish Government to support nine out of the thirteen practices.

## 5.0 IMPLICATIONS

### 5.1 FINANCE

Inverclyde was expected to receive £2,557,000 Primary Care Improvement Fund in 21/22 however our actual allocation due to a change in NRAC is £2,527,000. This has been raised as a concern nationally by Chief Financial Officers and LMC representatives as funding and associated spend was set according to a 5 year plan which was not expected to change.

Earmarked reserve and part year costs of posts mean that in 21/22 we will achieve financial balance however detailed planning by Inverclyde HSCP taking in to account full delivery of all MOU commitments including the updated planning provided by Pharmacy shows that going forward we would require an estimated full year spend of £4.3m (below) against funding of £2,527,000. This was reported to Scottish Government via the PCIP tracker as the required level of funding for Inverclyde HSCP.

#### **Estimated Costs of Full Delivery of all MOU commitments**

<b>SERVICE/ OTHER</b>	<b>Estimated Full Year Cost £</b>
Vaccination Transformation Programme	350,597
Pharmacy	2,116,728
Advanced Physiotherapy	278,885
Phlebotomy CTAC	599,621
Advanced Nurse Practitioner	570,683
Community Links Workers	267,475
Supervision and management	91,895
Mental Health	50,000
<b>ESTIMATED SPEND</b>	<b>4,325,883</b>

5.1.1 In order to achieve financial balance we propose to:

- Hold any further development of Advanced Physiotherapists
- Prioritise the development of the Pharmacotherapy Level 1 hub, releasing efficiencies to increase delivery of Level 2 & 3 service and acknowledge that we will be unable to invest further in Pharmacotherapy
- Keep ANP compliment at 7.5wte, do not increase to 8.5wte
- Develop and review CTAC services model via working group and where possible reduce costs by continuing to refine staffing model over next 6 months
- Review the outcomes associated with the DBI service and consider long term funding arrangements with mental health services

As already highlighted, the unexpected reduction in NRAC funding of £30,000 is also impacting our ability to achieve financial balance therefore if we continue to fund the DBI service in the long term from PCIF this delivers a future overspend of £50,000 as below. If we agree with mental health services to continue to fund this service then we will be required to further cap planned posts/ developments within CTAC and ANP.

**Current Proposed Delivery Option**

<b>SERVICE/ OTHER</b>	<b>Estimated Full Year Cost £</b>
Vaccination Transformation Programme	350,597
Pharmacotherapy	608,177
Advanced Physiotherapy	177,618
Phlebotomy CTAC	556,505
Advanced Nurse Practitioner	504,668
Community Links Workers	267,475
Supervision and management	91,895
Mental Health	50,000
<b>ESTIMATED SPEND</b>	<b>2,606,934</b>
<b>PCIF</b>	<b>2,557,000</b>
<b>OVERSPEND</b>	<b>49,934</b>

**LEGAL**

5.2 There are no legal issues raised in this report.

**HUMAN RESOURCES**

5.3 Workforce remains a significant challenge which PCIP leads have raised consistently with Scottish Government over the past three years. MOU2 states a Task and Finish group will be convened to oversee planning and pipeline projections.

**EQUALITIES**

5.4 Has an Equality Impact Assessment been carried out?

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

5.4.2 How does this report address our Equality Outcomes?

<b>Equalities Outcome</b>	<b>Implications</b>
People, including individuals from the above protected characteristic groups, can access HSCP services.	Through better availability and signposting of the range of primary care support/ professionals, availability of appointments with the



	right profession at the right time should improve.
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	None
People with protected characteristics feel safe within their communities.	None
People with protected characteristics feel included in the planning and developing of services.	None
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	None
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	None
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	Specific education and sessions around the range of primary care services is underway.

## CLINICAL OR CARE GOVERNANCE IMPLICATIONS

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

## 5.6 NATIONAL WELLBEING OUTCOMES

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

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	Through better availability and signposting of the range of primary care support/ professionals, availability of appointments with the right profession at the right time
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	A wider MDT approach with additional/ extended skills to positively supporting individuals.
People who use health and social care services have positive experiences of those services, and have their dignity respected.	Improved access to a wider range of professionals and education on services available within the wider primary care/ community setting.
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Improved access to a wider range of professionals and education on services available within the wider primary care/ community setting.
Health and social care services contribute to reducing health inequalities.	Improved access and support within the communities with greatest need.

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

## 6.0 DIRECTIONS

6.1

<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	

## 7.0 CONSULTATION

7.1 This report has been prepared by the Chief Officer, Inverclyde Health and Social Care Partnership (HSCP) after due consultation with

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

## 8.0 BACKGROUND PAPERS

8.1 Memorandum of Understanding 2

## Memorandum of Understanding (MoU) 2

### **GMS Contract Implementation for Primary Care Improvement – Agreement between Scottish Government, British Medical Association (BMA), Integration Authorities (IAs) and NHS Boards**

#### **Introduction**

The 2018 GP Contract Offer (“the Contract Offer”) and its associated Memorandum of Understanding (“MoU”) was a landmark in the reform of primary care in Scotland. The principles and values expressed in it remain undiminished, and three years on we now have considerable learning and experience to draw on to inform this next iteration of the MoU. Our key aim remains expanding and enhancing multidisciplinary team working to help support the role of GPs as Expert Medical Generalists, to improve patient outcomes. We remain committed to a vision of general practice and primary care being at the heart of the healthcare system where multidisciplinary teams come together to inform, empower, and deliver services in communities for those people in need of care.

This revised MoU for the period 2021-2023 between the Scottish Government, the Scottish General Practitioners Committee of the British Medical Association (SGPC), Integration Authorities and NHS Boards refreshes the previous [MoU](#) between these parties signed on 10 December 2017. The MoU Parties recognise we have achieved a great deal and it is important we do not lose sight of that. But we must recognise we still have a considerable way to go to fully deliver the GP Contract Offer commitments originally intended to be delivered by April 2021. It also reflects the early lessons as we continue to respond collectively to the Covid-19 pandemic, recognising the full extent of its impact is still to be understood. While this MoU runs until 31 March 2023, the National GMS Oversight Group will review progress in March 2022 to ensure it remains responsive to the latest situation.

The focus of this renewed Memorandum of Understanding remains the delivery of the General Practice Contract Offer, specifically the transfer of the provision of services from general practice to HSCP/Health Boards. Delivery of the GP Contract Offer should be considered in the wider context of the Scottish Government’s remobilisation and change programme across the Scottish national health and social care landscape, including the four overarching Care and Wellbeing Programmes and the National Care Service (NCS). These programmes encompass Place, Preventative and Proactive Care, Unscheduled and Integrated Planned Care and together with the NCS seek to improve national system wide outcomes for population health, connect better with citizens and remove silos between health and other public sector bodies, and reduce health inequalities. The National GMS Oversight Group will consider at a national level the synergies between these Programmes of work and delivery of the GP Contract Offer. The National GMS Oversight Group will proactively develop policy and funding proposals to improve healthcare system co-ordination, collaboration, and patient outcomes.

## Priorities

### Multidisciplinary Team – Prioritised Services for 2021/22

Implementation of multidisciplinary team working should remain underpinned by the seven key principles outlined in the previous MoU: safe, person-centred, equitable, outcome focussed, effective, sustainable, affordable and value for money.

All six MoU areas remain areas of focus for the MoU signatories. However, following the joint SG/SGPC letter of December 2020, the parties acknowledge that the focus for 2021-22 should be on the following three services.

### Vaccination Transformation Programme

GP practices will not provide any vaccinations under their core contract from 1 April 2022. All vaccines provided under Additional Services will be removed from the Additional Services Schedules of the GMS Contract and PMS Agreement regulations in October 2021. All historic income from vaccinations will transfer to the Global Sum in April 2022 including that from the five historic vaccination Directed Enhanced Services. The Vaccine and Immunisations Additional Service is broader than the Travel Vaccinations that are part of the Vaccination Transformation Programme. The Travel Health sub-group will consider how these remaining vaccinations<sup>1</sup> will be transferred from GP delivery.

Boards have assumed overall logistical responsibility for implementing vaccination programmes, facilitated through national digital solutions such as the vaccination management tool and NVSS appointment system. Learning from the delivery of last year's adult seasonal flu and pneumococcal programme, as well as the ongoing Covid-19 vaccination programme, should be capitalised on to ensure the implementation of the programme in full by April 2022.

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<sup>1</sup> Note that additional service vaccines relate only and specifically to:

Anthrax – to be offered to those identified as coming into contact with an identifiable risk of Anthrax, mainly those coming into contact with imported animal products

Hepatitis A – for those in residential care or an educational establishment who risk exposure if immunisation is recommended by the local director of public health

Measles, Mumps and Rubella (MMR) – For women who may become but are not pregnant and are sero-negative and for male staff working in ante-natal clinics who are sero-negative

Paratyphoid – Note no vaccine currently exists

Rabies (pre-exposure) – For lab workers handling rabies virus; bat handlers; and persons who regularly handle imported animals

Smallpox – Note the vaccine exists but is not available to contractors

Typhoid – For hospital doctors, nurses and other staff likely to come into contact with cases of typhoid and lab staff likely to handle material contaminated with typhoid organisms

Although general practice should not be the default provider of vaccinations, we understand that a very small number of practices may still be involved in the delivery of some vaccinations in 2022-23 and thereafter. There will be transitional service arrangements in the regulations for practices in areas where the programme is not fully complete as well as permanent arrangements for those remote practices, identified by the options appraisal, where there are no sustainable alternatives to practice delivery.

The Travel Health sub-group will be reconvened to develop a Once for Scotland solution with substantial input from local areas, particularly on delivery of travel vaccinations. This solution will be determined by October 2021 and put in place by April 2022. This will also be covered by transitional arrangements in the regulations.

GPs will retain responsibility for providing travel advice to patients where their clinical condition requires individual consideration.

### **Pharmacotherapy**

All parties acknowledge the progress that has been made with the majority of practices receiving some pharmacotherapy support.

Managing acute and repeat prescriptions, medicines reconciliation, and the use of serial prescribing (which form a substantive part of the level one service described in the GP Contract Offer) should be delivered principally by pharmacy technicians, pharmacy support workers, managerial, and administrative staff. Progress with all parts of the level one service should be prioritised to deliver a more manageable GP workload.

In tandem, focus on high-risk medicines and high risk patients, working with patients and using regular medication and polypharmacy reviews to ensure effective person-centred care are being delivered principally by pharmacists (the levels two and three described in the Contract Offer). This is helping manage this demand within GP practices and developing a sustainable service which will attract and retain pharmacists and further develop MDT working in Primary Care.

Whilst the Contract Offer and Joint Letter emphasise implementing the level one pharmacotherapy service, there are interdependencies between all three levels that require focus on the delivery of the pharmacotherapy service as a whole.

Regulations will be amended by Scottish Government in early 2022 so that NHS Boards are responsible for providing a pharmacotherapy service to patients and practices by April 2022. The use of medicines to treat and care for patients will remain an important part of GP work. The delivery of electronic prescribing is an essential requirement for all involved in prescribing, which will be prioritised by the ePharmacy Programme Board, supported by National Services Scotland and the NES Digital Service. Greater local standardisation and streamlining of prescribing processes in collaboration with GP subcommittees / Local Medical Committees will help enable delivery of a consistent service across practices. The national Pharmacotherapy Strategic Implementation Group will design and support the ongoing development of the pharmacotherapy service in line with existing contract

agreements, enabling a national direction of travel with local flexibility supported by agreed outcome measures. The group will develop guidance to clearly define GP, pharmacist, pharmacy technician, managerial and administrative staff roles in the overall prescribing process and will report to the National GMS Oversight Group. The guidance will be agreed with SGPC to ensure it is consistent with the requirements of the GMS contract agreements and will ultimately be ratified by the National GMS Oversight Group.

NHS Directors of Pharmacy, supported by National Education Service for Scotland, will support the delivery of national workforce plans that will reflect the staffing requirements of the pharmacotherapy service, in particular what is required for delivery of a level one service for each practice and the appropriate use and mix of skills by pharmacy professionals. This will be overseen by the Chief Pharmaceutical Officer and link into the wider Scottish Government workforce directorate plans

## **CTAC**

Regulations will be amended by Scottish Government in early 2022 so that Boards are responsible for providing a Community Treatment and Care service from April 2022.

These services will be designed locally, taking into account local population health needs, existing community services as well as what brings the most benefit to practices and patients.

The previous MoU outlined that Community Treatment and Care Services include, but are not limited to, phlebotomy, basic disease data collection and biometrics (such as blood pressure), chronic disease monitoring, the management of minor injuries and dressings, suture removal, ear syringing and some types of minor surgery as locally determined as being appropriate. Given this service draws primarily on a nursing workforce, local areas should also consider how CTAC services and the Vaccination Transformation Programme could be aligned to increase the pace of implementation and efficiency.

Healthcare Improvement Scotland will establish a CTAC implementation group to help build mutual understanding as well as share best practice in the delivery of CTAC services. This Group will report to the National GMS Oversight Group.

## **Other Multi-Disciplinary Team Services**

Plans for Urgent Care, Community Link Workers and Additional Professional roles should continue and services already in place should be maintained, but the expectation for 2021-22 is that their further development, where required, may progress at a slower pace to allow the commitments around VTP, CTAC and pharmacotherapy to be accelerated. Their development should also take into account wider system redesign, and opportunities to make connections and add value by exploring the joining up of pathways.

*Urgent Care* – The Scottish Government will bring forward secondary legislation so that Boards are responsible for providing an Urgent Care service from 2023-24.

Evidence from the Primary Care Improvement Plans suggests there is variation in how this service is being delivered.

Further guidance will be provided by the National GMS Oversight Group on delivery of this commitment in advance of April 2022. Consideration in particular will need to be given about how this commitment fits into the wider system Redesign of Urgent Care work currently in progress.

*Community Link Workers* – Link workers have proved valuable in helping deliver better patient outcomes, addressing financial exclusion and helping patients access support, particularly in areas of multiple deprivation, as well as improving linkages with the third sector. Consideration will need to be given by April 2022 as to how the Link Worker workforce interfaces with the Scottish Government’s commitment to delivering 1,000 Mental Health Link Workers by the end of this Parliament.

*Additional Professional Roles* – MoU Parties will consider how best to develop the additional professional roles element of the MoU by the end of 2021. In particular with Mental Health, there is a need to consider how PCIF funded posts interface with Action 15 funded posts as well as new policy commitments for mental health. The Primary Care Mental Health Development group in Scottish Government is taking this consideration forward. Separate to this MoU and the arrangements in place to fund it, the commitment of additional Mental Health Link Workers is currently being considered in the context of the locally led model proposed by the Mental Health in Primary Care Short Life Working Group.

### **Expert Medical Generalist Role**

The Contract Offer set out a re-focussed role for the GP, working as part of an extended multidisciplinary team as an expert medical generalist (EMG):

*“This role builds on the core strengths and values of general practice-expertise in holistic, person-centred care-and involves a focus on undifferentiated presentation, complex care including mental health presentations and whole system quality improvement and leadership. All aspects are equally important. The aim is to enable GPs to do the job they train to do and enable patients to have better care.”*

The EMG role is not a new role, but the time GPs can commit to being EMGs is to an extent contingent on the delivery of MDT services and the identified need for 800 additional GPs by 2027 to meet Scotland’s current health needs.

Feedback to date suggests there is variation in the understanding on how the EMG role works in practice and what else can be done to support GPs in this role. A group consisting of the MoU parties and a wider range of stakeholders, including NES and RCGP, will examine how GPs can be supported in this role and will publish a report of its findings by the end of 2021.

## **Transitional Arrangements**

Following Regulation change, HSCPs and Health Boards will be responsible for providing vaccination, pharmacotherapy and CTAC services to patients and GP practices.

GP practices will support HSCPs and Health Boards to provide MoU services in two ways to help ensure patient safety:

- The treatment of patients requiring medical care that is immediately necessary such as an immediate need for wound care, phlebotomy or repeat prescriptions. HSCP/Health Board MoU service provision must minimise the need for immediately necessary support from GP practices.
- Temporary support of routine MoU services, where necessary, under transitional service arrangements from 1 April 2022.

Consistent with the commitments of the joint letter, SG and SGPC will negotiate transitional service and payment arrangements where practices and patients still do not benefit from nationally agreed levels of HSCP/HB vaccination, pharmacotherapy, and CTAC services after 1 April 2022.

Transitional service arrangements are not the preferred outcome of MoU parties, or something we see as a long-term alternative. All parties locally should remain focused on the redesign of services and delivery of the MoU commitments and transitional arrangements should not be seen as a desired alternative.

Scottish Government and SGPC will develop a set of principles for how transitional services and payment arrangements will work in practice by the end of Summer 2021. Acknowledging the invaluable expertise of Health Boards and Health and Social Care Partnership they will be fully consulted in the development of this work via the Oversight Group.

## **Funding**

Integration Authorities should endeavour to ensure that ring-fenced Primary Care Improvement Fund ("PCIF") funding supports the delivery of the three priority areas for 2021-22 before further investment of PCIF monies in the other MoU commitments. Other services delivered to date, or planned and signed off by the IJB, should continue to be maintained and only developed where there is available funding to do this.

The MoU parties are committed to determining the full cost of delivering MoU services and refining the evidence base for this purpose. The Primary Care Improvement Plan Trackers have been amended to reflect this. All MoU parties are committed to developing an integrated PCIF proposition for financial years 2022-25 by Autumn 2021 for evaluation and approval by Scottish Ministers utilising Value for Money principles and a methodology that assumes at least £155m of funding per annum updated in line with inflation, which will include increases in staff pay as set by the Scottish Government.



NHS Boards and Integration Authorities should also assume that the PCIF and any associated reserves would meet any funding required for transitional service arrangements negotiated between Scottish Government and SGPC. Boards and Integration Authorities should also consider where wider resources may support the delivery of MoU services as well as other earmarked funds such as Action 15 monies.

Any change to the scope of the Primary Care Improvement Fund will be agreed jointly by MoU Parties. The present scope of the call on the PCIF remains unchanged, except for the inclusion of costs of transitional services, by this MoU and it is expected that any further increase in scope will be supported by additional resources.

GP Subcommittee participation in the development of PCIPs has been enabled to date by dedicated annual funding to support their work. For planning purposes, partners should assume that this funding will continue for the duration of this MoU period.

## **Governance**

### **Primary Care Improvement Plans**

Primary Care Improvement Plans (“PCIPs”) will continue to be developed locally in collaboration between Integration Authorities, Health Boards and GP Sub-Committees and will be agreed with Local Medical Committees. Six monthly trackers will be provided to the Scottish Government to allow for national analysis to be produced.

In remote and rural areas, the rural options appraisal process has also been developed to determine whether it is necessary for the anticipated small number of local GP practices to continue delivering MoU services due to their specific remote/rural circumstances. Options appraisals should be developed as part of the PCIP process and submitted to the National GMS Oversight Group for review.

Written plans only go so far in providing intelligence nationally on service redesign. A Primary Care Improvement Leads group has been convened to share best practice on implementation of MoU services as well as feed into Oversight Group discussions. The Scottish Government is also committed to holding informal meetings with 31 HSCPs and Health Boards where appropriate by the end of 2021 to gain understanding of on the ground issues and listen to what further support can be provided to accelerate implementation locally.

### **Oversight Group**

The National GMS Oversight Group will continue to oversee implementation of this MoU and the commitments in the national Contract and will be reinvigorated to allow it to fulfil its originally envisaged role of providing proactive intervention and support where necessary to implement the contractual arrangements outlined in this MoU within the agreed timescales. A key function will be to assess the extent to which additional resources and workforce are required to deliver the MoU services. As we

enter a new administration, the Oversight Group's Terms of Reference will need to be refreshed to ensure it complements and links with future primary care reform programmes and governance structures.

The individual responsibilities of the parties to the MoU established in the previous MoU continue to form the basis by which each party will contribute to the ongoing work of contract implementation.

## **Enablers**

The MoU parties recognise that progressing work on key enablers is fundamental to delivering this MoU – workforce, data requirements, digital and premises.

### **Workforce**

MoU implementation relies on having access to an available workforce. Partners recognise the current constraints that a finite workforce has on planning for service transfer and that the pandemic will likely have a significant impact on the development of workforce.

Workforce planning and pipeline projections, building on the primary care improvement plan trackers, are required to support the delivery of the MoU. A 'task and finish' group will be established involving all 4 partners (Integration Authorities represented by Chief Officers, Scottish Government, BMA and NHS Boards) to direct and oversee this work. The Group will be a sub-group of the National GMS Oversight Group and its recommendations will be used to inform the next iteration of the National Health and Social Care Integrated Workforce Plan.

### **Data-Driven Delivery**

The pandemic has further highlighted the need for consistent, good quality data on which can be made available to the practice, the cluster, the Integration Authority and collated nationally to support sustainability, planning and the evolution of the extended multidisciplinary team. It is also important as a means to developing more robust interface working. The MoU parties place particular focus on the following areas:

Workforce – the GP Practice Workforce Survey will be run on an annual basis by NSS. Alongside the primary care improvement trackers, this will give us a comprehensive overview of GP workforce capacity. All parties to the MoU support this activity.

Activity – PHS has been carrying out a temporary weekly survey of activity of GP practices. The MoU parties are committed to developing long-term solutions for the extraction of activity data from general practice.

Quality – It was agreed as part of the Contract Offer that GP practices would engage in quality improvement planning through clusters. This should be supported by a national quality dataset. An initial version of this dataset will be agreed in Summer 2021. This will aid local service planning, and future MDT development.

## **Premises**

It is acknowledged that with an increase in MDT working that premises will need to be able to support new ways of working that support more care/services being provided closer to home. Consideration should be given to remote, blended as well as co-location in considering implementation of MDT Services.

We remain committed to supporting the agreed National Code of Practice for GP premises and a shift to a new model in which GPs no longer will be expected to provide their own premises. Assistance to GPs who own their premises is being provided through the GP Premises Sustainability Fund.

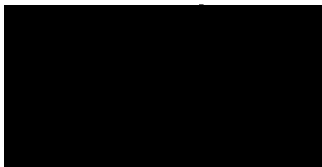
## **Digital**

Developing systems that facilitate the seamless working of extended Board-employed multidisciplinary teams linked to GP Practices is fundamental to the delivery of this MoU.

As part of this, NHS Boards have commissioned a procurement competition to provide the next generation of GP clinical IT systems for GPs in Scotland. This commitment is ongoing with the first product becoming available in Autumn 2021. All signatories recognise the need to progress the rollout of these clinical systems at pace.

## **Signatories**

Signed on behalf of the Scottish General Practitioners Committee, BMA



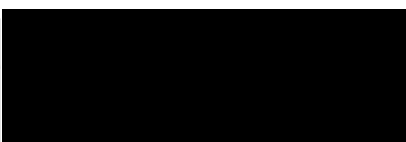
Name: Andrew Buist, Chair, Scottish General Practitioners Committee, BMA  
Date: 30 July 2021

Signed on behalf of Health and Social Care Partnerships



Name: Judith Proctor, Chair, Health and Social Care Scotland  
Date: 30 July 2021

Signed on behalf of NHS Boards



Name: Ralph Roberts, Chair, Chief Executives, NHS Scotland  
Date: 30 July 2021

Signed on behalf of Scottish Government



Name: Tim McDonnell, Director of Primary Care, Scottish Government

Date: 30 July 2021



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

**Report By:** Allen Stevenson  
Interim Chief Officer  
Inverclyde Health & Social  
Care Partnership      **Report No:** IJB/39/2021/SMcA

**Contact Officer:** Sharon McAlees  
Chief Social Work Officer  
Inverclyde Health & Social  
Care Partnership      **Contact No:** 715368

**Subject:** CPC ANNUAL REPORT 2018-2020

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## 1.0 PURPOSE

- 1.1 The purpose of this report is to advise the Inverclyde Integration Joint Board of the publication of Inverclyde Child Protection Committee's Annual Report 2018-2020.
- 1.2 Consider the report's findings in relation to Inverclyde Child Protection Committee's duty to provide an annual update of child protection business.

## 2.0 SUMMARY

- 2.1 Child Protection Committees (CPC's) are the key local bodies for developing, implementing and improving child protection work across and between agencies, bodies and the local community. A CPC is expected to perform a number of crucial functions in order to jointly identify and manage risk to children and young people, monitor and improve performance and promote the ethos that ***"It's everyone's job to make sure I'm alright"***. CPCs must ensure all of these functions are carried out to a high standard and are aligned to the local Getting It Right For Every Child arrangements.
- 2.2 One of the key functions of a CPC is to provide a report of CPC business on an annual basis. The author is generally the Lead Officer for Child Protection. The last report published covered work across 2017. The Board will note that the report under consideration spans from March 2018 to March 2020. The two year span is due to a vacancy in the Child Protection Lead Officer role during 2019. A report covering March 2020 to March 2021 is currently under construction and will be presented to the Board later in the year.
- 2.3 The attached report was presented to and accepted by Inverclyde Child Protection Committee on 14 March 2021. It was presented to and accepted by Inverclyde Chief Officer's Group on 20 March 2021. It was presented to and accepted by Inverclyde Health and Social Care Partnership on 19 August 2021.

### **3.0 RECOMMENDATIONS**

3.1 The Integration Joint Board is asked to note the content of this report.

**Allen Stevenson  
Interim Chief Officer  
Inverclyde Health and Social  
Care Partnership**

## 4.0 BACKGROUND

- 4.1 CPC's have 4 functions: Continuous improvement; Public information engagement and participation; Strategic planning and connections; Annual reporting on the work of the CPC.
- 4.2 Continuous improvement: This involves the collation of data which records outcomes for children and audit activity which identifies gaps in provision and determines improvement activity. CPC's are also responsible for delivering training and other learning activity to ensure that practitioners across all services are aware of the best and most up to date practice initiatives. CPC also has a duty to ensure that policies, procedures and guidance are kept up to date and that practitioners are aware of their content and availability. Finally CPC's take the lead in terms of any learning when a child is significantly harmed or dies.
- 4.3 Public information, engagement and participation: CPC's have a role in raising awareness so that members of the public, including children and young people, know what child protection means and what to do if they have a concern for a child or young person. They must engage with local communities to raise awareness of indicators of concern and increase understanding of the role that communities and all adults have in protecting children and young people. Finally they must involve children, young people and families in the design and delivery of child protection systems.
- 4.4 Strategic planning and connections: CPCs must ensure strong and robust strategic planning links to wider integrated children's services planning arrangements in their local area in order to ensure that the need for support and protection of children and young people can be comprehensively met in well designed, effective and sustainable local services, programmes and initiatives. CPCs must also link effectively with other multi-agency partnerships and structures locally, regionally and nationally, including Chair and Lead Officer participation in Child Protection Committees Scotland.
- 4.5 Annual reporting on the work of the CPC: CPCs must produce and publish an annual report, endorsed by the Chief Officers, which sets out the work undertaken by the Committee, delivery against key performance measures in that year as well as identified priorities for the year ahead.
- 4.6 The Inverclyde Child Protection Committee Annual Report begins with an account of the role of remit of the Child Protection Committee within Inverclyde, set within the context of wider strategic planning groups. In the main body of the report it reviews our post inspection action plan, examines areas of best practice and offers further evidence of Inverclyde as a sector leader in terms of children and young people's participation (an area for which we received a designation of 'Excellent' in the 2017 inspection). The report then goes on to review the priority areas described in 4.2 to 4.4, detailing the work achieved in these areas via CPC's Performance Management, Training, Child Sexual Exploitation and Children affected by Parental Substance Misuse sub-groups. This section also reflects on work being undertaken by the Violence Against Women forum of which the CPC Lead Officer is a member, and notes work being done in the areas of parent and children's mental health. The report concludes by charting areas of future work.
- 4.7 The report records areas of best practice, notably Inverclyde's involvement in the 'Barnahus' pilot. A Barnahus is a 'one stop' location which provides a safe interview space for children as well as on site medical facilities and therapeutic and other support for children and their families pre and post interview. The North Strathclyde Pilot develops and strengthens the quality of the Joint (Police and Social Work) Investigative Interviewing of Vulnerable Child Witnesses with the aim of reducing the need for children to appear in court and thus reduce re-traumatisation following abuse. The aim of the Joint Investigative Interview Improvement Pilot is to create

the conditions for securing best evidence from child victims and witnesses, and for Joint Investigative Interviews to be of a sufficiently high standard to be used as Evidence in Chief or hearsay evidence in Court Proceedings. Working within the recommendations of the Evidence and Procedure Review and within principles of Getting It Right For Every Child, the Joint Investigative Interviewing Project has developed a Scottish Child Interview Model to provide an approach for the interviewing of children which is both trauma informed and achieves best evidence through more robust planning and interview techniques. Staff within the cadre have advanced knowledge, skills and competencies and the required experience of forensic interviews that produce best quality evidence and ensure the protection of the child. Recovery that is trauma informed is built into the process from the point of disclosure for children. Children 1st have succeeded in obtaining National Lottery money to develop the first Barnahus which will be located in the West of Scotland. This is an incredibly exciting and ground breaking project which Inverclyde is proud to be involved in.

- 4.8 A further area of best practice described is the Up2U. Up2U is a programme for people who use domestically abusive and unhealthy behaviours in their relationships. It seeks to reduce incidents of domestic violence, prevent the cycle of abuse, and reduce the numbers of children in child protection services, edge of care or children in care. Up2U recognises that people use domestic abuse for different underlying reasons ranging from childhood trauma and emotional deregulation, learned behaviour, attitudes that support gender differentials, poor conflict resolution to the use of power and control resulting in different typologies of domestic abusers. The service seeks to help people use non-abusive behaviours through a range of skills that target thinking, feeling and behaviour. The service aims to support service users to take responsibility for their own thinking, emotions and behaviours and learn to use healthy and respectful relationship behaviour; promote safety within families and reduce the risk of continuing domestic abuse; address the link between substance misuse and abusive behaviours; increase their ability to recognise and manage emotions increasing their emotional and mental wellbeing; prevent the cycle of abuse by modelling healthy relationships to their children. Modules and sessions delivered to each individual are matched to their particular needs. To avoid lengthy waiting times for referral and to cut out complicated referral processes which may cause delay when a person is most motivated to change, Up2U operates an informal referral pathway. To be eligible for referral a person must accept that they use abusive or unhealthy behaviours in their relationship and want to change these behaviours. When someone is accepted onto the Up2U programme support is offered to their partner/ex-partner to ensure ongoing safety and risk management. If an Up2U client has children and they are not currently working with children's services Up2U will refer through the Children's referral processes for support to be in place. 20 practitioners have now been trained within Inverclyde in the approach.
- 4.9 Of course one of the biggest challenges across 2020 has been delivering these services within the COVID-19 pandemic. This has led to delays in the implementation of Barnahus, although the team did get up and running in August of 2020 and are already evidencing positive signs in the number of disclosures made by children under interview, the quality of the interviews and of the support children and their families receive via the project. Up2U has also had to move temporarily to a virtual format or is being delivered in COVID safe office spaces rather than in the home environment. The 2018-20 Annual Report was deliberately linked to the end of the financial year so that, while it mentions the COVID-19 pandemic, it does not focus on it. The 2020-21 report, which is almost completed, will pick up on Inverclyde CPC's response to the pandemic.
- 4.10 The Annual Report offers a plan for the direction of future work as well as being a reflection on what has been achieved. In the current year, and despite the ongoing impact from the pandemic, we have progressed plans for multiagency audit activity in relation to Child Protection Registrations. We have continued to chart outcomes for children and young people via the National Minimum Dataset. Our Children



Affected by Parental Substance Misuse sub-group has had a change of name and focus, with a right's respecting shift to Whole Family interventions. Training has moved online with a focus on multiagency delivery of the Assessment of Care seeking to improve the identification of and intervention into neglect. We have also maintained our public communication role with a number of public information campaigns co-ordinated by Child Protection Committee's Scotland (our Lead Officer is a member of their communications sub-group) and our own briefings in relation to new legislation such as the Children (Equal Protection from Assault) (Scotland) Act 2019.

- 4.11 The Annual Report concludes with a plan of business 2020-23. This includes plans to progress work already begun via CPC sub groups, deliver multiagency training in relation to neglect and make improvements to the CPC website. All of the objectives noted are underway and an update report will be offered within the next annual report. The Annual Report for 2018-2020 is attached below.

## 5.0 IMPLICATIONS

### FINANCE

5.1

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

Annually Recurring Costs / (Savings)

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

### LEGAL

5.2 n/a

### HUMAN RESOURCES

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

### EQUALITIES

5.4 Has an Equality Impact Assessment been carried out?

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

5.4.2 How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP	None

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

## CLINICAL OR CARE GOVERNANCE IMPLICATIONS

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

## 5.6 NATIONAL WELLBEING OUTCOMES

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

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

## 6.0 DIRECTIONS

6.1

<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	

## 7.0 CONSULTATION

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

## 8.0 BACKGROUND PAPERS

8.1



CPC Annual Report  
2018-2020.docx

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<b>Report To:</b>	<b>Inverclyde Integration Joint Board</b>	<b>Date: 20 September 2021</b>
<b>Report By:</b>	<b>Louise Long Chief Officer Inverclyde Health &amp; Social Care Partnership</b>	<b>Report No: IJB/35/2021/AM</b>
<b>Contact Officer:</b>	<b>Anne Malarkey Head of Mental Health, ADRS and Homelessness</b>	<b>Contact No:</b>
<b>Subject:</b>	<b>DRUG RELATED DEATHS 2020 AND ADP UPDATE</b>	

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## **1.0 PURPOSE**

- 1.1 The purpose of this report is to present to the Integrated Joint board the details from the recently published Drug Related Deaths in Scotland in 2020, published by the National Records of Scotland. An update on the Inverclyde Alcohol and Drug Partnership will also be presented.

## **2.0 SUMMARY**

- 2.1 While this report has a particular focus on presenting data; it is important to recognise that behind every piece of data presented are people who have sadly lost their lives, who have left behind family and friends and who were part of our local communities.
- 2.2 Data in the report is presented at a Scotland wide level (with additional detail provided at this level) and then at Health Board Level and finally there is more limited information available at a Local Authority level.
- 2.3 In 2020, there were 1,339 drug-related deaths registered in Scotland. This was 5% more than in 2019 and the largest number since records began in 1996. In NHS Greater Glasgow and Clyde there were 444 drug-related deaths, an increase of 9.9% on 2019. In Inverclyde there were 33 drug-related deaths, no change from 2019.
- 2.4 In 2020, males were 2.7 times as likely to have a drug-related death as females, after adjusting for age in Scotland. This picture is reflected across NHS GG&C where there were 321 male deaths compared to 123 females, however, of note is the rate of increase over the last 10 years in female deaths, rising from 35 in 2010, an increase of 251.4%. In Inverclyde there were 28 male deaths and 5 female deaths in 2020. This compares to 13 male deaths in 2010 and 4 female deaths in the same year.
- 2.5 63% of all drug-related deaths were of people aged between 35-54 years of age in Scotland, with the average being 42.6. This was a similar picture in NHS GG&C indicating that those aged 35-44 have the highest 5 year average drug-related deaths per 100,000 population at an average of 81.9. Likewise, Inverclyde has an average rate of 113.3 for those aged 35-44.
- 2.6 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. That ratio has almost doubled in 20 years, from around 10 times in the early 2000s.

2.7 Using age standardised death rate in relation to drug related deaths, the Scotland wide rate average from 2016-2020 is 21.2 per 100,000 population. NHS GG&C has the highest age-standardised drug-related death rate of all health board areas at 30.8. Inverclyde has the third highest rate at a Local Authority level with a rate of 36.7. This compares to Dundee at 43.1 and Glasgow City at 39.8.

2.8 In 93% of all drug-related deaths, more than one drug was found to be present in the body.

2.9 The table below provides an outline of the overall substances implicated:

<b>Substances</b>	<b>Scotland</b>	<b>NHS GG&amp;C</b>	<b>Inverclyde</b>
opiates/opioids (such as heroin/morphine and methadone)	89%	86.7%	87.88%
benzodiazepines (such as diazepam and etizolam)	73%	72.97%	75.76%
gabapentin and / or pregabalin	37%	32.88%	24.24%
cocaine	34%	33.56%	69.7%

2.10 With regards to the underlying cause of death there is a very similar picture with 92.76% of drug-related deaths in Scotland being classified as accidental poisoning and this being 95.05% in NHS GG&C and 93.94% respectively in Inverclyde.

2.11 Scotland's drug-death rate was over 3½ times that for the UK as a whole, and higher than that of any European country.

2.12 Following the publication of the 2019 Drug-Related Deaths in Scotland Report, Scottish Government has outlined the National Drugs Mission and associated funding to address drug related deaths.

2.13 Inverclyde Alcohol and Drug Partnership's 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

### **3.0 RECOMMENDATIONS**

3.1 It is recommended that the Integrated Joint Board:

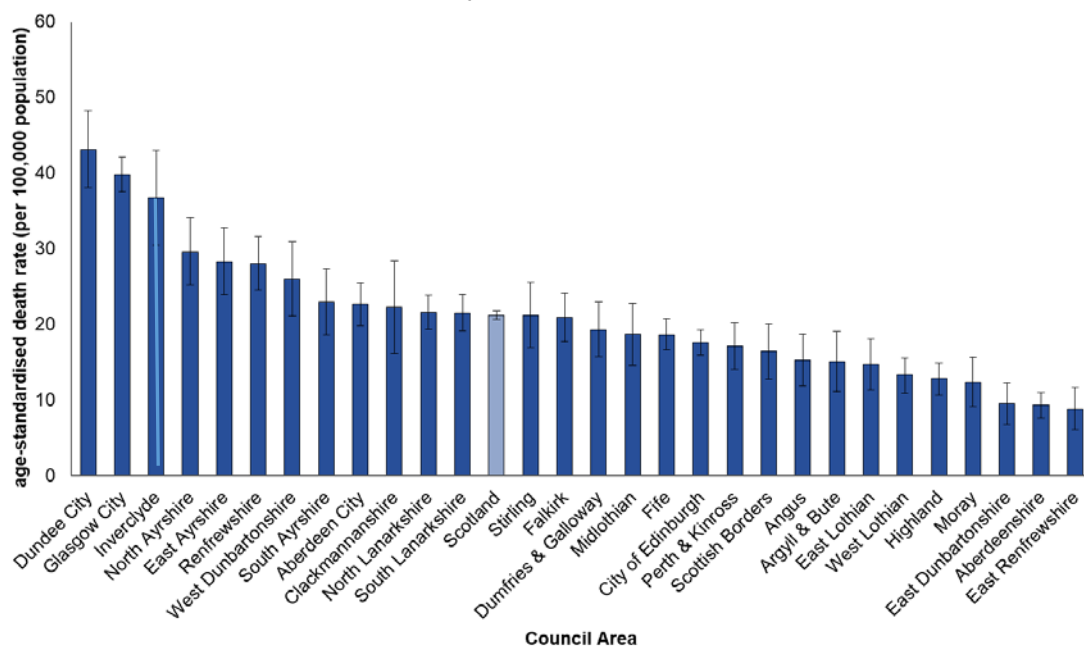
- a. Note and give comment on the Drug Related Deaths in Scotland in 2020 Report.
- b. Approve the work being driven through the Inverclyde Alcohol and Drug Partnership in relation to drug death prevention.

**Louise Long**  
Chief Officer

## 4.0 BACKGROUND

- 4.1 The “Drug Related Deaths in Scotland in 2020” was published on 30 July, by the National Records of Scotland. This continues to be the long standing drug related death reporting framework of those individuals who sadly lose their lives to controlled drugs within the previous year.
- 4.2 In 2020 there were 1,339 drug-related deaths in Scotland. This is a 5% increase since 2019, with the age standardised rate per 100,000 population being 25.2 in Scotland.
- 4.3 Deaths have increased substantially over the last 20 years – there were 4.6 times as many deaths in 2020 compared with 2000.
- 4.4 Age-standardised mortality rates take account of the size of the population and its age structure, in order to provide more reliable comparisons of mortality over time and/or between areas or between sub-groups of the population. For example, as the probability of death tends to increase with age, changes in the age distribution of the population could have an effect on any apparent trend shown by the numbers of deaths. Similarly, if the populations of two areas or sub-groups have different age distributions, using age-standardised rates will remove the effect of those differences and show which area or sub-group has the higher underlying mortality rate. Therefore age-standardised rates are more reliable for comparing mortality over time and between different areas.
- 4.5 In NHS GG&C there were 444 drug-related deaths, an increase of 9.9% on 2019, the highest ever recorded. Here the 2016-2020 average deaths per 100,000 is 30.3, with Glasgow City being 38.6 and Inverclyde being 34.5.
- 4.6 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 outlined above; Inverclyde remains the third highest rate only compared to Glasgow at 38.6 and Dundee at 43.1. This is illustrated in the graph below:

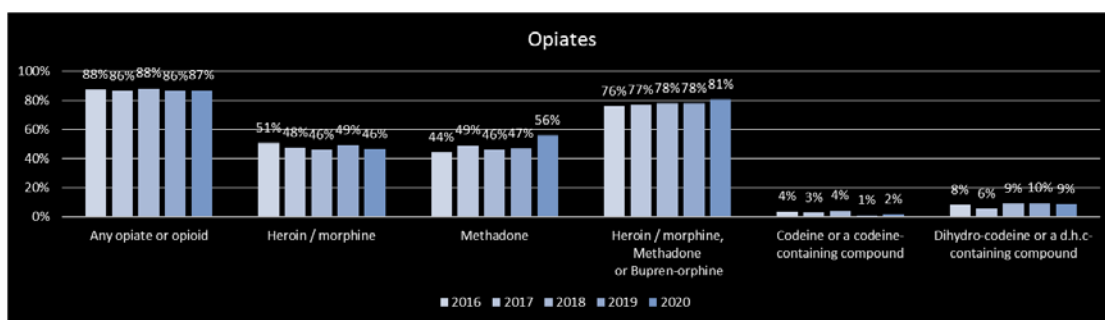
**Figure 6A: Drug-related deaths for selected council areas, age-standardised death rates, Scotland 2016-2020**



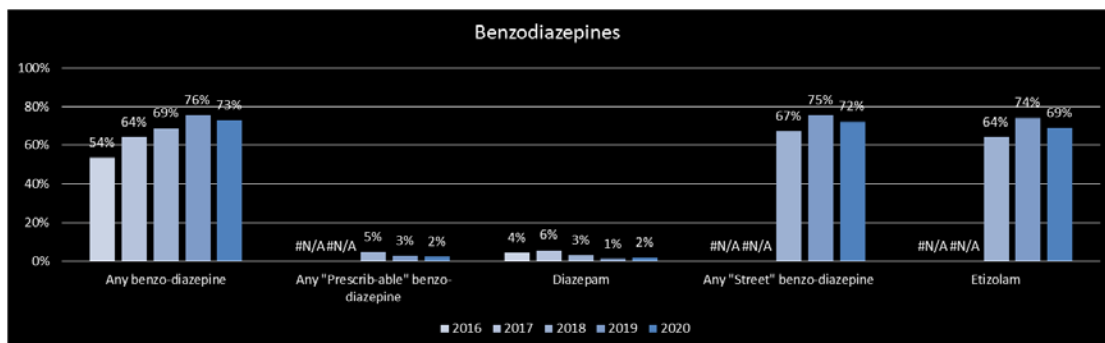
- 4.7 The average age of drug-related deaths has increased over the last 20 years, with the average age being 32 years in 2000, whereas this has increased over time to 43 years in 2020. There may be several factors that are influencing this pattern including, for example, having a long history of drug use and the physical impact of this; as well as the significant increase in poly-drug use and the range of drugs implicated as well as the volume taken.

- 4.8 In Inverclyde the annual average for 2016-2020 per 100,000 was 16.3 who were 15-24 years of age. This is the third highest rate for this age-group next to Renfrewshire at 17.0 and Midlothian with 18.6. A further deep dive to understand this data more will be undertaken.
- 4.9 The largest rate in relation to age-group in Inverclyde is the 35-44 age band in Inverclyde with a 5 year average rate per 100,000 of 113.3. Work is underway by services across the ADP to target this age-group, particularly those who are also experiencing severe and multiple disadvantages such as homelessness, involvement in the justice system and / or mental health issues.
- 4.10 Poly-drug use is a critical factor with 93% of drug-related deaths in Scotland evidencing more than one substance from the toxicology reports. The following graphs illustrate the range of substances and illustrate the changing drug trends across NHS GG&C, however, these very much reflect a similar picture in Scotland and in Inverclyde.

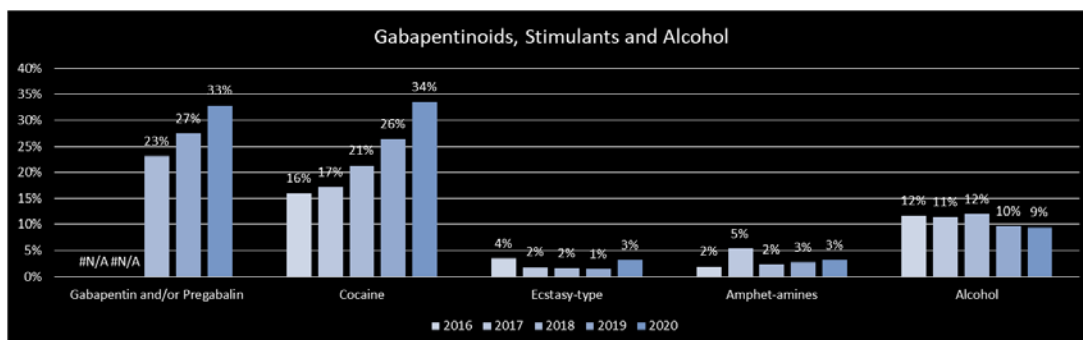
#### Opiates Implied in the Cause of Death



#### Benzodiazepines Implied in the Cause of Death



#### Gabapentinoids, Stimulants & Alcohol Implied in the Cause of Death

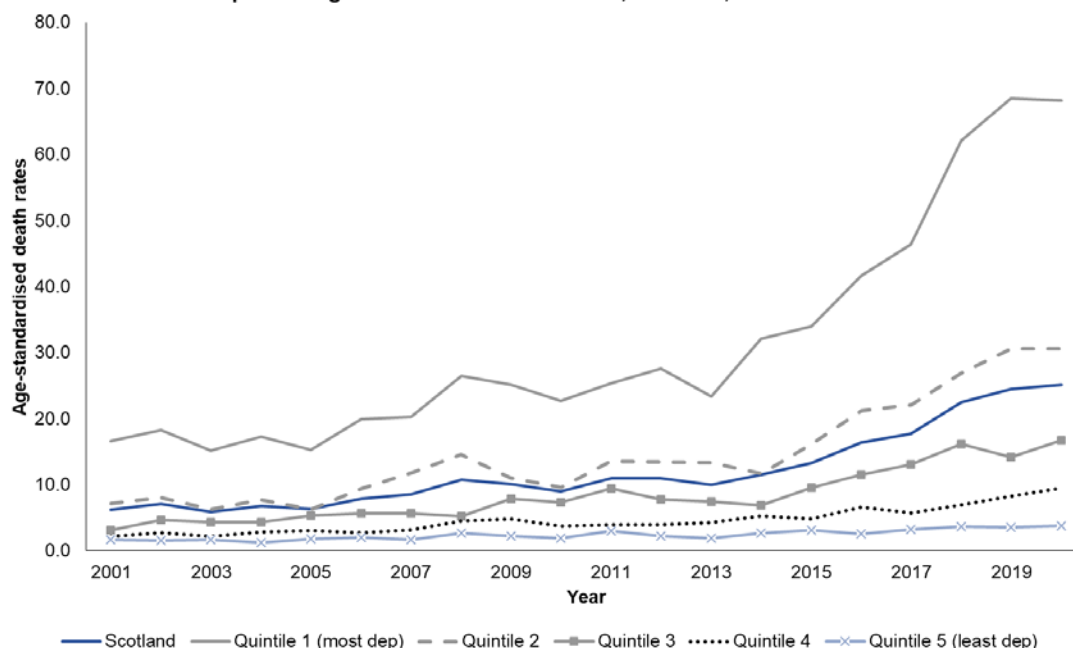


Of particular note where there is a clear distinction in Inverclyde is that 69.7% of drug-related deaths implicated cocaine use, compared to the NHS GG&C figure of 33.56% and the Scotland wide figure of 34%. This would suggest that cocaine is possibly easier to access in Inverclyde.

- 4.11 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 ratio has almost doubled in 20 years where those in the most deprived areas were around 10 times as likely to have a drug-related death as those in the least deprived. This stark factor is illustrated in the graph below:

**Figure 4: Drug-related deaths by Scottish Index of Multiple Deprivation (SIMD) quintile: age-standardised death rates, Scotland, 2001 to 2020**



4.12 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.

4.13 In January 2021 the First Minister announced a new National Drugs Mission and a five year commitment of £250 million. The National Drugs Mission includes the following five key areas:

- Fast and appropriate access to treatment;
- Residential rehabilitation;
- The creation of a more joined-up approach that supports people living with drug addiction to address all the underlying challenges that they face and which ensures better support after near-fatal overdoses;
- The vital role of front-line, often third sector organisations;
- Exploring ways to overcome the barriers to introducing overdose prevention facilities.

4.14 As outlined in a letter to ADP Chair's in June 2021; Inverclyde ADP has been allocated an additional funding for 2021-2022 of:

- £81,537 to support priorities of National Mission;
- £81,537 to support access to residential rehabilitation; and
- £57,076 to support implementation of a Whole Family Approach.

4.15 A further letter to ADP Chair's in August 2021 outlined further funding allocation for Inverclyde ADP including:

- £48,922 to support outreach;
- £48,922 to support near-fatal overdose awareness pathways; and
- £8,154 to support lived and living experience panels / forums.



- 4.16 Inverclyde Alcohol and Drug Partnership's 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
- 4.17 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).
  - 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.
- 4.18 Inverclyde ADP Committee has recently approved the following:
- A WTE OT post that will support people involved in ADRS and Homelessness to ensure people have the necessary skills to sustain a tenancy. This will be a test of change until March 2022 costing £31,300.
  - The extension of a current test of change into Phase 2 of the Pharmacist Led Analgesic Review Clinic. This will involve recruiting a 0.6 WTE Senior Pharmacist until March 2022 costing £28,900.
  - Funding of a range of regular Recovery activities until March 2022 costing £9,740.
  - The development of an information wallet with the printing costs being £587.
  - Scoping of ADP website development, with a future one-off cost being the maximum of £10,000 for this work to be completed.
- 4.19 In addition Inverclyde ADP Committee also approved the scoping of a local residential rehabilitation pathway and continuum of care model that will include further funding proposals in going forward.
- 4.20 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.
- 4.21 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.

## 5.0 IMPLICATIONS

### 5.1 FINANCE

Inverclyde ADP has secured several various strands of additional funding where combined actions are aiming to over time, reduce drug-related deaths.

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
PA370	ADP OT	2021-2022	£31,300		1 WTE
PA520	Senior Pharmacist	2021-2022	£28,900		0.6 WTE
S1930	Misc	2021-2022	£9,740		Recovery Activity
PA800	Admin clerical	One-off cost	£587		Printing
S1305	Equipment Purchase	One-off cost	£10,000		Website Development

Annually Recurring Costs / (Savings)

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

### 5.2 LEGAL

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

### 5.3 HUMAN RESOURCES

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

### 5.4 EQUALITIES

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.

How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	Positive impact – It will ensure access and new pathways to services for all individuals.

Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	Positive impact- It will ensure service users with alcohol and drug issues are not discriminated against.
People with protected characteristics feel safe within their communities.	Positive impact- It will offer community support
People with protected characteristics feel included in the planning and developing of services.	Positive impact – it will ensure people with lived experience are included.
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	Positive impact- Training needs procured to ensure staff are aware of their values and beliefs to ensure non-discrimination
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	None
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	Positive Impact –It will ensure people accessing support and Inverclyde communities are not discriminated against

## CLINICAL OR CARE GOVERNANCE IMPLICATIONS

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

## 5.6 NATIONAL WELLBEING OUTCOMES

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

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	Staff will provide a ROSC approach to ensure people have access to a range of local supports and promoting a Recovery focused ethos
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	Staff will provide a holistic approach, assessing the needs of the individual and referring to appropriate services.
People who use health and social care services have positive experiences of those services, and have their dignity respected.	It aims to provide new pathways for people to improve engagement and Recovery
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	It will ensure people have access to an evidence based service which will meet their needs
Health and social care services contribute to reducing health inequalities.	It will ensure people have access to community supports.

People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	The model will ensure responsive and flexibility to meet and accommodate the needs of the individual
People using health and social care services are safe from harm.	It will support the reduction in alcohol and drug use
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	Staff will be encouraged to raise opinions and views on service improvements models via sub group discussions
Resources are used effectively in the provision of health and social care services.	It will ensure people get the right care, at the right time, in the right place and from the right service and profession.

## 6.0 DIRECTIONS

6.1

<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	

## 7.0 CONSULTATION

7.1 This report has been prepared by the Chief Officer, Inverclyde Health and Social Care Partnership (HSCP) after due consultation with statutory and third sector partners.

## 8.0 BACKGROUND PAPERS

8.1 Drug Related Deaths in Scotland in 2020, (2021), National Records of Scotland

## INVERCLYDE INTEGRATION JOINT BOARD AUDIT COMMITTEE – 29 MARCH 2021

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### Inverclyde Integration Joint Board Audit Committee

Monday 29 March 2021 at 12 Noon

**Present:** Councillors L Rebecchi and E Robertson, Mr A Cowan, Ms P Speirs, Ms G Eardley and Mr S McLachlan.

**Chair:** Mr Cowan presided.

**In attendance:** Ms L Long, Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership, Ms L Aird, IJB Chief Financial Officer and Interim Head of Strategy & Support Services, Mr A Stevenson, Head of Health & Community Care, Ms A Priestman, Chief Internal Auditor, Ms V Pollock (for Interim Head of Legal Services), Ms D Sweeney and Ms L Carrick (Legal Services), Mr M Laird and Ms G Symes (Audit Scotland) and Mr A MacDonald, ICT Service Manager.

The meeting was held by video-conference.

- |           |   |           |
|-----------|---|-----------|
| <b>10</b> | <b>Apologies, Substitutions and Declarations of Interest</b>  | <b>10</b> |
|           | No apologies for absence or declarations of interest were intimated.  |           |
| <b>11</b> | <b>Minute of Meeting of Inverclyde Integration Joint Board (IJB) Audit Committee of 25 January 2021</b>   | <b>11</b> |
|           | There was submitted the minute of the Inverclyde Integration Joint Board (IJB) Audit Committee of 25 January 2021.<br><b>Decided:</b> that the minute be agreed.  |           |
| <b>12</b> | <b>IJB Audit Committee Rolling Action List</b>  | <b>12</b> |
|           | There was submitted a list of rolling actions arising from previous meetings of the IJB Audit Committee.<br><b>Decided:</b> that all actions currently on the IJB Audit Committee Rolling Action List be closed and removed from the list.  |           |
| <b>13</b> | <b>IJB Audit Committee Rolling Annual Workplan</b>  | <b>13</b> |
|           | There was submitted a Rolling Annual Workplan for the IJB Audit Committee.<br>During discussion on this item, the Chair requested that a review of the Risk Register be added to the Rolling Annual Workplan, and that this, along with risk appetite, be considered at a special meeting of the IJB Audit Committee to be convened in June 2021.<br>It was noted that the Internal Audit Progress Report was not included in the Rolling Annual Workplan for September 2021 and the Chief Internal Auditor agreed to add it to future reports.<br><b>Decided:</b><br>(1) that the Rolling Annual Workplan be noted;<br>(2) that a review of the Risk Register and risk appetite be added to the Workplan, and the matter considered at the proposed June meeting of the IJB Audit Committee; and<br>(3) that an Internal Audit Progress Report be added to the Workplan document for |           |

## INVERCLYDE INTEGRATION JOINT BOARD AUDIT COMMITTEE – 29 MARCH 2021

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September 2021.

### 14 Internal Audit Progress Report – 21 December 2020 to 26 February 2021

14

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership on the progress made by Internal Audit during the period from 21 December 2020 to 26 February 2021.

Councillor Robertson joined the meeting during consideration of this item.

The Chief Internal Auditor presented the report being the regular progress report and advised as follows:

- (1) there were no Internal Audit reports finalised since the last Audit Committee meeting in January;
- (2) that the plan for 2020/2021 is underway;
- (3) in relation to Internal Audit follow-up, there were no actions due for completion by 28 February 2021 and two actions being progressed by officers, all as detailed at Appendix 1 to the report;
- (4) there have been no Internal Audit Reports reported to Inverclyde Council and NHS GG&C since the last Audit Committee meeting in January 2021; and
- (5) Internal Audit within Inverclyde Council and NHS GG&C have undertaken to follow-up actions in accordance with agreed processes and will report on progress to the respective Audit Committees.

**Decided:** that the progress made by Internal Audit during the period from 21 December 2020 to 26 February 2021 be noted.

### 15 Internal Audit – Annual Plan 2021-2022

15

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership, presenting the Internal Audit Annual Strategy & Plan for 2021-2022.

The Chief Internal Auditor presented the report being the regular Annual Plan report and advised as follows:

- (1) that the proposed Internal Audit Annual Strategy and Plan for 2021-2022 is set out in Appendix 1 to the report;
- (2) that the total budget for the Internal Audit Annual Plan for 2021-2022 has been set at 40 days;
- (3) that the Plan does not contain any contingency provision. Where any unforeseen work demands arise, eg. special investigations or provisions of ad-hoc advice, this will require to be commissioned as an additional piece of work which will be subject to a separate agreement; and
- (4) the public sector Internal Audit standards require that the Annual Audit Plan should be kept under review to reflect any changing priorities and emerging risks. Any material changes to the Audit Plan will be presented to the IJB Audit Committee for approval.

**Decided:** that the Internal Audit Annual Plan for 2021 – 2022 be approved.

### 16 Status of External Audit Action Plans at 28 February 2021

16

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership on the status of current actions from External Audit Action Plans at 28 February 2021.

The Chief Internal Auditor presented the report and advised that:

- (1) there were no actions due for completion by 28 February 2021; and
- (2) there are currently 4 External Audit actions being progressed by officers, as

## INVERCLYDE INTEGRATION JOINT BOARD AUDIT COMMITTEE – 29 MARCH 2021

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detailed in the current status report at Appendix 1 to the report.

**Decided:**

- (1) that the status of External Audit Action Plans as at 28 February be noted; and
- (2) that it be agreed that future Locality Planning Group Action Plan reports contain an update rather than a timeline.

### 17 External Audit – Annual Audit Plan 2021 17

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership presenting the External Audit Plan for 2020/21 produced by Audit Scotland.

Mr Mark Laird from Audit Scotland presented the report and introduced his colleague Ms Grace Symes to the meeting.

**Decided:** that the Inverclyde Integration Joint Board Annual Audit Plan 2020/21 be noted.

### 18 IJB Best Value Statement 2020/21 18

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing a Statement in relation to how the IJB has delivered Best Value during the previous financial year.

**Decided:** that the Draft Best Value statement as detailed in Appendix A to the report be approved.

### 19 Inverclyde Integration Joint Board – Directions Update March 2021 19

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing a summary of the Directions issued by Inverclyde Integration Joint Board to Inverclyde Council and NHS Greater Glasgow & Clyde in the period March 2020 to January 2021.

It was noted that a revised IJB Directions Policy and Procedure was approved by the IJB in September 2020. As part of the agreed procedure IJB Audit has assumed responsibility for maintaining an overview of progress with the implementation of Directions, requesting a mid-year progress report and escalating key delivery issues to the IJB. This is the first such report and covers the period from March 2020 to March 2021.

**Decided:** that the IJB Audit Committee note the content of the report.

**INVERCLYDE INTEGRATION JOINT BOARD AUDIT COMMITTEE – 21 JUNE 2021**

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**Inverclyde Integration Joint Board Audit Committee**

**Monday 21 June 2021 at 1.00pm**

**Present:**

**Voting Members:**

Alan Cowan (Chair)	Greater Glasgow & Clyde NHS Board
Councillor Elizabeth Robertson (Vice Chair)	Inverclyde Council
Councillor Luciano Rebecchi	Inverclyde Council
Paula Speirs	Greater Glasgow & Clyde NHS Board

**Non-Voting Members:**

Diana McCrone	Staff Representative, Greater Glasgow & Clyde NHS Board
Stevie McLachlan	Inverclyde Housing Association Forum Representative – River Clyde Homes

**Also present:**

Louise Long	Corporate Director (Chief Officer) Inverclyde Health & Social Care Partnership
Allen Stevenson	On behalf of Sharon McAlees ,Chief Social Worker, Inverclyde Council
Lisa Branter	Interim Chief Finance Officer, Health & Social Care Partnership
Andi Priestman	Chief Internal Auditor, Inverclyde Council
Vicky Pollock	Legal Services Manager, Inverclyde Council
Diane Sweeney	Senior Committee Officer, Inverclyde Council
Lindsay Carrick	Senior Committee Officer, Inverclyde Council
Craig Given (observing)	Finance Manager, Inverclyde Council

**Chair:** Alan Cowan presided.

The meeting took place via video-conference.

**20 Apologies, Substitutions and Declarations of Interest 20**

No apologies for absence or declarations of interest were intimated.

**21 Minute of Meeting of IJB Audit Committee of 29 March 2021 21**

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

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



## 22 IJB Risk Register

22

There was submitted a report by the Corporate Director (Chief Officer) Inverclyde Health & Social Care Partnership (1) providing an update on the status of the IJB Strategic Risk Register (2) seeking endorsement of the approach to risk management and (3) seeking approval for the updated terminology on the IJB Risk Appetite Matrix.

The report was presented by Ms Long and summarised the process for reporting risk across the Health and Social Care Partnership (HSCP) and Inverclyde Integrated Joint Board (IJB). The IJB Risk Register (Appendix A), Approach to Risk Management/Risk Registers (Appendix B) and 'Updated' and 'Original' Risk Appetite Tables (Appendix C) were appended to the report for reference.

The report noted that the IJB held an Audit Committee Development Session on 15 March 2021, facilitated by CIPFA, which focused on the roles and responsibilities of the Audit Committee, skill development, risk management and assurance. At that session the Board agreed that it wished to update the terminology used in the Risk Appetite Matrix. The discussion on terminology at the Development Session led to the following suggested changes:

Current Wording	Revised Wording
Issue	Concern
Possible	Likely – medium/long term
Probable	Probable – short/medium term

These changes were captured in the Updated Risk Appetite Table.

The Chair advised his intention that the Committee discuss risk management topically:-

Approach to risk management -

The consensus was that the Committee were content with the approach taken to risk management as detailed in Appendix B to the report. Clarification was sought on 'Review and Reporting Lines' as detailed in the Appendix, with the confirmation from Ms Long that the HSCP Senior Management Team currently review the Risk Register at Senior Management Team meetings with a report presented to the IJB Audit Committee twice yearly, noting this reports recommendation that this be formalised to occur in September and March. The Committee commented on the Risk Strategy having been approved in 2016 and suggested that it may be time for a review.

Updated risk appetite matrix -

The Committee agreed that a separate facilitated Development Session should be arranged on risk appetite, as per the recommendation in the report, and suggested that Gallagher Bassett may provide this. Ms Speirs offered assistance as she has experience in this field, which was welcomed by Ms Long. The success of the previous Development Session on 15 March 2021 was acknowledged, with the Committee agreeing that a Development Session on risk appetite would also be beneficial. The timing of the Development Session was discussed, and members agreed that it would be useful if it took place before any potential review of the Risk Strategy, but that it would be useful to view the Risk Strategy before the Development Session.

IJB Risk Register -

The Committee discussed the layout and information contained within the Risk Register, a copy of which formed Appendix A to the report, in general terms, and it was agreed that the Risk Register be reviewed and officers consider the following suggestions:

difference between inherent and residual risk highlighted;

inclusion of a further column to reflect risk appetite;

expansion of the 'Additional Controls/Mitigating Actions & Time Frames with End Dates' with additional controls emphasised;

## INVERCLYDE INTEGRATION JOINT BOARD AUDIT COMMITTEE – 21 JUNE 2021

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column to provide more information on timelines; addition of the date when the risk was identified; and scoring risk 'before' and 'after' to reflect mitigations,

The Chair reflected on the Risk Register being a living document, confirmed the scoring system was useful to focus attention on priorities and advised that it would be beneficial to have a period of reflection and then develop an approach to further develop the Risk Register.

The Committee then reviewed the seven 'risk concerns' contained within the Risk Register and Ms Long provided an analysis of each one.

The Committee sought reassurance on Risk 3 (Financial sustainability/Constraints/Resource Allocation) and Risk 4 (Financial Implications of Responding to Covid-19), regarding the general impact of the pandemic, and specifically the provision of PPE, on budgets. Ms Long provided an explanation of the financial governance process including the allocation and use of Earmarked Reserves.

Concerns were expressed on Risk 5 (Workforce Sustainability and Implementation of the Workforce Plan). Ms Long acknowledged the concern, advised of significant additional investment in this area, and emphasised the current focus on succession planning and staff training. Mr Stevenson highlighted the steps taken to promote recruitment within various areas of the service, and noted that a flexible and innovative approach had been adopted. The risk score of 12 was acknowledged to reflect the seriousness with which this issue was taken, and the Committee also recognised that there was a national staffing shortage within certain medical professions.

The Committee requested an update on the impact of the Covid pandemic on Risk 6 (Performance Management Information) and Ms Long advised that national data was expected which would provide an insight into this.

**Decided:**

- (1) that the content of the report be noted;
- (2) that the approach to risk management be endorsed;
- (3) that the updated risk appetite matrix be noted and that a facilitated session for IJB future approval, arranged by January 2022 on risk appetite statement, be agreed;
- (4) that it be agreed that the Audit Committee will review the Risk Register in September and March each year; and
- (5) that the IJB Strategic Risk Register be noted and reviewed, taking into account the comments made at the meeting.

**23 Mr Alan Cowan**

**23**

At the conclusion of business Mr Cowan acknowledged that this was his last IJB Audit Committee, thanked staff, both past and present, for their assistance and commitment, and congratulated Mr Given on his recent appointment as Chief Finance Officer. Ms Long thanked Mr Cowan for his stewardship and wished him well as he assumes the Chair of the Inverclyde Integration Joint Board.

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<b>Report To:</b>	<b>Inverclyde Integration Joint Board</b>	<b>Date:</b>	<b>20 September 2021</b>
<b>Report By:</b>	<b>Louise Long, Corporate Director (Chief Officer), Inverclyde Health &amp; Social Care Partnership</b>	<b>Report No:</b>	<b>VP/LP/072/21</b>
<b>Contact Officer:</b>	<b>Vicky Pollock</b>	<b>Contact No:</b>	<b>01475 712180</b>
<b>Subject:</b>	<b>IJB Directions Annual Report – 2020/21</b>		

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## **1.0 PURPOSE**

- 1.1 The purpose of this report is to provide the Inverclyde Integration Joint Board (IJB) a summary of the Directions issued by the IJB to Inverclyde Council and NHS Greater Glasgow and Clyde in the period March 2020 to August 2021.

## **2.0 SUMMARY**

- 2.1 A revised IJB Directions Policy and Procedure was approved by the IJB in September 2020. As part of the agreed procedure, IJB Audit has assumed responsibility for maintaining an overview of progress with the implementation of Directions, requesting a mid-year progress report and escalating key delivery issues to the IJB.
- 2.2 As part of their review of the IJB Directions Policy, Internal Audit have recommended that the IJB is provided with an annual report summary on the use of Directions. This is the first such annual report to the IJB and covers the period from March 2020-August 2021.

## **3.0 RECOMMENDATIONS**

- 3.1 It is recommended that the Inverclyde Integration Joint Board notes the content of this report.

## 4.0 BACKGROUND

- 4.1 Directions are the means by which the IJB tells the Health Board and the Council what is to be delivered using the integrated budget, and for Inverclyde IJB to improve the quality and sustainability of care, as outlined in its Strategic Plan and in support of transformational change. A direction must be given in respect of every function that has been delegated to the IJB. Directions are a legal mechanism, the use of directions is not optional for IJBs, Health Boards or Local Authorities, it is obligatory.
- 4.2 A revised IJB Directions Policy and Procedure was approved by the IJB in [September 2020](#). As part of the agreed procedure, IJB Audit has assumed responsibility for maintaining an overview of progress with the implementation of Directions, requesting a mid-year progress report and escalating key delivery issues to the IJB. IJB Audit have received 2 such reports (March 2021 and September 2021).
- 4.3 As part of their review of the IJB Directions Policy, Internal Audit have recommended that the IJB is provided with an annual report summary on the use of Directions. This is the first such annual report to the IJB and covers the period from March 2020-August 2021.
- 4.4 This report outlines a summary of the Directions issued by the IJB during the period in scope. The report does not provide detail of the Directions' content or commentary on their impacts, as it is considered that this level of oversight is facilitated through the normal performance scrutiny arrangements of the IJB and Inverclyde Health and Social Care Partnership.

## 5.0 Summary of Directions

- 5.1 A Directions log has been established and will continue to be maintained and updated by the Council's Legal Services.
- 5.2 Between March 2020 and August 2021 (inclusive):
- the IJB has issued 26 Directions;
  - 22 of these were Directions to both the Council and Health Board;
  - 2 of these were Directions to the Council only; and
  - 2 of these were Directions to the Health Board only.
- 5.3 Of the 26 Directions issued by the IJB between March 2020 and August 2021, one was issued during the period of temporary governance arrangements approved by the IJB in response to the Covid-19 pandemic. The direction was issued following approval under delegated authority of the Chief Officer and Chief Financial Officer, in collaboration with the Chair and Vice Chair of the IJB. This was on the grounds of urgency as IJB approval could not be obtained within the required timescale. A report outlining the decision made and Direction issued under delegated authority was presented to the [29 March 2021](#) meeting of IJB.
- 5.4 Of the 26 Directions issued by the IJB:
- 19 remain open (current);
  - 2 are closed and 4 have been superseded; and
  - 1 is complete.
- 5.5 The list of Directions issued by the IJB to Inverclyde Council and NHS Greater Glasgow and Clyde is set out at Appendix 1 of this report. The list is split into financial years – 2020/21 and 2021/22

## 6.0 PROPOSALS

- 6.1 It is proposed that the IJB notes this report.

## 7.0 IMPLICATIONS

### Finance

7.1 There are no financial implications arising from this report.

#### Financial Implications:

##### One Off Costs

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

##### Annually Recurring Costs/ (Savings)

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

### Legal

7.2 The IJB is, in terms of Sections 26 to 28 of the Public Bodies (Joint Working) (Scotland) Act 2014, required to direct Inverclyde Council and NHS Greater Glasgow and Clyde to deliver services to support the delivery of the Strategic Plan.

### Human Resources

7.3 There are no HR implications arising from this report.

### Equalities

7.4 There are no equality issues within this report.

7.4.1 Has an Equality Impact Assessment been carried out?

X	NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy which has a differential impact on any of the protected characteristics. Therefore, no Equality Impact Assessment is required.
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7.4.2 How does this report address our Equality Outcomes

There are no Equalities Outcomes implications within this report.

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	None
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	None
People with protected characteristics feel safe within their	None

communities.	
People with protected characteristics feel included in the planning and developing of services.	None
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	None
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	None
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	None

### Clinical or Care Governance

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

### National Wellbeing Outcomes

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

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

## 8.0 DIRECTIONS

8.1 <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	

## **9.0 CONSULTATIONS**

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

## **10.0 BACKGROUND PAPERS**

10.1 None.

# Appendix 1

OFFICIAL

Ref. no.	Report Title	Direction to	Full Text	Functions Covered by Direction	Budget Allocated by IB to carry out direction(s)	Date Issued	With Effect From	Review Date	Status	Does this supersede, revise or revoke a previous Direction	Direction Reference superseded, revised or revoked	Link to IJB paper	Responsible Officer	Service Area	Most Recent Review (Date)
17.03.2 020 IJB/36/2 020/JA	Indicative Inverclyde IJB Budget 2020/21	Both Council and Health Board	Inverclyde Council is directed to spend the delegated net budget of £52.289m in line with the Strategic Plan and the budget outlined within the report.  NHS Greater Glasgow and Clyde is directed to spend the delegated net budget of £115.554m in line with the Strategic Plan and the budget outlined within the report.	Budget 2020-21	The budget delegated to Inverclyde Council is £52.289m and NHS Greater Glasgow and Clyde is £115.554m as per the report.	17-Mar-20	17-Mar-20	Mar-21	Superseded	No	N/A	<a href="https://www.inverclyde.gov.uk/meetings/document/13252/06%20indicative%20inverclyde%20IJB%20Budget%202020%2021.pdf">https://www.inverclyde.gov.uk/meetings/document/13252/06%20indicative%20inverclyde%20IJB%20Budget%202020%2021.pdf</a>	Chief Finance Officer	Finance	Direction superseded by in year Financial Monitoring reports
17.03.2 020 IJB/17/2 020/AH	Inverclyde Alcohol and Drug Recovery Development Update	Both Council and Health Board	Recruitment to a recovery post for 12 months to support the establishment of a recovery approach including commissioned services within Inverclyde and support development of recovery concepts within communities.	Alcohol & Drug Recovery Services	£825k over 3 years from Transformation Fund if future funding from Scot Govt to ADP is not confirmed	17-Mar-20	17-Mar-20		Current	No	N/A	<a href="https://www.inverclyde.gov.uk/meetings/document/13200/08%20ADRS%20Update.pdf">https://www.inverclyde.gov.uk/meetings/document/13200/08%20ADRS%20Update.pdf</a>	Head of MH, Addictions and Homelessness	Alcohol & Drug Recovery	
17.03.2 020 IJB/17/2 020/AH	Inverclyde Alcohol and Drug Recovery Development Update	Both Council and Health Board	allocation of £825k across 3 years from the transformation fund to support the development of a commissioned community recovery hub, if future funding from the Scottish Government to Inverclyde Alcohol and Drug partnership is not confirmed.	Alcohol & Drug Recovery Services		17-Mar-20	17-Mar-20		Current	No	N/A		Head of MH, Addictions and Homelessness	Alcohol & Drug Recovery	
17.03.2 020 IJB/21/2 020/SM CA	Hard Edges Scotland Report	Council only	IJB has approved the appointment of two care navigators Grade 6 posts for 12 months through Inverclyde Council	Children & Families	£81.6k new Hard Edges funding	17-Mar-20	17-Mar-20		Current	No	N/A	<a href="https://www.inverclyde.gov.uk/meetings/document/13201/09%20Hard%20Edges.pdf">https://www.inverclyde.gov.uk/meetings/document/13201/09%20Hard%20Edges.pdf</a>	Head of Children, Families and Criminal Justice	Childrens Services	

OFFICIAL



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17.03.2 020 IJB/22/2 020/SM CA	Continuing Care	Both Council and Health Board	Inverclyde Council to adapt each children's houses to increase from 6 to 7 bedrooms and support the development of hybrid core and cluster accommodation linked to Children's residential services.	Children & Families	£122k one off funding from Continuing Care EMR £18k recurringly for running costs of the flats to be funded from existing budget	17-Mar-20	17-Mar-20		Current	No	N/A	<a href="https://www.inverclyde.gov.uk/media/13202/10%20Continuing%20Care.pdf">https://www.inverclyde.gov.uk/media/13202/10%20Continuing%20Care.pdf</a>	Head of Children, Families and Criminal Justice	Childrens Services	Direction superseded by in year Financial Monitoring reports
17.03.2 020 IJB/31/2 020/AS	Tailored Moving & Handling Solutions	Both Council and Health Board	Tailored Moving and Handling Solutions project to be rolled out. 1 WTE I grade Occupational Therapist to be appointed (for 18 months initially) to sustain the focus of the work and drive this work forward, and to have the capacity to support reviews around moving and handling.	Health & Community Care	£125.5k over 18 months	17-Mar-20	17-Mar-20		Completed	No	N/A	<a href="https://www.inverclyde.gov.uk/media/13203/11%20Tailored%20Moving%20and%20Handling%20Solutions.pdf">https://www.inverclyde.gov.uk/media/13203/11%20Tailored%20Moving%20and%20Handling%20Solutions.pdf</a>	Head of Health & Community Care	ICIL	
17.03.2 020 IJB/29/2 020/AS	Review of Health & Social Care Out of Hours Services	Both Council and Health Board	Appointment of additional posts required to deliver the integrated service as outlined in the report.	Health & Community Care	£203.5k to be funded from core budgets from 2020/21 onwards	17-Mar-20	17-Mar-20		Current		N/A	<a href="#">Private report</a>	Head of Health & Community Care	Older People OOH Services	
17.03.2 020 IJB/19/2 020/AH	Inverclyde HSCP Alcohol and Drug Service Redesign Workforce	Both Council and Health Board	Council and Health Board to implement the workforce plan in line with the ADRS review as per the report	Alcohol & Drug Recovery Services	As detailed in the report - restructure of existing service to be funded from existing budgets	17-Mar-20	17-Mar-20		Current		N/A	<a href="#">Private report</a>	Head of MH, Addictions and Homelessness	Alcohol & Drug Recovery	
17.03.2 020 IJB/32/2 020/AS	Social Care Case Management - Mini Competition	Both Council and Health Board	Inverclyde Council to oversee the procurement of a replacement Social Work Information system, subject to the Council approving £600,000 Capital funding, on top of the £243,000 agreed by the IJB through Prudential Borrowing	HSCP	£243k through IJB prudential borrowing	17-Mar-20	17-Mar-20	Updates will be brought back to the IJB regularly as the project proceeds	Current	No	N/A	<a href="#">Private report</a>	Head of Strategy & Support Services	Performance & Information	Direction will be superseded by in year subsequent update reports in year

Ref. no.	Report Title	Direction to	Full Text	Functions Covered by Direction	Budget Allocated by IJB to carry out direction(s)	Date Issued	With Effect From	Review Date	Status	Does this supersede, revise or revoke a previous Direction	Direction Reference superseded, revised or revoked	Link to IJB paper	Responsible Officer	Service Area	Most Recent Review (Date)
12.05.2 020 IJB/38/2 020/LA	Covid-19 Mobilisation Plan	Both Council and Health Board	Inverclyde Council and NHS GG&C jointly are directed to implement the Covid-19 Mobilisation Plan outlined within the report and Appendix 1	All functions outlined within the report and Appendix 1.	As outlined in the report and Appendix 1. £0.450m of 2019/20 and £8.404m of 2020/21 Covid 19 costs are expected to be funded through Scottish Government Covid-19 funding.	12-May-20	12-May-20	May-21	Superseded	No	N/A	<a href="https://www.inverclyde.gov.uk/meetings/document/s/13326/04%20%20COVID%2019%20Mobilisation%20Plan.pdf">https://www.inverclyde.gov.uk/meetings/document/s/13326/04%20%20COVID%2019%20Mobilisation%20Plan.pdf</a>	Chief Finance Officer	Finance	Direction superseded by in year Financial Monitoring reports covid spend & funding updates
23.06.2 020 IJB/44/2 020/LL	Unscheduled Care Commissioning IJB/44/2 Plan	Both Council and Health Board	Note the requirement to implement the Unscheduled Care Commissioning Plan once finalised	HSCP	N/A	23-Jun-20	23-Jun-20	Updates will be brought back to the IJB regularly as the project proceeds	Current	No	N/A	<a href="https://www.inverclyde.gov.uk/meetings/document/s/13375/10%20Unscheduled%20Care%20Commissioning%20Plan.pdf">https://www.inverclyde.gov.uk/meetings/document/s/13375/10%20Unscheduled%20Care%20Commissioning%20Plan.pdf</a>	Head of Strategy & Support Services	Commissioning	Direction will be superseded by subsequent update reports
23.06.2 020 IJB/45/2 020/SM CA	Champions Board/Proud2Care	Council only	Funding provided to continue resourcing of Proud 2 Care and to enable the Council's continued partnership with Your Voice and the Champion's Board to support continued Proud 2 Care activity	Children & Families	£70k and £40k through the Transformation Fund	23-Jun-20	23-Jun-20	Updates will be brought back to the IJB regularly as the project proceeds	Current	No	N/A	<a href="https://www.inverclyde.gov.uk/meetings/document/s/13376/11%20Proud%202%20Care.pdf">https://www.inverclyde.gov.uk/meetings/document/s/13376/11%20Proud%202%20Care.pdf</a>	Head of Children, Families and Criminal Justice	Childrens Services	
23.06.2 020 IJB/50/2 020/DW CC	District Nursing Workforce	Health Board only	Funding provided to support 5 nurses to undertake the Specialist Practitioner Qualification in District Nursing, including backfill costs.	District Nursing	£207.3k through District Nursing Employee Costs	23-Jun-20	23-Jun-20		Current	No	N/A	<a href="https://www.inverclyde.gov.uk/meetings/document/s/13377/12%20%20District%20Nursing%20Workforce.pdf">https://www.inverclyde.gov.uk/meetings/document/s/13377/12%20%20District%20Nursing%20Workforce.pdf</a>	Head of Health & Community Care	District Nursing	

Ref. no.	Report Title	Direction to	Full Text	Functions Covered by Direction	Budget Allocated by IJB to carry out direction(s)	Date Issued	With Effect From	Review Date	Status	Does this supersede, revise or revoke a previous Direction	Direction Reference superseded, revised or revoked	Link to IJB paper	Responsible Officer	Service Area	Most Recent Review (Date)
24.08.2 020 IJB/54/2 020/LA	HSCP Workforce Plan 2020-2024	Both Council and Health Board	Inverclyde Council and NHS GG&C jointly are directed to implement the requirements of the Workforce Plan attached as Appendix B to the report and within the associated budget outlined in Appendix A.	All functions outlined within the report and Appendix A.	As outlined in Appendix A.	24-Aug-20	24-Aug-20	Aug-21	Current	No	N/A	<a href="https://www.inverclyde.gov.uk/media/13444/06%20Workforce%20Plan.pdf">https://www.inverclyde.gov.uk/media/13444/06%20Workforce%20Plan.pdf</a>	Head of Strategy & Support Services	HSCP	Direction will be superseded by in year subsequent Financial Monitoring reports
24.08.2 020 IJB/51/2 020/LA	Health and Social Care Additional Staffing - Covid 19	Both Council and Health Board	Inverclyde Council and NHS GG&C jointly are directed to fill the posts outlined in Section 6.1 of the report and within the associated budget also outlined in Section 6.1.	All functions outlined within Appendix A of the report.	The budget delegated to Inverclyde Council is £568,290 and NHS GG&C is £521,018 as outlined in Appendix A.	24-Aug-20	24-Aug-20	Apr-21	Superseded	No	N/A	<a href="https://www.inverclyde.gov.uk/media/13446/08%20Staffing%20Covid%2019.pdf">https://www.inverclyde.gov.uk/media/13446/08%20Staffing%20Covid%2019.pdf</a>	Chief Officer	HSCP	
21.09.2 020 IJB/60/2 020/LA	Financial Budget Monitoring - 2020/21 Period to 30 June 2020 - Period 3	Both Council and Health Board	Inverclyde Council and NHS GG&C jointly are directed to deliver services in line with the IJB's Strategic Plan and within the associated budget outlined in Appendix 5	All functions outlined in Appendix 5 of the report.	As outlined in Appendix 5.	21-Sep-20	21-Sep-20	Nov-20	Superseded	Yes	17.03.2020 IJB/36/2020/LA	<a href="https://www.inverclyde.gov.uk/media/13556/08%20Financial%20Monitoring%20Report.pdf">https://www.inverclyde.gov.uk/media/13556/08%20Financial%20Monitoring%20Report.pdf</a>	Chief Finance Officer	Finance	Direction will be superseded by in year subsequent Financial Monitoring reports
21.09.2 020 IJB/68/2 020/LA	HSCP Digital Strategy 2020/21	Both Council and Health Board	Inverclyde Council and NHS GG&C jointly are directed to deliver the actions within the digital investment plan for 2020/21 as outlined in the report and Appendix A. (Includes SWIFT replacement).	All functions outlined in Appendix A of the report.	As outlined in Appendix A.	21-Sep-20	21-Sep-20	Sep-21	Current	No	N/A	<a href="https://www.inverclyde.gov.uk/media/13565/11%20Digital%20Strategy%20Action%20Plan.pdf">https://www.inverclyde.gov.uk/media/13565/11%20Digital%20Strategy%20Action%20Plan.pdf</a>	Head of Strategy & Support Services	HSCP	Direction will be superseded by in year subsequent Financial Monitoring reports
02.11.2 020 IJB/65/2 020/LA	Financial Budget Monitoring - 2020/21 August 2020 - Period 5	Both Council and Health Board	Inverclyde Council and NHS GG&C jointly are directed to deliver services in line with the IJB's Strategic Plan and within the associated budget outlined in Appendix 5.	All functions outlined in Appendix 5 of the report.	As outlined in Appendix 5.	02-Nov-20	02-Nov-20	25-Jan-21	Superseded	Yes	21.09.2020 IJB60/2020/LA	<a href="https://www.inverclyde.gov.uk/media/13698/06%20P5%20Monitoring%20Report.pdf">https://www.inverclyde.gov.uk/media/13698/06%20P5%20Monitoring%20Report.pdf</a>	Chief Finance Officer	Finance	
25.01.2 020 IJB/07/2 020/LA	Financial Budget Monitoring Report 2020/21 - Period to 31 October 2020 - Period 7	Both Council and Health Board	Inverclyde Council and NHS GG&C jointly are directed to deliver services in line with the IJB's Strategic Plan and within the associated budget outlined in Appendix 5.	All functions outlined in Appendix 5 of the report.	As outlined in Appendix 5.	25-Jan-21	25-Jan-21	Mar-21	Superseded	Yes	02.11.2020 IJB/65/2020/LA	<a href="https://www.inverclyde.gov.uk/media/13949/06%20Financial%20Monitoring%20Report.pdf">https://www.inverclyde.gov.uk/media/13949/06%20Financial%20Monitoring%20Report.pdf</a>	Chief Finance Officer	Finance	

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29.03.2 1	Financial Budget Monitoring Report 2020/21 - Period to 31 December 2020 - Period 9	Both Council and Health Board	Inverclyde Council and NHS GG&C jointly are directed to deliver services in line with the IJB's Strategic Plan and within the associated budget outlined in Appendix 5.	All functions outlined in Appendix 5 of the report.	As outlined in Appendix 5	29-Mar-21	29-Mar-21	May-21	Current	Yes Supersede	25.01.21 IJB/07/2020/ LA	<a href="https://www.inverclyde.gov.uk/meetings/documents/14117/05%20Financial%20Monitoring%20Report.pdf">https://www.inverclyde.gov.uk/meetings/documents/14117/05%20Financial%20Monitoring%20Report.pdf</a>	Chief Finance Officer	Finance	
29.03.2 1	Emergency Powers Decision IJB/13/2021	Health Board only	Appointment of 2 additional Health Visitors required to support Children's Services as outlined in the report.	Children & Families	£120k per annum including on costs	11-Feb-21 (emergency powers)	11-Feb-21	May-21	Current	No	N/A	<a href="https://www.inverclyde.gov.uk/meetings/documents/14121/09%20Emergency%20Decisions%20Log.pdf">https://www.inverclyde.gov.uk/meetings/documents/14121/09%20Emergency%20Decisions%20Log.pdf</a>	Head of Children, Families and Criminal Justice	Childrens Services	

Ref. no.	Report Title	Direction to	Full Text	Functions Covered by Direction	Budget Allocated by IJB to carry out direction(s)	Date Issued	With Effect From	Review Date	Status	Does this supersede, revise or revoke a previous Direction	Direction Reference superseded, revised or revoked	Link to IJB paper	Responsible Officer	Service Area	Most Recent Review (Date)
29.03.2 021 IB/16/2 021/LA	Inverclyde IJB Budget 2021/22	Both Council and Health Board	Inverclyde Council is directed to spend the delegated net budget of £53.971m in line with the Strategic Plan and the budget outlined within the report.  NHS Greater Glasgow and Clyde is directed to spend the delegated net budget of £121.183m in line with the Strategic Plan and the budget outlined within the report.	Budget 2021-22	The budget delegated to Inverclyde Council is £53.971m and NHS Greater Glasgow and Clyde is £121.183m as per the report.	29-Mar-21	29-Mar-21	Mar-22	Current	No	N/A	<a href="https://www.inverclyde.gov.uk/media/141118/06%20Inverclyde%20Budget.pdf">https://www.inverclyde.gov.uk/media/141118/06%20Inverclyde%20Budget.pdf</a>	Chief Finance Officer	Finance	
17.05.2 021 IB/20/2 021/AM	Inverclyde Alcohol and Drug Partnership Update	Both Council and Health Board	ADP funding plans to be noted and progressed.  Funding allocation of £81,407 from the Scottish Government to be spent as outlined in the report.  Funding bid to Corra Foundation of £441,882 for a 20 month test of change has been approved in principle and if successful, Inverclyde Council is directed to procure a third party service provider.	Alcohol & Drug Recovery Services	As detailed in the report.	17-May-21	17-May-21	May-22	Current	No	N/A	<a href="https://www.inverclyde.gov.uk/media/14262/06%20Inverclyde%20Alcohol%20and%20Drug%20Partnership%20Update.pdf">https://www.inverclyde.gov.uk/media/14262/06%20Inverclyde%20Alcohol%20and%20Drug%20Partnership%20Update.pdf</a>	Head of MH, ADRS and Homelessness	Alcohol and Drug Recovery	
17.05.2 021 IB/23/2 021/SM CA	The Promise Partnership Funding	Both Council and Health Board	Funding allocation via the Promise Partnership of £250,000 to be used to establish the I Promise Team and conduct the discovery of/design phase of the I Promise plan, including some test of change work.  The Council and Health Board are directed to employ a Senior Officer at the appropriate grade, subject to job evaluation, and to fund a modern apprenticeship post. Additional staff outline in the report to be employed in partnership with third sector partners.	Children & Families	The Promise Partnership has been awarded one year's funding of £250,000, additional resource of £3k to be utilised via ADP funds and Care Experienced Attainment Funding.	17-May-21	17-May-21	May-22	Current	No	N/A	<a href="https://www.inverclyde.gov.uk/media/14274/09%20The%20Promise%20Partnership%20Funding.pdf">https://www.inverclyde.gov.uk/media/14274/09%20The%20Promise%20Partnership%20Funding.pdf</a>	Head of Children, Families and Criminal Justice	Children's Services	
17.05.2 021	ADRS - Proposed Update to Workforce Model	Both Council and Health Board	Council and Health Board to implement the approved changes to the workforce model in line with the ADRS review as per the report.  Council is to transfer 2 posts and associated funding to the Inclusive Education, Culture and Communities Directorate to deliver on the Prevention and Education agenda.	Alcohol & Drug Recovery Services	As detailed in the report - re-structure of existing service to be funded from existing budgets	17-May-21	17-May-21	May-22	Current	No	N/A	<a href="#">Private Report</a>	Head of MH, ADRS and Homelessness	Alcohol and Drug Recovery	



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<b>Report to:</b>	<b>Inverclyde Integration Joint Board</b>	<b>Date: 20 September 2021</b>
<b>Report By:</b>	<b>Allen Stevenson Interim Corporate Director, (Chief Officer) Inverclyde Health and Social Care Partnership (HSCP)</b>	<b>Report No: IJB/43/2021/AB</b>
<b>Contact Officer:</b>	<b>Alan Best Interim Head of Health and Community Care Inverclyde Health and Social Care Partnership (HSCP)</b>	<b>Contact No: 01475 715283</b>
<b>Subject:</b>	<b>COVID-19 RECOVERY PLAN 2020 HEALTH &amp; COMMUNITY CARE OLDER PEOPLE'S DAY SERVICE</b>	

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## **1.0 PURPOSE**

- 1.1 The purpose of this report is to advise the Integrated Joint Board on the impact of COVID-19 on the delivery of Day Services for Older People and to highlight the planned recovery within flexible time scales.

## **2.0 SUMMARY**

- 2.1 Day services for older people within Inverclyde closed in March 2020 in line with Scottish Government guidance. The closure of these settings has undoubtedly had an impact on the lives of supported people and unpaid carers. The longer term impact for carers is becoming increasingly difficult which is being addressed through assessment teams and the Carers Centre in terms of the provision of alternative breaks at home.
- 2.2 On 3 August 2020 the Scottish Government confirmed that registered building based adult day service could re-open subject to risk assessment and local sign off. Although opening was delayed with the second wave of Covid in January 2021 all day services have now reopened on a restricted basis. All necessary considerations have been taken into account for adapting and re-opening services while minimising risk. The aim is that people receive the support they need in an appropriate way to ensure wellbeing and minimise isolation, while meeting the requirements of all public health measures in relation to hygiene and the prevention and control of the spread of infection.
- 2.3 Local day services and HSCP assessment teams have worked collaboratively adopting new models of service delivery to continue to provide support in response to critical and substantial need. HSCP and commissioned day services have all provided virtual support and an outreach service since March 2020 with meal delivery where required. We have now established a tiered approach with building based provision as part of our critical care service alongside a blended model of support within the community.
- 2.4 The total number of people using day services has reduced from 150 pre-covid to 78 currently and all service users are now in receipt of either a building based service or a community contact. Early indicators show the majority of people are opting to return to day services with a smaller number choosing to continue with community based

supports. There are 26 people who have received increased respite support in the last 18 months as an alternative to day service which are being reviewed to confirm their preferences for on-going support.

- 2.5 HSCP Hillend Day Service currently supports 34 people who are attending a community group or receiving outreach. As the HSCP has a responsibility to focus on critical and essential support in the community it remains the case that approx. half the staff resource is being used to support the Home Care service. However these posts are now vacant with a plan in place for all remaining day care staff to return to core service which has enabled Hillend to reopen the Inverkip group with a second group planned to recommence in September.
- 2.6 Within commissioned day services, Muirshiel currently supports 27 people and Crown Care 17, this is approx. 50% of normal provision. Both services are keen to further develop the outreach service currently provided and continue to re-establish the building based service. Services are now able to accept new referrals. It is important to ensure the sustainability of these services therefore sustainability payments will continue for 21/22 which is within budget.
- 2.7 Service providers have found imaginative ways to support users including gardening, small group activities, reminiscence walks and swimming. Service users have responded positively to this approach however highlight that they miss the group interaction. It is thought that group based community activities is a way of developing the service into 2022 which is a similar approach to the HSCP Active Living For All (ALFA) service. All 3 providers have been proactive with this approach including personal music playlists and seasonal activities. Technology is being used to link people on line and provide exercises although the overwhelming feedback is that face to face contact is preferred.

### **3.0 RECOMMENDATIONS**

- 3.1 The Integrated Joint Board is asked to note progress within the Recovery Plan for Older Peoples Day Services while ensuring the priority for critical services, as follows:
  - Hillend Day Services has reopened two community groups while continuing an outreach service. The priority for the HSCP continues to be critical care at home.
  - Commissioned services will continue to re-establish building based service within Government guidance in addition to the current outreach and virtual contact. This will be targeted at priority service users to provide a break for carers.
  - Day services are now able to accept new referrals.

**Allen Stevenson**  
**Interim Chief Officer**



## **4.0 BACKGROUND**

### **4.1 Hillend Day Service**

Hillend Day service and ALFA suspended service in March 2020 in line with Government guidance. Staff within the service have been deployed within Care at Home and have contributed significantly to maintaining essential service in the community over the last 6 months. Approximately half the Day Service staff resource is essential to sustain Home Care and is required until the end of winter.

Telephone contact has been maintained with service users; from 25th May, 884 outbound calls have been made, feedback highlights that service users welcomed the contact. Carers also felt that the calls were a safety net and provided reassurance particularly where they had no physical contact with their relatives due to government restrictions.

In response to the pandemic there has been an expansion of tec interventions which is being considered for use within day services. All current service users now receiving a reduced level of service.

### **4.2 Commissioned Day Services**

Muirshiel and Crown Care Day services have been suspended since March 2020. Both services have maintained contact with service users and provided an outreach service with support with meals if required. This has reduced social isolation for people and supported people to remain safe at home.

Commissioned providers have received sustainability payments since March 2020. These services are essential to maintaining people living at home and both are keen to further develop the outreach service currently provided and re-establish a limited building based service. There is sufficient capacity within Commissioned Services to meet the current level of demand. These services would focus on providing short breaks for carers. It is essential to ensure the sustainability of these services over the next 6 months.

The tiered model for daytime care and support is consistent with the strategic drive towards increased informal and community based day support all HSCPs have been strategically aspiring to for some time. Work with providers is underway to explore where contracted provision can mirror the model envisaged for internally run services and to ensure the whole system of day care can operate on a flexible tiered model.

### **4.3 Impact**

The pandemic appears to have had the greatest impact on the most deprived communities as well as the elderly and those with a long term health condition. We know from carers/families and service users that self-isolation and retraction of non-essential support services has had a significant impact on the physical and mental wellbeing of service users and carers.

Since March 2020 there is a 50% reduction in the service user group for older people's day services however new referrals are now being accepted and it is anticipated numbers will increase over the next 6 months.

### **4.4 Rehab and Reablement Service**

Day services will work alongside AHP teams and the reablement service as there is recognition that there will be an increase in rehab work required to improve health and wellbeing of older people who have become deconditioned or frailer during the last 12 months. It is also recognised that service users may be wary of engaging in a social situation in the current climate so alternative means of engagement are essential to ensure people feel safe and connected at home.

## 4.5 Next Steps

All current service users within day care have received a review of their support package with a view to identifying an appropriate way to meet their outcomes. If service users are unable to, or choose not to, attend the service consideration will be given to alternative ways to provide support in order to meet their needs. People will be fully involved in all decisions about the support that would suit them best, and those eligible for social care support may wish to move to a different self-directed support option to support their goals.

It is a service priority to re-engage social contact where possible and to further develop remote ways of working to provide support. Support for carers is a priority as it is recognised that informal carers have been under increased pressure due to the shutdown of services.

- 4.6 The demand for service, self-directed support options and models of service will be monitored and reported as part of the phased recovery process. It is inevitable that the progress of the pandemic and any further measures required will impact and service provision will be reintroduced in a way which ensures flexibility and responsiveness.
- 4.7 In planning our response to these challenges the Service believes it needs to take both a flexible and creative approach to meet the demands of post pandemic community, prospect of a second wave and the likely severe pressures on the system we will face this coming winter.

## 5.0 IMPLICATIONS

### FINANCE

Financial Implications:

#### 5.1 One off Costs

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

Annually Recurring Costs/ (Savings)

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

### LEGAL

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

### HUMAN RESOURCES

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

### EQUALITIES

- 5.4 Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
√	NO

## CLINICAL OR CARE GOVERNANCE IMPLICATIONS

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

## 5.6 NATIONAL WELLBEING OUTCOMES

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

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

## 6.0 DIRECTIONS

6.1

<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	

## 7.0 CONSULTATION

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

## 8.0 BACKGROUND PAPERS

8.1 Respite and Day Care - Letter from Cabinet Secretary



Respite and day care  
- Letter from Cabinet

8.2 Covid 19 Outreach Risk Assessment



Covid 19 Outreach  
risk assessment.docx

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<b>Report To:</b>	<b>Inverclyde Integration Joint Board</b>	<b>Date:</b> 20 September 2021
<b>Report By:</b>	<b>Allen Stevenson Interim Corporate Director (Chief Officer) Inverclyde Health &amp; Social Care Partnership</b>	<b>Report No:</b> IJB/44/2021/AS
<b>Contact Officer:</b>	<b>Alan Best</b>	<b>Contact No:</b> 712722
<b>Subject:</b>	<b>CHIEF OFFICER'S REPORT</b>	

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## **1.0 PURPOSE**

- 1.1 The purpose of this report is to update the Integration Joint Board on service developments which are not subject to the IJB's agenda of 20 September 2021 but will be future papers on the IJB agenda.

## **2.0 SUMMARY**

- 2.1 The report details updates on work underway across the Health and Social Care Partnership in relation to:
- Dementia Care Co-ordination Program Update
  - Inverclyde MacMillian Improving the Cancer Journey
  - District Nursing Workforce
  - Unscheduled Care Commissioning Plan Update

## **3.0 RECOMMENDATIONS**

- 3.1 The IJB is asked to note the HSCP service updates and that future papers will be brought to the IJB as substantive agenda items.

**Allen Stevenson**  
**Interim Chief Officer**

## **4.0 BACKGROUND**

- 4.1 There are a number of issues or business items that the IJB will want to be aware of and updated on. IJB members can request more detailed reports are developed in relation to any of the topics covered.

## **5.0 BUSINESS ITEMS**

### **5.1 Dementia Care Co-ordination**

As part of Scotland's third National Dementia Strategy, Inverclyde HSCP was selected as the Dementia Care Co-ordination Programme implementation site. The Programme is supporting improvements and redesign of community based services to improve care co-ordination for people living with dementia from diagnosis to end of life.

Priority areas for improvement include care co-ordination for people newly diagnosed with dementia, ensuring a responsive and sustainable Post-Diagnostic Support Service; care co-ordination for people living with moderate dementia. This will be aligned to the 8 Pillars Model of Community Support and 12 Critical Success Factors for effective care co-ordination, and care co-ordination for people living with advanced dementia at a palliative and/or end of life

In addition, the following actions will be implemented:

- Creating a sustainable approach to dementia workforce development
- Clarification of roles and responsibilities and service pathways
- Development and testing of a self-management leaflet and app
- Local implementation of the Dementia and Housing Framework
- Enhancement of the Allied Health Professional contribution to an integrated and co-ordinated approach
- Improvement in the completion and consistency of Anticipatory Care Planning for individuals with dementia and
- Re-establishment of Dementia Friendly and Enabled community work.

### **5.2 Inverclyde Macmillan Improving the Cancer Journey**

An exciting initiative for a partnership between Macmillan Cancer Support, the Scottish Government and Inverclyde Health & Social Care Partnership will be developed. The Improving the Cancer Journey model will deliver key objectives of the Scottish Cancer Plan and other Scottish Government strategies by implementing and Improving the Cancer Journey (ICJ) model to help better meet the needs of people affected by cancer from the point of diagnosis across Inverclyde.

The ICJ will bring to Inverclyde an investment of £320,000 over a 3 year period which includes employment opportunities for 2-3 people.

This forms part of the new Macmillan and Scottish Government partnership programme called Transforming Cancer Care (TCC). It has been rolled out across Scotland originating in Glasgow City Council and is also in place in West Dunbartonshire, Renfrewshire & East Dunbartonshire.

ICJ will reduce the number of points of access for members of the public who have a cancer diagnosis or are affected by cancer, stakeholders and partners. As well as direct advice and support the ICJ will link with community groups and partners such as Inverclyde Leisure to ensure access to services and leisure activities to ensure a holistic response to people's needs. This is in line with the Self-directed Support and Carers Strategy along with health improvement and supports the

Strategic Plan 2019-2024, specifically Big Action 4.

### **5.3 District Nursing Workforce**

Development is ongoing in relation to the Scottish Government investment to District Nursing aligned to Health and Social Care Workforce Plan recommendations published in December 2019.

Future reports will provide an overview of the outline plan across NHS Greater Glasgow and Clyde (GGC), including planning intentions for Inverclyde HSCP.

In late 2020, the Scottish Government wrote to Boards with regard to the allocation of funding for November 2020 - April 2021, and recurring funding until 2024/25. The Board allocation across NHS GG&C is £10,081,786 equating to 47.8 skill mixed posts, Inverclyde's allocation is £705,470 equating to 4.5 skill mixed posts realised at end point 2024/25.

A future paper will be presented to the IJB as this investment in the District Nursing workforce develops.

### **5.4 Unscheduled Care Commissioning Plan update**

At its meeting in June 2020 the IJB received a report on the Board-wide draft. Unscheduled care plan, which was subsequently agreed by the other five HSCPs in GG&C.

Since then unscheduled care services have changed in response to the Corona Virus pandemic, including a national redesign of urgent care.

A programme of engagement has also taken place, and further work undertaken on the financial and performance frameworks to support delivery of the strategy.

This report presents the updated unscheduled care programme in the form of the draft Design and Delivery Plan for the period 2021/22 to 2023/24. Similar reports are being considered by the other five HSCPs in GG&C and the Health Board.

The re-freshed Board-wide Unscheduled Care Improvement Programme will include ;

- A financial framework specifically highlighting that the funding shortfall identified will require to be addressed to support full implementation of phase 1;
- The performance management arrangements to report on and monitor progress towards delivery of the Plan, including the KPIs and projections for emergency admissions for 2022/23.
- The governance arrangements outlined to ensure appropriate oversight of delivery
- The ongoing engagement work with clinicians, staff and key stakeholders;
- Update on the delivery of the programme towards the end of 2021/22, including the financial framework.
- The Plan will be reported to all six IJBs and the Health Board Finance, Audit and Performance Committee during the next meeting cycle.

### **5.5 Inverclyde support to refugee resettlement and Afghan Locally Engaged Staff fleeing the humanitarian crisis.**

Since 2015 Inverclyde has provided resettlement opportunities to 33 families from the Syrian and Vulnerable Children resettlement schemes.

When, in April 2021, the UK Government launched the latest Afghan Locally Engaged Staff (LES) Relocation Scheme, Inverclyde responded without delay by

offering accommodation and support.

Most recently 6 Afghan families constituting 33 individuals have arrived in Inverclyde and are supported by the HSCP and wider council services. It is worthy of note that these families are receiving warm support from the people and communities of Greenock and Port Glasgow where they have settled.

At the same time as offering ongoing support to refugees from earlier resettlement schemes, it is proposed that Inverclyde extend our offer of support and resettlement opportunities to a further 6 families before the end of October 2021 and agreement is given to develop plans to commit to support up to 28 further Afghan families. This will involve an offer of support and resettlement to as many as 140 individuals, fleeing the humanitarian crisis of their home country.

A financial support package is provided in respect of each individual who is part of the resettlement arrangements. A more detailed report will be progressed via CMT as to how services will be developed and deployed to ensure adequate support arrangements are in place.

## 6.0 IMPLICATIONS

### FINANCE

#### 6.1

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

Annually Recurring Costs / (Savings)

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

### LEGAL

6.2 There are no legal implications within this report.

### HUMAN RESOURCES

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

### EQUALITIES

6.4 Has an Equality Impact Assessment been carried out?

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



6.4.1 How does this report address our Equality Outcomes?

<b>Equalities Outcome</b>	<b>Implications</b>
People, including individuals from the above protected characteristic groups, can access HSCP services.	Ensures protection of characteristic groups
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	Reduces discrimination
People with protected characteristics feel safe within their communities.	Ensures a safer community
People with protected characteristics feel included in the planning and developing of services.	Inclusive for all the community
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	Promotes diversity
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	LD service users play a full part in their community
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	Promotes positive approach to services

**CLINICAL OR CARE GOVERNANCE IMPLICATIONS**

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

**NATIONAL WELLBEING OUTCOMES**

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

<b>National Wellbeing Outcome</b>	<b>Implications</b>
People are able to look after and improve their own health and wellbeing and live in good health for longer.	Promotes health & wellbeing
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	Promotes independence
People who use health and social care services have positive experiences of those services, and have their dignity respected.	Ensures dignity for all within services
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Improves a quality of life
Health and social care services contribute to reducing health inequalities.	Reduces health inequalities
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	Supports unpaid carers as part of the health care service
People using health and social care services are safe from harm.	Keeps people safe
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.	Engages with our workforce
Resources are used effectively in the provision of health and social care services.	Effective use of resources

## 7.0 DIRECTIONS

7.1

<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	

## 8.0 CONSULTATION

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

## 9.0 BACKGROUND PAPERS

9.1 None.