

**A meeting of the Inverclyde Integration Joint Board will be held on Monday 26 September 2022 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.**

**Information relating to the recording of meetings can be found at the end of this notice.**

**IAIN STRACHAN**  
Head of Legal & Democratic Services

<b>BUSINESS</b>		
		<b>Page</b>
1.	<b>Apologies, Substitutions and Declarations of Interest</b>	
<b>ITEMS FOR ACTION:</b>		
2a.	<b>Minute of Meeting of Inverclyde Integration Joint Board of 27 June 2022</b>	<b>p</b>
2b.	<b>Minute of Meeting of Inverclyde Integration Joint Board of 20 July 2022</b>	<b>p</b>
3.	<b>Appointment of New Chief Officer</b> Report by Chief Executive, Inverclyde Council and Chief Executive, Greater Glasgow & Clyde NHS Board	<b>p</b>
4.	<b>Financial Monitoring Report 2022/23 – Period to 31 July 2022, Period 4</b> Report by Chief Officer, Inverclyde Health & Social Care Partnership	<b>p</b>
5.	<b>Rolling Action List</b>	<b>p</b>
<b>ITEMS FOR NOTING:</b>		
6.	<b>IJB Directions Annual Report – 2021/22</b> Report by Chief Officer, Inverclyde Health & Social Care Partnership	<b>p</b>
7.	<b>Resettlement and Wider Dispersal in Inverclyde</b> Report by Chief Officer, Inverclyde Health & Social Care Partnership	<b>p</b>
8.	<b>Primary Care – Update on Vaccination Transformation Programme and General Dental Services</b> Report by Chief Officer, Inverclyde Health & Social Care Partnership	<b>p</b>

9.	<b>Inverclyde Adult Support and Protection Partnership - Adult Support – Quality Improvement Plan 2021-22</b> Report by Chief Officer, Inverclyde Health & Social Care Partnership	p
10.	<b>Inverclyde Alcohol and Drug Partnership Update</b> Report by Chief Officer, Inverclyde Health & Social Care Partnership	p
11.	<b>Mental Welfare Commission Local Visits 2021</b> Report by Chief Officer, Inverclyde Health & Social Care Partnership	p
12.	<b>Chief Officer’s Report</b> Report by Chief Officer, Inverclyde Health & Social Care Partnership	p
13.	<b>Review of IJB Report Format</b> Report by Chief Officer, Inverclyde Health & Social Care Partnership	p
14.	<b>Minute of Meeting of IJB Audit Committee of 27 June 2022</b> NB There will also be a verbal update by the Chair of the IJB Audit Committee providing feedback on their meeting earlier in the day	p
<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>		
15.	<b>Reporting by Exception – Governance of HSCP Commissioned External Organisations</b> Report by Chief Officer, Inverclyde Health & Social Care Partnership providing an update on matters relating to the HSCP governance process for externally commissioned Social Care Services.	p
16.	<b>Appendix to Minute of Meeting of Inverclyde Integration Joint Board of 27 June 2022</b> Para 6 & 9	p
<b>ITEMS FOR NOTING:</b>		
17.	<b>Procurement Update – New Social Care Case Management Solution</b> Report by Chief Officer), Inverclyde Health & Social Care Partnership providing an update on matters relating to the HSCP governance process for externally commissioned Social Care Services.	p

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

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

**INVERCLYDE INTEGRATION JOINT BOARD – 27 JUNE 2022**

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**Inverclyde Integration Joint Board**  
**Monday 27 June 2022 at 2pm**

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

Alan Cowan (Chair)	Greater Glasgow and Clyde NHS Board
Councillor Robert Moran (Vice Chair)	Inverclyde Council
Cllr Martin McCluskey	Inverclyde Council
Councillor Sandra Reynolds	On behalf of Councillor Elizabeth Robertson, Inverclyde Council
Simon Carr	Greater Glasgow and Clyde NHS Board
David Gould	Greater Glasgow and Clyde NHS Board

**Non-Voting Professional Advisory Members:**

Allen Stevenson	Interim Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership and on behalf of Sharon McAlees, Chief Social Work Officer
Craig Given	Chief Finance Officer, Inverclyde Health & Social Care Partnership
Laura Moore	Chief Nurse, NHS GG&C

**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

**Additional Non-Voting Member**

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

Eddie Montgomery	Interim Head of Property Services, Inverclyde Council
Vicky Pollock	Legal Services Manager, Inverclyde Council
Alan Best	Interim Head of Health & Community Care, Inverclyde Health & Social Care Partnership
Anne Malarkey	Head of Homelessness, Mental Health & Drug & Alcohol Recovery Services, Inverclyde Health & Social Care Partnership
Lesley Ellis	Senior Social Worker, Inverclyde Health & Social Care Partnership
Arlene Mailey	Service Manager, Quality & Development, Inverclyde Health & Social Care Partnership
Emma Cumming	Project Manager, Inverclyde Health & Social Care Partnership
Marie Keirs	Senior Finance Manager, Inverclyde Council
Andrina Hunter	Service Manager, Corporate Policy, Planning and

## INVERCLYDE INTEGRATION JOINT BOARD – 27 JUNE 2022

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Diane Sweeney Colin MacDonald PJ Coulter	Performance, Inverclyde Council Senior Committee Officer, Inverclyde Council Senior Committee Officer, Inverclyde Council Corporate Communications, Inverclyde Council
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**Chair:** Alan Cowan presided

The meeting took place via video-conference.

### 31 Apologies, Substitutions and Declarations of Interest

31

Apologies for absence were intimated on behalf of:

Christina Boyd	Carer's Representative
Ann Cameron-Burns	Greater Glasgow & Clyde NHS Board
Sharon McAlees	Chief Social Work Officer, Inverclyde Health & Social Care Partnership (with Mr Stevenson representing)
Dr Hector MacDonald	Clinical Director, Inverclyde Health & Social Care Partnership
Hamish MacLeod	Service User Representative, Inverclyde Health & Social Care Partnership Advisory Group
Councillor Lynne Quinn	Inverclyde Council
Councillor Elizabeth Robertson	Inverclyde Council (with Councillor Sandra Reynolds substituting)

No declarations of interest were intimated.

Prior to the commencement of business the Chair welcomed the newly appointed Councillors to the meeting, and recapped the functions and meeting protocols for the Inverclyde Integration Joint Board .

### 32 Minute of Meeting of Inverclyde Integration Joint Board of 21 March 2022

32

There was submitted the Minute of the Inverclyde Integration Joint Board of 21 March 2022.

The Minute was presented by the Chair and checked for fact, omission, accuracy and clarity.

The Board requested an update on the Unscheduled Care Commissioning Plan (Design & Delivery Plan 2022/23 – 2024/25) and Mr Stevenson advised that work was currently ongoing and not formally concluded.

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

### 33 Voting Membership of the Inverclyde Integration Joint Board and Membership of the Inverclyde Integration Joint Board Audit Committee

33

There was submitted a report by the Interim Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership advising the Board of (1) a change in its voting membership arrangements following the Local Government Elections held on 5 May 2022, (2) seeking agreement to appoint one voting member of the IJJB to the IJJB Audit Committee, and (3) confirming the re-appointment of the Greater Glasgow and

## INVERCLYDE INTEGRATION JOINT BOARD – 27 JUNE 2022

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Clyde NHS Board voting members for a further two years.

The report was presented by Ms Pollock, who provided a verbal update advising that, with the Board's agreement, Mr David Gould would be appointed as Vice-Chair of the IJJB Audit Committee, replacing Mr Simon Carr in that role.

**Decided:**

(1) that the appointment by Inverclyde Council of Councillor Robert Moran, Councillor Martin McCluskey, Councillor Elizabeth Robertson and Councillors Lynne Quinn as voting members of the IJJB be noted;

(2) that the appointment of Councillor Robert Moran as Vice Chair of the IJJB be noted;

(3) that the re-appointment of the GG&C NHS Board voting members; Mr Alan Cowan, Mr Simon Carr, Ms Ann Cameron-Burns and Mr David Gould, be agreed for a further term of up to two years;

(4) that Councillor Lynne Quinn be appointed as a voting member to the IJJB Audit Committee; and

(5) that Mr David Gould be appointed as Vice Chair of the IJJB Audit Committee, replacing Mr Simon Carr in that role.

### 34 Inverclyde Integration Joint Board (IJB) and IJB Audit Committee – Proposed Dates of Future Meetings 34

There was submitted a report by the Interim Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership seeking approval of a timetable of meetings for the Inverclyde Integration Joint Board (IJB) and IJB Audit Committee for 2022/23.

The report was presented by Ms Pollock and (1) provided an overview of the meeting cycle, and (2) requested that the Board consider whether all meetings should continue to be held via video-conferencing.

The IJJB and IJJB Audit Committee meeting dates were noted as follows:

IJJB Audit Committee - Monday 26 September 2022 at 12 noon (Members meet with Auditor and External Auditor only)

IJJB Audit Committee – Monday 26 September 2022 at 1pm (usual meeting)

IJJB - Monday 26 September 2022 at 2pm

IJJB - Monday 7 November 2022 at 2pm

IJJB - Monday 23 January 2023 at 2pm

IJJB Audit Committee – Monday 20 March 2023 at 1pm

IJJB - Monday 20 March 2023 at 2pm

IJJB - Monday 15 May 2023 at 2pm

IJJB Audit Committee – Monday 26 June 2023 at 1pm

IJJB - Monday 26 June 2023 at 2pm

The Board discussed returning to face-to-face meetings, with the consensus being that, giving due consideration to the ongoing Covid situation and that video-conference meetings were generally successful, meetings should continue in the present format at present.

The Board requested clarification on how members of the public can access meetings, and Ms Pollock advised that although meetings were recorded they were not placed on the Council website, and that she would look into the possibility of live-streaming the meetings onto the Council's YouTube channel. The Chair requested that officers explore options for increasing public access to the online meetings.

Ms Eardley joined the meeting during consideration of this item of business.

**Decided:**

(1) that the timetable of meetings as detailed in the appendix to the report be

## INVERCLYDE INTEGRATION JOINT BOARD – 27 JUNE 2022

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approved;

(2) that meetings continue in the present format, with the main IJJB and IJJB Audit Committee meetings being held by video-conference with the option of meeting in person for smaller consultations, and

(3) that it be remitted to officers to consider the logistics of live streaming meetings in advance of discussion at the next pre-agenda meeting.

### 35 Rolling Action List 35

There was submitted a Rolling Action List of items arising from previous decisions of the IJJB.

**Decided:** that the Rolling Action List be noted.

### 36 2021/22 Draft Annual Accounts 36

There was submitted a report by the Interim Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership appending the draft 2021/22 Annual Accounts and Annual Governance Statement.

The report was presented by Mr Given and advised that the unaudited accounts should be submitted to the external auditor by 30 June 2022, the audited accounts be submitted by 30 November 2022 and that the Annual Governance Statement be approved by the IJJB. Mr Given noted that the IJJB Audit Committee had considered this item at their meeting earlier in the day and Mr Carr was invited to provide a summary of that meeting. Mr Carr commented that they had a positive and constructive meeting and briefed Board members on the outcome.

Referring to page 8 of the Accounts document, the Board enquired about the monitoring processes for the Scottish Government Covid funding and the position regarding the Earmarked Reserves. Mr Given assured that there were robust monitoring processes in place and advised that the Earmarked Reserves were detailed at page 33 of the Accounts document.

**Decided:**

(1) that the proposed approach to complying with the Local Authority Accounts (Scotland) Regulations 2014 be noted;

(2) that the Annual Governance Statement included within the Accounts be approved;

(3) that the unaudited accounts for 2021/22 be submitted to the auditor;

(4) that the transfer to Earmarked Reserves as detailed at page 10 of the Draft Annual Accounts be approved; and

(5) that the requests to the Transformation Fund as detailed in paragraph 10 of the report be approved.

### 37 Proposed Use of IDEAS Project Surplus Funds 37

There was submitted a report by the Interim Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on the proposed use of surplus funds from the IDEAS programme to create a Specialised Money Advice and Resource Team and to support future planning and commissioning of Money Advice and welfare/anti-poverty services.

The report was presented by Mr Given and provided background information on the IDEAS programme and the surplus funds.

The Board commented that they hoped the support to Financial Inclusion Partners would result in practical assistance to service users, such as the supply of items like

## INVERCLYDE INTEGRATION JOINT BOARD – 27 JUNE 2022

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bedding and foil backing to be applied to the back of radiators.

Councillor Reynolds requested further clarification on the reason for having surplus funds and Mr Given agreed to provide this outwith the meeting.

The Board enquired as to how the public would be made aware of the suggested proposals detailed within the report, and Ms Cummings advised that a variety of resources would be utilised, including Your Voice, Inverclyde Council's Corporate Communications department, drop-in sessions and raising staff awareness.

The Chair requested that officers provide an update report on the local impact of the investment by the end of the year.

**Decided:**

(1) that it be agreed that the £297,000 in surplus funds be invested to (a) support the appointment of two additional Money Advice posts for Inverclyde HSCP Advice Services, and (b) provide support to Financial Inclusion Partners to be agreed by the Financial Inclusion Partnership, all as detailed in the report;

(2) that authority be given to the Interim Corporate Director (Chief Officer) to issue the Directions attached to the report to Inverclyde Council; and

(3) that it be remitted to officers to provide an update report on the local impact of the investment by the end of the year.

Ms McCrone left the meeting at this juncture.

### 38 Locality Planning within Inverclyde

38

There was submitted a report by the Interim Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on the development of locality planning within Inverclyde and seeking approval for changes to this approach based on learning and feedback.

The report was presented by Ms Hunter and provided an overview of achievements to date and detailed a proposed new model based on the six Communication and Engagement groups already established and the development of two new Health and Social Care Locality Groups to be governed through the IJJB's Strategic Planning Group.

The Board expressed concerns that locality planning may become overly bureaucratic, and Ms Hunter and Mr Stevenson explained the legislation behind locality planning and the reasons for developing the new approach.

The Board acknowledged that there were difficulties experienced nationally in managing locality planning.

The Chair requested that officers provide an update report by the end of the year and consider adding locality planning to the Development Session being planned for September, which was to discuss the Strategic Plan refresh, and Mr Stevenson agreed.

**Decided:**

(1) that the steps undertaken to date to develop locality planning across Inverclyde be noted;

(2) that the proposals (a) to retain the six Communication and Engagement Groups be noted, and (b) to develop two Health and Social Care Locality Groups for Inverclyde be approved;

(3) that it be remitted to officers to arrange a Development Session on locality planning, and give consideration to including this in the Development Session planned for September, which will discuss the Strategic Plan refresh; and

(4) that it be remitted to officers to provide a further update report by the end of the year.

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**INVERCLYDE INTEGRATION JOINT BOARD – 27 JUNE 2022**


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**39 Mental Health & Wellbeing Service**

39

There was submitted a report by the Interim Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership detailing the development and implementation of the Inverclyde Mental Health and Wellbeing Service.

The report was presented by Ms Malarkey and provided details of the development of the Service in line with the Scottish Government's requirement that all HSCPs develop and fully implement a Service by April 2026.

The Board asked how the Service would fit with existing provision by GP practices, and if it would increase capacity. Ms Malarkey explained that it was anticipated the Service would add capacity and that the intention was to provide appropriate care away from GP practices.

The Board sought clarification on how the funding model was calculated, if it was needs or population based, and Ms Malarkey agreed to provide this information to Councillor McCluskey and the Chair outwith the meeting.

The Board asked how the success of the Service would be measured and Ms Malarkey advised that feedback would be provided to the Scottish Government, users and stakeholders and there would be a formalised evaluation process.

The Board enquired about the staff structure and recruitment, and Ms Malarkey acknowledged that recruitment may be challenging, that planning guidance prescribes recruitment and explained that it would be a multi-disciplinary team. Ms Elliot further explained the opportunity of engaging with Third Sector groups.

**Decided:**

- (1) that the content of the report be noted;
- (2) that the proposals to develop and implement the Inverclyde Mental Health and Wellbeing Service as detailed in the report be approved; and
- (3) that the Interim Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership be authorised issue the Direction attached to the report at appendix 1.

**40 Inverclyde Learning Disability Community Hub**

40

There was submitted a report by the Interim Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on the ongoing development of the Inverclyde Learning Disability Community Hub.

The report was presented by Mr Best and Mr Montgomery and provided detail on the design stage progress, net zero considerations, market challenges and risks, and significant factors pertaining to project costs and design review.

The Chair offered the Inverclyde Councillors present the opportunity to comment on the project and Councillor Moran stated that the new Council administration supported the development of the Hub.

The Board referred to the fourth recommendation in the report:

'It is recommended that the Integration Joint Board: Approves the progression of the project based on the alternative design and confirmation of the additional funding support (£1.117 million) required to allow the project to proceed from a combination of prudential borrowing and Reserves.'

The Board queried if the IJJB was to provide the £1.117 million additional funding from its own Reserves and Mr Given confirmed that that was the recommendation. The Board sought reassurance from officers that this was an appropriate use of IJJB funds and it was agreed that officers would review this funding request and a Special Meeting be convened to discuss this matter further.

Ms Eardley left the meeting during consideration of this item of business.



## INVERCLYDE INTEGRATION JOINT BOARD – 27 JUNE 2022

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**Decided:**

- (1) that the content of the report and the current stage of development of the project be noted;
- (2) that the position with respect to the external grant funding support sought for the project and allocation subject to grant offer acceptance be noted;
- (3) that the intended procurement route to market via hub West Scotland be noted and approved; and
- (4) that it be remitted to officers to review the request for £1.117 million of additional funding from from a mix of prudential borrowing and use of IJJB Reserves earmarked for this purpose and report on this matter further in order to provide assurance to the Board.

**41 The Promise**

**41**

There was submitted a report by the Interim Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on the progression of local activity and delivery of The Promise, referred to locally as I Promise (Inverclyde's Promise).

The report was presented by Ms Ellis and appended the Inverclyde Promise Team Quarterly Report for April 2022.

**Decided:**

- (1) that the progression in delivering Inverclyde's commitment to The Promise and the establishment of the I Promise Team be noted; and
- (2) that the members of the IJJB will continue to actively support the delivery of I Promise and the system shifts required.

**42 Progress Update Clinical and Care Governance Strategy Workplan 2021-22**

**42**

There was submitted a report by the Interim Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on the Clinical and Care Governance Strategy Workplan.

The report was presented by Ms Moore and appended the updated version of the Workplan.

Referring to the Duty of Candour section of the Workplan, the Board asked why staff had not been offered training on this before now and Ms Moore advised that she could not comment on that, but that there was now a standardising approach across the GG&C Health Board. The Board commented in positive terms about Duty of Candour as a concept.

The Chair noted that the greyscale quality of the printing made some of the detail in the Workplan difficult to read and requested that officers remedy this in subsequent reports or updates.

**Decided:** that the updated Clinical and Care Governance Strategy Workplan for Inverclyde HSCP be noted.

**43 Annual Report Clinical and Care Governance 2021-2022**

**43**

There was submitted a report by the Interim Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing a summary of the Clinical and Care Governance Group Annual Report for 2021-2022, a copy of which was appended to the report.

The report was presented by Ms Moore and advised that the Annual Report will also be sent to NHS GG&C, as all HSCPs are required to provide such a report covering the

## INVERCLYDE INTEGRATION JOINT BOARD – 27 JUNE 2022

role, remit and future plans for review and evaluation of the Group. The Annual Report details the commitment to safe, effective and person-centred care in a year of significant pressure for the HSCP.

Referring to section 4.6 of the report 'Children and Adolescent Mental Health Service', the Board commented favourably on the 18 week referral time and requested clarification on the assessment process for new referrals, which Ms Malarkey provided.

Referring to section 4.11 of the report 'Mental Health, Homelessness, and Alcohol and Drug Recovery Services', the Board requested an update on the concerns highlighted regarding staffing levels. Ms Malarkey advised that the issues around recruitment of staff were still ongoing and that there was a heavy reliance on agency staff. Mr Stevenson added that the service continued to perform well regardless of this.

Referring to table 8 at section 7.10 of the report 'Significant Adverse Event Review', the Board asked why incident 557140 dated 5 March 2019 was still open and expressed general concerns that these matters were not being dealt with timeously, which would impact on learning from them. Ms Moore advised that the Covid pandemic was a factor in this, and Ms Malarkey added that staff were aware of the importance of learning from Adverse Events and explained the process by which reviews of serious Adverse Events were prioritised.

Referring to section 3.5 of the report 'GP Out of Hours' and the basing the GP out of hours services within Inverclyde Royal Hospital (IRH), the Board asked if there were plans to return the service to pre-Covid arrangements. Mr Stevenson confirmed that the plan was to consolidate the service at IRH.

The Board noted that the combined vaccine service, which was one of the outcomes of the 2018 GP contract negotiations, is not mentioned in the report, and that the public have to attend Paisley or Glasgow for vaccinations. The Board asked if there were plans to restore this service to Inverclyde. Mr Best advised that changes to the model for vaccination delivery were still ongoing, and confirmed that travel vaccinations had been outsourced and were only available in Glasgow. He further advised that an update report on this would be provided to the Board at a later date. The Board requested that instances of people having to travel outwith Inverclyde for Covid booster vaccinations be monitored and reviewed. The Chair requested that officers provide a report to the next meeting with an update on the GP contract negotiations.

Mr McLachlan left the meeting during consideration of this item of business.

**Decided:**

- (1) that the Annual Report be noted; and
- (2) that it be remitted to officers to submit an update report to the next meeting providing detail on the vaccination service and GP contract negotiations, and that this report contain a briefing for new Board members of the history of these matters.

**44 Minute of Meeting of IJB Audit Committee of 21 March 2022**

**44**

There was submitted the Minute of the Inverclyde Integration Joint Board of 21 March 2022.

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

**45 Chief Officer's Report (Verbal Update)**

**45**

Mr Stevenson provided a verbal update on the following:

Chief Officer, Inverclyde Health & Social Care Partnership – Ms Kate Rocks has been appointed and will start on 15 August 2022, with a two week handover.

Scottish Government Code of Conduct – this has been signed off now.

National Care Service Bill response – there will be a report on this in the near future and there are ongoing discussions with national colleagues on this matter.

**INVERCLYDE INTEGRATION JOINT BOARD – 27 JUNE 2022**

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The Chair thanked Mr Stevenson for his update.

**It was agreed in terms of Section 50(A)(4) of the Local Government (Scotland) Act 1973 as amended, that the public and press be excluded from the meeting for the following item on the grounds that the business involved the likely disclosure of exempt information as defined in the paragraphs 6 and 9 of Part I of Schedule 7(A) of the Act.**

**46 Reporting by Exception – Governance of HSCP Commissioned External Organisations 46**

There was submitted a report by the Interim Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership on matters relating to the HSCP Governance process for externally commissioned Social Care Services for the reporting period 22 January to 29 April 2022.

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

Updates were provided on establishments and services within Older People, Adult and Children's Services, all as detailed in the Appendix.

**Decided:**

- (1) that the Governance report for the period 2022 be noted; and
- (2) that members acknowledge that officers regard the control mechanisms in place through the governance meetings and managing poorly performing services guidance within the Contract Management Framework as sufficiently robust to ensure ongoing quality and safety and the fostering of a commissioning culture of continuous improvement.

**47 Mr Allen Stevenson 47**

At the close of business the Chair thanked Mr Stevenson for acting as Interim Corporate Director and managing the service until a permanent appointment was made.

**INVERCLYDE INTEGRATION JOINT BOARD – 20 JULY 2022**

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**Inverclyde Integration Joint Board**  
**Wednesday 20 July 2022 at 2pm**

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

Alan Cowan (Chair)	Greater Glasgow and Clyde NHS Board
Councillor Robert Moran (Vice Chair)	Inverclyde Council
Cllr Martin McCluskey	Inverclyde Council
Councillor Elizabeth Robertson	Inverclyde Council
Councillor Lynne Quinn	Inverclyde Council
Ann Cameron-Burns	Greater Glasgow and Clyde NHS Board
Simon Carr	Greater Glasgow and Clyde NHS Board

**Non-Voting Professional Advisory Members:**

Allen Stevenson	Interim Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership
Anne Glendinning	On behalf of Sharon McAlees, Chief Social Work Officer, Inverclyde Health & Social Care Partnership
Craig Given	Chief Finance Officer, Inverclyde Health & Social Care Partnership
Laura Moore	Chief Nurse, NHS GG&C

**Non-Voting Stakeholder Representative Members:**

Diana McCrone	Staff Representative, NHS Board
Margaret Tait	On behalf of Hamish MacLeod, Service User Representative, Inverclyde Health & Social Care Partnership Advisory Group
Heather Davis	On behalf of Christina Boyd, Carer's Representative

**Also present:**

Vicky Pollock	Legal Services Manager, Inverclyde Council
Diane Sweeney	Senior Committee Officer, Inverclyde Council
Lindsay Carrick	Senior Committee Officer, Inverclyde Council
PJ Coulter	Corporate Communications, Inverclyde Council
Karen Haldane	Executive Officer, Your Voice Inverclyde Community Care Forum

**Chair:** Alan Cowan presided

The meeting took place via video-conference.

**48 Apologies, Substitutions and Declarations of Interest****48**

Apologies for absence were intimated on behalf of:

David Gould	Greater Glasgow and Clyde NHS Board
Sharon McAlees	Chief Social Work Officer, Inverclyde Health & Social Care Partnership (with Anne Glendinning)

## INVERCLYDE INTEGRATION JOINT BOARD – 20 JULY 2022

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Hamish MacLeod	substituting) Service User Representative, Inverclyde Health & Social Care Partnership Advisory Group (with Margaret Tait substituting)
Christina Boyd	Carer's Representative (with Heather Davis substituting)
Dr Hector MacDonald	Clinical Director, Inverclyde Health & Social Care Partnership
Stevie McLachlan	Inverclyde Housing Association Representative, River Clyde Homes

No declarations of interest were intimated.

Prior to the commencement of business the Chair reminded those present of the requirement to complete their Members Interest forms and return to Ms Pollock by 29 July 2022.

The Chair also advised that agenda item 3 (National Care Service Update) would be considered before agenda item 2 (Inverclyde Learning Disability Community Hub).

### 49 National Care Service Update

49

There was submitted a report by Interim Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership (1) providing the Board with an update on the recent publication of the National Care Service (Scotland) Bill, and (2) seeking delegated authority for the Interim Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership to compile a suitable response.

The report was presented by Mr Stevenson and advised that on 20 June 2022 the Scottish Government introduced the National Care Service (Scotland) Bill to the Scottish Parliament proposing the creation of a new National Care Service. As part of the Bill's progress the Scottish Parliament's Health, Social Care and Sport Committee published a Call for Views on the terms of the Bill, which will close on 2 September 2022.

The Board was advised that the IJJB Chairs and Vice-Chairs Network was being included in consultation and that a meeting was scheduled to take place later in the summer.

The Board sought assurance that Mr Stevenson was engaging with other IJJB and Chief Officers with regard to this matter, and Mr Stevenson advised that the six Chief Officers within Greater Glasgow & Clyde Health Board did meet and the matter was discussed.

The Board asked if all responses to the consultation would have equal weighting, and Mr Stevenson provided an overview of the consultation process and advised that he would clarify for Ms McCrone the manner in which representations would be made (i.e. the possible requirement to speak at a public meeting) and that he would keep the Board updated with any developments.

The Chair noted that a Development Session was planned for September 2022 and may provide scope for further discussion if necessary and, as membership of the IJJB had changed since the first consultation, that it would be helpful if the earlier IJJB response could be re-circulated. The Board agreed to delegate responsibility for drafting its response to the Interim Chief Officer and sought assurance that the draft would be circulated to IJJB members allowing sufficient time to provide comment.

## INVERCLYDE INTEGRATION JOINT BOARD – 20 JULY 2022

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**Decided:**

- (1) that the latest development in relation to the establishment of the National Care Service be noted; and
- (2) that delegated authority be granted to the Interim Chief Officer to draft a response on behalf of the IJJB to the National Care Service (Scotland) Bill allowing sufficient time to seek and consider members views before submitting the IJJB response.

### 50 Inverclyde Learning Disability Community Hub

50

There was submitted a report by Interim Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership (1) providing the Board with an update on the on-going development of the Inverclyde Learning Disability Community Hub project, and (2) seeking the Board's approval for additional funding support to Inverclyde Council to allow the project to proceed.

The report was presented by Mr Stevenson and Mr Given and noted that this matter was previously considered by the Board at its meeting on 27 June 2022, when officers were instructed to review the request for additional funding and provide a further report providing reassurance that the request was appropriate and necessary.

A typographical error was noted by Mr Stevenson at paragraph 4.1 of the report, and accordingly the reference to the date (December 2016) on which the IJJB signed off the Strategic Review of Services for Adults with Learning Disabilities in Inverclyde was incorrect. The IJJB noted that at its 2 November 2020 meeting the chosen site and funding had been approved by the Inverclyde Council Health and Social Care Committee.

The Board thanked officers for providing members with a helpful ad hoc information session earlier in the week and for the further assurance report.

Having explored the options available to it and received assurance from the S95 Accountable Officer that the audit opinion was supportive, the Board agreed to approve the additional support required. Concerned by economic and marketplace volatility, the Board requested an update report on the risks associated with delivering the LD Hub at the November IJJB meeting. Furthermore, the Interim Chief Officer agreed to develop a capital programme (looking out 3 years) which brought alignment to known capital pressures and resources. The Interim Chief Officer also agreed to review how to make capital funding more prominent in routine financial updates to the Board.

**Decided:**

- (1) that the progression of the project based on the alternative design contained within the report be noted;
- (2) that the additional funding support of £1.117million to Inverclyde Council from a combination of an IJJB recurring revenue contribution to fund Council prudential borrowing and IJJB reserves, as detailed in paragraph 9.2 and appendix 3 of the report, be approved; and
- (3) that the Interim Chief Officer be authorised to issue the Direction, as detailed at appendix 4 of the report, to Inverclyde Council.

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<b>Report To:</b>	<b>Inverclyde Integration Joint Board</b>	<b>Date:</b>	<b>26 September 2022</b>
<b>Report By:</b>	<b>Louise Long Chief Executive, Inverclyde Council</b>	<b>Report No:</b>	<b>VP/LS/64/22</b>
	<b>Jane Grant Chief Executive, Greater Glasgow and Clyde NHS Board</b>		
<b>Contact Officer:</b>	<b>Vicky Pollock</b>	<b>Contact No:</b>	<b>01475 712180</b>
<b>Subject:</b>	<b>Appointment of New Chief Officer</b>		

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## **1.0 PURPOSE**

- 1.1 The purpose of this report is to confirm the appointment of the Inverclyde Integration Joint Board's new Chief Officer as from 16 August 2022.

## **2.0 SUMMARY**

- 2.1 Section 10 of the Public Bodies (Joint Working) (Scotland) Act 2014 sets out the requirement for the IJB to appoint, as a member of staff, a Chief Officer. The Integration Scheme sets out the arrangements in relation to the Chief Officer as agreed by Inverclyde Council and the NHS Board.
- 2.2 Following a recruitment process, the recruitment panel established to deal with the appointments of senior management staff to the Inverclyde Health and Social Care Partnership agreed to appoint Kate Rocks as the new Chief Officer.

## **3.0 RECOMMENDATIONS**

- 3.1 It is recommended that the Inverclyde Integration Joint Board confirms the appointment of Kate Rocks as its Chief Officer with effect from 16 August 2022.

**Louise Long**  
Chief Executive  
Inverclyde Council

**Jane Grant**  
Chief Executive  
Greater Glasgow and Clyde NHS Board

## 4.0 BACKGROUND

- 4.1 Section 10 of the Public Bodies (Joint Working) (Scotland) Act 2014 sets out the requirement for the IJB to appoint, as a member of staff, a Chief Officer. Before appointing a person as Chief Officer, an IJB is to consult each constituent authority (Council and NHS Board).
- 4.2 The IJB's previous Chief Officer, Louise Long, took up the post of Chief Executive of Inverclyde Council in September 2021. Following discussions among relevant officers within Inverclyde Council and the NHS Board (including both Chief Executives), it was agreed that it was necessary to appoint an interim Chief Officer to ensure the continued effective and efficient operation and delivery of integrated services within Inverclyde pending the appointment of a permanent successor Chief Officer. Allen Stevenson has been interim Chief Officer since 30 August 2021.
- 4.3 The process to appoint a permanent successor Chief Officer has been undertaken and this reports sets out the details and outcome of that process.
- 4.4 Section 6 Integration Scheme sets out the arrangements in relation to the Chief Officer as agreed by Inverclyde Council and the NHS Board. The Chief Officer will be appointed by the IJB upon consideration of the recommendation of an appointment panel selected by the IJB to support the appointment process, which panel will include the Chief Executives of both the Council and the NHS Board as advisors. The Chief Officer will be employed by either the Council or the NHS Board and will be seconded by the employing party to the IJB and will be the principal advisor to and officer of the IJB.
- 4.5 The Chief Officer will hold membership of the IJB as a non-voting member by virtue of the office held.

## 5.0 APPOINTMENT PROCESS

- 5.1 The appointment of Kate Rocks was confirmed by the panel following a recruitment process which included a panel interview. The panel consisted of the Chair and Vice Chair of the IJB, the Council's Chief Executive and the NHS Board's Chief Executive. The appointment has been confirmed by both the Council and the NHS Board and was announced on 22 April 2022.
- 5.2 The new Chief Officer started in post on 16 August 2022. In this role, she will be an employee of the Council and seconded to work for the IJB.

## 6.0 PROPOSALS

- 6.1 It is proposed that the IJB confirms the appointment of Kate Rocks as Chief Officer with effect from 16 August 2022.

## 7.0 IMPLICATIONS

### Finance

- 7.1 None.

### Financial Implications:

#### One Off Costs

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



## Annually Recurring Costs/ (Savings)

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

## Legal

- 7.2 Under Section 10 of the Public Bodies (Joint Working) (Scotland) Act 2014, the IJB is required to appoint a Chief Officer following consultation with the Council and NHS Board.

## Human Resources

- 7.3 The implications are as outlined in this report.

## Equalities

- 7.4 There are no equality issues within this report.

- 7.4.1 Has an Equality Impact Assessment been carried out?

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

- 7.4.2 How does this report address our Equality Outcomes

There are no Equalities Outcomes implications within this report.

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

## Clinical or Care Governance

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

## National Wellbeing Outcomes

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

<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.	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 Interim Chief Officer has been consulted in the preparation of this report.

## 10.0 BACKGROUND PAPERS

10.1 N/A

**Report To:** Inverclyde Integration Joint Board      **Date:** 26 September 2022

**Report By:** Kate Rocks  
 Chief Officer  
 Inverclyde Health & Social  
 Care Partnership      **Report No:** IJB/44/2022/CG

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

**Subject:** Financial Monitoring Report 2022/23 – Period to 31 July  
 2022, Period 4

**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 projected financial outturn for the year as at 31<sup>st</sup> July 2022. The report will also provide an update on current projected use of earmarked reserves and projected financial costs of the continued response to the Covid-19 pandemic.

**2.0 SUMMARY**

2.1 The IJB set their revenue budget for 2022/23 on 21 March 2022. Funding of £66.071m was delegated by Inverclyde Council, including £0.550m non-recurring funding towards the effect of the 2022/23 pay award, currently held in the Pay Contingency earmarked reserve.

2.2 The March budget paper indicated that the Health funding of £128.564m (inclusive of £29.250m set aside) was indicative at the point of agreeing. Final allocations have now been received and the updated starting base budget of £123.033m for Health managed services for 2022/23 is represented as follows:-

	<b>£m</b>
<b>Base budget per 2022/23 budget report</b>	<b>128.564</b>
Adjustment to Family Health Services recurring budget actioned in 2021/22 /offset by reduction in actuals	(4.385)
Share of £40m Multi-Disciplinary Teams - still to be allocated by Health Board	(0.655)
Share of £30m Band 3/4 funding - still to be allocated by Health Board	(0.491)
<b>Period 4 Base budget</b>	<b>123.033</b>

- 2.3 As at 31 July 2022, it is projected that the IJB revenue budget will have an overall underspend of £1.022m, broken down as follows:-
- Social care services are projected to be underspent by £0.975m
  - Health Services are projected to be underspent by £0.047m.
- 2.4 The IJB holds a number of Earmarked and General Reserves; these are managed in line with the IJB Reserves Policy. The total Earmarked Reserves (EMR) available at the start of this financial year were £27.363m, with £0.962m in General Reserves not earmarked for a specific purpose, giving a total Reserve of £28.325m. The current projected year-end position on reserves is a carry forward of £10.782m. This is a decrease of £17.543m in year due to anticipated commitment of funding on agreed projects.
- 2.5 The capital budgeted spend for 2022/23 is £1.346m in relation to spend on properties held by Inverclyde Council, and it is currently projected to be online as at 31 March 2023.
- 2.6 NHS capital budgets are managed by NHS Greater Glasgow and Clyde and are not reported as part of the IJB's overall position. A general update is provided in section 9 of this report.

### **3.0 RECOMMENDATIONS**

- 3.1 It is recommended that the Integration Joint Board:
1. Notes the current Period 4 forecast position for 2022/23 as detailed in the report and Appendices 1-3, and notes that the projection assumes that all Covid related costs in 2022/23 will be fully funded from the Covid earmarked reserve held,
  2. Approves the proposed budget realignments and virement (Appendix 4) and authorises officers to issue revised directions to the Council and/or Health Board as required on the basis of the revised figures enclosed (Appendix 5);
  3. Notes the position the Transformation Fund (Appendix 6);
  4. Notes the current capital position (Appendix 7);
  5. Notes the current Earmarked Reserves position (Appendix 8).
  6. Notes the key assumptions within the forecasts detailed at section 11.

**Kate Rocks**  
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 2022/23 was set on 21 March 2022 based on confirmed Inverclyde Council Funding and indicative NHS GG&C funding. The total integrated budget is £189.589m, with a projected underspend of £1.022m. The table below summarises the agreed budget and funding from partners, together with the projected operating outturn for the year as at 31 July:

	<b>Revised Budget 2022/23 £000</b>	<b>Projected Outturn £000</b>	<b>Projected Over/(Und er) Spend £000</b>
Social Work Services*	83,816	82,841	(975)
Health Services*	76,423	76,376	(47)
Set Aside	29,350	29,350	0
<b>HSCP NET EXPENDITURE</b>	<b>189,589</b>	<b>188,567</b>	<b>(1,022)</b>
<b>FUNDED BY</b>			
Transfer from / (to) Reserves	-	(1,022)	(1,022)
NHS Contribution to the IJB	124,067	124,067	
Council Contribution to the IJB	65,522	65,522	
<b>HSCP FUNDING</b>	<b>189,589</b>	<b>188,567</b>	<b>(1,022)</b>
Planned Use of Reserves		17,543	
Projected HSCP operating Surplus		(1,022)	
<b>Annual Accounts CIES Position DEFICIT/(SURPLUS)</b>		<b>16,521</b>	

*\*excluding resource transfer*

- 4.3 Appendix 1 provides the overall projected financial position for the partnership showing both the subjective and objective analysis of projections.
- 4.4 Appendix 1b shows the projected spend of £4.041m in relation to the continued response to the Covid-19 pandemic. This report assumes that all of these costs will be funded from the Covid EMR of £8.130m held within IJB reserves.
- 4.5 Appendix 2 shows the projected position as at Period 4 for Social Care services. It is currently anticipated that Social Care services will underspend by £0.975m in 2022/23.

## 5.0 SOCIAL CARE

- 5.1 The following sections will provide an overview of the main projected variances against Social Care delegated functions:-

## 5.2 The main areas of overspend within Social Care are as follows:-

- A projected overspend of £0.136m is expected for Children and Families budgets, mainly in relation to an anticipated under recovery on the service payroll turnover target. The projected position assumes that an anticipated overspend of £0.108m on continuing care placements will be funded from the relevant smoothing EMR at the end of the financial year.
- Criminal Justice is currently projected to overspend by £0.105m, mainly attributable to client package costs of £0.094m shared with Learning Disabilities.
- Within Older People, an overspend of £0.073m within client commitments is anticipated mainly in relation to respite packages for the year.
- An overspend of £0.089m is anticipated within Learning Disability Services due to a shortfall in income for day services previously received in relation to out with authority placements, which have not resumed following the effect of the Covid-19 pandemic.
- Physical and Sensory disability services have a projected over spend of £0.097m primarily related to client commitments, which reflects the full year impact of package changes from 2021-22 together with anticipated costs of further packages expected in 2022-23.

## 5.3 The main areas of under spend within Social Care are as follows:-

- A projected underspend of £0.609m within External Homecare, which is mainly due to a reduction in the number of providers, together with staffing shortages across the sector. Following the retender of the care at home contract, 2 new providers have been commissioned to deliver services within Inverclyde. The projection includes additionality for increased hours expected to be delivered by these providers during the financial year.
- A projected net underspend of £0.234m on Employee Costs across Homecare, Day Services and Respite, due to the level of vacancies across these services. Recruitment and retention issues, a busy annual leave period and the ongoing Covid-19 staffing implications across both in house and external services are contributing to current pressure on the service to deliver all of their commissioned home care hours.
- Learning disabilities employee costs are currently projected to underspend by £0.194m due to level of vacancies within the service.
- Nursing and residential placements within Older People is projecting an underspend of £0.077m for the year. For the purposes of this report, projections assume that this will be transferred to the smoothing EMR held for these placements, should this position remain at the year end.
- The projected position assumes that underspends against external residential, fostering, adoption and kinship placements within Children and Families, totalling £0.267m, will be transferred to the smoothing reserves held for these services at the year end.
- Mental Health services are projecting an under spend of £0.170m. £0.110m of this underspend relates to care packages within the community, with expenditure comparable with that in 2021-22. The remainder is attributable to vacancies within the service.
- The Alcohol and Drugs Recovery service has an expected underspend of £0.174m for the year. This relates mainly to client commitments of £0.112m,

with the remainder attributable to vacancies.

- Finally, due to the current level of vacancies, Business Support is expected to over achieve against its vacancy management target by £0.062m for the year.

## **6.0 HEALTH**

6.1 Appendix 3 shows the projected position as at Period 4 for Health services. It is currently anticipated that Health services will underspend by £0.047m in 2022/23.

6.2 The main area of overspend within Health services relates to Mental Health In Patient services, which is currently forecast to overspend by £1.2m. This is attributable to both recruitment issues and enhanced observations for nursing and medical staff, which results in the use of more expensive bank and agency staff.

6.3 This overspend is offset by projected underspends in respect of vacancies and some maternity leaves throughout services; Children and Families £0.402m, Health and Community Care £0.106m, Management and Admin £0.171m, Alcohol and Drug Recovery services £0.123m, Mental Health Communities £0.133m, and Strategy and Support Services £0.174m along with a few smaller items of underspend.

### **6.4 Prescribing**

Currently projecting a small underspend of £0.038m. 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 any use of the Prescribing smoothing reserve, held to mitigate the risk of volatility of these costs.

### **6.5 Set Aside**

The Set Aside budget for 2022/23 is £29.350m and is projected online. The allocation method currently results in a balanced position each year end.

- 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

## **7.0 COVID**

Appendix 1b shows the current anticipated costs in relation to the Covid 19 pandemic and recovery activity. These figures are not included in Appendices 1, 2 and 3 as they will be fully funded by the balance held in the Covid earmarked reserve.

## **8.0 EARMARKED RESERVES**

The IJB holds a number of Earmarked and General Reserves; these are managed in line with the IJB Reserves Policy. The total Earmarked Reserves (EMR) available at the start of this financial year were £27.363m, with £0.962m in General Reserves note earmarked for a specific purpose, giving a total Reserve of £28.325m. The projected year-end position on reserves is a carry forward of £10.782m to allow continuation of current projects. This is a decrease in year due to anticipated spend of

£17.543m against current reserves. The position is summarised below showing types of reserve:-

	Opening Balance	New Funds in Year	Total Funding	Projected Spend	Projected C/fwd
	£000s	£000s	£000s	£000s	£000s
<b>Ear-Marked Reserves</b>					
Scottish Government Funding - funding ringfenced for specific initiatives	13,354		13,354	13,018	336
Existing Projects/Commitments - many of these are for projects that span more than 1 year	6,266		6,266	2,358	3,908
Transformation Projects - non recurring money to deliver transformational change	3,651		3,651	1,276	2,375
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	4,092		4,092	891	3,201
<b>TOTAL Ear-Marked Reserves</b>	<b>27,363</b>	<b>0</b>	<b>27,363</b>	<b>17,543</b>	<b>9,820</b>
<b>General Reserves</b>	<b>962</b>	<b>0</b>	<b>962</b>	<b>(1,022)</b>	<b>962</b>
In Year Surplus/(Deficit) going to/(from) reserves					1,022
<b>TOTAL Reserves</b>	<b>28,325</b>	<b>0</b>	<b>28,325</b>	<b>16,521</b>	<b>11,804</b>
<b>Projected Movement (use of)/transfer in to Reserves</b>					<b>(16,521)</b>

## 9.0 VIREMENT AND OTHER BUDGET MOVEMENTS AND DIRECTIONS

9.1 Appendix 4 details the virements and other budget movements that the IJB is requested to 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 and updated Directions are shown in Appendix 5. There require to be issued to the Council and Health Board to ensure that all services are procured and delivered in line with Best Value principles.

## 10.0 TRANSFORMATION FUND

10.1 The Transformation Fund was set up at the end of 2018/19. At the beginning of this financial year, the Fund balance was £1.975m. 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 £0.834m still uncommitted. Proposals with a total value in excess of £0.100m require the prior approval of the IJB.

## 11.0 2022/23 Current Capital Position

11.1 The Social Work capital budget is £12.035m over the life of the projects with £1.346m projected to be spent in 2022/23. No slippage is currently being reported, however, the projection will depend on the ability to progress the New Learning Disability Facility through the remaining pre-contract stages to construction stage as outlined below. Expenditure on all capital projects to 30 June 2022 is £0.034m (2.53% of approved budget). Appendix 4 details capital budgets.

### 11.2 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 COVID-19 situation impacted the progression of the completion works tender which was progressed in 1<sup>st</sup> Quarter 2021 as previously reported. The completion work recommenced on 4 May 2021 with an original contractual completion date in early November 2021.
- As previously reported, the Contractor had intimated delays due to supply chain issues impacting the programme with the most recent issues affecting availability of key components for the heating system and difficulty securing the necessary approved rendering sub-contractor.
- The works are now nearing completion on site with handover anticipated mid-August. Property Services are currently liaising with the Service on the arrangements for transfer to the new facility including registration and portorage of loose furniture & equipment.

The final account for the project will be subject to resolution of the extension of time submissions from the Contractor currently being assessed by Property Services with a report on the outcome presented to a future Committee.

### 11.3 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 progress to date is summarised below:

- As previously reported, design stage work has been progressing through the design team led by Property Services, however, the process has been protracted due to a combination of continuing construction sector supply chain issues and the requirement to assess site specific development risks and their impact on the developing design proposals.
- A detailed report was submitted to the June Health & Social Care Committee on the progress to date including external funding support secured and the proposals for an alternative design approach including procurement through hub West Scotland. The Committee approved the progression of the project subject to the submission of a report to the Inverclyde Integration Joint Board and confirmation of the additional funding support required to allow the project to proceed to the next stage.
- The funding support was approved at a special meeting of the Inverclyde Integration Joint Board on 20<sup>th</sup> July.

A qualifying project request has now been submitted to hub West Scotland who will engage with Property Services and the Client Service to develop the project proposals through the remaining pre-contract design stages and statutory approval processes ahead of the market testing stage. The initial work will include developing a programme for pre and post contract stages with a further update provided to the next Committee.

### 11.4 Swift Replacement

The mini competition is now complete and a preferred bidder selected with a contract start date of 1 June 2022. One off capital costs are less than anticipated at £200,000. The remaining £400,000 has been returned to the Council capital budget as reported to the Health and Social Care committee on 9 June 2022.

## 11.5 Health Capital

Greater Glasgow and Clyde Health Board are responsible for capital spend on Health properties used by the Inverclyde HSCP. The Primary Care Improvement Plan earmarked reserve is being utilised to fund some minor works to assist delivery of the plan. There are also some minor works allocations on a non-recurring basis which are available to GP practices annually on an application basis, which require to be approved by the Clinical Director.

## 12.0 KEY ASSUMPTIONS

- 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.

## 13.0 IMPLICATIONS

### 13.1 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					

### 13.2 LEGAL

There are no specific legal implications arising from this report.

### 13.3 HUMAN RESOURCES

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

### 13.4 EQUALITIES

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.
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#### 13.4.1 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.	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

#### 13.5 CLINICAL OR CARE GOVERNANCE IMPLICATIONS

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

#### 13.6 NATIONAL WELLBEING OUTCOMES

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.	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 DIRECTIONS

14.1	<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

#### 15.0 CONSULTATION

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

#### 16.0 BACKGROUND PAPERS

16.1 None.

**INVERCLYDE HSCP****REVENUE BUDGET 2022/23 PROJECTED POSITION****PERIOD 4: 1 April 2022 - 31 July 2022**

SUBJECTIVE ANALYSIS	Budget 2022/23 £000	Revised Budget 2022/23 £000	Projected Out-turn 2022/23 £000	Projected Over/(Under) Spend £000	Percentage Variance
Employee Costs	58,565	62,850	62,489	(361)	-0.6%
Property Costs	1,037	1,041	1,077	36	3.4%
Supplies & Services	8,018	8,747	8,328	(419)	-4.8%
Payments to other bodies	51,100	51,195	50,845	(350)	-0.7%
Family Health Services	25,568	26,340	26,340	(0)	-0.0%
Prescribing	19,281	19,411	19,373	(38)	-0.2%
Resource transfer	18,294	18,543	18,543	0	0.0%
Income	(22,657)	(27,888)	(27,778)	110	-0.4%
<b>HSCP NET DIRECT EXPENDITURE</b>	<b>159,205</b>	<b>160,239</b>	<b>159,217</b>	<b>(1,022)</b>	<b>-0.6%</b>
Set Aside	29,350	29,350	29,350	0	0.0%
<b>HSCP NET TOTAL EXPENDITURE</b>	<b>188,555</b>	<b>189,589</b>	<b>188,567</b>	<b>(1,022)</b>	<b>-0.5%</b>

OBJECTIVE ANALYSIS	Budget 2022/23 £000	Revised Budget 2022/23 £000	Projected Out-turn 2022/23 £000	Projected Over/(Under) Spend £000	Percentage Variance
Strategy & Support Services	4,556	3,588	3,349	(239)	-6.7%
Management & Admin	7,586	7,045	6,812	(233)	
Older Persons	28,026	28,099	27,342	(757)	-2.7%
Learning Disabilities	9,919	10,361	10,241	(120)	-1.2%
Mental Health - Communities	4,318	4,443	4,140	(303)	-6.8%
Mental Health - Inpatient Services	9,865	9,999	11,201	1,202	12.0%
Children & Families	15,381	15,516	15,249	(267)	-1.7%
Physical & Sensory	2,607	2,797	2,894	97	3.5%
Alcohol & Drug Recovery Service	2,753	2,768	2,472	(297)	-10.7%
Assessment & Care Management / Health & Community Care	9,482	9,692	9,546	(145)	-1.5%
Criminal Justice / Prison Service	118	118	223	105	0.0%
Homelessness	1,266	1,296	1,269	(27)	-2.1%
Family Health Services	25,568	26,341	26,341	0	0.0%
Prescribing	19,468	19,633	19,595	(38)	-0.2%
Resource Transfer *	18,294	18,543	18,543	0	0.0%
<b>HSCP NET DIRECT EXPENDITURE</b>	<b>159,205</b>	<b>160,239</b>	<b>159,217</b>	<b>(1,022)</b>	<b>-0.6%</b>
Set Aside	29,350	29,350	29,350	0	0.0%
<b>HSCP NET TOTAL EXPENDITURE</b>	<b>188,555</b>	<b>189,589</b>	<b>188,567</b>	<b>(1,022)</b>	<b>-0.5%</b>
<b>FUNDED BY</b>					
NHS Contribution to the IJB	93,683	94,717	94,717	(47)	0.0%
NHS Contribution for Set Aside	29,350	29,350	29,350	0	0.0%
Council Contribution to the IJB	65,522	65,522	64,547	(975)	-1.5%
<b>HSCP NET INCOME</b>	<b>188,555</b>	<b>189,589</b>	<b>188,614</b>	<b>(1,022)</b>	<b>-0.5%</b>
<b>HSCP OPERATING (SURPLUS)/DEFICIT</b>			<b>(1,022)</b>	<b>0</b>	<b>0.0%</b>
Anticipated movement in reserves *			17,543		
<b>HSCP ANNUAL ACCOUNTS REPORTING (SURPLUS)/DEFICIT</b>			<b>16,521</b>		

\* See Reserves Analysis for full breakdown

**INVERCLYDE HSCP - COVID 19****REVENUE BUDGET 2022/23 PROJECTED SPEND****As at 31 July 2022**

<b>SUMMARISED MOBILISATION PLAN</b>	<b>Social Care 2022/23 £'000</b>	<b>Health 2022/23 £'000</b>	<b>Revenue 2022/23 £'000</b>
<b>COVID-19 COSTS HSCP</b>			
Scale up of Public Health Measures		(3)	(3)
Flu Vaccination & Covid-19 Vaccination (FVCV)		194	194
Additional Staff Costs (Contracted staff)	322	137	459
Additional Staff Costs (Non-contracted staff)		19	19
Additional Equipment and Maintenance		7	7
Additional Infection Prevention and Control Costs	105		105
Additional PPE	140	3	143
Children and Family Services	1,529		1,529
Homelessness and Criminal Justice Services	206	(5)	201
Covid-19 Financial Support for Adult Social Care Providers	248		248
Social Care Support Fund Claims	1,043		1,043
Additional FHS Contractor Costs			0
Digital & IT costs	36	7	43
Other			0
Staff Wellbeing	53		53
Test and Protect			0
<b>Projected Covid related spend fully funded by Covid EMR</b>	<b>3,682</b>	<b>359</b>	<b>4,041</b>

**SOCIAL CARE****REVENUE BUDGET 2022/23 PROJECTED POSITION****PERIOD 4: 1 April 2022 - 31 July 2022**

SUBJECTIVE ANALYSIS	Budget 2022/23 £000	Revised Budget 2022/23 £000	Projected Out-turn 2022/23 £000	Projected Over/(Under) Spend £000	Percentage Variance
<b>SOCIAL CARE</b>					
Employee Costs	33,965	34,570	33,883	(687)	-2.0%
Property costs	1,025	1,024	1,060	36	3.5%
Supplies and Services	1,005	1,039	1,040	1	0.1%
Transport and Plant	352	442	397	(45)	-10.2%
Administration Costs	732	811	771	(40)	-4.9%
Payments to Other Bodies	51,100	51,195	50,845	(350)	-0.7%
Income	(22,657)	(23,559)	(23,449)	110	-0.5%
<b>SOCIAL CARE NET EXPENDITURE</b>	<b>65,522</b>	<b>65,522</b>	<b>64,547</b>	<b>(975)</b>	<b>-1.5%</b>

OBJECTIVE ANALYSIS	Budget 2022/23 £000	Revised Budget 2022/23 £000	Projected Out-turn 2022/23 £000	Projected Over/(Under) Spend £000	Percentage Variance
<b>SOCIAL CARE</b>					
Children & Families	11,638	11,638	11,774	136	1.2%
Criminal Justice	118	118	223	105	89.0%
Older Persons	28,026	28,099	27,342	(757)	-2.7%
Learning Disabilities	9,359	9,797	9,709	(88)	-0.9%
Physical & Sensory	2,607	2,797	2,894	97	3.5%
Assessment & Care Management	2,804	2,734	2,695	(39)	-1.4%
Mental Health	1,222	1,222	1,052	(170)	-13.9%
Alcohol & Drugs Recovery Service	950	950	776	(174)	-18.3%
Homelessness	1,266	1,296	1,269	(27)	-2.1%
Finance, Planning and Resources	1,792	1,792	1,796	4	0.0%
Business Support	5,740	5,079	5,017	(62)	0.0%
<b>SOCIAL CARE NET EXPENDITURE</b>	<b>65,522</b>	<b>65,522</b>	<b>64,547</b>	<b>(975)</b>	<b>-1.5%</b>

COUNCIL CONTRIBUTION TO THE IJB	Budget 2022/23 £000	Revised Budget 2022/23 £000	Projected Out-turn 2022/23 £000	Projected Over/(Under) Spend £000	Percentage Variance
<b>Council Contribution to the IJB*</b>	<b>65,522</b>	<b>65,522</b>	<b>64,547</b>	<b>(975)</b>	<b>-1.5%</b>
<b>Projected Transfer (from) / to Reserves</b>				<b>975</b>	

**HEALTH****REVENUE BUDGET 2022/23 PROJECTED POSITION****PERIOD 4: 1 April 2022 - 31 July 2022**

SUBJECTIVE ANALYSIS	Budget 2022/23 £000	Revised Budget 2022/23 £000	Projected Out-turn 2022/23 £000	Projected Over/(Under) Spend £000	Percentage Variance
<b>HEALTH</b>					
Employee Costs	24,600	28,280	28,606	326	1.2%
Property	12	17	17	(0)	-0.7%
Supplies & Services	5,929	6,455	6,120	(335)	-5.2%
Family Health Services (net)	25,568	26,340	26,340	(0)	0.0%
Prescribing (net)	19,281	19,411	19,373	(38)	-0.2%
Resource Transfer	18,294	18,543	18,543	0	0.0%
Income	(0)	(4,329)	(4,329)	(0)	0.0%
<b>HEALTH NET DIRECT EXPENDITURE</b>	<b>93,683</b>	<b>94,717</b>	<b>94,670</b>	<b>(47)</b>	<b>0.0%</b>
Set Aside	29,350	29,350	29,350	0	0.0%
<b>HEALTH NET DIRECT EXPENDITURE</b>	<b>123,033</b>	<b>124,067</b>	<b>124,020</b>	<b>(47)</b>	<b>0.0%</b>

OBJECTIVE ANALYSIS	Budget 2022/23 £000	Revised Budget 2022/23 £000	Projected Out-turn 2022/23 £000	Projected Over/(Under) Spend £000	Percentage Variance
<b>HEALTH</b>					
Children & Families	3,743	3,878	3,475	(403)	-10.4%
Health & Community Care	6,678	6,958	6,851	(106)	-1.5%
Management & Admin	1,846	1,966	1,795	(171)	-8.7%
Learning Disabilities	560	564	532	(32)	-5.7%
Alcohol & Drug Recovery Service	1,803	1,818	1,696	(123)	-6.7%
Mental Health - Communities	3,096	3,221	3,088	(133)	-4.1%
Mental Health - Inpatient Services	9,865	9,999	11,201	1,202	12.0%
Strategy & Support Services	540	543	369	(174)	-32.1%
Family Health Services	25,568	26,341	26,341	0	0.0%
Prescribing	19,468	19,633	19,595	(38)	-0.2%
Financial Planning	2,223	1,253	1,184	(69)	0.0%
Resource Transfer	18,294	18,543	18,543	0	0.0%
<b>HEALTH NET DIRECT EXPENDITURE</b>	<b>93,683</b>	<b>94,717</b>	<b>94,670</b>	<b>(47)</b>	<b>0.0%</b>
Set Aside	29,350	29,350	29,350	0	0.0%
<b>HEALTH NET DIRECT EXPENDITURE</b>	<b>123,033</b>	<b>124,067</b>	<b>124,020</b>	<b>(47)</b>	<b>0.0%</b>

HEALTH CONTRIBUTION TO THE IJB	Budget 2022/23 £000	Revised Budget 2022/23 £000	Projected Out-turn 2022/23 £000	Projected Over/(Under) Spend £000	Percentage Variance
<b>NHS Contribution to the IJB</b>	<b>123,033</b>	<b>124,067</b>	<b>124,020</b>	<b>(47)</b>	<b>0.0%</b>
Transfer (from) / to Reserves				47	



**Budget Movements 2022/23**  
**Inverclyde HSCP**

Appendix 4

Inverclyde HSCP - Service	Approved Budget	Movements			Transfers (to)/ from Earmarked Reserves	Revised Budget 2022/23
	2022/23	Inflation	Virement	Supplementary Budgets		
	£000	£000	£000	£000		
Children & Families	15,381	0	41	94	0	15,516
Criminal Justice	118	0	0	0	0	118
Older Persons	28,026	0	73	0	0	28,099
Learning Disabilities	9,919	0	442	0	0	10,361
Physical & Sensory	2,607	0	190	0	0	2,797
Assessment & Care Management/ Health & Community Care	9,482	0	108	102	0	9,692
Mental Health - Communities	4,318	0	126	0	0	4,444
Mental Health - In Patient Services	9,865	0	134	0	0	9,999
Alcohol & Drug Recovery Service	2,753	0	15	0	0	2,768
Homelessness	1,266	0	30	0	0	1,296
Strategy & Support Services	2,332	0	3	0	0	2,335
Management, Admin & Business Support	9,810	0	(1,511)	0	0	8,299
Family Health Services	25,568	0	0	773	0	26,341
Prescribing	19,468	0	100	65	0	19,633
Resource Transfer	18,294	0	249	0	0	18,543
Set aside	29,350	0	0	0	0	29,350
<b>Totals</b>	<b>188,555</b>	<b>0</b>	<b>0</b>	<b>1,034</b>	<b>0</b>	<b>189,589</b>

Social Care - Service	Approved Budget	Movements			Transfers (to)/ from Earmarked Reserves	Revised Budget 2022/23
	2022/23	Inflation	Virement	Supplementary Budgets		
	£000	£000	£000	£000		
Children & Families	11,638					11,638
Criminal Justice	118					118
Older Persons	28,026		73			28,099
Learning Disabilities	9,359		437			9,796
Physical & Sensory	2,607		190			2,797
Assessment & Care Management	2,804		(70)			2,734
Mental Health - Community	1,222					1,222
Alcohol & Drug Recovery Service	950					950
Homelessness	1,266		30			1,296
Strategy & Support Services	1,792					1,792
Business Support	5,740		(660)			5,080
<b>Totals</b>	<b>65,522</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>65,522</b>

Health - Service	Approved Budget	Movements			Transfers (to)/ from Earmarked Reserves	Revised Budget 2022/23
	2022/23	Inflation	Virement	Supplementary Budgets		
	£000	£000	£000	£000		
Children & Families	3,743		41	94		3,878
Health & Community Care	6,678		178	102		6,958
Management & Admin	1,846		120			1,966
Learning Disabilities	560		5			565
Alcohol & Drug Recovery Service	1,803		15			1,818
Mental Health - Communities	3,096		126			3,222
Mental Health - Inpatient Services	9,865		134			9,999

Strategy & Support Services	540		3			543
Family Health Services	25,568			773		26,341
Prescribing	19,468		100	65		19,633
Financial Planning	2,223		(971)			1,252
Resource Transfer	18,294		249			18,543
Set aside	29,350					29,350
<b>Totals</b>	<b>123,033</b>	<b>0</b>	<b>0</b>	<b>1,034</b>	<b>0</b>	<b>124,067</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>	<b>Budget 2022/23 £000</b>
<b>SOCIAL CARE</b>	
Employee Costs	34,570
Property costs	1,024
Supplies and Services	1,039
Transport and Plant	442
Administration Costs	811
Payments to Other Bodies	51,195
Income (incl Resource Transfer)	(23,559)
<b>SOCIAL CARE NET EXPENDITURE</b>	<b>65,522</b>
Social Care Transfer to EMR	975
Health Transfer to EMR	47
<b>Total anticipated transfer to EMR at year end</b>	<b>1,022</b>

<b>OBJECTIVE ANALYSIS</b>	<b>Budget 2022/23 £000</b>
<b>SOCIAL CARE</b>	
Children & Families	
Criminal Justice	118
Older Persons	28,099
Learning Disabilities	9,797
Physical & Sensory	2,797
Assessment & Care Management	2,734
Mental Health	1,222
Alcohol & Drugs Recovery Service	950
Homelessness	1,296
Finance, Planning and Resources	1,792
Business Support	5,079
<b>SOCIAL CARE NET EXPENDITURE</b>	<b>53,884</b>

**INVERCLYDE INTEGRATION JOINT BOARD**

**DIRECTION**

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

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

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

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

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

Associated Budget:

SUBJECTIVE ANALYSIS	Budget 2022/23 £000
<b>HEALTH</b>	
Employee Costs	28,280
Property costs	17
Supplies and Services	6,455
Family Health Services (net)	26,340
Prescribing (net)	19,411
Resources Transfer	18,543
Income	(4,329)
<b>HEALTH NET DIRECT EXPENDITURE</b>	<b>94,717</b>
Set Aside	29,350
<b>NET EXPENDITURE INCLUDING SCF</b>	<b>124,067</b>

Health Transfer to EMR	47
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OBJECTIVE ANALYSIS	Budget 2022/23 £000
<b>HEALTH</b>	
Children & Families	3,878
Health & Community Care	6,958
Management & Admin	1,966
Learning Disabilities	564
Alcohol & Drug Recovery Service	1,818
Mental Health - Communities	3,221
Mental Health - Inpatient Services	9,999
Strategy & Support Services	543
Family Health Services	26,341
Prescribing	19,633
Financial Planning	1,253
Resource Transfer	18,543
<b>HEALTH NET DIRECT EXPENDITURE</b>	<b>94,717</b>
Set Aside	29,350
<b>NET EXPENDITURE INCLUDING SCF</b>	<b>124,067</b>

**HSCP Transformation Board**  
**IJB Transformation Fund Monitoring Report**

Total Fund Balance as at 1 April 2022 1,975,000  
 Balance committed to date 1,141,479  
 Balance still to be committed 833,521

Project No	Project Title	Service Area	Approved IJB/TB	Agreed Funding	Project Complete	2019/20 Spend	2020/21 Spend	2021/22 Spend	2022/23 Spend	Balance to spend
008	Sheltered Housing Support Services Review	Health & Community Care	TB	99,970		13,847	37,867	40,598	0	7,658
009	Equipment Store Stock system - £50k capital plus 1.5 yrs revenue costs up to £20k in total	ICIL	TB	70,000		0	42,405	10,381	0	17,214
013	Match Funding for CORRA bid to pilot 7 day Addictions Services	Addictions	IJB	150,000				45,626		104,374
027	Autism Clinical/Project Therapist. 18 month post.	Specialist Children's Services	TB	153,600		0	60,200	63,076		30,324
028	Strategic Commissioning Team - progressing the priorities on the Commissioning List.	Strategy & Support Services	IJB	110,537		5,597	38,374	40,548	0	26,018
030	Care Navigator Posts - Pilot to develop a care co-ordinated response to clients with multiple complex issues.	Homelessness	IJB	100,000			15,487	35,470	0	49,043
031	Proud2Care to enable the continued partnership with Your Voice over 18 months to support continued Proud2Care activity.	C&F	IJB	110,000			60,000	30,000		20,000
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	28,000						28,000
035	Review of Care and Support at Home. 12 month fixed term posts 0.5wte Grade 10 Project Lead and 2wte Grade 5s	Health & Community Care	TB	98,600				9,715	9,041	88,885
036	CLDT Review Team and TEC response. 1wte Social worker post and 1wte Social Work assistant, both fit 12 months.	CLDT	TB	95,580				7,522	12,348	88,058
037	Planning & Redesign Support Officer - will be responsible for the Locality Planning and Community Engagement Work with a focus also on the Business Support Review. £131k over 2 years.	Planning	IJB	131,000						131,000
038	Ipromise - Mind of my own - digital resource to allow young people to access software 24/7.	Children's Services	TB	53,176						53,176
039	SWIFT replacement project - backfill. 18 month project.	HSCP wide	IJB	497,729						497,729

APPENDIX 7

INVERCLYDE HSCP - CAPITAL BUDGET 2020/21

PERIOD 4: 1 April 2022 - 31 July 2022

Project Name	Est Total Cost £000	Current year				Future years			
		Actual to 31/03/22 £000	Approved Budget 2022/23 £000	Revised Estimate 2022/23 £000	Actual to 30/06/22 £000	Estimate 2023/24 £000	Estimate 2024/25 £000	Estimate 2024/25 £000	Future Years £000
<b>Social Work</b>									
Crosshill Childrens Home Replacement	2,315	2,016	249	249	34	50	0	0	0
New Learning Disability Facility	9,507	133	884	884		5,248	3,242	0	0
Swift Upgrade	200	0	200	200		0	0	0	0
Complete on site	13	0	13	13		0	0	0	0
<b>Social Work Total</b>	<b>12,035</b>	<b>2,149</b>	<b>1,346</b>	<b>1,346</b>	<b>34</b>	<b>5,298</b>	<b>3,242</b>	<b>0</b>	<b>0</b>

**JB Reserves Position - 2022/23**

**Summary of Balance and Projected use of reserves**

EMR type/source	Balance at 31 March 2022 £000	Projected spend 2022/23 £000s	Projected balance as at 31 March 2023 £000s	Earmark for future years £000s	CO/Head of Service	Comments
<b>SCOTTISH GOVERNMENT FUNDING - SPECIFIC FUNDS</b>						
Mental Health Action 15	236	236	0	0	Anne Malarkey	
Alcohol & Drug Partnerships	843	843	0	0	Anne Malarkey	
Covid - 19	8,130	8,130	0	0	Kate Rocks	
Primary Care Improvement Programme	1,527	1,527	0	0	Allen Stevenson	
Covid Community Living Change	320	80	240	240	Allen Stevenson	Earmark for continuation of project
Covid Shielding SC Fund	34	34	0	0	Allen Stevenson	
DN Redesign	88	88	0	0	Allen Stevenson	
Winter planning - MDT	217	217	0	0	Allen Stevenson	
Winter planning - Health Care Support Worker	206	206	0	0	Allen Stevenson	
Winter pressures - Care at Home	712	712	0	0	Allen Stevenson	
Care home oversight	115	55	60	60	Allen Stevenson	Earmark for continuation of project
MH Recovery & Renewal	877	841	36	36	Allen Stevenson	Earmark for continuation of project
Covid projects - funding from Inverclyde Council	49	49	0	0	Craig Given	
<b>Sub-total</b>	<b>13,354</b>	<b>13,018</b>	<b>336</b>	<b>336</b>		
<b>EXISTING PROJECTS/COMMITMENTS</b>						
Integrated Care Fund	109	109	0	0	Allen Stevenson	
Delayed Discharge	102	102	0	0	Allen Stevenson	
Welfare	350	350	0	0	Craig Given	
Primary Care Support	338	216	122	122	Hector McDonald	Earmark for continuation of project
SWIFT Replacement Project	504	144	360	360	Craig Given	For continued project implementation and contingency
Rapid Rehousing Transition Plan (RRTP)	136	136	0	0	Anne Malarkey	
LD Estates	437	100	337	337	Allen Stevenson	
Refugee Scheme	1,077	150	927	927	Anne Glendinning	Funding relates to a number of years support for different refugee schemes
Tier 2 Counselling	312	42	270	270	Anne Glendinning	Earmark for continuation of project
CAMHS Tier 2	100	0	100	100	Anne Glendinning	Earmark for continuation of project
C&YP Mental Health & Wellbeing	148	148	0	0	Anne Glendinning	
CAMHS Post	68	0	68	68	Anne Glendinning	Earmark for continuation of project
Dementia Friendly Inverclyde	89	89	0	0	Anne Malarkey	
Contribution to Partner Capital Projects	1,103	500	603	603	Kate Rocks	LD Hub
Staff Learning & Development Fund	254	0	254	254	Anne Glendinning	
Fixed Term Staffing	200	0	200	200	Allen Stevenson	
Continuous Care	425	108	317	317	Anne Glendinning	
Homelessness	350	0	350	350	Anne Malarkey	
Autism Friendly	164	164	0	0	Allen Stevenson	
<b>Sub-total</b>	<b>6,266</b>	<b>2,358</b>	<b>3,908</b>	<b>3,908</b>		
<b>TRANSFORMATION PROJECTS</b>						
Transformation Fund	1,975	1,141	834	834	Kate Rocks	see Appendix 6
Addictions Review	250	0	250	250	Anne Malarkey	
Mental Health Transformation	750	135	615	615	Anne Malarkey	
IJB Digital Strategy	676	0	676	676	Allen Stevenson	Analogue to Digital commitments
<b>Sub-total</b>	<b>3,651</b>	<b>1,276</b>	<b>2,375</b>	<b>2,375</b>		
<b>BUDGET SMOOTHING</b>						
Adoption/Fostering/Residential Childcare	800	0	800	800	Anne Glendinning	
Prescribing	798	0	798	798	Allen Stevenson	
Residential & Nursing Placements	1,003	0	1,003	1,003	Allen Stevenson	
LD Client Commitments	600	0	600	600	Allen Stevenson	
Pay contingency	891	891	0	0	Craig Given	£550k contribution from Council included here
<b>Sub-total</b>	<b>4,092</b>	<b>891</b>	<b>3,201</b>	<b>3,201</b>		
<b>Total Earmarked</b>	<b>27,363</b>	<b>17,543</b>	<b>9,820</b>	<b>9,820</b>		
<b>UN-EARMARKED RESERVES</b>						
General	962	0	962	962		
<b>Un-Earmarked Reserves</b>	<b>962</b>	<b>0</b>	<b>962</b>	<b>962</b>		
<b>TOTAL Reserves</b>	<b>28,325</b>	<b>17,543</b>	<b>10,782</b>	<b>10,782</b>		

## Reserves Summary Sheet for Covering Report

	Opening Balance	New Funds in Year	Total Funding	Projected Spend	Projected C/fwd
<b>Ear-Marked Reserves</b>	<b>£000s</b>	<b>£000s</b>	<b>£000s</b>	<b>£000s</b>	<b>£000s</b>
Scottish Government Funding - funding ringfenced for specific initiatives	13,354		13,354	13,018	336
Existing Projects/Commitments - many of these are for projects that span more than 1 year	6,266		6,266	2,358	3,908
Transformation Projects - non recurring money to deliver transformational change	3,651		3,651	1,276	2,375
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	4,092		4,092	891	3,201
<b>TOTAL Ear-Marked Reserves</b>	<b>27,363</b>	<b>0</b>	<b>27,363</b>	<b>17,543</b>	<b>9,820</b>
<b>General Reserves</b>	<b>962</b>	<b>0</b>	<b>962</b>		<b>962</b>
In Year Surplus/(Deficit) going to/(from) reserves					1,022
<b>TOTAL Reserves</b>	<b>28,325</b>	<b>0</b>	<b>28,325</b>	<b>17,543</b>	<b>11,804</b>
<b>Projected Movement (use of)/transfer in to Reserves</b>					<b>(17,543)</b>



**INVERCLYDE INTEGRATION JOINT BOARD  
ROLLING ACTION LIST  
26 SEPTEMBER 2022**

In progress, will be done but maybe within another paper	Remove from rolling action list
Possibly remove or include in CO brief instead	

<b>Meeting Date and Minute Reference</b>	<b>Action</b>	<b>Responsible Officer</b>	<b>Timescale</b>	<b>Progress/Update/Outcome</b>	<b>Status</b>	<b>Open/Closed</b>
24 January 2022 (Para 7(2))	Report on grant dispersal and impact of changes to Universal Credit	Chief Officer	No timescale – a future meeting	Paper to IJB November 2022		Open
21 March 2022 (Para 21(4))	Unscheduled Care Commissioning Plan performance report be brought to the Board	Chief Officer	At the end of the first year	Paper to IJB November 2022		Open
21 March 2022 (Para 22(4))	Primary Care Improvement Plan update on reserves and formulation of spend plan	Chief Officer	No timescale – to a future meeting	Paper to IJB November 2022		Open
21 March 2022 (Para 26(3))	Care Homes Assurance Themes and Trends update report	Chief Officer	No timescale – to a future meeting	Paper to IJB November 2022		Open
27 June 2022 (Para 34(3))	Future delivery of IJB meetings including livestreaming	Chief Officer / Standards Officer	November 2022	Paper to IJB November 2022		Open
27 June 2022 (Para 37(3))	IDEAS Project surplus funds – local impact of investment report	Chief Officer	By the end of the year	Paper to IJB March 2022		Open

27 June 2022 (Para 38(3-4))	Locality Planning – arrange development session and update report	Chief Officer	Development Session – September 2022 Report by the end of the year	Session taking place in December 2022	Red	Closed
27 June 2022 (Para 43(2))	Clinical & Care Governance – vaccination service and GP contract negotiations update report	Chief Officer	For next meeting		Red	Closed
20 July 2022 (Para 50)	LD Hub - risks	Chief Officer	November 2022	Paper to IJB November 2022		Open

Annual Report Schedule

<u>March</u>	<ul style="list-style-type: none"> <li>Annual Budget</li> </ul>	<u>June</u> <ul style="list-style-type: none"> <li>Draft Annual Accounts</li> <li>Annual Performance Report</li> <li>Clinical &amp; Care Governance</li> </ul>
<u>September</u>	<ul style="list-style-type: none"> <li>Audited Annual Accounts</li> <li>Digital strategy</li> <li>Workforce Update</li> <li>Directions Annual Report</li> </ul>	<u>December</u> <ul style="list-style-type: none"> <li>PCIP Update</li> <li>Update Criminal Justice</li> </ul>

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<b>Report To:</b>	<b>Inverclyde Integration Joint Board</b>	<b>Date:</b>	<b>26 September 2022</b>
<b>Report By:</b>	<b>Kate Rocks Chief Officer, Inverclyde Health &amp; Social Care Partnership</b>	<b>Report No:</b>	<b>VP/LP/066/22</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 – 2021/22</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 September 2021 to August 2022.

## **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 second such annual report to the IJB and covers the period from September 2021 to August 2022.

## **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 mid-year reports in March and September since March 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 second such annual report to the IJB and covers the period from September 2021 to August 2022.
- 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 September 2021 and August 2022 (inclusive):
- the IJB has issued 11 Directions;
  - 6 of these were Directions to both the Council and Health Board;
  - 3 of these were Directions to the Council only; and
  - 2 of these were Directions to the Health Board only.
- 5.3 Of the 11 Directions issued by the IJB:
- 6 remain open (current);
  - 0 are closed and 4 have been superseded; and
  - 1 is complete.
- 5.4 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, 2021/22 and 2022/23

## 6.0 PROPOSALS

- 6.1 It is proposed that the IJB notes the content of this report and the summary of Directions issued by the IJB in the period September 2021 to August 2022.

## 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?

	YES (see attached appendix)
X	NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy which has a differential impact on any of the protected characteristics. Therefore, no Equality Impact Assessment is required.

- 7.4.2 How does this report address our Equality Outcomes

There are no Equalities Outcomes implications within this report.

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

## Clinical or Care Governance

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

## National Wellbeing Outcomes

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

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

## 10.0 BACKGROUND PAPERS

10.1 None.

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)
17.03.20 IB/36/20 20/LA	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="#">Indicative Inverclyde IJB Budget 2020/21</a>	Chief Finance Officer	Finance	Direction superseded by in year Financial Monitoring reports
17.03.20 IB/17/20 20/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="#">Inverclyde Alcohol and Drug Recovery Development Update</a>	Head of MH, Addictions and Homelessness	Alcohol & Drug Recovery	
17.03.20 IB/17/20 20/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	£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="#">Inverclyde Alcohol and Drug Recovery Development Update</a>	Head of MH, Addictions and Homelessness	Alcohol & Drug Recovery	
17.03.20 IB/21/20 20/SMCA	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="#">Hard Edges Scotland Report</a>	Head of Children, Families and Criminal Justice	Childrens Services	
17.03.20 IB/22/20 20/SMCA	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		Completed	No	N/A	<a href="#">Continuing Care</a>	Head of Children, Families and Criminal Justice	Childrens Services	Direction superseded by in year Financial Monitoring reports
17.03.20 IB/31/20 20/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="#">Tailored Moving and Handling Solutions</a>	Head of Health & Community Care	ICIL	
17.03.20 IB/29/20 20/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		Completed	No	N/A	<a href="#">Private report</a>	Head of Health & Community Care	Older People OOH 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)
17.03.20 IJB/19/20/20/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		Completed		N/A	<a href="#">Private report</a>	Head of MH, Addictions and Homelessness	Alcohol & Drug Recovery	
17.03.20 IJB/32/20/20/AS	Social Care Case Management - Mimi 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
12.05.20 IJB/38/20/20/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="#">Covid 19 Mobilisation Plan</a>	Chief Finance Officer	Finance	Direction superseded by in year Financial Monitoring reports covid spend & funding updates
23.06.20 IJB/44/20/20/LL	Unscheduled Care Commissioning 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="#">Unscheduled Care Commissioning Plan</a>	Head of Strategy & Support Services	Commissioning	Direction will be superseded by subsequent update reports
23.06.20 IJB/45/20/20/SWGA	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="#">Champions Board/Proud2Care</a>	Head of Children, Families and Criminal Justice	Childrens Services	
23.06.20 IJB/50/20/20/DWCC	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		Completed	No	N/A	<a href="#">District Nursing Workforce</a>	Head of Health & Community Care	District Nursing	
24.08.20 IJB/54/20/20/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="#">HSCP Workforce Plan 2020-2024</a>	Head of Strategy & Support Services	HSCP	Direction will be superseded by in year subsequent Financial Monitoring reports



Ref. no.	Report Title	Direction to	Full Text	Functions Covered by Direction	Budget Allocated by JIB to carry out direction(s)	Date Issued	With Effect From	Review Date	Status	Does this supersede, revoke a previous Direction	Direction Reference superseded or revoked	Link to JIB paper	Responsible Officer	Service Area	Most Recent Review (Date)
24.08.20 IB/51/20 20/L	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="#">Health and Social Care Additional Staffing - Covid 19</a>	Chief Officer	HSCP	
21.09.20 IB/60/20 20/LA	Financial Budget Monitoring Report - 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 JIB'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 IB/36/2020/LA	<a href="#">Financial Budget Monitoring Report - 2020/21 Period 3</a>	Chief Finance Officer	Finance	Direction will be superseded by in year subsequent Financial Monitoring reports
21.09.20 IB/68/20 20/LA	HSCP Digital Strategy 2020/21	Both Council and Health Board	Inverclyde Council and NHS GG&C jointly are directed to deliver the digital 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="#">HSCP Digital Strategy 2020/21</a>	Head of Strategy & Support Services	HSCP	Direction will be superseded by in year subsequent Financial Monitoring reports
02.11.20 IB/65/20 20/L	Financial Budget Monitoring Report - 2020/21 Period to 31 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 JIB'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 IB/60/2020/LA	<a href="#">Financial Budget Monitoring Report - 2020/21 Period 5</a>	Chief Finance Officer	Finance	
25.01.21 IB/07/20 20/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 JIB'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 IB/65/2020/L	<a href="#">Financial Budget Monitoring Report - 2020/21 - Period 7</a>	Chief Finance Officer	Finance	
29.03.21 IB/15/20 21/LA	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 JIB'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	Superseded	Yes	25.01.21 IB/07/2020/LA	<a href="#">Financial Budget Monitoring Report - 2020/21 Period 9</a>	Chief Finance Officer	Finance	
29.03.21 IB/13/20 21/L	Emergency Powers Decision Log to March 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="#">Emergency Powers Decision Log</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)
29.03.20 21 IJB/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	Superseded	No	N/A	<a href="#">Inverclyde IJB Budget 2021/22</a>	Chief Finance Officer	Finance	20/09/2021 Superseded by Financial Monitoring Report 2021/22 - Period 3 - IJB/38/2021/CG
17.05.20 21 IJB/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	Completed	No	N/A	<a href="#">Inverclyde Alcohol and Drug Partnership Update</a>	Head of MH, ADRS and Homelessness	Alcohol and Drug Recovery	
17.05.20 21 IJB/23/2 021/SMC A	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="#">The Promise Partnership Funding</a>	Head of Children, Families and Criminal Justice	Children's Services	
17.05.20 21	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 - restructure of existing service to be funded from existing budgets	17-May-21	17-May-21	May-22	Completed	No	N/A	<a href="#">Private Report</a>	Head of MH, ADRS and Homelessness	Alcohol and Drug Recovery	

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)
21.06.20 21 IB/26/2 021/AM	HSCP Interim Workforce Plan 2021/22	Both Council and Health Board	Council and Health Board jointly are directed to implement the requirements of the Inverclyde Interim Workforce Plan as attached to Appendix B of the report and within the associated budget outlined in the report	Finance, Planning & Resources	As detailed in the report. £100,000 training board. £50,000 wellbeing (Covid) monies	21-Jun-21	21-Jun-21	Dec-21	Current	Yes Supersede	Supersedes Interim Workforce Plan 2020/21 - this is a supporting document to the overarching Workforce Strategy 2020/24 - see 24.06.2020 IB/54/2020/LA	<a href="#">HSCP Interim Workforce Plan 2021/22</a>	Head of Finance, Planning & Resources	Finance, Planning & Resources	
20.09.20 21 IB/38/2 021/CG	Financial Budget Monitoring Report - 2021/22 Period to 30 June 2021 - 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.	20-Sep-21	20-Sep-21	Nov-21	Superseded	Yes Supersede	29.03.2021 IB/16/2021/LA	<a href="#">Financial Budget Monitoring Report 2021/22 Period 3</a>	Chief Financial Officer	Finance	01/11/2021 Superseded by Financial Monitoring Report 2021/22 - Period 5 - IB/48/2021/CG
20.09.20 21 IB/25/2 021/L1	Implementation of Management Review	Both Council and Health Board	Council and Health Board jointly are directed to implement the Senior Management Team structure within the HSCP as outlined in the report.	Children & Families Health & Communities Finance, Planning & Resources	As detailed in the report. Funded within existing budgets.	20-Sep-21	20-Sep-21	Sep-22	Completed	No	N/A	<a href="#">Private Report</a>	Head of Finance, Planning & Resources Chief Officer	Finance, Planning & Resources	
01.11.20 21 IB/48/2 021/CG	Financial Budget Monitoring Report - 2021/22 Period to 31 August 2021 - 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.	01-Nov-21	01-Nov-21	Jan-22	Superseded	Yes Supersede	20.09.2021 IB/38/2021/CG	<a href="#">Financial Budget Monitoring Report 2021/22 Period 5</a>	Chief Financial Officer	Finance	24/01/2022 Superseded by Financial Monitoring Report 2021/22 - Period 7 - IB/11/2022/CG
01.11.20 21 IB/50/2 021/AM	Advanced Clinical Practice Proposal	Health Board only	The Health Board is directed to implement a team of 6 Advanced Nurse Practitioners to work across mental health services as outlined in the report.	Mental Health Services Adult and Older Adult Inpatient Community Services	As detailed in the report. Funded from Mental Health Transformation Fund and Medical Staffing Budget	01-Nov-21	01-Nov-21	Nov-22	Current	No	N/A	<a href="#">Private Report</a>	Head of MH, ADRS and Homelessness	Mental Health	
01.11.20 21 IB/49/2 021/AM	Homeless Service - Development of Rapid Rehousing Support Provision September 2021	Council only	The Council is directed to implement the Rapid Rehousing Support Service, including the creation of an integrated Homeless Team, with 10 additional posts, as outlined in the report in order to provide intensive wraparound support to those with the most complex needs, often caught up in a cycle of repeat, prolonged periods of homelessness.	Homelessness Service	As detailed in the report. Funded within existing budgets including from ADP, ADRS and Rapid Rehousing Transition Plan	01-Nov-21	01-Nov-21	Nov-22	Current	No	N/A	<a href="#">Private Report</a>	Head of MH, ADRS and Homelessness	Homelessness	
24.01.20 22 IB/11/2 022/CG	Financial Budget Monitoring Report - 2021/22 Period to 31 October 2021 - 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.	24-Jan-22	24-Jan-22	Mar-22	Superseded	Yes Supersede	01.11.2021 IB/48/2021/CG	<a href="#">Financial Budget Monitoring Report 2021/22 Period 7</a>	Chief Financial Officer	Finance	21/03/2022 Superseded by Financial Monitoring Report 2021/22 - Period 9 - IB/20/2022/CG

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)
21.03.2022	Financial Budget Monitoring Report - 2021/22 Period to 31 December 2021 - 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.	21-Mar-22	21-Mar-22	Jun-22	Superseded	Yes Supersede	24.01.2022 IJB/14/2022/CG	<a href="#">Financial Budget Monitoring Report 2021/22 Period 9</a>	Chief Financial Officer	Finance	



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**Report To:** Inverclyde Integration Joint Board      **Date:** 26 September 2022

**Report By:** Kate Rocks  
Chief Officer  
Inverclyde Health & Social Care Partnership      **Report No:** IJB/37/2022/AH

**Contact Officer:** Andrina Hunter  
Service Manager Planning and Performance      **Contact No:** 76125

**Subject:** Resettlement and Wider Dispersal in Inverclyde

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## **1.0 PURPOSE**

- 1.1 The purpose of this report is to provide an update to the Inverclyde Integration Board on Resettlement and Wider Dispersal.

## **2.0 SUMMARY**

- 2.1 Inverclyde has worked in partnership with the Home Office and other partners to successfully deliver a range of resettlement schemes within Inverclyde and to date there are over 80 families being supported within the Inverclyde community.
- 2.2 62 men seeking asylum are currently accommodated within a local hotel, and in addition to this contingency hotel, the Home Office has commenced wider asylum dispersal. Inverclyde partners are working with Mears Housing (Home Office contractor) to ensure all proposed private properties are suitable for use.
- 2.3 A local hotel is being utilised by the Scottish Government for 13 Ukrainian families through the Super Sponsor Scheme and proposals for locally matching them into local hosts and/or homes is underway.
- 2.4 The numbers coming into Scotland through the Super Sponsor scheme for Ukrainian Displaced People (UDPs) are increasing although the scheme has been temporarily suspended, many visas have already been issued. A partnership approach to all resettlement and asylum work is underway with a range of local and national partners involved.

## **3.0 RECOMMENDATIONS**

- 3.1 That the IJB notes:
- The ongoing work and future plans for resettlement and wider dispersal within Inverclyde.

## **4.0 Vulnerable Persons Resettlement Schemes**

4.1 Since 2014, Inverclyde has participated in a number of refugee resettlement schemes and currently support the following families:

- 17 Afghan families- 85 individuals (under two Afghan schemes)
- 32 Syrian families- 138 individuals (under the Syrian Vulnerable Persons Resettlement Scheme)
- 7 Sudanese families- 25 individuals (under the Vulnerable Children's Scheme)

Further families are due to arrive into Inverclyde over the coming year.

4.2 The National Transfer Scheme for UASC (Unaccompanied Asylum Seeking Children) Scheme has resulted in 5 young people being supported within Inverclyde. Cycle 9 of National Transfer Scheme has yet to be announced however Inverclyde will be expected to take one young person from Scotland's quota of 45.

## **5.0 Ukrainian Resettlement**

5.1 In response to the ongoing conflict in Ukraine, 2022 the Scottish Government has participated in the Homes for Ukraine Scheme and the Ukrainian Super Sponsor Scheme (Warm Scottish Welcome).

5.2 To date 15 Ukrainian families (29 individuals) under the Homes for Ukraine Private Sponsor Scheme are currently residing with host families or in temporary accommodation across Inverclyde.

5.3 Under the Super Sponsor Scheme (Warm Scottish Welcome) Ukrainians have been able to apply for a visa naming the Scottish Government as their sponsor. To date over 5000 Ukrainians have arrived through this scheme with many more still to arrive. The Super Sponsor Scheme has been temporarily suspended and a review underway. There have been a number of Expressions of Interest from hosts across Inverclyde who have had all required checks undertaken. To date these hosts are awaiting Ukrainian individuals and families to be matched by the Scottish Government/ CoSLA.

5.4 Many of the recent arrivals who are awaiting to be matched are being accommodated in hotels across Scotland. Locally the Scottish Government has commissioned the Gin House Hotel in Greenock to provide accommodation. Currently there are 13 family groups (41 individuals) accommodated within the hotel. All hotel residents have had health assessments undertaken and registered with a GP and access to other health services as required. Initial £200 monetary payments have been made and the Advice team have been supporting the Integration Team to ensure applications for Universal Credit and a range of other appropriate benefits have been made. Children are currently being enrolled within local schools and employability support in place to encourage the Ukrainian adults to seek employment. The majority of families have settled in well and Your Voice Community Connectors have been in touch to help familiarise the residents with the local community.

5.5 As previously noted the Scottish Government and CoSLA have commenced a national matching process, due to the time lag with this approval from the Scottish Government to commence local matching is now in place. However initial scoping work indicates that there would be limited matches due to the number of family groups that have been sent to the hotel vs the majority of those on the cleared hosts' lists only offering smaller accommodation options e.g. single rooms in a house and some hosts' offers will not be available to later in the year.

5.6 It is important that we get any local matching right so that it is sustained or we will then see these hosting relationships breaking down and this will then put pressure on the local authority to find other contingency and / or accommodation solutions. To date

four families have been matched to local permanent accommodation through local matching with plans to upscale this as more properties become available.

- 5.7 The UK Government opened up a safe route for unaccompanied Ukrainian children as an extension of Homes for Ukraine. The UK guidance does not sufficiently cover the Scottish legal context for such arrangements therefore Scottish guidance is being prepared along with proposals to support Local Authorities to meet the additional demands. It is estimated that around 80 young people will potentially be placed in Scotland.

## **6.0 Asylum Contingency Hotel and Wider Dispersal**

- 6.1 The Holiday Inn Express is currently being utilised by the Home Office as a Contingency hotel with 71 single males accommodated on a full board basis. Health assessments have been undertaken for all men on arrival and regular health clinics held in the hotel. YourVoice 3rd sector organisation are successfully linking the men into local activities.
- 6.2 As reported previously the Home Office has advised they intend to widen dispersal across the UK including Scotland for people seeking asylum whilst awaiting their decision. Plans for a regional based approach are developing and Phase one of this will involve the local authorities surrounding Glasgow (including Inverclyde) being utilised for wider dispersal.
- 6.3 To date there are approx. 5050 asylum seekers in Glasgow accommodated within 2400 properties supported by Mears Housing (the Home Office contractor). The Home Office is currently consulting on potential numbers for dispersal over the coming years. For each new 'bed' leased through the dispersal programme, the local authority will receive £3,500.
- 6.4 Inverclyde is now replicating Glasgow's Housing Procurement protocol which involves Mears Housing identifying private properties they wish to consider utilising for wider dispersal, and appropriate checks being undertaken by the local partners to identify the suitability of these properties; landlord registration; police concerns and the proximity to education and availability of services.
- 6.5 If an asylum seeker receives a positive outcome of their asylum application they have four weeks to move on from their Mears property. If they receive a negative decision, they have No Recourse to Public Funds (NRPF) and this may place additional pressure on the local authority to support on a short term basis. Since Covid, no Home Office negative decisions have been issued and further update from the Home Office regarding this is awaited.

## **7.0 CAPACITY**

- 7.1 To cope with the increasing resettlement, the New Scots Integration Team is increasing in capacity to include a new team leader, additional Integration workers; a Child and Family worker and finance/administration support. Each of the refugee resettlement schemes receive different funding allocations with additional education resources being allocated through the Ukraine schemes.
- 7.2 Your Voice and a range of local and national 3rd sector organisations are supporting both the refugees and the people seeking asylum to ensure they are linked locally into activities and the community. The Scottish Refugee Council is looking to deploy additional resource to Inverclyde to support the Ukrainian community and there is a potential for further support from the Scottish Government.
- 7.3 The numbers coming into Scotland through the Super Sponsor scheme for Ukrainian Displaced People (UDPs) are increasing although the scheme has been temporarily



suspended, many visas have already been issued. As of August, over 12,000 UDPs with a Scottish sponsor have arrived in the UK – the large majority of these (8,880) through the super sponsor scheme, with 3,206 sponsored privately. The numbers projected could be as high as 35,000 therefore situation, and our response at a national and local level, is fluid with will require to scale up to support future delivery requirements.

## 8.0 IMPLICATIONS

### FINANCE

8.1

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

8.2 There are no legal implications arising from this report.

### HUMAN RESOURCES

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

### EQUALITIES

8.4 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.

8.4.1 How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	All HSCP services are available to all refugees, displaced people and people seeking asylum
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	All HSCP services are designed to promote fairness and better outcomes for individuals and should make it easy for all to receive services

	at the point of need.
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.	The HSCP positively supports and welcomes all refugees, displaced people and people seeking asylum

## CLINICAL OR CARE GOVERNANCE IMPLICATIONS

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

## NATIONAL WELLBEING OUTCOMES

8.6 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.	All refugees, displaced people and people seeking asylum are supported to access health and care services
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	None
People who use health and social care services have positive experiences of those services, and have their dignity respected.	All refugees, displaced people and people seeking asylum are supported to access health and care services
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

## 9.0 DIRECTIONS

9.1

<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	

## 10.0 CONSULTATION

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

## 11.0 BACKGROUND PAPERS

11.1 None.

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<b>Report To:</b>	<b>Inverclyde Integration Joint Board</b>	<b>Date:</b> 26 September 2022
<b>Report By:</b>	<b>Kate Rocks Chief Officer Inverclyde HSCP</b>	<b>Report No:</b> IJB/43/2022/AS
<b>Contact Officer:</b>	<b>Allen Stevenson Head of Health &amp; Community Care</b>	<b>Contact No:</b> 01475 715212
<b>Subject:</b>	<b>Primary Care - Update on Vaccination Transformation Programme and General Dental Services</b>	

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## **1.0 PURPOSE**

- 1.1 The purpose of this report is to provide the Inverclyde Integration Joint Board (IJB) with an update on the vaccination transformation programme and general dental services within Inverclyde.

## **2.0 SUMMARY**

- 2.1 In 2017 as part of the commitment to deliver a new General Medical Services (GMS) contract, the Scottish Government and Scottish General Practitioners Committee (SGPC) agreed that all vaccinations would move away from a model based on GP delivery, to one based on NHS board delivery through NHS board teams. This has been delivered through a Vaccination Transformation Programme (VTP) with full delivery being achieved in April 2022.
- 2.2 Health Boards have assumed overall responsibility for the delivery of vaccination programmes. All vaccinations are now delivered through a range of models, including board and local arrangements. NHS GG&C have a range of delivery models, some of which are still being fully developed.
- 2.3 NHS general dental services (GDS) are provided by general dental practitioners. These dental practitioners are either in contract with, or employed by, their local NHS Board to provide general dental care and treatment. The public dental service (PDS) is the service provided by NHS board employed dental practitioners.
- 2.4 Across Scotland the impact of the covid-19 pandemic on dental care has been significant, due to complete closure of practices in the first wave and also additional infection control measures that were required to be put in place. This has resulted in a lack of capacity and within Inverclyde. It is currently not possible to register with a dental practitioner for preventative treatment. This has led us into a challenging position with a lack of routine dental care. Emergency dental treatment is still available through NHS24, for those not already registered with a dentist.

### **3.0 RECOMMENDATIONS**

3.1 The Integration Joint Board is asked to;

1. Note the contents of this report; and
2. Note the ongoing work which is underway with NHS GG&C to improve local access to vaccinations and primary dental services.

## 4.0 BACKGROUND

### 4.1 VACCINATION TRANSFORMATION PROGRAMME

- 4.2 In 2017 as part of the commitment to deliver a new General Medical Services (GMS) contract, the Scottish Government and Scottish General Practitioners Committee (SGPC) agreed that vaccinations would move away from a model based on GP delivery to one based on NHS board delivery. This includes travel vaccinations, vaccinations for pregnant women, routine childhood and routine adult vaccinations, seasonal vaccinations (e.g. influenza, covid) and all other ad-hoc vaccinations. Covid-19 vaccinations and the extended cohorts for influenza were later included in the planning and delivery of the Vaccination Transformation Programme (VTP).
- 4.3 Within NHS GG&C, the Vaccination Transformation Programme (VTP) planning was undertaken by a programme board, in close collaboration with the Primary Care Programme Board and HSCPs. The different services have been implemented at periods over the last 3 years with full delivery being achieved in April 2022 as per the terms of the updated GMS contract Memorandum of Understanding. The outcome of this is a range of delivery models noted below:

Vaccinations	Delivery Model	Site / Base	Current Challenges
Travel	NHSGG&C Commissioned service – City Doc is the provider	To be fully delivered in HSCP area.	No local venue currently available however scoped out and timescale imminent. To date, 46 people have attended Glasgow appointments since 1 <sup>st</sup> April 2022.
Pregnant women	Via maternity services	Offered at antenatal venues	None
Routine childhood	Via childhood immunisation team (hosted by Glasgow City HSCP)	Offered at local clinic venues	None
Routine adult (shingles and pneumococcal)	Delivered by NHS GG&C teams in town hall vaccination clinics	e.g. Greenock Town Hall	Catch-up of those who missed these vaccinations due to covid
Seasonal (influenza and covid)	Delivered by NHS GG&C teams in town hall vaccination clinics	e.g. Greenock Town Hall	Logistics of venues and staffing / workforce planning
Ad-hoc vaccinations (all adult only), e.g post exposure tetanus / missed MMR	Delivered by NHS GG&C Board	Central Glasgow location	Numbers currently being monitored. Engaging with NHS GG&C, via the Boards Adult Vaccination Group (AVG) to deliver a local solution
Housebound (all adult vaccinations, including routine / seasonal)	Delivered by Inverclyde HSCP	At home, for those unable to attend a clinic	Financial and staffing resources

- 4.4 Planning and progressing the Vaccination Transformation Programme (VTP) has been extremely challenging, especially in light of the covid-19 pandemic. The increased staff and financial resources to plan and deliver Covid vaccinations, an extended cohort of flu vaccinations and the associated venue and home visiting logistics were not anticipated at the start of the programme. Data for planning purposes such as demand for travel and ad-hoc vaccinations is not always robust leading to planning based on best estimates.

4.5 To ensure clear and equitable user access, there should be one single point of contact within each Health Board to direct patients to the necessary service. This is being progressed at Board level and we are currently working to explore options for local arrangement to be put in place. Our goal is to provide a safe and sustainable model for our Inverclyde patients. We expect the first quarter's data detailing the demand for ad-hoc vaccinations to be available in July. This will support a capacity model to be considered for a permanent local service solution. The terms of the City Doc contract require an Inverclyde base from which to deliver their travel vaccination service and we expect this to be in place imminently.

#### 4.6 **GENERAL DENTAL SERVICES**

Across Scotland the impact of the covid-19 pandemic on dental care has been significant, due to complete closure of practices in the first wave and also additional infection control measures that were required to be put in place. This significantly impacted capacity and waiting times and within Inverclyde it is currently not possible to register with a dental practitioner for routine preventative care. NHS general dental services (GDS) are provided by general dental practitioners who are either employed by their local NHS Board (Public Dental Service) or have a contract with the NHS Board to provide general dental care and treatment. Inverclyde HSCP does not have a role in managing these contracts and East Dunbartonshire HSCP host the Primary Care General Dental Services functions of the NHSGGC Oral Health Directorate.

4.7 There are currently 11 dental practices within Inverclyde and at the moment none of these dental practices are taking on new routine NHS patients. There is a current range of availability across the practices, ranging from being put on a waiting list to the practice being completely private. In the past 2 years, two practices have resigned their contract and become private. This brings the total to three dental practices now being private. Currently Envisage in Kilmacolm are the only dental practice who will take on newly registered patients on the NHS, however you must join as private and when you are deemed dentally fit, the practice will then transfer you to an NHS plan. The public dental service (PDS) is the service provided by NHS board employed dental practitioners which is available to those who have clinical, functional or deprivation needs which mean they are unable to attend a high street dental service. Emergency dental treatment is still available through NHS24 for those not already registered with a dentist however this may require attending an appointment in Glasgow. Public Health Scotland reported in April 2022 that dental contacts and treatments had not yet recovered to pre-pandemic levels and that socio-economic inequalities in access had increased across Scotland.

4.8 The British Dental Association (BDA) argues that the current remuneration model for Dentists means that practices currently supply NHS treatment at a loss resulting in increasing numbers of practices leaving the NHS contract framework. Dental practices are also facing the same infrastructure and workforce recruitment and retention challenges seen across the health and social care sectors. The Scottish Local Dental Committee has called for contract reform and an interim model of remuneration which will ensure future availability of NHS Dentistry. Inverclyde HSCP has little opportunity to influence this however the HSCP does administer a local Dental Practitioners Forum and is able to have regular dialogue with the forum Chair and members. The HSCP Primary Care and Health Improvement Teams work closely with the Oral Health Directorate team within East Dunbartonshire HSCP. This promotes delivery of the ChildSmile and Caring for Smiles programmes and offers opportunity to feed in concerns such as the availability of general dental services within Inverclyde.

## 5.0 PROPOSALS

### 5.1 VACCINATION TRANSFORMATION PROGRAMME

The primary care team within Inverclyde HSCP will continue to work closely with NHS GG&C to review activity and demand data and ensure local arrangements for vaccination delivery are implemented in a timely manner. The primary care team will provide an update for committee at the next meeting.

### 5.2 GENERAL DENTAL SERVICES

The primary care team within Inverclyde HSCP will continue to work closely with the Lead General Dental Practitioner for Inverclyde and also the Oral Health Directorate regarding local access issues for Inverclyde residents. A meeting has been arranged with East Dunbartonshire HSCP and Inverclyde's Clinical Director. The primary care team will provide an update for committee at the next meeting.

## 6.0 FINANCE

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

Annually Recurring Costs / (Savings)

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

## LEGAL

6.1 None

## HUMAN RESOURCES

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

## EQUALITIES

6.3 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.



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

**CLINICAL OR CARE GOVERNANCE IMPLICATIONS**

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

Resources are used effectively in the provision of health and social care services.	None
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## 7.0 DIRECTIONS

<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

None.

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**Report To:** Inverclyde Integration Joint Board      **Date** 26 September 2022

**Report By:** Kate Rocks  
Chief Officer      **Report No:** IB/42/2022/AS  
Inverclyde Health & Social Care Partnership

**Contact Officer** Allen Stevenson      **Contact No:** 01475 715212  
Head of Health & Community Care

**Subject:** Inverclyde Adult Support and Protection Partnership -  
Adult Support – Quality Improvement Plan 2021-22

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## **1.0 PURPOSE**

- 1.1 The purpose of this report is to advise the Inverclyde Integration Joint Board of the progress to date of the Adult Support and protection Quality Improvement Plan 2021-22.
- 1.2 This plan was commissioned by the Chief Officers Group from the positive Inverclyde Joint Adult Protection Inspection led by the Care Inspectorate, Health Improvement Scotland and Her Majesty's Inspectorate of Constabulary in 2020.

## **2.0 SUMMARY**

- 2.1 That Inverclyde Integration Joint Board note the content of this report and progress to date of the Adult Protection quality Improvement Plan.
- 2.2 The outcome of the audit on the impact of the Improvement Plan scheduled for 2023 will be brought back to the Inverclyde Integration Joint Board.

## **3.0 RECOMMENDATIONS**

- 3.1 The IJB to note that HSCP officers will continue to implement and audit the impact of the Adult Protection Quality Improvement Plan. The current progress and future improvement pathway will continue to make effective progress to ensure reassurance around the protection of vulnerable adults in Inverclyde.
- 3.2 That the IJB noted a series of audits will take place in the first quarter of 2023 and a report on its conclusions will come back to the Inverclyde Integration Joint Board.

## 4.0 BACKGROUND

4.1 The Inverclyde Joint Adult Protection Inspection commenced in January 2020. File reading was due to commence in March 2020 at which time inspectors stood down due to the COVID 19 pandemic. The file reading did take place in January 2021 and whilst no formal grading was offered a positive written report was provided as feedback.

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

4.3 Feedback was provided which is very positive in particular around practice, partnership working and outcomes for vulnerable adults. Noted areas of strength included:

- Staff survey showed staff across the partnership held generally positive and confident views about adult support and protection, and the partnership's efforts to keep adults at risk of harm safe, protected and supported".
- Operational adult support and protection practice across the partnership was sound in many areas, with effective collaborative working to keep adults at risk of harm safe.
- Partnership staff effectively shared information to identify and protect adults at risk of harm
- Adults at risk of harm were supported and listened to for the key processes undertaken to keep them safe and protected.
- Police and health staff worked collaboratively to manage the risks for adults at risk of harm, and improve their health and wellbeing.
- Almost all case file records read concurred that adults subject to adult support and protection experienced a safer quality of life from support they receive.

4.4 There were as would be expected some areas where the partnership could improve its performance:

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

4.5 An Adult Support and Protection Plan was drawn up and approved by the Chief Officers Group which addresses the identified areas of improvements (See Appendix 1) Key aspects of the Plan were already identified by HSCP officers and part of the established work plan. The attached plan has also been approved by the Care Inspectorate.

4.6 We have already implemented the plan and have signed off some actions whilst we have agreed plans to implement remaining areas by the end of 2022. It will be through the case file audit process scheduled for 2023 that will confirm the success of the plan and that changes are now embedded in practice.

#### 4.7 **Summary of progress**

- a) **Chronology Template & Guidance** - Training rolled out to all Council Officers and Assessment Staff. Chronology is now in use in line with Guidance
- b) **Revise Risk Assessment and Adult Protection Plan** - Risk Assessment Guidance and template reissued to staff recommendations made Briefing sessions completed
- c) **Implement new recording guidance for SWIFT CIVICA & EMIS** - New paperwork and hierarchy on CIVICA and SWIFT all staff briefings completed.
- d) **Interface between Partners information systems** – Internal to HSCP all Services use SWIFT and CIVICA Meetings with Partners established and this issue fully addressed with new Social work Information System.
- e) **Implement the revised West of Scotland ASP Procedures** Implement the revised West of Scotland ASP Procedures – Procedures & Guidance approved by adult Protection Committee and COG Workshop programmes in place and feedback is positive (80%).
- f) **Establish explicit recording of the application of 3 point Test at all stages of ASP Process-** Revised Guidance and Paperwork to clearly record application of the 3 point criteria is in place HSCP and Police Scotland to further develop understanding and application of the 3 point Test.
- g) **Refresh Quality Assurance framework across Partnership –APC Business Plan accelerated and Quality Improvement Plan** Improvement plan agreed at Adult Protection committee and established ASPC Quality and Development Sub Committee. Accelerate APC Business Plan implementation
- h) **Develop Multi Agency Audit and Governance Programme – Alongside single agency audits** - Previous self-evaluation and workshops have taken place will build on this foundation and future workshop to be arranged for this year, Involvement of community voice to support audit is historically part of this process.

## 5.0 IMPLICATIONS

### 5.1 FINANCE

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

Annually Recurring Costs / (Savings)

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

### LEGAL

5.2 There are specific legal implications arising from this report.

The implementation of the Improvement plan will provide assurance that Inverclyde continues to meet its statutory duty around Adult Support and Protection.

### HUMAN RESOURCES

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

### EQUALITIES

5.4 How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	Protects 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.	People are protected from harm
People with protected characteristics feel included in the planning and developing of services.	Inclusive for all
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	Promotes and protects diversity
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	Supports and protects people with a learning disability
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	Protects refugees and promotes community attitudes

## CLINICAL OR CARE GOVERNANCE IMPLICATIONS

5.5 Audit results will be reported to the Chief officers Group and HSCP Governance.

### 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 Appendix 1 – Inverclyde HSCP Adult Protection Quality Improvement Plan

**IAPC ASP Quality Improvement Plan 2021-22 v0.3**

<b>Background</b>	<p>Following Joint Partnership Inspection 2021 5 areas for focus were identified to support the improvement programme identified in the 2020-2022 IAPC Business Plan.</p> <p>This Quality Improvement plan is developed across the Inverclyde Partners to ensure appropriate focus upon these area.</p> <p>QIP will work with Staff Reference Group Comprising of Council Officers</p> <p>The APCQSC will have oversight of the implementation of this plan</p> <p>Progress will be reported to APC with final report to be completed by 30<sup>th</sup> November 2022</p>
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<b>Lead</b>	Alan Best ( <i>Interim Head of Service, Health and Community Care</i> )
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<b>1: Chronology, risk assessment and protection planning tools and templates need to be standardised to ensure a standardised approach and single templates used by all adult services and partners.</b>					
<b>Action Item</b>	<b>Action Required</b>	<b>Person Responsible</b>	<b>Timescale</b>	<b>Status / Comments</b>	<b>How will we know achieved?</b>
<b>A</b> Chronology Template & Guidance	Reissue Chronology Template and Guidance to all staff	Alan Brown	31 <sup>st</sup> May 2021	<b>GREEN</b> 2019 had a soft roll out which was stalled by Pandemic. Documents and Guidance in place	Training rolled out to all Council Officers and Assessment Staff. Chronology is in use in line with Guidance.
	Briefing Sessions to Teams				
	Audit Roll out		30 <sup>th</sup> September 2022	<b>GREEN</b> Single Agency Audit in place.	Audit of use of chronologies. Chronologies used appropriately across Teams.
<b>B</b> Revise Risk Assessment and Adult Protection Plan	Audit existing tools and guidance	Margaret Burns	31 <sup>st</sup> January 2022	<b>GREEN</b> Revised documents ready and being rolled out.	Audit report completed and recommendations made.
	Reissue Risk Assessment Template and Guidance to all staff	Alan Brown	30 <sup>th</sup> September 2022	<b>GREEN</b>	Risk Assessment Guidance and template reissued to staff recommendations made.



		Briefing Sessions to Teams				30th September 2022	<b>GREEN</b>	Briefing sessions completed
		Audit Role out				30th September 2022	<b>GREEN</b>	Audit of use of risk Assessment and confirm are used appropriately across Teams.
<b>C</b>	Implement new recording guidance for SWIFT CIVICA & EMIS	Remove all existing paperwork from Social Work systems	Alan Best			30th September 2022	<b>GREEN</b>	Paper work removed.
		Agree revised Paperwork and CIVICA Hierarchy				31st January 2022	<b>GREEN</b>	New paperwork and hierarchy on CIVICA.
		Confirm all ASP recording to be completed on SWIFT accessing CIVICA				31st January 2022	<b>GREEN</b>	All ASP recording is appropriate and on SWIFT module.
		SWIFT/CIVICA training sessions for social work staff. It was viewed this repeat of SWIFT AP module training would also be worthwhile for the Assessment & Care Management and Learning Disability teams	Alan Brown			30th April 2022	<b>GREEN</b>	Training completed.
<b>D</b>	Interface between Partners information systems	A further session including NHS staff will look at the interface between SWIFT and EMIS	Alan Crawford Gail Kilbane			31st August 2022	<b>GREEN</b>	Meeting completed and agreed actions in place.

**2: The Practice Standards and Operating procedures should be updated to provide a more consistent approach to critical elements of adult support and protection work including risk assessment, support planning and decision to progress with ASP process strengthening peoples understanding of the conditions around where and when it applies.**

Action Item	Action Required	Person Responsible	Timescale	Status / Comments	How will we know achieved?
<b>A</b>	Implement the revised West of Scotland ASP Procedures	Allen Stevenson	31 <sup>st</sup> August 2021	<b>GREEN</b>	Procedures approved by APC and COG.
	Revise Inverclyde guidance following SG Code of Practice review	Margaret Burns	31 <sup>st</sup> October 2022	<b>GREEN</b>	Draft Procedures in Place. Awaiting final COP



**4: The partnership's quality assurance performance framework needs further developed and more consistently applied based on previous audit findings.**

Action Item	Action Required	Person Responsible	Timescale	Status / Comments	How will we know achieved?
<b>A</b> Refresh Quality Assurance framework across Partnership	Audit of Framework – across past 2 years	Alan Best	31 <sup>st</sup> December 2021	<b>GREEN</b> Business Plan in place and relaunched	Signed off by COG as complete.
	Identify Key areas for Audit		31 <sup>st</sup> January 2022	<b>GREEN</b> Business Plan in place and relaunched	
	Agree Audit Plan and Framework		31 <sup>st</sup> January 2022	<b>GREEN</b> Business Plan in place and relaunched	
<b>B</b> ASPC Quality and Development Sub Committee	Review role remit and attendance of QDSC		31 <sup>st</sup> March 2022	<b>GREEN</b> Business Plan in place and relaunched	

**5: The partnership needs to scrutinise quality assurance activity more thoroughly and accelerate the speed of change and improvement work.**

Action Item	Action Required	Person Responsible	Timescale	Status / Comments	How will we know achieved?
<b>A</b> Accelerate APC Business Plan implementation	Approve action around APC Business Plan	Allen Stevenson	In Place	<b>GREEN</b> Business Plan in place and relaunched	Signed off by COG as complete.
	Implement Self Evaluation and Quality Assurance compliance with the standards identified in the framework		In Place		
	Social Work Single Agency yearly audits. Include ASP cases.		In place		
	Annual audits of referrals not leading to investigation.		31 <sup>st</sup> July 2022		
	Multi Agency case file audit.		30 <sup>th</sup> November 2022		
<b>B</b> Develop Multi Agency Audit and Governance Programme	Arrange Audit Workshop to identify key areas and outcomes involving service users Work in partnership with users and carers to ensure safeguarding		30 <sup>th</sup> November 2022	<b>GREEN</b> Previous self-evaluation and workshops have taken place will build on this foundation	Signed off by COG as complete. Positive feedback from participants (80%).

		arrangements and interventions adhere to principles of the Act and actions and services are effective.				Any actions incorporated in guidance or future business plans.
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**Date of Next Review** 31<sup>st</sup> August 2022

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<b>Report To:</b>	<b>Integration Joint Board</b>	<b>Date:</b>	<b>26 September 2022</b>
<b>Report By:</b>	<b>Kate Rocks Chief Officer HSCP</b>	<b>Report No:</b>	<b>IJB/40/2022/AM</b>
<b>Contact Officer:</b>	<b>Anne Malarkey Head of Service Mental Health, ADRS and Homelessness</b>	<b>Contact No:</b>	<b>715284</b>
<b>Subject:</b>	<b>Inverclyde Alcohol and Drug Partnership Update</b>		

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## **1.0 PURPOSE AND SUMMARY**

- 1.1 The purpose of this report is to provide the Inverclyde Integration Joint Board (IJB) with a summary of updates on developments at a national and local level from the Inverclyde Alcohol and Drug Partnership (ADP).
- 1.2 This summary will include:
- Changing Lives Report
  - Medication Assisted Treatment Standards
  - Drug Related Deaths
  - Alcohol Specific Deaths
  - Health Improvement Scotland Proposal
  - ADP Funding
  - ADP Annual Report 2021 / 2022
  - Revised ADP Committee Terms of Reference

## **2.0 RECOMMENDATIONS**

- 2.1 The Integration Joint Board is asked to note the update from the Inverclyde Alcohol and Drug Partnership.

## **3.0 BACKGROUND AND CONTEXT**

### **3.1 Changing Lives Report**

3.2 Changing Lives<sup>1</sup> is the final report from the Drug Death Task Force (DDTF) and the focus remains on reducing drug deaths and harms with an emphasis on ending stigma, discrimination and punishment and replacing these with care, compassion and human rights.

3.3 The DDTF makes 20 recommendations and includes 139 action points, using headings of context, culture, care and coordination.

3.4 It is anticipated that Scottish Government will respond to the report in due course and this will include further direction for Alcohol and Drug Partnerships.

3.5 Inverclyde ADP is already driving several key recommendations forward including:

- involving people with lived experience and families;
- local leadership and accountability;
- applying a whole system approach;
- ensuring early intervention is available;
- adopting a public health approach in the justice system;
- challenging stigma;
- embedding our local drug death review process and
- improving partnership working.

### **3.6 Medication Assisted Treatment Standards**

3.7 Medication Assisted Treatment Standards (MAT) consist of ten evidence based measurable standards of care in a national framework. The current focus is for full implementation of MAT Standards 1-5 by April 2023 and partial implementation of MAT 6-10 by that point.

3.8 Public Health Scotland have established a national MAT Implementation Team (MIST) who have developed a quality improvement model that all ADP's have adopted and are using to report progress.

3.9 Public Health Scotland published the first National Benchmarking Report on Implementation of MAT Standards<sup>2</sup> on 23<sup>rd</sup> June 2022.

3.10 A Supplementary information Report<sup>3</sup> was then published by Public Health Scotland on 2<sup>nd</sup> August 2022.

3.11 Scottish Government outlined funding allocation to support the implementation of MAT Standards in a funding letter to ADP's dated 23<sup>rd</sup> June 2022.

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<sup>1</sup> [Final Report | Drug Deaths Taskforce](#)

<sup>2</sup> <https://www.publichealthscotland.scot/publications/national-benchmarking-report-on-implementation-of-the-medication-assisted-treatment-mat-standards/national-benchmarking-report-on-implementation-of-the-medication-assisted-treatment-mat-standards/>

<sup>3</sup> <https://publichealthscotland.scot/publications/supplementary-information-for-the-national-benchmarking-report-on-implementation-of-the-medication-assisted-treatment-mat-standards/supplementary-information-for-the-national-benchmarking-report-on-implementation-of-the-medication-assisted-treatment-mat-standards-202122/>

3.12 The Minister for Drugs Policy sent a letter of direction on 23<sup>rd</sup> June, using authority from s52 of the Public Bodies (Joint Working) (Scotland) Act 2014 with regards to local oversight arrangements of implementation of MAT Standards.

3.13 As outlined in the National Benchmarking Report, Inverclyde RAG status is red for MAT standard 1 and 2 and Amber for MAT Standards 3 to 5. This status therefore requires monthly reporting of progress.

Inverclyde ADRS has always had capacity for same day assessment appointment and treatment where clinically indicated, however no formal process had been developed. Following the report a process has since been implemented. In addition, non-attendance at first appointment is high, which impacts on the days from initial referral to treatment. There were 23 new ORT starts between Jan – July 2022, with 24 people currently prescribed Buprenorphine.

### 3.14 **Drug Related Deaths**

3.15 The National Records of Scotland published the “Drug Related Deaths in Scotland in 2021”<sup>4</sup> report on 28<sup>th</sup> July 2022.

3.16 1,330 people sadly lost their lives to a drug related death in 2021 across Scotland. This is 1% lower than 2020, but is still the second highest annual total on record.

3.17 Males were 2.4 times as likely to have a drug misuse death as females, but the gap is narrowing.

3.18 65% of drug misuse deaths were of people aged between 35-54 years of age.

3.19 People in the most deprived areas were over 15 times as likely to die from a drug related death as those in the least deprived. In Inverclyde in 2021 93.8% of all drug related deaths occurred in SIMD Quintile 1 postcodes.

3.20 There were 16 people who sadly lost their life to a drug related death in Inverclyde. In 2021 Inverclyde is the Council area that has the largest percentage fall of drug related deaths compared to 2020 with 17 less deaths, a fall of 52%.

3.21 In 93% of all drug misuse deaths, more than one drug was found to be present in the body. 84% involved opiates or opioids (such as heroin, morphine and methadone), 69% involved benzodiazepines (such as diazepam and etizolam).

### 3.22 **Alcohol Specific Deaths**

3.23 National Records of Scotland published the Alcohol Specific Deaths 2021<sup>5</sup> report on 2<sup>nd</sup> August 2022.

3.24 There were sadly 1,245 alcohol specific deaths across Scotland in 2021, an increase of 55 (5) from the previous year.

3.25 Age standardised rate of mortality (deaths per 100,000) is 22.3 in 2021, increasing from a rate of 21.5 in 2020. Most of the increase in deaths has come from male deaths.

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<sup>4</sup> <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths/drug-related-deaths-in-scotland/2021>

<sup>5</sup> <https://www.nrscotland.gov.uk/files//statistics/alcohol-deaths/2021/alcohol-specific-deaths-21-report.pdf>

3.26 Rates are 5.6 times as high in most deprived areas compared to least deprived. This has further increased over the last two years, where the age standardised rate is 45.8 in quintile 1 compared to a rate of 8.2 in quintile 5.

3.27 In Inverclyde there were 26 people who sadly died of an alcohol specific death. This was a reduction of 6 (18.75%) from 2020.

Inverclyde ADRS has led on the development of the NHS Greater Glasgow and Clyde Alcohol Recovery Pathway which models the MAT Standards for people who present experiencing harm from alcohol.

**3.28 Health improvement Scotland Proposal**

3.29 The Mental Health and Substance Use Pathfinder Programme started in Tayside in January 2021. Using the Scottish Approach to Design Services, they have undertaken the “discovery” and “define” stages and are now progressing towards the “develop” and “deliver” stages.

3.30 Scottish Government has commissioned Health Improvement Scotland to expand this programme and Inverclyde ADP welcome the opportunity of accessing support available from HIS for this purpose.

3.31 Scottish Government published the Medication Assisted Treatment standards in 2021 and there is an urgency to ensure these are fully implemented at a local level. This pathfinder programme will contribute towards this and will provide strong evidence of this.

3.32 It has been agreed at a GG&C level that HIS will employ the project staff as it was felt this would support the recruitment process. The project staff will be based in Glasgow City, but Inverclyde will have dedicated time.

3.33 A Memorandum of Understanding and Project Initiation Document will be prepared and signed off at a GG&C and respective HSCP and ADP level.

3.34 The programme may also align with other priorities including shared care and primary care, supports relating to trauma, challenging stigma as well as early intervention and recovery support.

**3.35 ADP Funding**

3.36 Scottish Government notified ADP’s on 23rd June 2022 of ADP funding being allocated to each area. The table below details the breakdown of ADP funding allocation:

<b>Funding Stream</b>	<b>Funding Allocation</b>
MAT Standards	£212, 767
Taskforce Response Fund	£78,493
Additional Programme for Government Uplift*	£275,400
Additional National Mission Uplift*	£178,200
Residential Rehabilitation*	£81,000
Whole Family Approach Framework*	£56,700
Lived and living Experience*	£8,100
<b>Total</b>	<b>£890,660</b>
NHS board Baseline Contribution	£921,201

\*IA NRAC share of 1.62%



- 3.37 The letter also indicated that there is a significant accumulation of reserves held by Integration Authorities on behalf of ADP's. These will be netted off against the first allocation for 2022 / 23 in order to avoid any future build up being carried forward into future financial years.
- 3.38 Reserves will be monitored on a twice-yearly through financial returns with the intention of tapering the final allocation to match forecast spend, taking into account any slippage that may arise.
- 3.39 Inverclyde ADP has investment plans underway utilising reserves. These will be finalised as a matter of urgency.
- 3.40 **ADP Annual Report 2021 / 2022**
- 3.41 ADP's are required to submit an Annual Report to Scottish Government. The template is designed to reflect progress on Rights, Respect and Recovery and Alcohol Framework and various questions have been included this year to also reflect on national mission priorities. A copy of the report is included in paragraph 8 Background Papers.
- 3.42 The report is separated into key sections including:
- Education and Prevention
  - Treatment and Recovery
  - Getting it Right for children, Young People and Families
  - Public Health Approach to Justice and
  - Financial Framework
- 3.43 The report demonstrates a strengthening of partnership working and collaboration. It is also encouraging that people with lived experience and family members are increasingly involved in the very warp and weft of ADP developments. We aim to formalise this further over the coming year to ensure the voice of people is central in all aspects of ADP activity.
- 3.44 There is also evidence of creating stepping stones to equip people to move on, including volunteering opportunities, peer mentoring and supporting people into employment. Several people have gained employment over the last year, including to peer support / peer navigator type role.
- 3.45 The opening of the Recovery Hub has been very positive and has made recovery more visible in our community. This also links to the steps we have taken in addressing stigma and demonstrating compassion and kindness.
- 3.46 Considerable progress has been made in adopting a public health approach to justice at all stages of the justice journey. We look forward to reporting the impact these steps make in people's lives in future reports.
- 3.47 **Revised ADP Committee Terms of Reference**
- 3.48 It has been necessary to revise the ADP Committee Terms of Reference, both to reflect national and local changes.
- 3.49 At a national level, due the pandemic, the New Partnership Delivery Framework for ADPs (2019)<sup>6</sup>

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<sup>6</sup> <https://www.gov.scot/publications/partnership-delivery-framework-reduce-use-harm-alcohol-drugs/>

was delayed in being fully embedded. In addition the Medication Assisted Treatment Standards (2021)<sup>7</sup> and the National Mission on Drug Deaths Plan 2022-2026 (2022)<sup>8</sup> include additional priorities and reporting.

3.50 At a local level it was agreed to appoint an independent chairperson who commenced in 2021.

3.51 There are no changes with respect to governance being with the Integration Joint Board. The Scottish Government direction that ADP funding and functions are to be delegated to Integration Authorities was notified to ADPs in the Scottish Government Funding Letter (January 2017).

#### 4.0 PROPOSALS

4.1 This report provides a condensed summary of ADP developments and the Integration Joint Board is asked to note the update and provide comment. Where more detailed information is considered to be helpful, the Integration Joint Board may request further reports.

#### 5.0 IMPLICATIONS

##### Finance

5.1 One off Costs

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

Annually Recurring Costs/ (Savings)

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

##### Legal

5.2 None

##### Human Resources

5.3 None

<sup>7</sup> <https://www.gov.scot/publications/medication-assisted-treatment-mat-standards-scotland-access-choice-support/>

<sup>8</sup> <https://www.gov.scot/publications/national-drugs-mission-plan-2022-2026/pages/6/>

## 5.4 Equalities

None

### (a) Equalities

This report has been considered under the Corporate Equalities Impact Assessment (EqIA) process with the following outcome:

	YES – Assessed as relevant and an EqIA is required.
x	NO – This report does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function or strategy. Therefore, assessed as not relevant and no EqIA is required. Provide any other relevant reasons why an EqIA is not necessary/screening statement.

#### 5.4.1 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.	Work with Health Improvement Scotland will improve access to MH and ADRS services
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	As above
People with protected characteristics feel safe within their communities.	none
People with protected characteristics feel included in the planning and developing of services.	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.

### **NATIONAL WELLBEING OUTCOMES**

5.6 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.	Reduction from harm from substance misuse
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.	His project will improve access to services for people with substance use and mental health issues
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	As above
Health and social care services contribute to reducing health inequalities.	As above
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 Partners represented on the Inverclyde ADP Committee have been involved in all aspects highlighted in this update report.

## 8.0 BACKGROUND PAPERS

8.1 Inverclyde Alcohol and Drug Partnership Annual Report (appendix 1)



## ALCOHOL AND DRUG PARTNERSHIP ANNUAL REPORTING TO THE SCOTTISH GOVERNMENT 2021/22:

- I. Delivery progress
- II. Financial framework

Appendix 1

This form is designed to capture your **progress during the financial year 2021/22** against the of the Rights, Respect and Recovery strategy including the Drug Deaths Task Force emergency response paper and the Alcohol Framework 2018. This will not reflect the totality of your work but will cover those areas which you do not already report progress against through other processes, such as the MAT Standards.

We recognise that each ADP is on a journey of improvement and it is likely that further progress has been made since 2021/22. Please note that we have opted for a tick box approach for this annual review but want to emphasise that the options provided are for ease of completion and it is not expected that every ADP will have all options in place. We have also included open text questions where you can share details of progress in more detail. Please ensure all sections are fully completed. **You should include any additional information in each section that you feel relevant to any services affected by COVID-19.**

The data provided in this form will allow us to provide updates and assurance to Scottish Ministers around ADP delivery. We do not intend to publish the completed forms on our website but encourage ADPs to publish their own submissions as a part of their annual reports, in line with good governance and transparency. All data will be shared with PHS to inform drugs policy monitoring and evaluation, and excerpts and/or summary data from the submission may be used in published reports. It should also be noted that the data provided will be available on request under freedom of information regulations.

In submitting this completed Annual Reporting you are confirming that this partnership response has been signed off by your ADP, the ADP Chair and Integrated Authority Chief Officer.

The Scottish Government copy should be sent by **Friday 5 August 2022** to:  
alcoholanddrugsupport@gov.scot



**NAME OF ADP:** Inverclyde ADP

**Key contact:**

**Name:** Ann Wardlaw  
**Job title:** ADP Coordinator  
**Contact email:** ann.wardlaw@inverclyde.gov.uk

**I. DELIVERY PROGRESS REPORT**

**1. Education and Prevention**

1.1 In what format was information provided to the general public on local treatment and support services available within the ADP?

*Please select those that apply (please note that this question is in reference to the ADP and not individual services)*

- Leaflets/ take home information
- Posters
- Website/ social media
- Apps/webchats Slack, Twitter and Youtube
- Events/workshops
- Please provide details...Stigma Events, Resilience Network
- Accessible formats (e.g. in different languages)
- Please provide details...This would be available on request.
- Other

1.2 Please provide details of any specific education or prevention campaigns or activities carried out during 2021/22 (E.g. Count 14 / specific communication with people who alcohol / drugs and/or at risk).

Campaign theme	International	National	Local
General Health	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Overdose Awareness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Seasonal Campaigns	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mental Health	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Communities	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Criminal Justice	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Youth	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Anti-social behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Reducing Stigma	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Sexual Health	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please specify...			



1.3 Please provide details on education and prevention measures/ services/ projects provided during the year 2021/22, specifically around drugs and alcohol (select all that apply).

- |                                     |                                     |                           |
|-------------------------------------|-------------------------------------|---------------------------|
| Teaching materials                  | <input checked="" type="checkbox"/> |                           |
| Youth Worker materials/training     | <input checked="" type="checkbox"/> |                           |
| Promotion of naloxone               | <input checked="" type="checkbox"/> |                           |
| Peer-led interventions              | <input checked="" type="checkbox"/> |                           |
| Stigma reduction                    | x                                   | <input type="checkbox"/>  |
| Counselling services                | <input type="checkbox"/>            |                           |
| Information services                | <input type="checkbox"/>            |                           |
| Wellbeing services                  | <input type="checkbox"/>            |                           |
| Youth activities (e.g. sports, art) | <input type="checkbox"/>            |                           |
| Other                               | <input type="checkbox"/>            | Please provide details... |

1.4 Please provide details of where these measures / services / projects were delivered.

- |   |                                     |                           |
|---|-------------------------------------|---------------------------|
| Formal setting such as schools                  | <input checked="" type="checkbox"/> |                           |
| Youth Groups                                    | <input type="checkbox"/>            |                           |
| Community Learning and Development              | <input checked="" type="checkbox"/> |                           |
| Via Community/third Sector partners or services | <input checked="" type="checkbox"/> |                           |
| Online or by telephone                          | <input checked="" type="checkbox"/> |                           |
| Other   | <input type="checkbox"/>            | Please provide details... |

1.5 Was the ADP represented at the alcohol Licensing Forum?

- |     |                                     |
|-----|-------------------------------------|
| Yes | <input checked="" type="checkbox"/> |
| No  | <input type="checkbox"/>            |

1.6 What proportion of license applications does Public Health review and advise the Board on?

- |      |                                     |
|------|-------------------------------------|
| All  | <input checked="" type="checkbox"/> |
| Most | <input type="checkbox"/>            |
| Some | <input type="checkbox"/>            |
| None | <input type="checkbox"/>            |

Normally all applications would be reviewed, but as there has been no service manager in post this has not been done in recent months. A service manager will be in post by August 2022 and this role will be resumed.

1.7 If you would like to add any additional details in response to the questions in this section on Education and Prevention, please provide them below (max 600 words).



## 2. Treatment and Recovery

2.1 What treatment or screening options were in place to address alcohol harms? (select all that apply)

- |   |  |
|---|--|
| Fibro scanning  | <input type="checkbox"/>                           |
| Alcohol related cognitive screening (e.g. for ARBD)                                   | <input checked="" type="checkbox"/>                |
| Community alcohol detox   | <input checked="" type="checkbox"/>                |
| Inpatient alcohol detox   | <input checked="" type="checkbox"/>                |
| Alcohol hospital liaison  | <input checked="" type="checkbox"/>                |
| Access to alcohol medication (Antabuse, Acamprase etc.)                               | <input checked="" type="checkbox"/>                |
| Arrangements for the delivery of alcohol brief interventions in all priority settings | <input checked="" type="checkbox"/>                |
| Arrangements of the delivery of ABIs in non-priority settings                         | <input type="checkbox"/>                           |
| Psychosocial counselling  | <input checked="" type="checkbox"/>                |
| Other   | <input type="checkbox"/> Please provide details... |

DRAFT





2.2 Please indicate which of the following approaches services used to involve lived experience / family members (*select all that apply*).

*For people with lived experience:*

- Feedback / complaints process
- Questionnaires / surveys
- Focus groups / panels
- Lived experience group / forum
- Board Representation within services
- Board Representation at ADP
- Other  Your Voice facilitates the Your Voice Network - HSCP

Advisory group and sub group, this ensures that local people's voices are heard. Lived Experience Network was involved in National Care Service review with 15 participants, volunteers with lived experience joined 3 sessions on the focus group pathway to residential rehabilitation. Lived experience member chairs the Recovery development group, LEN attended sessions with the Mist team and completed training on MAT Standards Implementation they will work with service users and families, the feedback will be used as part of Quality Improvement, LEN involved in focus group for the redesign of the homeless service. Lived experience network meet every 6-8 weeks and have actively contributed their lived experience to inform and influence change. Please provide details...

*For family members:*

- Feedback/ complaints process
- Questionnaires/ surveys
- Focus groups / panels
- Lived experience group/ forum
- Board Representation within services
- Board Representation at ADP
- Other  Please provide details...

2.3 How do you respond to feedback received from people with lived experience, including that of family members? (max 300 words)

ADRS service user's feedback in relation to service delivery were gathered throughout the pandemic using questionnaires and delivery. Feedback from service users was positive at that time. Family feedback has been sought in various formats, including via questionnaire/survey, focus groups and direct complaints. Feedback has been shared directly to the ADP Coordinator, and then shared with appropriate stakeholders, e.g. presentation at Whole Family Subgroup/MISTQ feedback. I am aware of at least one formal complaint that has been submitted about the ADRS, and that was handled by HSCP staff appropriately, and embracing family inclusive practice. A formal response was provided to the affected parties.

Your Voice facilitates the Your Voice Network - HSCP Advisory group and sub group, this ensures that local people's voices are heard. Lived experience feedback is shared with Your Voice Chief Executive and then fed through the advisory network and ADP.

2.4 Please can you set out the areas of delivery where you had effective arrangements in place to involve people with lived experience?

- Planning, I.E. prioritisation and funding decisions
- Implementation, I.E. commissioning process, service design



Scrutiny, I.E. Monitoring and Evaluation of services



Other



Please provide details...

Please give details of any challenges (max 300 words)

Inverclyde recovery community - via LEN is involved in the new service redesign of Inverclyde homeless service, woman with lived experience of the criminal justice system are involved in the women's project, lived experience also link in with new service - Early help in police custody. It can be challenging ensuring people are well supported and equipped to participate as equal partners in the various meetings and do not feel under pressure by too many demands of their time.

DRAFT



2.5 Did services offer specific volunteering and employment opportunities for people with lived/living experience in the delivery of alcohol and drug services?

- a) Yes   
No

b) If yes, please select all that apply:

- Peer support / mentoring   
Community / Recovery cafes   
Naloxone distribution   
Psychosocial counselling   
Job Skills support   
Other  : Peer Mentoring to recovery volunteers who will use their

lived experience to help others recover, x  
4 new Jobs were created to support people in x 2 recovery cafés, Inverclyde recovery community distributes Naloxone to people and x1 lived experience volunteers with ADP Naloxone worker assists with training sessions, Inverclyde recovery community offers training to volunteers to upskill their knowledge, some include Scottish Recovery Consortium - Asset Based Community Development training / Recovery coaching, Scotland Peer Mentoring / Trauma informed training. X4 volunteers gained employment within Your Voice another x 1 volunteers gained employment within Inverclyde Early Help in Police Custody, Inverclyde Recovery community hub, distributes Naloxone Kits.

2.6 Which of these settings offered the following to the public during 2021/22? (select all that apply)

Setting:	Supply Naloxone	Hep C Testing	IEP Provision	Wound care
Drug services Council	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drug Services NHS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Drug services 3rd Sector	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Homelessness services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer-led initiatives	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community pharmacies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
GPs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
A&E Departments	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Women's support services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family support services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Justice services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mobile / outreach services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other ... (please detail)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



2.7 What protocols are in place to support people with co-occurring drug use and mental health difficulties to receive mental health care? (max 300 words)

Adult Mental Health and Addiction Service Shared Guidance and Specification for Interface Working NHSGG&C document. The service comprises of mental health nurse and psychiatrists, addiction liaison nurses and comorbidity caseloads/clinics. Direct linkage back into Primary Care for GP support when appropriate.

Is mental health support routinely available for people who use drugs or alcohol but do not have a dual diagnosis (e.g. mood disorders)?

Yes

No

Please provide details (max 300 words) Individuals who use drug and alcohol have the same access to mental health services as the rest of the wider population i.e. primary care mental health, or other community support. Mental health nurses and psychiatrist assessment/support available in the ADRS service. Individuals can self-refer to Primary Care Mental Health Team, be referred for secondary care mental health intervention and/or utilise community partners providing more upstream mental health and wellbeing supports.

2.8 Please describe your local arrangements with mental health services to enable support for people with co-occurring drug use and mental health (max 300 words)

Adult Mental Health and Addiction Service Shared Guidance and Specification for Interface Working NHSGG&C document to support transition between services. A team leads forum has been established between ADRS and mental health services to improve partnership working and to further develop pathways and procedures between the services. Joint assessment and joint key working of cases between both services, support from multidisciplinary team discussions.

2.9 Did the ADP undertake any activities to support the development, growth or expansion of a recovery community in your area?

Yes

No

2.10 Please provide a short description of the recovery communities in your area during the year 2021/22 and how they have been supported (max 300 words)

Inverclyde Recovery Community is a new project which opened in November 2021, it is a safe place for people with mental health problems and people affected by alcohol/drugs use, and others affected by these issues. The Project is open 7 days per week and we facilitate groups, recovery meetings, invite recovered people from AA,NA,CA along to share their stories and give hope to others, it offers people affected by these issues a safe space in which they can recover, speak with lived experience workers and join groups /recovery meetings, or become involved in the recovery cafes in the community , ADP supported the development of the recovery community and offers partners a place to hold recovery initiatives. We build confidence in people which improves their wellbeing, the activities on offer includes, an arts and crafts group which is facilitated by a family member, there are x 3 recovery cafés in x 2 HSCP areas – Inverclyde recovery Café – Friday evening 5pm-8pm – Tuesday Afternoon Greenock – 12.30pm-3.30pm – Port Glasgow Recovery Café- 2pm-4pm, these are social hub cafés where people can meet and socialise and make friendships and connections to other recovery services in Inverclyde. The



challenges of the recovery hub is that there is not enough space for all of the recovery initiatives we hope to include over 7 days and evenings, there are weekend drop in on Saturday and Sunday where people engage in Bingo, Quizzes, Board Games, recovery shares, RDC put a suggestion box on the wall for people using the recovery hub to put their suggestions /complaints and feedback was that they can't get using their hub because another group is on at the same time. They would also like more recovery groups. There is a women's group and a men's group this helps to improve relationships, builds confidence, and improves self-esteem

2.11 What proportion of services have adopted a trauma-informed approach during 2021/22?

- All services
- The majority of services
- Some services
- No services

Please provide a summary of progress (max 300 words)

All NHSGG&C service have adopted a trauma- informed approach. ADRS is currently working through a training plan to ensure all staff training is up to date. ADRS management have further invested in this through HSCP development in Scottish Trauma Informed Leaders Training. Additional assertive outreach by the addiction liaison nurses has been possible which has supported people to remain in treatment when finding this difficult and supporting people having difficulty initially engaging with services into treatment through primary care, during admission into hospital or from ADRS and wider partners. NHS GGC 5 year adult mental health strategy has recovery oriented and trauma aware services as a key deliverable. This includes working on the cultural change required to ensure care delivery is trauma sensitive and psychologically informed. Mental Health Services management is further invested in this through HSCP developments with Scottish Trauma Informed Leaders Training (STILT).

Inverclyde recovery community has been trained in Trauma informed practice, this was delivered by recovery coaching Scotland, Recovery development worker has completed further trauma informed training – will complete STILT Trauma training August.

Services have adopted plans to use a trauma informed approach and training continues to be rolled out. However, we recognise that ensuring plans are implemented and having evidence from people using services and families are at an early stage. This relates directly to MAT 10 and a trauma informed approach is a golden thread that runs through all of the MAT standards. As such our MAT Improvement Plan will include this, as well as capturing experiential feedback.

2.12 Which groups or structures were in place to inform surveillance and monitoring of alcohol and drug harms or deaths? *(mark all that apply)*

- Alcohol harms group
- Alcohol death audits (work being supported by AFS)
- Drug death review group
- Drug trend monitoring group / Early Warning System  There is a drug trend monitoring group across GG&C, however, this group did not meet during this period due to the responsible officer being off.
- Other  We had the support of Public Health to lead on a PAG process following a cluster of drug deaths, this was a very helpful process.

2.13 Please provide a summary of arrangements that were in place to carry out reviews on alcohol related deaths and how lessons learned are built into practice. If none, please detail why (max 300 words)

ADRS, in line with other clinical groups operates a Clinical Services Group, which reviews all near misses and deaths in service for all alcohol and drug deaths. This is a multi-disciplinary review group that feeds



into the local HSCP and Board Wide care and clinical governance processes. Depending on the issues raised, an internal or external inquiry may be commissioned to identify improvements in practice or learning. In addition, GG&C were able to undertake a sample audit from each ADP in relation to alcohol specific deaths. This is an area that Inverclyde ADP intend to develop further over the coming year.

2.14 Please provide a summary of arrangements which are in place to carry out reviews on drug related deaths, how lessons learned are built into practice, and if there is any oversight of these reviews from Chief Officers for Public Protection. (max 300 words)

An ADP Drug Death Review Group has been established which reviews all individual deaths and takes any learnings from this back into practice. This group reports to the ADP Drug Related Death Monitoring Group, who has responsibility for the Inverclyde Drug Death Prevention Strategy.

2.15 If you would like to add any additional details in response to the questions in this section on Treatment and Recovery, please provide them below (max 300 words).

Inverclyde recovery community is making changes to people's lives, helping to reduce drug related deaths. We are making recovery visible within Inverclyde raising awareness that recovery does happen, with the full backing of ADP there has been successes with people using drugs/ alcohol. To stop or moderate, reports gathered via Elemental system have provide the following evidence.

We work with 141 people who have received person centred peer support, have introduced them to recovery initiatives, recovery meetings which include, a recovery meeting in the hub which is a structured meeting and is for everyone who is still on their methadone script, who gave feedback that they wanted to recover, but felt they could not as they were still receiving medication and did not feel clean in CA-NA meetings.

We motivate people to change in a positive way, using the **chime** model, people have a good connection to all staff they are given and receive hope when they meet others who have been through the same issues they can get a real sense of Identity and purpose in their lives, which helps them overcome stigma and give meaning in their lives, we empower them to take control over their lives, taking responsibility, looking at their strengths and showing them they matter.

Inverclyde recovery community sign posts on to other services, for people to get the right support at the right time.



### 3. Getting it Right for Children, Young People and Families

3.1 Did you have specific treatment and support services for children and young people (under the age of 25) with alcohol and/or drugs problems?

- a) Yes   
No

b) If yes, please select all that apply below:

Setting:	0-5	6-12	12-16	16+
Community pharmacies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diversionary Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Third Sector services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Family support services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
ORT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recovery Communities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Justice services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mobile / outreach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please provide details...				

3.2 Did you have specific treatment and support services for children and young people (under the age of 25) affected by alcohol and/or drug problems of a parent / carer or other adult?

- a) Yes   
No

b) If yes, please select all that apply below:

Setting:	0-5	6-12	12-16	16+
Support/discussion groups	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Diversionary Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School outreach	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Carer support	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family support services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Information services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mobile / outreach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please provide details...				



3.3 Does the ADP feed into/ contribute toward the integrated children's service plan?

Yes   
No

Please provide details on how priorities are reflected in children's service planning e.g. collaborating with the children's partnership or the child protection committee? (max 300 words)

The Child Protection Committee Lead Officer attends ADP meetings as the representative for the ADP Whole Family Group. Parental substance misuse is a standing item within the CPC and as such, features in each sub-group report within the CPC annual report and business plan. An agreed priority is to undertake an audit to target support and understand how the whole family framework is being implemented in practice.

3.4 How did services for children and young people, with alcohol and/or drugs problems, change in the 2021/22 financial year?

Improved   
Stayed the same   
Scaled back   
No longer in place

3.5 How did services for children and young people, affected by alcohol and/or drug problems of a parent / carer or other adult, change in the 2021/22 financial year?

Improved   
Stayed the same   
Scaled back   
No longer in place

3.6 Did the ADP have specific support services for adult family members?

a) Yes   
No

b) If yes, please select all that apply below:

Signposting   
One to One support   
Support groups   
Counselling   
Commissioned services   
Naloxone Training   
Other

Additionally, Scottish Families were able to offer a community event, a theatre workshop, 'This Fierce Love'. The ADP during August 2021 were able to offer a Remembrance Evening for families affected by Bereavement.





3.7 How did services for adult family members change in the 2021/22 financial year?

- Improved
- Stayed the same
- Scaled back
- No longer in place

3.8 The Whole Family Approach/Family Inclusive Framework sets out our expectations for ADPs in relation to family support. Have you carried out a recent audit of your existing family provision?

a) If yes, please answer the following:

Last year SG provided an additional £3.5m to support the implementation of the framework. Please provide a breakdown and a narrative of how this was used in your area. (max 300 words)

Inverclyde ADP has commissioned SFAD to provide a family support service. SFAD have engaged with families both to complete a survey as part of experiential evidence to MIST but also to feedback to the Whole Family Group of their experiences.

SFAD are currently involving families to inform a more in-depth audit over this coming year.

Please detail any additional information on your progress in implementing the framework in 2020/21 (max 300 words)

Scottish Families Inverclyde Family Support Service, established in November 2020, continued to build on our existing support for adults affected by someone else's alcohol & drug use. In 2021/22, we accepted 67 new referrals to the service, and maintained a peak active caseload of 88 family members. During 2021/22 we delivered 845 one to one sessions to family members. We launched our in-person 'Family & Friends Support Group' in September 2021, which runs weekly. This is a drop-in group, open to the public, with a rotating pool of attendees of 25 affected family members. A WhatsApp support chat runs alongside this, and offers family members the opportunity for peer support at other times.

b) If no, when do you plan to do this?

3.9 Did the ADP area provide any of the following adult services to support family-inclusive practice? (select all that apply)

Services:	Family member in treatment	Family member not in treatment
Advice	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mutual aid	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mentoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Social Activities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Personal Development	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Advocacy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Support for victims of gender based violence	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
Please provide details...		

4. A Public Health Approach to Justice



4.1 If you have a prison in your area, were satisfactory arrangements in place, and executed properly, to ensure ALL prisoners who are identified as at risk were provided with naloxone on liberation?

- Yes   
No   
No prison in ADP area

Please provide details on how effective the arrangements were in making this happen (max 300 words)  
Processes are in place to promote Naloxone training to patients with an identified substance misuse issue at HMP Greenock. From admission, patients are identified and recorded on a spreadsheet and offered training. SPS run an induction for all new admissions and these are scheduled for a Monday at HMP Greenock. Addictions staff attend these and deliver Naloxone training in a group setting. Every opportunity is taken to deliver training, including on an ad hoc basis, for example, where a patient is only admitted for a few days. All training and refusals to participate in this are recorded in patient notes. There was less uptake of training during covid-19 as at points there were a reduced number of transfers between establishments and very few admissions.

4.2 Has the ADP worked with community justice partners in the following ways? (select all that apply)

- Information sharing   
Providing advice/ guidance   
Coordinating activities   
Joint funding of activities   
Access is available to non-fatal overdose pathways upon release   
Other  DDTF Early help in police custody test of change.

4.3 Has the ADP contributed toward community justice strategic plans (e.g. diversion from justice) in the following ways? (select all that apply)

- Information sharing   
Providing advice/ guidance   
Coordinating activities   
Joint funding of activities   
Other  Please provide details

4.4 What pathways, protocols and arrangements were in place for individuals with alcohol and drug treatment needs at the following points in the criminal justice pathway? Please also include any support for families.

a) Upon arrest (please select all that apply)

Please provide details on what was in place and how well this was executed.....

- Diversion From Prosecution   
Exercise and fitness activities   
Peer workers   
Community workers   
Other  Please provide details...



b) Upon release from prison (please select all that apply)

Please provide details on what was in place and how well this was executed.....

- |                                 |  |
|---------------------------------|--|
| Diversion From Prosecution      | <input checked="" type="checkbox"/>                |
| Exercise and fitness activities | <input type="checkbox"/>                           |
| Peer workers                    | <input checked="" type="checkbox"/>                |
| Community workers               | <input type="checkbox"/>                           |
| Naloxone                        | <input checked="" type="checkbox"/>                |
| Other                           | <input type="checkbox"/> Please provide details... |

4.5 If you would like to add any additional details in response to the questions in this section on Public Health Approach to Justice, please provide them below (max 300 words).

Inverclyde Alcohol and drug partnership and Community justice Partnership work closely together on a number of strategic and implementation of tests of change. For example:

- Progressing the early help in police custody test of change with representation on the Steering Group.
- Police Scotland lead on twice-weekly huddle meetings that include key HSCP and Council services with the purpose of sharing information that people may access support.
- The implementation stage of the early action system change in respect of women involved in the justice system project.
- The launch and embedding of the Resilience Network. This was critical in ensuring people were able to access the right support quickly during the various stages of the pandemic. It has also been the main vehicle for coordinating events and training on challenging stigma. The impact the Resilience Network has made was recognised in achieving the Patient and Care Runner Up Award at the International Conference on Integrated Care 2022.
- Actively promoting employability opportunities for people.
- Implementing structured deferred sentences.
- Further enhancing the offer of voluntary throughcare, including from Justice Services and in supporting Inverclyde Faith in Throughcare.
- The ADP supports diversion, CPO's where alcohol and drugs is an issue as well as DTTO's.
- Inverclyde ADP supports the prison to residential rehabilitation pathway.



## II. FINANCIAL FRAMEWORK 2021/22 (Should be completed by Chief Financial Officer)

Your report should identify all sources of income (excluding Programme for Government funding) that the ADP has received, alongside the funding that you have spent to deliver the priorities set out in your local plan. It would be helpful to distinguish appropriately between your own core income and contributions from other ADP Partners.

It is helpful to see the expenditure on alcohol and drug prevention, treatment & recovery support services as well as dealing with the consequences of problem alcohol and drug use in your locality. You should also highlight any underspend and proposals on future use of any such monies.

### A) Total Income from all sources

Funding Source (If a breakdown is not possible please show as a total)	£
Scottish Government funding via NHS Board baseline allocation to Integration Authority	1,134,830
National Mission Funding	81,500
Additional funding from Integration Authority - ADP	24,200
Funding from Local Authority	1,232,558
Funding from NHS Board – core ADRS budget	664,047
Additional funding from Integration Authority - CORRA match funding	33,965
Total funding from other sources not detailed above – Justice services funding	56,573
Drug Death Taskforce	78,493
Residential Rehabilitation	81,537
Whole Family Approach	57,100
Lived and Living Experience	8,200
Assertive Outreach	48,900
Non fatal overdose pathway	48,900
MIST	97,800
Funding from CORRA	87,135
<b>Carry forwards</b>	
Drug Death Taskforce	78,500
Reducing drug deaths	81,400
<b>Total</b>	<b>3,895,638</b>

### B) Total Expenditure from all sources

	£
Prevention including educational inputs, licensing objectives, Alcohol Brief Interventions)	110,158
Community based treatment and recovery services for adults	2,810,636
Inpatient detox services	-
Residential rehabilitation (including placements, pathways and referrals) Need to include ADP funded placements	7,531
Recovery community initiatives	36,000
Advocacy services*	-
Services for families affected by alcohol and drug use (whole family Approach Framework)	92,270



Alcohol and drug services specifically for children and young people	57,610
Drug and Alcohol treatment and support in Primary Care**	-
Outreach	195,662
Community treatment and support services specifically for people in the justice system	56,573
<b>Total</b>	<b>3,366,440</b>
<b>Transfers to EMR at year end;</b>	
Reducing Drug Deaths	76,200
Drug Death Task Force	45,500
National Mission	79,287
Residential Rehab	77,337
Whole Family Approach	47,076
Near Fatal Overdose Pathway	48,922
Expansion of Assertive Outreach	48,922
Lived and Living Experience forum	8,154
<i>MIST funding (MAT standards)</i>	97,800
<b>Total</b>	<b>529,198</b>
<b>Overall Total exp and Reserves (excl Prog from Govt)</b>	<b>3,895,638</b>

\*Inverclyde HSCP commission Inverclyde Advocacy Service

\*\*These costs include in ADRS funding from partners

\*\*\* excludes Programme for Government per financial framework guidance above

#### Additional finance comments

ADP funding is complex and there are several caveats including:

- **Some aspects where we receive funding from Scottish Government that have more recently been announced; we had already incorporated into contracts with services. An example being Whole Family Approach.**
- **As part of our Residential Rehabilitation Pathway, we have agreed to commit match funding for residential rehabilitation and as such, this is set aside in our investment plan.**
- **We are in the process of developing a proposal for a recovery building, with the intention of seeking approval for capital funding when we are at the stage of project costings. This will also be included in our investment plan.**

- We are still in the process of negotiating with Scottish Government and MIST about MIST funding going forward and again, have set funding aside as part of investment planning dependent on the final decision.
- We have set aside funding as part of our investment plan to help us develop a new ADP website.
- We are in the process of developing a proposal for a recovery building and have set funding aside for this purpose as part of our investment plan.
- **We intend to re-advertise the ADP Support Officer post and is included in our investment plan.**

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**Report To:** Inverclyde Integration Joint Board      **Date:** 26 September 2022

**Report By:** Kate Rocks  
Chief Officer  
Inverclyde Health & Social Care Partnership      **Report No:** IJB/39/2022/AM

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

**Subject:** Mental Welfare Commission Local Visits 2021

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## 1.0 PURPOSE AND SUMMARY

- 1.1  For Decision       For Information/Noting
- 1.2 The purpose of this report is to share with Inverclyde IJB a report produced by NHS GGC which details the findings from the Mental Welfare Commission Local Visits to mental health inpatient wards in Greater Glasgow and Clyde, published during the period 1<sup>st</sup> January 2021 to 31<sup>st</sup> December 2021.
- 1.3 The Mental Welfare Commission undertake local visits, either announced or unannounced; and visit a group of people in a hospital, care home or prison service. The local visits identify whether individual care, treatment and support is in line with the law and good practice; challenge service providers to deliver best practice in mental health, dementia and learning disability; follow up on individual cases where the Commission have concerns, and may investigate further; and provide information, advice and guidance to people they meet with.
- 1.4 During local visits the Mental Welfare Commission review the care and treatment of patients, meet with people who use the service; and also speak to staff and visitors.
- 1.5 Local Visits are not inspections; and the Mental Welfare Commission's report details findings from the date of the visit.
- 1.6 The Mental Welfare Commission provides recommendations and the service is required to provide an action plan response within three months, providing detail of the actions and timescales for completion.
- 1.7 The Mental Welfare Commission published 20 [Local Visit Reports](#) during the reporting period.
- 1.8 The Mental Welfare Commission visited adult inpatient wards; older adult inpatient wards, intensive psychiatric care units (IPCU); and rehabilitation wards. Of the 20 local visits all were

announced but one was undertaken on a virtual basis. A total of 73 recommendations were made. All 4 out of the 5 mental health inpatient wards within Inverclyde were visited in the time period of the report.

- 1.9 Details of the reports which received recommendations are outlined in paragraph 4.4 of main report; and the services' response are detailed at Appendix 1.

## **2.0 RECOMMENDATIONS**

- 2.1 The Integrated Joint Board is asked
- a) Note the content of the report particularly in relation to inpatient services within Inverclyde HSCP; and
  - b) Note the recommendations of the Mental Welfare Commission and the services' response at Appendix 1.

### 3.0 BACKGROUND AND CONTEXT

- 3.1 When local visits are undertaken the Commission look at:
- Care, treatment, support and participation;
  - Use of mental health and incapacity legislation;
  - Rights and restrictions;
  - Therapeutic activity and occupation; and
  - The physical environment.

### 4.0 PROPOSALS

- 4.1
- a. Note the content of the report particularly in relation to inpatient services within Inverclyde HSCP; and
  - b. Note the recommendations of the Mental Welfare Commission and the services' response at Appendix 1.

### 5.0 IMPLICATIONS

#### Finance

#### 5.1 One off Costs

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

#### Annually Recurring Costs/ (Savings)

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

#### Legal

5.2 None

#### Human Resources

5.3 None

#### 5.4 Equalities

None

#### (a) Equalities

This report has been considered under the Corporate Equalities Impact Assessment (EqIA) process with the following outcome:



	YES – Assessed as relevant and an EqlA is required.
x	NO – This report does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function or strategy. Therefore, assessed as not relevant and no EqlA is required. Provide any other relevant reasons why an EqlA is not necessary/screening statement.

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

### **CLINICAL OR CARE GOVERNANCE IMPLICATIONS**

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

### **NATIONAL WELLBEING OUTCOMES**

5.6 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.	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 None

## 8.0 BACKGROUND PAPERS

8.1 None



**Item No. 13**

**Meeting Date Wednesday 13<sup>th</sup> April 2022**

**Glasgow City  
Integration Joint Board  
Finance, Audit and Scrutiny Committee**

**Report By:** Dr Martin Culshaw, Deputy Medical Director, Mental Health Services and Addictions  
Jackie Kerr, Assistant Chief Officer, Adult Services

**Contact:** Jackie Kerr

**Phone:** 0141 314 6250

**Mental Welfare Commission Local Visits 2021**

**Purpose of Report:**

The purpose of this report is to present to the IJB Finance, Audit and Scrutiny Committee the findings from the Mental Welfare Commission Local Visits to mental health inpatient wards in Greater Glasgow and Clyde, published during the period 1<sup>st</sup> January 2021 to 31<sup>st</sup> December 2021.

**Background/Engagement:**

The Mental Welfare Commission was originally set up in 1960 under the Mental Health Act. Their duties are set out in current Mental Health Care and Treatment Act. The Commission carry out their statutory duties by focusing on five main areas of work. They have a programme of visits to services who deliver Mental Health Care and Treatment to assess practice, monitor the implementation of mental health legislation, investigations, offering information and advice, and influencing and challenging service providers.

The Mental Welfare Commission undertake local visits, either announced or unannounced; and visit a group of people in a hospital, care home or prison service. The local visits identify whether individual care, treatment and support is in line with the law and good practice; challenge service providers to deliver best practice in mental health, dementia and learning disability; follow up on individual cases where the Commission have concerns, and may investigate further; and provide

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	information, advice and guidance to people they meet with.
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<b>Governance Route:</b>	<p>This paper has been previously considered by the following group(s) as part of its development.</p> <p>HSCP Senior Management Team <input type="checkbox"/></p> <p>Council Corporate Management Team <input type="checkbox"/></p> <p>Health Board Corporate Management Team <input type="checkbox"/></p> <p>Council Committee <input type="checkbox"/></p> <p>Update requested by IJB <input type="checkbox"/></p> <p>Other <input checked="" type="checkbox"/> (please note below)</p> <p>Mental Health Services Clinical Governance Group; and reporting arrangements as detailed at <a href="#">Section 6</a> of the report.</p> <p>Not Applicable <input type="checkbox"/></p>
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<b>Recommendations:</b>	<p>The IJB Finance, Audit and Scrutiny Committee is asked to:</p> <p>a) Note the contents of the report; and</p> <p>b) Note the recommendations of the Mental Welfare Commission and the Services' response at Appendix 1.</p>
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<b>Relevance to Integration Joint Board Strategic Plan:</b>
These services are integral to the IJB's strategy for delivering high quality care and effective outcomes for the city's most vulnerable adults and older people.

**Implications for Health and Social Care Partnership:**

<b>Reference to National Health &amp; Wellbeing Outcome:</b>	This report relates to outcomes 3, 4 and 7.
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<b>Personnel:</b>	None
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<b>Carers:</b>	The Mental Welfare Commission engage with carers' and relatives during the Local Visit.
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<b>Provider Organisations:</b>	None
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<b>Equalities:</b>	None
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<b>Fairer Scotland Compliance:</b>	None
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<b>Financial:</b>	None
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<b>Legal:</b>	None
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<b>Economic Impact:</b>	None
<b>Sustainability:</b>	None
<b>Sustainable Procurement and Article 19:</b>	None
<b>Risk Implications:</b>	Poor Local Visits may mean that people are not receiving good quality care and outcomes. There are also reputation risks to the Health and Social Care Partnership as the local visit reports are published on the Mental Welfare Commission website.
<b>Implications for Glasgow City Council:</b>	None
<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	Mental Welfare Commission recommendations for in-patient services managed by NHS Greater Glasgow and Clyde / Health and Social Care Partnerships have a direct impact on the public perception of NHS Greater Glasgow and Clyde; and subsequently the Health and Social Care Partnerships. The report confirms detailed action plan responses to the recommendations of the Mental Welfare Commission.

**1. Purpose**

- 1.1 The purpose of this report is to present to the IJB Finance, Audit and Scrutiny Committee the findings from the Mental Welfare Commission Local Visits to mental health inpatient wards in Greater Glasgow and Clyde, published during the period 1<sup>st</sup> January 2021 to 31<sup>st</sup> December 2021.

**2. Background**

- 2.1 The Mental Welfare Commission undertake local visits, either announced or unannounced; and visit a group of people in a hospital, care home or prison service. The local visits identify whether individual care, treatment and support is in line with the law and good practice; challenge service providers to deliver best practice in mental health, dementia and learning disability; follow up on individual cases where the Commission have concerns, and may investigate further; and provide information, advice and guidance to people they meet with.

**3. Process**

- 3.1 During local visits the Mental Welfare Commission review the care and treatment of patients, meet with people who use the service; and also speak to staff and visitors.
- 3.2 Local Visits are not inspections; and the Mental Welfare Commission's report details findings from the date of the visit.

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3.3 The Mental Welfare Commission provides recommendations and the service is required to provide an action plan response within three months, providing detail of the actions and timescales for completion.

### 4. Local Visits Reports 2021

4.1 The Mental Welfare Commission published 20 [Local Visit Reports](#) during the reporting period.

4.2 The Mental Welfare Commission visited adult inpatient wards; older adult inpatient wards, intensive psychiatric care units (IPCU); and rehabilitation wards. Of the 20 local visits all were announced but one was undertaken on a virtual basis. A total of 73 recommendations were made.

4.3 There were no recommendations made following local visits to:

- [Intensive Psychiatric Care Unit, Gartnavel Royal Hospital](#) on 13<sup>th</sup> May 2021; and
- [Munro Ward, Stobhill Hospital](#) (Adult Acute) on 8<sup>th</sup> June 2021 (virtual).

4.4 Details of the reports which received recommendations are outlined in the undernoted table; and the services' response are detailed at Appendix 1 which are accessible by selecting the page number:

	<b>Mental Welfare Commission Local Visit</b>	<b>Date of Visit</b>	<b>Action Plan</b>
1.	<a href="#">Kelvin House, Gartnavel Royal Hospital</a> Rehabilitation Ward	12 <sup>th</sup> November 2020	<a href="#">Page 11</a>
2.	<a href="#">Rehabilitation Ward, Leverndale Hospital</a> Rehabilitation Ward	15 <sup>th</sup> December 2020	<a href="#">Page 13</a>
3.	<a href="#">Timbury Ward, Gartnavel Royal Hospital</a> Older People Mental Health (functional)	5 <sup>th</sup> May 2021	<a href="#">Page 14</a>
4.	<a href="#">Ward 2, Leverndale Hospital</a> Adult Continuing Care	13 <sup>th</sup> May 2021	<a href="#">Page 17</a>
5.	<a href="#">Clyde House, Gartnavel Royal Hospital</a> Rehabilitation Ward	18 <sup>th</sup> May 2021	<a href="#">Page 19</a>
6.	<a href="#">Tate Ward, Gartnavel Royal Hospital</a> Adult Acute	18 <sup>th</sup> May 2021	<a href="#">Page 21</a>
7.	<a href="#">Oak Ward, Inverclyde Hospital</a> Adult Continuing Care	8 <sup>th</sup> June 2021	<a href="#">Page 24</a>
8.	<a href="#">Arran Ward, Dykebar Hospital</a> Rehabilitation Ward	21 <sup>st</sup> June 2021	<a href="#">Page 25</a>
9.	<a href="#">IPCU, Leverndale Hospital</a> Intensive Psychiatric Care Unit	22 <sup>nd</sup> June 2021	<a href="#">Page 28</a>
10.	<a href="#">Isla Ward, Stobhill Hospital</a> Older People Mental Health (functional)	23 <sup>rd</sup> June 2021	<a href="#">Page 29</a>
11.	<a href="#">Ailsa Ward, Stobhill Hospital</a> Rehabilitation Ward	29 <sup>th</sup> June 2021	<a href="#">Page 30</a>

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12.	<a href="#">Fruin &amp; Katrine, Vale of Leven Hospital</a> Older People Mental Health (organic and functional)	30 <sup>th</sup> June 2021	<a href="#">Page 31</a>
13.	<a href="#">Ward 37, Royal Alexandria Hospital</a> Older People Mental Health (organic)	8 <sup>th</sup> July 2021	<a href="#">Page 32</a>
14.	<a href="#">Langhill Clinic, Inverclyde Royal Hospital</a> Adult Acute and Intensive Psychiatric Care Unit	12 <sup>th</sup> July 2021	<a href="#">Page 36</a>
15.	<a href="#">Wards 4 A &amp; B, Larkfield Unit, Inverclyde Royal Hospital</a> Older People Mental Health (organic and functional)	24 <sup>th</sup> August 2021	<a href="#">Page 39</a>
16.	<a href="#">Ward 39, Royal Alexandria Hospital</a> Older People Mental Health (functional)	31 <sup>st</sup> August 2021	<a href="#">Page 42</a>
17.	<a href="#">Cuthbertson Ward, Gartnavel Royal Hospital</a> Older People Mental Health (organic)	7 <sup>th</sup> October 2021	<a href="#">Page 42</a>
18.	<a href="#">Banff Ward, Leverndale Hospital</a> Older People Mental Health (functional)	3 <sup>rd</sup> November 2021	<a href="#">Page 43</a>

4.5 The undernoted local visits also took place in 2021; reports will be published in 2022 and included in the next annual report:

- 19/10/2021 - Claythorn House, Gartnavel Royal Hospital (Learning Disability Services)
- 03/11/2021 - Netherton Unit, Glasgow (Learning Disability Services)
- 10/11/2021 - North Ward, Dykebar Hospital (Older People Mental Health complex care)
- 16/11/2021 - Ward 4, National Child Psychiatric Inpatient Unit, Royal Hospital for Children
- 26/11/2021 - Blythswood House, Renfrew (Learning Disability Services)
- 29/11/2021 - Mother and Baby Unit, Leverndale Hospital
- 30/11/2021 – Glenarn Ward, Dumbarton Joint Hospital (Older People Mental Health complex care)
- 09/12/2021 - Rowanbank Clinic, Stobhill Hospital (Forensic)
- 14/12/2021 - Willow Ward, Orchard View, Inverclyde (Older People Mental Health complex care)

## 5. Recommendations and Good Practice

5.1 When local visits are undertaken the Commission look at:

- Care, treatment, support and participation;
- Use of mental health and incapacity legislation;
- Rights and restrictions;
- Therapeutic activity and occupation; and
- The physical environment.

5.2 Issues identified from the recommendations were in relation to:

### 5.2.1 Care, Treatment, Support and Participation:

- Care Plans – ensuring consistency in the quality; better evidencing patient involvement; identifying clear interventions and care goals; reflecting holistic needs of patients; including triggers and de-escalation strategies for those who experience stress and distress; ensuring plans are regularly reviewed and audited; and that legal status is recorded in care plans.

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- Multi-disciplinary Team Meeting Notes – some lacking in detail around decisions taken, actions required and future plans.
- Getting to Know Me Forms – to ensure that these are fully completed and follow the patient when they move to another care setting.
- DNACPR (Do Not Attempt Cardiopulmonary Resuscitation) Forms – not all were renewed within timescales and all staff were not completely aware of the status of every patient.
- Engagement with Carers and Relatives – to introduce processes for meaningful engagement; there was little evidence of family involvement and there was no formal engagement process or carers group.
- Long Stay Patients in IPCU – concerns reported at the length of stay of a small number of patients within two IPCU sites.
- Psychology and Psychological Therapy – lack of provision within IPCU and access should be improved.

### 5.2.2 Use of Mental Health and Incapacity Legislation:

- Copies of powers of guardianship under the AWI Act and proxy decision maker were not always available on the ward.
- Treatment under the Mental Health Act – some omissions reported of regular prescribed medication not being appropriately authorised on T2 and T3 treatment forms; and that a system of auditing compliance should be put in place.
- Advanced Statements should be promoted on the ward and discussions with the patient clearly recorded in the care plan.
- Lack of understanding of the use of the legislation of the Specified Persons Procedure and little evidence of review or application.

### 5.2.3 Rights and Restrictions:

- To maximise visiting arrangements for patients and ensure that patients are supported to use technology to maintain contact with relatives and carers.
- To ensure that advocacy services are available to patients and that information is displayed in the ward.

### 5.2.4 Therapeutic Activity and Occupation:

- Ensure that activity provision meets the individual needs and preferences of patients.
- Ensure optimal access to specialist occupational therapy lead assessments and dedicated therapeutic activity provision.

### 5.2.5 The Physical Environment:

- Ventilation and temperature to be reviewed in some wards to achieve comfort and health and safety for staff and patients; and to allow use of the therapeutic kitchen.
- Management to consider the introduction of single room accommodation, where this is not in place; and also assessment of ward layout to reduce ligature risk.
- Refurbishment work to be undertaken to create a welcoming environment that is fit for purpose.
- Some environmental issues reported in relation to Wi-Fi and TV signal connection; toilet flush system and laundry service.

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### 5.3 Good Practice

The Mental Welfare Commission may also include in their report good practice noted at the visit. Examples of good practice from the reports published in 2021 included:

- The efforts of the Senior Charge Nurse to ensure all staff had professional input to enhance the care and treatment they provide, such as training in psychosocial interventions, physical healthcare, and autistic spectrum disorder. (*Kelvin House, Gartnavel Royal Hospital*)
- Nursing staff playing an active role in supporting colleagues in the adult mental health wards on the hospital site; by providing an outreach model with assistance from the Scottish Patient Safety Programme, this reduced the number of admissions to IPCU. (*IPCU, Leverndale Hospital*)
- The level of detail and the quality of information within the chronological nursing notes; these contained detailed information around the individual's mental and emotional state on a daily basis and what may be affecting this. (*Fruin and Katrine, Vale of Leven Hospital*)
- The impact of the dedicated therapeutic activity nurse role within the ward; enabling the ward to continue to maintain a level of activity provision throughout the pandemic. (*Isla Ward, Stobhill Hospital*)

5.4 The Commission also acknowledged the efforts of staff during the Covid19 pandemic and supporting patients; and of the collaboration, commitment and creativity in finding new ways of working. Staff ensured the continued delivery of therapeutic, social and recreational activities for patients; and also prioritised family and carer contact through remote visiting and the use of telephone and tablet devices.

## 6. Governance Arrangements and Shared Learning

6.1 Governance arrangements are in place to ensure the robust monitoring of the Local Visit Reports. A summary report is presented to the monthly Mental Health Services Clinical Governance Group; and any significant issues are highlighted immediately to the Deputy Medical Director, Mental Health Services and Addictions, the local Clinical Director and Head of Service for review. A summary of Local Visits are also included in the Deputy Medical Director's bi-monthly Governance Lead Update to the Health Board Clinical Governance Forum.

6.2 A quarterly report is presented to the Adult Services Clinical Governance Group and the Glasgow City Integrated Clinical and Professional Governance Group to ensure cross system learning in relation to the recommendations made and the service response. Examples of good practice are also shared with the group. This report is available for HSCPs in GG&C to share at their governance forums; as well as the annual report produced for this Committee.

6.3 Where themes emerge consideration is given in relation to quality improvement work that is required. The Mental Health Quality Improvement Sub Group identify areas which require improvement through the analysis of data, themes and trends. Actions may include the use of the 7 Minute Briefing learning tool, for example, on the Specified Person's Procedure and

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treatment forms for use under the Mental Health Act; and may also undertake audits, prompts and checks; for example, for care plans and treatment forms.

### 7. Service Improvements

7.1 Boardwide service improvement work is ongoing in relation to some of the issues noted in the recommendations. Progress is outlined below:

#### 7.1.1 Care Plans

The work around person centred care planning has been difficult to progress due the Covid 19 pandemic. During that time however we gathered examples of person centred care across our service and are working with Health Improvement Scotland's Dementia Collaborative to develop our person centred care planning in our Specialist Dementia Wards.

This year we have updated our key areas for development and identified a Senior Nurse who will be responsible for driving our Person Centred Work over the coming year.

In 2021 Mental Health Staff participated in a scoping exercise across NHS GG&C to gain an overview of Person Centred Care practice, and we will utilise this learning for future developments and plans. We have also been reviewing how we undertake and standardise Person Centred Care Planning across Mental Health Services and have been considering how this can be created into an electronic format on our IT System.

We have revised our Nursing Audit content and system so we can measure Person Centred Care Planning at ward and community team level. We know that care planning practice is variable, so this year will provide training and good practice examples to improve, promote and develop staff's competency in this area.

Strategic planning is now very recently recommenced and we will work with the Person Centred Strategic Group who have set out key principles for Person Centred Care Planning across NHS GG&C. We will operationalise these principles into our local plan and work with service user representatives to ensure they have opportunity to contribute to our plans.

#### 7.1.2 Treatment Forms

Professional Nurse Leads have undertaken a prescription audit for T2/T3 compliance within inpatient sites. An action plan has been developed and is being implemented. The audit had identified some practice issues, there is no systemic issue of risk/non-compliance. The Acting Chief Nurse and Policy Sub Group are also reviewing the policy 'NHS GG&C Mental Health Service Mental Health (Care & Treatment) (Scotland) Act 2003 Policy for Treatment with Medication after 2 months'; and a 7 Minute Briefing is being developed as learning tool on treatment forms for use under the Mental Health Act.

#### 7.1.3 Hospital Electronic Prescribing and Medicines Administration (HEPMA)

This is a new digital system which is replacing the paper drug chart (Kardex) for inpatient areas across NHS GG&C. Clinicians have been involved in shaping the system and this will be implemented across Mental Health Services from Spring 2022.

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### 7.1.4 EMISWeb Health Care System

The functionality of EMISWeb continues to be improved. An EMIS alert for DNACPR forms (Do Not Attempt Cardiopulmonary Resuscitation) has been included and the necessary measures to be taken are specified.

### 7.1.5 Clinical Risk Assessment Framework for Teams

The Clinical Risk Assessment Framework for Teams (CRAFT) is the NHS GG&C risk assessment template used across all mental health services. CRAFT was launched in October 2019 and is completed electronically, alongside the patient's electronic case records. It is complemented by mandatory face-to-face clinical risk training for all clinical teams.

### 7.1.6 Missing Person Policy; and Safe and Supportive Observation Policy and Practice Guidance

The Mental Health Services Missing Persons Policy was published on the 2<sup>nd</sup> July 2021 and staff training provided. The Mental Health Services Safe and Supportive Observation Policy and Practice Guidance review is complete. The Policy Implementation Group will oversee the roll out of the policy and agreed training.

### 7.1.7 Suicide Prevention and Design Standards Group

The Suicide Risk and Design Standards Group have oversight of ligature risk reduction agenda within NHS GG&C. The current programme of work undertaken by the group includes:

- have identified, via assessment of previous incidents and use of environmental checklists, the highest risk areas and began a schedule of survey work to price improvements to reduce ligature risk in those areas. This is nearing completion and will provide oversight on phased costs;
- seeking consistency in procurement/ estates processes;
- exploring the development of training programmes for staff groups;
- reinvigorating the use of Safety Action Notices for Mental Health Services;
- development of a policy - NHS GG&C Suicide Reduction and the Management of Ligature Risks Policy, which has been considered by the Health Board Corporate Management Team and governance groups; and will be circulated in coming weeks via the Communications team.
- established a sub group, led by acute colleagues and supported by the mental health group, to focus on this agenda in acute sites following recent incidents on sites.

### 7.1.8 Workforce Model

There are a high number of medical and nursing staff pressures across Mental Health Services. The workforce plan for Adult Nursing Services is being scoped out and will be developed; future staffing models, recruitment, retention and staff development is being considered. The scope of the medical workforce is also being explored and the workforce strategy is being updated.

## OFFICIAL

### 7.1.9 Advanced Statements

The NHS GG&C policy on Advanced Statements highlights the need to raise awareness of advanced statements with patients on an ongoing basis, and to encourage patients to consider making one. There are leaflets available in in-patient areas and online resources that patients (*and carers / Named Person*) can be signposted to. The NHS GG&C Legislation Sub Group, short life working group will look at improving practice; consider further practice developments and take account of the good practice initiatives currently in place to improve pathways.

## 8. **Recommendations**

8.1. The IJB Finance, Audit and Scrutiny Committee is asked to:

- a) Note the content of the report; and
- b) Note the recommendations of the Mental Welfare Commission and the services' response at Appendix 1.

## Appendix 1

Date of Visit	Local Visit	Local Visit Recommendation	Action Plan Response to Recommendation	Timescale	Update
12/11/2020	Kelvin House, Gartnavel Royal Hospital	1. Managers should ensure there is consistency in the quality of the care plans, that they better evidence patient involvement and are regularly reviewed.	There is now a system in place to ensure that all needs statements reflect the individual and although the needs statement are reviewed at each Multi-disciplinary Team this is not always reflected in the EMIS updates. The Senior Charge Nurse has discussed this with all disciplines and this is now audited on a monthly basis and on ad hoc basis x 2 patients weekly by the Senior Charge Nurse.	Completed	Audits ongoing but staffing consistency a major issue due to high levels of unpredicted absence. Practice Development Nurse to undertake audit early 2022 as marker.
12/11/2020	Kelvin House, Gartnavel Royal Hospital	2. Managers should review the adequacy, safety and effectiveness of the ventilation within the therapy kitchen.	This was being addressed well in advance of the MWC visit and has been on our agenda for some period of time which somewhat answers the point about the adequacy of the system. It is inadequate. Delays have been brought about by a variety of matters including proposed significant refurbishment which fell through. We contacted Operational Estates in July 2020 and asked them to obtain quotes to progress the work. We still wait for this to be advanced by them with the pandemic clearly impacting on this. This will continue to be pursued with vigour and addressed as soon as Operational Estates can organise the work.	As soon as is practicable.	Requests submitted to Operational Estates who have not advanced work or submitted timeframe. Operations Coordinator is in ongoing contact with them to try and obtain a schedule of works. Changes in personnel within Operational

Date of Visit	Local Visit	Local Visit Recommendation	Action Plan Response to Recommendation	Timescale	Update
12/11/2020	Kelvin House, Gartnavel Royal Hospital	3. Managers should review the adequacy and safety of the treatment room and the current need to perform all physical health procedures in the patient's bed.	This has been discussed fully with the ward management team and all (limited) options explored on numerous occasions. The preferred option for the clinical and Hospital Management Teams is a significant refurbishment and extension of current facility to include single ensuite bedrooms as per the findings of GG&C Rehabilitation Review. With regards to the current adequacy and safety of the treatment room it meets the basic medication needs of the ward as it is a goal/expectation that self-medication be achieved by the service user. Given this it is adequate and safe. We presented to the ward team an option to develop a room at the side entrance of the ward and make this a larger treatment room which would accommodate an examination couch and retain the current treatment room for routine medication work though they felt this would not offer them anything given the remote location of the room. This is the only room which could be reasonably adapted and if the clinical team change their mind this will be progressed. The ward management team would like to progress (further) the rehabilitation	Will be kept under review.	Estates has not assisted matters. Will escalate to Head of Service if no schedule is forthcoming. The clinical team and indeed Hospital Management Team feel the treatment room is safe if not optimal for practice. The basic ward design does not lend itself to radical action. The ward team were presented with option to re-site the Treatment Room and declined these. These remain open to them if they change their mind.

**OFFICIAL**

Date of Visit	Local Visit	Local Visit Recommendation	Action Plan Response to Recommendation	Timescale	Update
15/12/2020	Rehabilitation Ward, Leverndale Hospital	1. Managers should ensure that advance statements are promoted in the ward and clearly documented in the patient's pathway and care plan.	Ongoing discussion with patients within their combined support plans regarding advanced statements. Recording patients own thoughts and feelings. Ongoing audit to ensure process is being adhered to.	April 2021	Named Nurse conversations with patients within Rehab discuss advance statements.
15/12/2020	Rehabilitation Ward, Leverndale Hospital	2. Managers should ensure that the ward environment is upgraded to create a conducive setting and that consideration be given to single room accommodation.	Rehabilitation services currently under review, consideration will always be given to single room accommodation. Ongoing assessment to ensure that area is conducive to recovery.	Ongoing consideration.	Some cosmetic works to update fabric and furnishings have been carried out.
15/12/2020	Rehabilitation Ward, Leverndale Hospital	3. Managers should ensure that assessments of the ward layout, particularly with regards to difficult to observe areas and ligature points, are actioned.	Self-harm environmental checklists completed highlighting areas of risk. This is risk assessed and if high risk actioned immediately.	Ongoing assessment of environmental risk	Reviewed as per board policy on Self Harm Checklist. Project Manager to be appointed to support all Ward areas and Hospitals for

[Return to summary table](#)

**OFFICIAL**

Date of Visit	Local Visit	Local Visit Recommendation	Action Plan Response to Recommendation	Timescale	Update
05/05/2021	Timbury Ward, Gartnaveil Royal Hospital	1. Managers should ensure that MDT meeting notes contain details of current issues and presentation, decisions taken, actions required and future plans in relation to the care goals, treatment and discharge of patients, and this should be audited to ensure consistent quality of record keeping.	<ul style="list-style-type: none"> <li>The ward uses the standardised Multi-disciplinary Team (MDT) sheet on EMIS which is the mechanism for capturing the details listed in the recommendation.</li> <li>Nursing Team will instigate a pre-MDT huddle to explore goals and problem areas.</li> <li>Senior Charge Nurse (SCN) will undertake monthly audit of MDT sheets to confirm quality assurance and to identify areas of development.</li> </ul>	3 months	<p>uniformity of approach.</p> <p>Audits ongoing and Senior Charge Nurse meets with Hospital Management Team to review findings. Improvement still required and once staffing stabilises this will be easier to implement and monitor.</p>
05/05/2021	Timbury Ward, Gartnaveil Royal Hospital	2. Managers should ensure nursing care plans identify clear interventions and care goals to support discharge planning, and set out review timescales, and this should be audited on a regular basis.	<ul style="list-style-type: none"> <li>SCN and Practice Development Nurse (PDN) have met to explore solutions.</li> <li>PDN will undertake a comprehensive audit of care plans and identify areas of development.</li> <li>SCN/PDN and Hospital Management Team will meet to review outcome of audit and construct an improvement plan.</li> <li>Monthly (routine audit) of care plans will be undertaken by Charge Nurses.</li> </ul>	3 months	<p>Audits ongoing but staffing consistency a major issue due to high levels of unpredicted absence. PDN to undertake audit as marker. Standards of Ward Management Core Audit schedule has</p>



Date of Visit	Local Visit	Local Visit Recommendation	Action Plan Response to Recommendation	Timescale	Update
05/05/2021	Timbury Ward, Gartnavel Royal Hospital	3. Managers should ensure that where patients are subject to guardianship, or have a power of attorney in place this should be clearly recorded in their file along with copies of the powers and contact details of the proxy decision maker.	<ul style="list-style-type: none"> <li>Nurse Line Management Supervision will focus on the need for person centred care plans.</li> <li>Review of this issue detailed that it was not a widespread problem and related to a problem obtaining information/paperwork from the patient's Guardian.</li> <li>SCN will create an admission/discharge checklist to capture and audit this detail.</li> </ul>	3 months	<p>been reintroduced which will give wider assurance.</p> <p>There is a system in place to try and capture this however the issue often relates to the Guardian not providing paperwork. The MWC recommendation fails to recognise this.</p>
05/05/2021	Timbury Ward, Gartnavel Royal Hospital	4. Management should update the briefing note on time out and pass, based on current government guidance. Decisions in relation to the management of time outwith the ward should be based on individual risk	This point is disputed. Managers are of the view that the guidance on time out and pass is and always has been in line with Scottish Government.	N/A	See action plan response.

Date of Visit	Local Visit	Local Visit Recommendation	Action Plan Response to Recommendation	Timescale	Update
05/05/2021	Timbury Ward, Gartnavel Royal Hospital	<p>assessments and the current guidance and should be kept under review.</p> <p>5. As restrictions lift, managers should ensure that activity provision is prioritised so patients have access to a range of therapeutic and social activities on a daily basis, to meet needs and preferences. This should include progressing the provision of a dedicated activities co-ordinator post to facilitate this.</p>	<p>This is out with the control of Hospital Management Team (HMT) and indeed the Head of Service and has been passed on to the appropriate management tier for consideration as it's an area of need HMT have been raising for some time.</p> <ul style="list-style-type: none"> <li>• The Assistant Chief Nurse is currently reviewing staffing profiles for all clinical areas.</li> <li>• To compensate somewhat our Occupational Therapy department offer the following (not exhaustive): <ul style="list-style-type: none"> <li>– ADL (activities of daily living) skills practice and development</li> <li>– 1-1 baking sessions</li> <li>– Anxiety management in dealing with everyday activities</li> <li>– Reintegration to managing activities of daily living (AoDL) at home via home visits</li> <li>– Management of household activity sessions</li> <li>– Ward based social and cognitive activity sessions including gardening, recreational activities and Recreational Therapy.</li> </ul> </li> </ul> <p>In addition to this our Volunteer Coordinator drives a host of complimentary activities including music recitals in the garden and many other activities.</p>	3 months	<p>The Assistant Chief Nurse has submitted costed proposals for consideration. These proposals include a funded activity coordinator model. OT provision continues as stated.</p>

Date of Visit	Local Visit	Local Visit Recommendation	Action Plan Response to Recommendation	Timescale	Update
05/05/2021	Timbury Ward, Gartnavel Royal Hospital	6. Management should address the issue of poor Wi-Fi and TV signal in the ward, and address the problems with the stiff flush system in the toilets.	<p><u>Flushers</u></p> <ul style="list-style-type: none"> <li>Senior Charge Nurse advised to proactively raise these issues with Hospital Management Team via the many forums open to them to do.</li> <li>Hospital Management Team have asked the PFI provider of Facility Management to have all 22 rooms in the ward with flush buttons checked for operation with a member of staff and report back.</li> <li>It is proposed to have flush buttons replaced with wave on/wave off flushers as part of lifecycle work (over the coming years).</li> </ul> <p><u>Wi-Fi</u></p> <ul style="list-style-type: none"> <li>Ward survey will be carried out by IT to identify if boosters can be fitted</li> <li>IT will produce an options appraisal for HMT/PFI to consider</li> </ul> <p>All of the above may be impacted by building regulations and site position.</p>	3 months	Operations Coordinator is progressing work with IT to improve Wi-Fi in the ward.
13/05/2021	Ward 2, Leverndale	1. Managers should ensure an audit of all DNACPR forms to ensure that, where relevant, all DNACPR decisions are reviewed and consider implementing a system to ensure that all	<p>All patients DNACPR (Do Not Attempt Cardiopulmonary Resuscitation) decisions will be reviewed at MDTs.</p> <p>Documentation will be checked /audited as part of weekly checks to ensure that documentation is filed appropriately and in date.</p> <p>Line management supervision will address staff awareness and document same.</p>	<p>In place</p> <p>30/09/2021</p> <p>14/10/2021</p>	Discussed as routine at MDT meetings and updated.

Date of Visit	Local Visit	Local Visit Recommendation	Action Plan Response to Recommendation	Timescale	Update
13/05/2021	Ward 2, Leverndale	<p>staff members are aware of the DNACPR status of every patient on the ward.</p> <p>2. The service should again review the arrangements for accessing the therapeutic kitchen to ensure maximum benefit of this resource for the patients.</p>	<p>Liaise with Occupational Therapy to establish access /keys.</p> <p>Agree joint plan Standard Operating Procedure regarding maintaining /cleaning /storage etc.</p> <p>Identify staff to complete LearnPro food hygiene updates.</p> <p>Populate list of staff who have skills competencies to use.</p>	<p>30/09/2021</p> <p>30/09/2021</p> <p>30/09/2021</p> <p>30/09/2021</p>	<p>SCN ensuring staff complete safe food hygiene training to support patients within ward to utilise therapeutic kitchen.</p>
13/05/2021	Ward 2, Leverndale	<p>3. Managers should ensure that all psychotropic medication is legally and appropriately authorised on either a T2 or T3 form and a system of regularly auditing compliance with this should be put in place.</p>	<p>All patients T2 and T3s will be reviewed at multi-disciplinary teams.</p> <p>Documentation will be checked /audited as part of weekly checks to ensure that documentation is filed appropriately and in date.</p> <p>Line management supervision will address staff awareness and document same.</p>	<p>In place</p> <p>30/09/20/21</p> <p>14/10/2021</p>	<p>Reviewed during MDT meetings, audit process in place to ensure continued compliance.</p>

[Return to summary table](#)

Date of Visit	Local Visit	Local Visit Recommendation	Action Plan Response to Recommendation	Timescale	Update
13/05/2021	Ward 2, Leverndale	4. Managers should plan to provide single room accommodation to ensure maximum benefit to patients.	Redesign of mental health services and provision of single room accommodation will continually be considered.	Ongoing	Ongoing
18/05/2021	Clyde House, Gartnavel Royal Hospital	1. Managers should undertake a review of OT provision in Clyde House and ensure optimal access to specialist OT lead assessments and activities for patients on this ward.	1. Occupational Therapy (OT) provision was increased since the end of March 2021. Assessments and interventions have been increased since this period.  2. Formal review of Occupational Therapy assessments, interventions and therapeutic activity provision by Lead OT to be undertaken.	3 months (End of January 2022)	OT provision and supervision is consistent with AIMS Standards (Accreditation of Inpatient Mental Health Services). The drop off in provision related to absence and difficulties backfilling this absence despite using all means.
18/05/2021	Clyde House, Gartnavel Royal Hospital	2. Managers must ensure all consent to treatment authorisation required under the MHA and the AWI Act accurately reflects what is being prescribed and is available with the	Since the MWC Visit the ward have updated how they monitor (fortnightly):  <ul style="list-style-type: none"> <li>• High Dose antipsychotic use</li> <li>• T2/T3's</li> <li>• Adults with Incapacity paperwork</li> <li>• These findings are presented fortnightly at MDT reviews with immediate action or redress sought.</li> <li>• Organisationally there is a wider audit being undertaken by a Professional Nurse Lead to look</li> </ul>	3 Months	Monitoring continues. Await wider organisational work to be undertaken.

Date of Visit	Local Visit	Local Visit Recommendation	Action Plan Response to Recommendation	Timescale	Update
18/05/2021	Clyde House, Gartnavel Royal Hospital	<p>medication charts, so staff are clear under what authority they are administering medication.</p> <p>3. Managers should ensure specified persons procedures are implemented for patients where this is required to authorise room searches or other restrictions and all staff are clear on these processes and legislation.</p>	<p>at current good practice and harmonisation of processes across the wider mental health inpatient estate.</p> <ul style="list-style-type: none"> <li>All nursing staff to include in their PDP (personal development plan) a review of Greater Glasgow and Clyde Specified Person Policy and guidance which links to audit of its use and increased understanding of the range of interventions covered.</li> <li>The Specified Person Procedure was discussed at the MHS Clinical Governance Group. As such, the group discussed and agreed that they will use this learning to produce a 7 minute briefing to share learning across the system about the procedure. This will be the first 7 minute briefing we have developed.</li> </ul>	3 Months  3 Months	Included in staff PDP's and await 7 Minute Briefing to be developed.
18/05/2021	Clyde House, Gartnavel Royal Hospital	4. Managers should ensure that the ward environment is welcoming, fit for purpose and provide the Commission with an update on the programme for refurbishment, including timeframes.	<p>Current works planned (with funding in place):</p> <ul style="list-style-type: none"> <li>Flooring replacement</li> <li>Air Conditioning in kitchen areas</li> </ul>	6 months	Operations Coordinator progressing work with Operational Estates though struggling to get schedule of works. If delays persist will escalate to Head of Service.

Date of Visit	Local Visit	Local Visit Recommendation	Action Plan Response to Recommendation	Timescale	Update
18/05/2021	Clyde House, Gartnavel Royal Hospital	5. Managers should plan to provide single room accommodation to ensure maximum benefit to patients.	<p>Plans were submitted and costed several years ago for an extension and upgrade to current accommodation which would make Clyde single ensuite accommodation as part of a total refurbishment therefore the plans are in place for this to occur pending appropriate capital funding being in place to achieve this.</p> <p>The Assistant Chief Officer for Adult Services and the Chief Officer, Finance and Resources plan to visit all Mental Health Inpatient sites to list capital requirements and these in turn will be escalated to the Board capital meeting were decisions of this magnitude are taken.</p>	Escalation will take place immediately.	Escalated to Assistant Chief Officer and await developments.
18/05/2021	Tate Ward, Gartnavel Royal Hospital	1. Managers should at the earliest opportunity review and regularly audit the current care plans to ensure that they reflect the ongoing care and treatment being provided.	<ul style="list-style-type: none"> <li>Professional Development Nurse (PDN) has completed care plan audit. Senior Charge Nurse (SCN) and PDN have discussed findings and SCN has implemented changes.</li> <li>SCN has completed further care plan audits and will continue to do this fortnightly with assistance from Charge Nurse and team leaders.</li> <li>SCN, PDN and hospital management have met to discuss development needs.</li> <li>More in depth assessments have been implemented which are reviewed on a weekly basis by named nurses.</li> </ul>	4 weeks	Audits undertaken as described and reviewed at regular business meetings. Standards of Ward Management Core Audit schedule has been reintroduced which will give wider assurance.

Date of Visit	Local Visit	Local Visit Recommendation	Action Plan Response to Recommendation	Timescale	Update
18/05/2021	Tate Ward, Gartnavel Royal Hospital	2. Managers should ensure the daily record of contact between nursing staff and patients is meaningful, and includes both a subjective and objective account of the patient's presentation.	<ul style="list-style-type: none"> <li>SCN has met with named and associate nurses to discuss this and patient contact notes have improved.</li> <li>Nurse groups have been identified and have team leaders allocated to review their team notes. Consultant Psychiatrists have been involved in the discussion with regards to more meaningful conversations.</li> <li>Nurse Line Management (NLM) will identify areas for development and specific issues with nursing notes.</li> </ul>	4 weeks	Audits undertaken as described and reviewed at regular business meetings. Standards of Ward Management Core Audit schedule has been reintroduced which will give wider assurance.
18/05/2021	Tate Ward, Gartnavel Royal Hospital	3. Managers should ensure regular audits of progress notes to ensure consistency of record keeping and assist with reviews.	<ul style="list-style-type: none"> <li>SCN and Charge Nurse have implemented regular local record keeping audits.</li> <li>NLM will also assist in highlighting any inconsistencies within the documentation.</li> </ul>	2 weeks	Audits undertaken as described and reviewed at regular business meetings. Standards of Ward Management Core Audit schedule has been reintroduced which will give wider assurance.
18/05/2021	Tate Ward, Gartnavel Royal Hospital	4. Managers should ensure a structured activity timetable with activities is available for all patients. Patients who have	<ul style="list-style-type: none"> <li>Senior Nurse (SN) has been identified to devise timetable for ward based activities.</li> <li>'Isolation packs' have been issued to all new admissions. SN has been identified to audit this.</li> </ul>	8 weeks	As described in action plan. The Assistant Chief Nurse has submitted costed proposals for



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		<p>restrictions place upon them and therefore unable to attend the Hub should be provided with activities based upon their areas of interest or need.</p>	<ul style="list-style-type: none"> <li>• A dedicated activity coordinator post had been discussed, however, the staff member who had been identified is on maternity leave and will explore this on her return.</li> <li>• We have implemented activity care plans for individuals.</li> <li>• As restrictions ease, we are able to offer a wider range of activities for our patient group.</li> <li>• The Assistant Chief Nurse is reviewing staffing profiles for clinical areas.</li> <li>• Our Occupational Therapy department offer:               <ul style="list-style-type: none"> <li>1:1 sessions with patients several times per week, these sessions include: board games, walks, cooking, lunch group, gardening; and the physiotherapist facilitates gym sessions for interested patients.</li> </ul> </li> <li>• Our Volunteer coordinator has facilitated 'garden gigs' for inpatients to enjoy.</li> <li>• We have been offered a grant which will contribute to a garden project - our patient group will be involved in this.</li> <li>• With the help from Volunteer, we have made a bid for a projector and screen for 'movie nights' this is something our patients have requested.</li> </ul>		<p>consideration, which will include funded activity planning model. Until this is achieved the ward and Hospital Management Team are at the mercy of unplanned absence and sustained, high levels of clinical acuity.</p>

Date of Visit	Local Visit	Local Visit Recommendation	Action Plan Response to Recommendation	Timescale	Update
08/06/2021	Oak Ward, Inverclyde Hospital	<p>1. Managers should review their audit processes to improve the quality of recovery focussed care plans to reflect the holistic care needs of each patient, and identify clear interventions and care goals.</p>	<p>The Mental Welfare Commission's Good Practice Guide on Care Plans has been shared with all staff members and will be used when reviewing/auditing care plans during Nurse Line Management Supervision, to ensure that care plans remain person centred and recovery focussed and reflect the level of interventions being provided for/required by patients.</p>	<p>Implemented immediately and will form part of ongoing monitoring process.</p>	<p>Implemented immediately and will form part of ongoing monitoring process.</p>
08/06/2021	Oak Ward, Inverclyde Hospital	<p>2. Managers should put an audit system in place to ensure that all medication prescribed under mental health or incapacity legislation are properly authorised.</p>	<p>The patient's Responsible Medical Officer was informed of the issue with regard to T3's in relation to two patients and attended to the matter.</p> <p>Reviewing of patients care records will be addressed within Multi-disciplinary Teams/wards rounds, to ensure that the documentation accurately reflects what is being prescribed.</p>	<p>Implemented immediately and will form part of ongoing monitoring process.</p>	<p>Implemented immediately and will form part of ongoing monitoring process.</p>
08/06/2021	Oak Ward, Inverclyde Hospital	<p>3. Managers should commence a system of audit to ensure that, where relevant, copies of welfare guardianship powers and/or powers of attorney certificates are held within the individuals' care files.</p>	<p>Patients appropriate relative / designated Financial Guardian contacted and asked to bring required documentation to the ward. This has now been added to the patients care record.</p> <p>Mental Welfare Commission's checklist shared with all staff members.</p> <p>Audit of care records will be maintained through the process of Line Management Supervision.</p>	<p>Implemented immediately and will form part of ongoing monitoring process.</p>	<p>Implemented immediately and will form part of ongoing monitoring process.</p>

Date of Visit	Local Visit	Local Visit Recommendation	Action Plan Response to Recommendation	Timescale	Update
08/06/2021	Oak Ward, Inverclyde Hospital	4. Managers should ensure that where covert medication is prescribed the covert medication pathway is completed and reviewed in line with our good practice guidance.	<p>Patient's Responsible Medical Officer informed of issue with regard to review date of Covert Medications documentation and has addressed the matter accordingly.</p> <p>The Mental Welfare Commission's Good Practice Guide on Covert Medications and the requirement for regular reviews of associated documentation has been shared with all staff members and the ongoing auditing of documentation will be maintained through the process of Line Management Supervision.</p> <p>An alert will also be added to EMIS electronic care record as a date reminder of when the documentation requires review.</p>	Implemented immediately and will form part of ongoing monitoring process.	Implemented immediately and will form part of ongoing monitoring process.
21/06/2021	Arran Ward, Dykebar Hospital	1. Managers should introduce processes to meaningfully engage with relatives and carers to ensure not only their needs are met but to improve recovery outcomes for patients.	<p>1. Reintroduction of in depth MDTs (Multi-disciplinary Teams) incorporating families.</p> <p>2. Also offer remote/internet engagement for relatives, if required.</p> <p>New consultant and new ward manager attempting to engage with relatives and carers over phone to improve involvement and dialogue.</p>	26/11/2021 End Jan 2022 Commenced, completed by end March 2022	Complete Ongoing Ongoing

[Return to summary table](#)

Date of Visit	Local Visit	Local Visit Recommendation	Action Plan Response to Recommendation	Timescale	Update
21/06/2021	Arran Ward, Dykebar Hospital	<p>2. Managers should ensure an audit of all DNACPR forms to ensure that, where relevant, all DNACPR decisions are reviewed and consider implementing a system to ensure that all staff members are aware of the DNACPR status of every patient on the ward.</p>	<p>a) DNACPR audit conducted and being written up.</p> <p>b) Interventions being put forth included:                      1) Documentation at each MDT as part of MDT checklist.                      2) Notified in planners that form needs taken out with patient.                      3) Put up in covered board listing of patients.</p>	<p>Initial audit completed and action plan developed. Interventions being put in place in December and January                      For re-audit in February.</p>	<p>Complete</p> <p>Ongoing</p> <p>Ongoing</p>
21/06/2021	Arran Ward, Dykebar Hospital	<p>3. Managers and medical staff should ensure that all psychotropic medication is legally and appropriately authorised on either a T2 or T3 form, where required, and a system of regularly auditing compliance with this should be put in place.</p>	<p>Annual review and audit of T3 is underway. This is incorporated within an annual cycle of pharmacy-led checks incorporating PRN audit, Haloperidol prescription and high dose monitoring.</p> <p>Add to MDT checklist to ensure T2/T3 checked prior to medication change.</p>	<p>26/11/2021</p> <p>MDT checklist for implementation in January 2022</p>	<p>Complete</p> <p>Ongoing</p>

Date of Visit	Local Visit	Local Visit Recommendation	Action Plan Response to Recommendation	Timescale	Update
21/06/2021	Arran Ward, Dykebar Hospital	<p>4. Managers should ensure that the patient's file has a clear record of who has responsibility for the patient's finances and that all welfare or financial proxy details are clearly recorded.</p>	<p>Spending plans and notes of AWI meetings are updated on a six monthly basis and paper copies are put in notes. These will now be proactively uploaded onto EMIS under the title 'spending plan' for ease of finding.</p>	26/11/2021	Complete
21/06/2021	Arran Ward, Dykebar Hospital	<p>5. Managers should ensure that advance statements are promoted in the ward and these discussions are clearly documented in the patient's pathway and care plan.</p>	<p>This will be added to MDT checklist to discuss and will also be proactively discussed at discharge planning phase to ensure that patient is able to participate in the advanced statement process to its fullest.</p>	From January 2022	Ongoing
21/06/2021	Arran Ward, Dykebar Hospital	<p>6. Managers should ensure that the whole ward environment is welcoming and fit for purpose and refurbished to such a standard that the environment is unified to look less like two distinct wards.</p>	<p>Patients are encouraged to personalise space on the Arran side of the ward.</p> <p>Art Therapist in place to assist with regards to this. We are also planning raised garden beds in centre quadrangle to facilitate gardening groups and vegetable/ herb growth for patient activity.</p>	<p>Initial work completed. This will be an ongoing action.</p> <p>May 2022</p>	<p>Complete</p> <p>Ongoing</p>

Date of Visit	Local Visit	Local Visit Recommendation	Action Plan Response to Recommendation	Timescale	Update
21/06/2021	Arran Ward, Dykebar Hospital	7. Managers should plan to provide single room accommodation to ensure privacy and maximum benefit to patients.	NHS Greater Glasgow & Clyde are in the process of implementing their Mental Health Strategy. A sub-group of the strategy is based on mental health rehab services. Part of this work is based on bed-modelling, which, amongst other things, will consider improvements to Rehab ward environments across NHS GG&C.	December 2022	Ongoing
22/06/2021	IPCU, Leverndale	1. The Commission will escalate the issue of long patient stays in this IPCU to the hospital's senior managers and senior clinicians; we will also write separately to the NHS GG&C Health Board Chief Executive Officer about our concerns.	Senior clinicians aware of situation; ongoing discussion at bed management meeting regarding patient movement. Discharge Co-ordinator also in contact with forensic bed manager regarding beds booked in that service.	Ongoing	Deputy Medical Director has written an SBAR report and presented this to the board. One patient awaiting Learning Disability placement has been transferred. Assessment ongoing for remaining patients awaiting low secure forensic bed.
22/06/2021	IPCU, Leverndale	2. Managers to address the issue of psychology provision to the IPCU ward.	There is dedicated time from the Clinical Psychology Consultant who has attended Ward 1 MDT meetings and carried out really invaluable and informative formulations for our patients within our care and was at the time of the Mental Welfare Commission visit to this ward area.	Ongoing	Consultant Psychologist continues input within IPCU, working with MDT process to identify



Date of Visit	Local Visit	Local Visit Recommendation	Action Plan Response to Recommendation	Timescale	Update
29/06/2021	Ailsa Ward, Stobhill	1. Managers should review all current T3 certificates ensuring medical staff pursue Designated Medical Practitioner (DMP) visits urgently.	<p>kardex- ensuring any anomalies are escalated to RMO to be amended/ rewritten, as a matter of urgency</p> <ul style="list-style-type: none"> <li>• Through weekly MDT reviews, T2 and T3 will be discussed/ reviewed as part of a rolling agenda</li> <li>• Pharmacist now attends ward weekly MDT reviews</li> </ul> <p>Senior Charge Nurse (SCN) discussed the recommendation and requirement to review T3 certificates with Responsible Medical Officer (RMO). Audit carried out by ward Pharmacist and changes made to medication prescriptions to reflect current authorised medications. Requests made for DMP visits which have since taken place.</p>	Immediate	before end April 2022 to ascertain if ward improvements have been embedded into practice. Recommendations carried out and actions completed.
29/06/2021	Ailsa Ward, Stobhill	2. Managers should put an audit system in place to ensure that all medication prescribed under the mental health act is legally authorised.	<p>Audit system now in place to monitor medication prescriptions and administration are in line with current T3 certificates.</p> <ol style="list-style-type: none"> <li>1. Nursing staff to check T3 certificates weekly against kardex to ensure that all prescribed medications are authorised by T3 certificates.</li> <li>2. When ward GP or duty doctors are prescribing medications, ward nursing staff to prompt them to ensure they are checking T3 certificates for authorised medications.</li> <li>3. T3 monitoring added as a weekly standing agenda item for MDT reviews. RMO to refer to MWC for DMP review if medication changes are thought necessary that are not authorised by current T3 certificates.</li> </ol>	Immediate	Recommendations carried out and actions required have been completed.



Date of Visit	Local Visit	Local Visit Recommendation	Action Plan Response to Recommendation	Timescale	Update
29/06/2021	Ailsa Ward, Stobhill	3. Managers should ensure that the rehabilitation service receives dedicated Therapeutic Activity Nurse provision commensurate with that provided to other wards on the hospital site.	4. Pharmacy colleagues have once again commenced with their weekly attendance at MDT which assist us as a team to ensure we are compliant with T3 and prescribing. They will also carry out regular audits as an added assurance measure. Ailsa SCN continues to agree with MWC that the addition of Therapeutic Activity Nurses (TAN) to Ailsa ward would be a vital addition to the MDT. This additional resource would provide much needed social integration, activity and a much greater structured use of time for the patients in Ailsa. It would also provide opportunity for the ward to become much more of community with the patients coming together in similar interests which they enjoy, encouraging each other, spending time together and promoting engagement with each other and with staff.	Ongoing	Recommendation not met. Ailsa ward continues without TAN at present. SCN to continue to recommend and pursue TAN involvement with in Ailsa ward.
29/06/2021	Ailsa Ward, Stobhill	4. Managers should plan to provide single room accommodation to ensure maximum benefit to patients.	SCN not aware of any plans to change 2 x four bedded dormitories into single room accommodations.	Ongoing	To be discussed with Adult In-Patient Services Manager at SCN 1:1.
30/06/2021	Fruin & Katrine, Vale of Leven	1. Managers should review their audit processes to improve the quality of mental health care plans to reflect the holistic	Fruin/Katrine Ward senior nurses will audit care plans monthly and action plan as necessary. This audit will evaluate whether care plans reflect the MWC Person Centred Care Plans Good Practice Guide. This will promote a human rights and person centred approach to care planning,	December 2021	The action has been implemented and the action is an ongoing plan.

Date of Visit	Local Visit	Local Visit Recommendation	Action Plan Response to Recommendation	Timescale	Update
08/07/2021	Ward 37, Royal Alexandria Hospital	care needs of each patient, and identify clear interventions and care goals. 1. Managers should ensure that care plans are evaluated and updated to reflect changes to patients' needs and the effectiveness of interventions. 2. Managers should ensure there is a clear person-centred plan of care for patients who experience stress and distress. This should include information on the individual's triggers and strategies which are known to be effective for distraction and de-escalation and this should be reviewed regularly.	that reflects outcomes that are not just specific to medical and nursing care.  Care plans reviewed and updated with ongoing review by Senior Charge Nurse.  Further audit of care plans to be completed by December 1 <sup>st</sup> .	30/09/2021  01/12/2021	Action complete  This action is complete and an action plan has been developed.
08/07/2021	Ward 37, Royal Alexandria Hospital		Ward Nursing staff are working in liaison with Clinical Psychologist to ensure Stress and Distress/Newcastle Formulation Care Plans are developed and in place for patients who require these.  Further audit of stress and distress care plans to be completed by December 1 <sup>st</sup> .	30/09/2021  01/12/2021	Action ongoing  This action is complete and an action plan has been developed.

**OFFICIAL**

<b>Date of Visit</b>	<b>Local Visit</b>	<b>Local Visit Recommendation</b>	<b>Action Plan Response to Recommendation</b>	<b>Timescale</b>	<b>Update</b>
08/07/2021	Ward 37, Royal Alexandria Hospital	3. Managers should ensure that “getting to know me” and other life history documentation is fully completed and follows patients when they move to other care settings.	Each patient has an up to date “getting to know me” document and this is filed appropriately within their individual health record for ease of access for staff and also for when patients are transferred, document is with all files.	30/09/2021	Action ongoing
08/07/2021	Ward 37, Royal Alexandria Hospital	4. Managers should ensure that where there is a proxy decision maker, this is recorded and the legal proxy is consulted appropriately.	Legal documentation checked and clarified on admission. Reviewed at each Multidisciplinary Team Meeting and also regular secondary check by Named Nurse during care plan reviews when updating legal status, AWI status or DNACPR status.  An audit of this will be included in the further care plan audit scheduled for December 1 <sup>st</sup> 2021	30/09/2021  01/12/2021	Action complete  This action is complete and an action plan has been developed. Action complete
08/07/2021	Ward 37, Royal Alexandria Hospital	5. Managers should review the visiting arrangements to maximise the number of visits which can be accommodated and ensure that patients are able to receive visits as frequently as possible.	Review fully completed following meeting with MWC and new system implemented by 30/09/2021. New visitor folder allows visitors to book visits either the morning, afternoon or evening. Visits can take place in the Dining room or patient’s own single bedroom. Further capacity has been created by utilising the Snoezelen room for visiting during the afternoon and evening. This has greatly increased overall capacity for visitation. There have been no further concerns	30/09/2021	Action complete

Date of Visit	Local Visit	Local Visit Recommendation	Action Plan Response to Recommendation	Timescale	Update
08/07/2021	Ward 37, Royal Alexandria Hospital	6. Managers should ensure that patients who require support to use technology to maintain contact with family are supported to do this.	from relatives regarding issues to visiting family members. Ward 37 can facilitate use of Ipads and mobile/landline phones and assistance should be reflected in their care plans on development of these by the patient's Named Nurse. This will be audited as part of the further care plan audit scheduled for 1 <sup>st</sup> December 2021	30/09/2021  01/12/2021	Action complete  This action is complete and an action plan has been developed
08/07/2021	Ward 37, Royal Alexandria Hospital	7. Managers should ensure that advocacy services are available to patients and information about this is displayed within the ward area.	Advocacy information is now displayed on the Family and Carer News and Information Noticeboard on entrance to the ward and also information leaflets available within the ward environment. This display information is reviewed and maintained by the Ward Clerk.	30/09/2021	Action complete
08/07/2021	Ward 37, Royal Alexandria Hospital	8. We recommend that a full environmental audit is commissioned and an action plan is developed to deliver an environment that is fit for purpose and supports staff to meet the complex needs of this patient group. Managers	The King's Fund Environmental Audit was completed by Operations Nurse Manager, RAH facilities staff member and Operations Co-ordinator on 28 <sup>th</sup> September 2021.  Many of the issues identified remain as of previous environmental audits and also reflect the concerns highlighted by the MWC and these have been escalated by Service Manager and the Head of Service to Chief Executive Officer again.	30/09/2021  30/09/2021	Action complete  Actions complete

Date of Visit	Local Visit	Local Visit Recommendation	Action Plan Response to Recommendation	Timescale	Update
	<p>should highlight our concerns in relation to the environment to the chief executive officer and we will also write directly to express our concerns.</p>	<p>Within NHSGGC there is a current bed modelling process regarding older person's mental health services and all clinical areas are in the process of being reviewed with regards to capacity, need etc. with the possibility of relocation of resources. This is ongoing. No decisions have been made regarding the environment with regard to new builds etc.</p> <p>Action currently in the process of being undertaken or completed.</p> <ul style="list-style-type: none"> <li>• Delivery of new furniture for the whole ward area – this had been delayed due to COVID-19 restrictions although had been ordered at time of MVC review.</li> <li>• The tired visual environment is in the process of redecoration with more appropriate paint choice, chosen by the nursing staff. Areas appearing brighter and fresh.</li> <li>• Following the redecoration of Ward 37, the Art Therapist, that provides sessions to the Renfrewshire OPMH Wards, will paint murals on some of the walls within the ward. These will depict local landmarks that will be recognisable to the patients.</li> </ul> <p>A further environmental audit will be completed by the Operations Nurse Manger by 28 February 2022</p>	<p>December 2022</p> <p>29/11/2021</p> <p>29/11/2021</p> <p>25/03/2022</p> <p>28/02/2022</p>	<p>Action ongoing</p> <p>Action complete</p> <p>Action complete</p> <p>Action ongoing</p> <p>Action ongoing</p>	

Date of Visit	Local Visit	Local Visit Recommendation	Action Plan Response to Recommendation	Timescale	Update
08/07/2021	Ward 37, Royal Alexandria Hospital	9. Managers should undertake a review of the current system for managing both hospital and take home laundry and take necessary actions to ensure a more efficient system.	Review of limited storage space within Ward 37. Plan to restructure rooms to create a room for clean clothing storage and a separate room for take home laundry. This will require shelving and appropriate containers for storage of take home laundry.	25/03/2022	Action ongoing
12/07/2021	Langhill Clinic, Inverclyde	1. Managers should formally review the care and treatment plans of all patients who have been in the ICU for six months or more.	<p>[REDACTED]</p> <p>Redacted clinical information.</p>	Dependent on bed availability for transfer.	Ongoing
12/07/2021	Langhill Clinic, Inverclyde	2. Managers should address the difficulties relating to access to psychology services and psychological therapies.	<p>A psychology post was agreed via GGC Psychological Therapies Plan over a year ago, funded by Scottish Government. Unfortunately we failed to recruit to an 8A post (1.0wte) despite numerous attempts. The post has now been reconfigured to an 8B post (0.8wte), covering the acute wards and also provide an interface with Community Response Service (CRS). Interviews take place 11th March 2022. There is a further plan to provide psychology cover to Langhill in</p>	March 2022	Ongoing

Date of Visit	Local Visit	Local Visit Recommendation	Action Plan Response to Recommendation	Timescale	Update
12/07/2021	Langhill Clinic, Inverclyde	3. Managers should improve and formalise engagement with carers.	the event that there are any further recruitment issues. Nursing staff will ensure that they record patients' consent regarding the involvement of their relatives/carers. Staff to ensure that all engagement with relatives/carers is documented in the patient's care record and that the views of relatives/carers are considered and included to help inform the care and treatment being provided to their loved ones.	Ongoing	Ongoing
12/07/2021	Langhill Clinic, Inverclyde	4. Managers and RMOs should: <ul style="list-style-type: none"> <li>review all current consent to treatment (T2 and T3) certificates to ensure they are appropriate</li> <li>ensure T2 consent forms are present where required and that DMP visits are arranged where required for T3 certificates</li> </ul>	The patients Responsible Medical Officer was informed of the issue with regard to T2/T3 certificates and immediate action was taken to address the matter.  Reminders from Medical Records to Consultants and the nursing team to review patients for lapsing T2/T3.  Weekly assurance check for current T2/T3 documentation at MDT/ward round.  MDT to review the requirement for T2/T3 or acknowledge current T2/T3 in place.	Implemented immediately and will form part of ongoing monitoring process.	Implemented immediately and will form part of ongoing monitoring process.
12/07/2021	Langhill Clinic, Inverclyde	5. Managers should put an audit system in place to ensure that consent to	Reviewing of patients care records will be addressed within MDTs/wards rounds, to ensure that the correct documentation/certificates are in place.	Implemented immediately and will form part of ongoing	Implemented immediately and will form part of ongoing

Date of Visit	Local Visit	Local Visit Recommendation	Action Plan Response to Recommendation	Timescale	Update
12/07/2021	Langhill Clinic, Inverclyde	<p>treatment certificates are in place where required.</p> <p>6. Managers should ensure that patients (particularly in the ICU) have activity addressed in their care plans; these plans require to be person centred reflecting the individual's preferences and care needs.</p>	<p>1) Ensure adequate staffing and resource for Occupational Therapy provision.</p> <p>2) Occupational Therapist to utilise Standardised Documentation including Initial Assessment, person-centred plan and functional assessments where applicable.</p> <p>3) Occupational Therapists to provide person-centred therapeutic activities including creativity, utilising outside space or sports equipment, using digital tools to increase concentration and motivation.</p> <p>4) The Mental Welfare Commission's Good Practice Guide on Care Plans has been shared with all staff members and will be used when reviewing/auditing care plans during Nurse Line Management Supervision, to ensure that care plans remain person centred and recovery focussed and reflect the level of interventions being provided for/required by patients.</p>	<p>monitoring process.</p> <p>Ongoing</p>	<p>monitoring process.</p> <p>Ongoing</p>
12/07/2021	Langhill Clinic, Inverclyde	<p>7. Managers should address the temperature regulation within the clinic to achieve effective ventilation for the comfort,</p>	<p>The NHS GGC Estates team have submitted an options paper and considering how the installation can take place, avoiding disruption to patient care whilst the environmental works are undertaken. There is no timescale for completion of the works, as yet but it is hoped that this will be within the coming year.</p>	<p>Focus continues on progression of works.</p>	<p>Ongoing</p>



Date of Visit	Local Visit	Local Visit Recommendation	Action Plan Response to Recommendation	Timescale	Update
24/08/2021	Wards 4 A & B, Larkfield Unit, Inverclyde	<p>health and safety of staff and patients.</p> <p>1. Managers should audit to ensure that Getting To Know Me documentation is fully completed and life history information is recorded and follows the patient when they move to a further care placement.</p>	<p>Medical and nursing staff collect brief history during initial assessment. Occupational Therapy (OT) staff to support in life history work and collating of information from family.</p> <p>Getting to me know me paperwork to be given to NOK/ family to complete on admission, with assistance/guidance from nursing/OT staff where required.</p> <p>Quality assurance audit of patients care records will be carried out during a programme of regularly scheduled Nurse Line Management supervision sessions.</p>	Ongoing	Actions ongoing
24/08/2021	Wards 4 A & B, Larkfield Unit, Inverclyde	<p>2. Managers should ensure that there is a clear person-centred plan of care for patients who experience stress and distress. This should include information on the individual's triggers and strategies which are known to be effective for distraction and de-escalation and be regularly reviewed.</p>	<p>All care plans, will be audited for quality assurance to confirm the content is person-centred and reflects the current care needs of the patient.</p> <p>Stress and distress training sessions/refreshers have commenced for staff, with ongoing input from psychology to compile and review stress and distress formulations for identified patients.</p> <p>Quality assurance of care records will be carried out during a programme of regularly scheduled Nurse Line Management supervision.</p> <p>Senior Charge Nurse (SCN) to re-circulate the MWC Person Centred Care Plans good practice guidance.</p> <p>Core audits for record keeping provide further quality assurance via quarterly audits.</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Completed 10/09/21</p>	<p>Action ongoing</p> <p>Action ongoing</p> <p>Action complete</p>

Date of Visit	Local Visit	Local Visit Recommendation	Action Plan Response to Recommendation	Timescale	Update
24/08/2021	Wards 4 A & B, Larkfield Unit, Inverclyde	3. Managers should review their audit processes to improve the quality of mental health care plans to reflect the holistic care needs of each patient, and identify current interventions and care goals.	<p>SCN to re-circulate the MWC Person Centred Care Plans good practice guidance.</p> <p>All care plans, will be quality assured to ensure the content is person-centred and reflects the current care needs of the patient.</p> <p>Quality assurance of care will be carried out during a programme of regularly scheduled Nurse Line Management supervision.</p> <p>Commencement of core audits for record keeping provide further quality assurance via quarterly audits.</p>	Completed 10/09/2021	Actions complete
24/08/2021	Wards 4 A & B, Larkfield Unit, Inverclyde	4. Managers should audit to ensure that where an individual lacks capacity there is a valid s47 certificate in place to authorise treatment.	<p>Medical staff to ensure capacity assessed on admission to ward and reviewed as part of the weekly MDT review, with S47 certificate being granted and completed fully if required. Record review date as an alert on EMIS.</p> <p>Named nurse to ensure all paperwork is checked when reviewing legal aspects of care, care plan and record within Multi-disciplinary Team Meeting (MDT) preparation template. Registered nursing staff to review Section 47 certificate for accuracy of detail and completion in full.</p> <p>Core audits for record keeping completed by SCN/Charge Nurse to provide audit process and quality assurance of certificates.</p>	Ongoing	Action ongoing

Date of Visit	Local Visit	Local Visit Recommendation	Action Plan Response to Recommendation	Timescale	Update
24/08/2021	Wards 4 A & B, Larkfield Unit, Inverclyde	5. Managers should ensure that where a proxy has powers to consent to medical treatment this person must be consulted in relation to s47 certificate; the manager must ensure that this process and outcome is clearly recorded.	<p>Medical staff to ensure consultation with proxy decision maker when granting Section 47 of the Adults with Incapacity Certificate (AWI). On completion of MDT preparation template, registered nursing staff to review Section 47 certificate for accuracy of detail and completion in full and escalate any inaccuracies/omissions to Consultant, Medical Staff and Senior Charge Nurse.</p> <p>Nurse in Charge and named nurse to review all completed individual patient admission paperwork including section 47 certificate to ensure proxy decision maker or relative is recorded on Section 47 certificates.</p>	Ongoing	Action ongoing
24/08/2021	Wards 4 A & B, Larkfield Unit, Inverclyde	6. Managers should ensure that patients have activity care plans which are person-centred, reflecting the individual's preferences (alongside activities specific to their care needs).	<p>SCN circulated guidance for staff to complete activity care plans for individual patients, taking in to account occupational therapy activity plans.</p> <p>Support from Occupational Therapist to create person centred robust activity care plan for patients.</p> <p>Patient Activity Coordinator (PAC) to provide support to patients to maintain social and recreational activities, hobbies, pastimes and interests.</p>	<p>Completed 10/09/21</p> <p>Ongoing</p> <p>Ongoing</p>	<p>Action complete</p> <p>Action ongoing</p> <p>Action ongoing</p>

[Return to summary table](#)

Date of Visit	Local Visit	Local Visit Recommendation	Action Plan Response to Recommendation	Timescale	Update
31/08/2021	Ward 39, Royal Alexandria Hospital	<p>1. Managers should ensure that where it is recorded that a patient is subject to provisions of the AWI Act, the specific provision of the Act is identified, i.e. s.47, POA, or Guardianship.</p> <p>2. Managers should ensure that activity care plans are developed reflecting the individual's preferences and care needs, and that activity participation is recorded and evaluated.</p>	<p>Update section of Patient status at a glance board to reflect AWI. Ensure this specifies Section 47, section 37, POA, and Guardianship as appropriate.</p> <p>Review of care plans to ensure this is reflected via next round of nurse line management.</p>	29/10/2021	Complete
31/08/2021	Ward 39, Royal Alexandria Hospital	<p>1. Managers should ensure that MDT meeting notes record who was present and contain details of current issues and presentation, decisions taken, actions required and future plans in</p>	<p>Support the introduction of an initial assessment care plan for identifying meaningful activity.</p> <p>Work collaboratively with OT to develop patient personal activity planner.</p> <p>Ensure short term and long term goal setting evident in care plan reviews.</p>	26/11/2021	Complete
07/10/2021	Cuthbertson Ward, Gartnavel Royal Hospital	<p>1. Managers should ensure that MDT meeting notes record who was present and contain details of current issues and presentation, decisions taken, actions required and future plans in</p>	<ul style="list-style-type: none"> <li>Communication sent round all members of the Multi-disciplinary Team (MDT) detailing points made within recommendation.</li> <li>Amended MDT Checklist is being drafted which will assist process and recording of outcomes.</li> <li>Designated member of MDT identified to scribe at MDT meetings which is complimented by collective proof reading at end.</li> </ul>	1 month	Actions in place.



Date of Visit	Local Visit	Local Visit Recommendation	Action Plan Response to Recommendation	Timescale	Update
03/11/2021	Banff Ward. Leverndale Hospital	status and that patient participation is recorded. 2. Managers should put an audit system in place to ensure that all medication prescribed for patients who are subject to compulsion under the Mental Health Act is properly authorised.	monthly audits of care plans reflect changes in individuals outlined in MWC recommendations.  Audit currently in place but appears to be human error led to this not being picked up during audit. CCAAT audit 30 September 2021 by PDN did not show any errors and results of this audit was 100% in the 5 records sampled. To ensure continued adherence to this, audits will be minimum monthly and use CCAAT to guide this process. PDN will re-audit March 2022 using CCAAT Pharmacy have annual Routine Audit Schedule planned and this will be a further safeguard to ensure compliance with recommendations of MWC.	June 2022  March 2022  December 2022	Actions ongoing
03/11/2021	Banff Ward. Leverndale Hospital	3. Managers should put a system in place to ensure that where there is a proxy decision maker this is recorded and a copy of the powers are held in the patient's file.	Admission checklist includes "Check if patient has Advanced Statement/POA/Guardianship in place and request copy of documentation". Senior Charge Nurse will implement procedure to revisit this for all patients within 14 days of admission to ensure this has been fully addressed or revisited following admission and will be included in care plan audit questions to ensure compliance. Service manager to have discussion city wide regarding standardising recording of POA on EMIS.	March 2022	Action ongoing

[Return to summary table](#)

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<b>Report To:</b>	<b>Inverclyde Integration Joint Board</b>	<b>Date:</b> 26 September 2022
<b>Report By:</b>	<b>Kate Rocks Chief Officer Inverclyde Health &amp; Social Care Partnership</b>	<b>Report No:</b> IJB/41/2022/KR
<b>Contact Officer:</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 (IJB) on service developments which are not subject to the IJB's agenda of 26 September 2022 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:
- Review of HSCP Financial Reporting Arrangements
  - Update on Refreshed Strategic Plan

## **3.0 RECOMMENDATIONS**

- 3.1 It is recommended that the IJB:
- 3.2 Notes the HSCP service updates and that future papers will be brought to the IJB as substantive agenda items and included in this report; and
- 3.3 Notes the permanent adoption of the HSCP financial reporting arrangements as detailed at paragraph 5.1 of this report.

## **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 Review of HSCP Financial Reporting Arrangements**

At the March 2021 IJB is was agreed that a new Head of Finance, Planning & Resources be appointed. They would also be the IJB Chief Financial Officer. The establishment of a Finance Manager to support budgeting and financial planning across Social Care and Health was also approved. On the back of this this existing Social Care Finance team would transfer over to the remit of the new Head of Finance, Planning & Resources with a review to be carried out in the summer of 2022. As part of the arrangement to Council provided increased annual funding of £550,000 to meet the costs of the employees temporarily transferred. The employees transferred over and their responsibilities would now fall under the remit of the Head of Finance, Planning and Resources who is also the IJB Section 95 officer.

Both the posts of Head of Finance, Planning & Resources and the Finance Manager were appointed to in 2021/22 and the subsequent HSCP Finance team were transferred from Finance to the HSCP in July, 2021 and is now fully operational. During this timeframe the finance team has carried out normal reporting in line with Council timeframes, reported into the relevant Council and IJB Committees and discharged its statutory duties in terms of financial reporting requirements. During this timeframe the HSCP Finance team has produced audited 2021/22 HSCP accounts, produced the 2022/23 budget and produced a set of unaudited 2022/23 accounts.

The HSCP finance team has worked closely with the Council finance team in all relevant areas and has embraced a joined up and partnership approach. These new arrangements have also meant that all the Health and Social Care elements of the finance function have been located together in the one location. This has allowed for better and closer working relationships to form. Being located in Hector McNeil house has also allowed the HSCP finance team closer access to the service functions in which they work. This has been of benefit to the wider HSCP function.

The IJB is asked to note the permanent adoption of these new arrangements.

### **5.2 Update on Refreshed Strategic Plan**

The five year (2019-24) Inverclyde Strategic Plan set out the shared strategic priorities and ambitions for Inverclyde. The plan was always to be refreshed in 2022-23 with a revised plan in place for the remaining two year term focussed on our future challenges.

Through discussion at the Strategic Planning Group and with 3<sup>rd</sup> sector and community representatives, there was a strong consensus that we should retain the original vision and priorities set out through the six Big Actions for Inverclyde. Feedback received is that these were set for five years and are still relevant, and importantly, well known and understood by our communities.

The refreshed Strategic Plan for 2022-24 contains 49 key deliverables under the 6 Big Actions which link clearly with the nine National Outcomes for Scotland and also the National Outcome Framework for Children, Young People and Community Justice.

Where possible reference has been made in the plan to relevant remobilisation and



recovery plans and NHS Greater Glasgow and Clyde key strategic plans. The plan also recognises the implications from the Independent Review of Adult Social Care and subsequent National Care Service proposals.

As part of the consultation process the HSCP sought feedback from both the Greater Glasgow and Clyde Health Board Finance, Planning & Performance Committee and the Social Work and Social Care Scrutiny Panel. The main feedback received was to develop a performance framework to be included in the refreshed plan to support the key deliverables outlined in the plan. This work will take place in Autumn 2022 and will include discussions with the IJB as part of a special development session in September. The final refreshed plan will be presented to the IJB for approval in November 22 / January 23.

## 6.0 IMPLICATIONS

### FINANCE

6.1

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

Annually Recurring Costs / (Savings)

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

### LEGAL

6.2 There are no legal implications within this report.

### HUMAN RESOURCES

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

### EQUALITIES

6.4 Has an Equality Impact Assessment been carried out?

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

6.4.1 How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	Strategic Plan aimed at providing access for all.

Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	Strategic Plan is developed to oppose discrimination.
People with protected characteristics feel safe within their communities.	Strategic Plan engaged with service users with protected characteristics.
People with protected characteristics feel included in the planning and developing of services.	Strategic Plan engaged with service users with protected characteristics.
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	Strategic Plan covers this area.
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	Strategic Plan covers this area.
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	Strategic Plan covers this area.

## 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.	Strategic plan covers this.
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	Strategic plan covers this.
People who use health and social care services have positive experiences of those services, and have their dignity respected.	Strategic plan covers this.
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Strategic plan covers this.
Health and social care services contribute to reducing health inequalities.	Strategic plan covers this.
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.	Strategic plan covers this.
People using health and social care services are safe from harm.	Strategic plan covers this.
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.	Strategic plan fully engaged with all stakeholders.
Resources are used effectively in the provision of health and social care services.	Finance team and strategic plan covers this.

## 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.

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<b>Report To:</b>	<b>Inverclyde Integration Joint Board</b>	<b>Date:</b>	<b>26 September 2022</b>
<b>Report By:</b>	<b>Kate Rocks, Chief Officer Inverclyde Health &amp; Social Care Partnership</b>	<b>Report No:</b>	<b>VP/LP/78/22</b>
<b>Contact Officer:</b>	<b>Vicky Pollock</b>	<b>Contact No:</b>	<b>01475 712180</b>
<b>Subject:</b>	<b>Review of IJB Report Format</b>		

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## **1.0 PURPOSE**

- 1.1 The purpose of this report is to advise the IJB of the adoption of an updated IJB report template.

## **2.0 SUMMARY**

- 2.1 The current pro forma, standardised IJB report template has been in use by the IJB, with minor revisions, since 2015. Its purpose is to ensure a consistent “house style” and is to be used on all occasions for reports to the IJB and IJB Audit Committee. This approach to IJB reporting aids decision making and ensures consistency in content and presentation of detail in report preparation. The reports which are submitted to the IJB and the IJB Audit Committee for consideration form the foundation of the IJB’s decision making process.
- 2.2 The implications section of the standard report style, in particular, requires to be updated to reflect a number of significant legislative developments. The updated report is set out in the revised report template attached at appendix 1.
- 2.3 It is anticipated that the revised report format will be used by officers and presented to the IJB from its next meeting in November 2022.

## **3.0 RECOMMENDATIONS**

- 3.1 It is recommended that the Inverclyde Integration Joint Board:
- notes the revised IJB report template set out at Appendix 1 of this report; and
  - notes that the revised template will be used from the next meeting of the IJB in November 2022.

## **4.0 BACKGROUND**

- 4.1 The guiding principle in writing IJB reports is that a clear explanation should be given of the background to the proposal with full details of its implications, including details of any responses to the consultations which are carried out.
- 4.2 The current pro forma, standardised IJB report template has been in use by the IJB, with minor revisions, since 2015. Its purpose is to ensure a consistent “house style” and is to be used on all occasions for reports to the IJB and IJB Audit Committee. This coordinated approach to IJB reporting aids decision making and ensures consistency in content and the presentation of detail in report preparation. Additionally, it is a clear external indication of a professional and coordinated approach in IJB reporting by all services.

## **5.0 REVISED IJB REPORT FORMAT**

- 5.1 As stated above, the existing template was introduced in 2015 and has been reviewed and updated regularly to take into account any learning from its use and any significant legislative developments. The existing template is well understood and used by officers and IJB members, however, there is a recognition that it requires to be revised in order to ensure that information is presented in as accessible and concise a way as possible. Further, it is good practice to continually review the information the IJB uses to make decisions in order to ensure that decision making is as rigorous and robust as possible.
- 5.2 It is recognised that good quality reports are essential for good governance, providing IJB members with the right information to enable them to make good decisions, ensuring the public can understand what business the IJB is considering and increased openness and transparency of decision making.
- 5.3 The essential components of an IJB report are considered to include a clear purpose, officer recommendations, material considerations and the implications of making the decision, including any impacts of not making a decision.
- 5.4 The revised template report is attached at Appendix 1 for noting.
- 5.5 The main changes are:
  - a. An “at a glance” table has been inserted at paragraph 5.1 to show the risks and implications applicable to any recommendation;
  - b. The Implications section has been amended to include:
    - Incorporation of risk management considerations under a new Legal/Risk section;
    - Strategic implications – there is now a requirement to identify the strategic plan targets and objectives the report addresses;
    - There is further focus on Equality assessments (the equality and national wellbeing outcomes remain);
    - Children and Young People – there is specific reference to considering whether a Children’s Rights and Wellbeing Assessment is required in terms of the subject matter being considered;
    - Environmental and Sustainability – there is now a requirement, where relevant and applicable, to consider environmental/climate change impacts and strategic environmental assessments.
- 5.6 It is recognised that the implications section has been expanded, with the justification for that being that there is a duty under various pieces of legislation to assess the impact of IJB policies and practices and to underline the importance of having due regard to its duties before and at the time a policy or practice is being considered.
- 5.7 The Finance, Legal/Risk, Human Resources and Strategic Priority implications must be provided in all reports. Further details and assessments in terms of paragraphs 5.6 to 5.11 of the template report will be provided only where relevant. It should be noted that not all reports will require all

assessments set out at paragraphs 5.6 to 5.11 of the template report to be undertaken. It is not a requirement where recommendations are factual e.g. procedural, performance or scrutiny reports. The Directions section at paragraph 6 must also be provided in all reports.

- 5.8 It continues to be the responsibility of individual services to draft and consult upon their reports, to ensure that reports include all relevant information which is clearly expressed to enable informed decision-making by IJB Members and to submit the reports in the corporate format to the Committee Section of Legal and Democratic Services within the appropriate IJB meeting timescales. It is the responsibility of individual services to ensure that the reports are correct and typographically accurate. Any advice on the use of the corporate format or any questions arising can be sought from or directed to the Committee Section.

## 6.0 GUIDANCE AND TRAINING

- 6.1 Guidance and training on the new report format has been provided to relevant officers in order to ensure consistency in adoption of the new template and that officers are being supported to confidently use this.
- 6.2 More detailed guidance on report writing has also been made available to officers. The introduction of the new template is an opportunity to remind report writers to use appropriate writing styles – i.e. ensuring reports are drafted clearly, concisely, using plain English and avoiding jargon and abbreviations.
- 6.3 The revised IJB report template will be used by officers and presented to the IJB and IJB Audit Committee from their next meetings in November 2022. Use of the new template and feedback from officers and IJB members will be monitored over the first year of the revised template's use, and any minor adjustments and refinements will be made as necessary.

## 7.0 IMPLICATIONS

### Finance

- 7.1 The costs of implementing the revised IJB report template are minimal and will be contained within existing budgets.

#### 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 Implementation of the revised IJB report template assists the IJB to comply with various statutory obligations.

### Human Resources

- 7.3 There are no human resource 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?

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

7.4.2 How does this report address our Equality Outcomes

There are no Equalities Outcomes implications within this report.

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

## Clinical or Care Governance

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

## National Wellbeing Outcomes

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

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

People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	None
People using health and social care services are safe 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 Chief Officer has been consulted in the preparation of this report.

## 10.0 BACKGROUND PAPERS

10.1 N/A





**AGENDA ITEM NO:**

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**Report To:**

**Date:**

**Report By:**

**Report No:**

**Contact Officer:**

**Contact No:**

**Subject:**

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**1.0 PURPOSE AND SUMMARY**

1.1  For Decision  For Information/Noting

1.2

**2.0 RECOMMENDATIONS**

2.1

**Kate Rocks  
Chief Officer  
Inverclyde Health and Social Care Partnership**

### 3.0 BACKGROUND AND CONTEXT

3.1

### 4.0 PROPOSALS

4.1

### 5.0 IMPLICATIONS

5.1 The table below shows whether risks and implications apply if the recommendation(s) is(are) agreed:

<b>SUBJECT</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
Financial			
Legal/Risk			
Human Resources			
Strategic Plan Priorities			
Equalities			
Clinical or Care Governance			
National Wellbeing Outcomes			
Children & Young People's Rights & Wellbeing			
Environmental & Sustainability			
Data Protection			

#### 5.2 Finance

One off Costs

<b>Cost Centre</b>	<b>Budget Heading</b>	<b>Budget Years</b>	<b>Proposed Spend this Report</b>	<b>Virement From</b>	<b>Other Comments</b>

Annually Recurring Costs/ (Savings)

<b>Cost Centre</b>	<b>Budget Heading</b>	<b>With Effect from</b>	<b>Annual Net Impact</b>	<b>Virement From (If Applicable)</b>	<b>Other Comments</b>

#### 5.3 Legal/Risk

#### 5.4 Human Resources

## 5.5 Strategic Plan Priorities

### 5.6 Equalities

#### (a) Equalities

This report has been considered under the Corporate Equalities Impact Assessment (EqIA) process with the following outcome:

	YES – Assessed as relevant and an EqIA is required.
	NO – This report does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function or strategy. Therefore, assessed as not relevant and no EqIA is required. Provide any other relevant reasons why an EqIA is not necessary/screening statement.

#### (b) Equality Outcomes

How does this report address our Equality Outcomes?

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

### 5.7 Clinical or Care Governance

### 5.8 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.	

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

### 5.9 Children and Young People

Has a Children's Rights and Wellbeing Impact Assessment been carried out?


YES – Assessed as relevant and a CRWIA is required.

NO – Assessed as not relevant as this report does not involve a new policy, function or strategy or recommends a substantive change to an existing policy, function or strategy which will have an impact on children's rights.

### 5.10 Environmental/Sustainability

Summarise any environmental / climate change impacts which relate to this report.

Has a Strategic Environmental Assessment been carried out?


YES – assessed as relevant and a Strategic Environmental Assessment is required.

NO – This report does not propose or seek approval for a plan, policy, programme, strategy or document which is like to have significant environmental effects, if implemented.

### 5.11 Data Protection

Has a Data Protection Impact Assessment been carried out?

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YES – This report involves data processing which may result in a high risk to the rights and freedoms of individuals.



NO – Assessed as not relevant as this report does not involve data processing which may result in a high risk to the rights and freedoms of individuals.

## 6.0 DIRECTIONS

6.1	<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	

## 7.0 CONSULTATION

7.1

## 8.0 BACKGROUND PAPERS

8.1

## INVERCLYDE INTEGRATION JOINT BOARD AUDIT COMMITTEE – 27 JUNE 2022

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### Inverclyde Integration Joint Board Audit Committee

Monday 27 June 2022 at 1.15pm

**Present:**

**Voting Members:**

Councillor Elizabeth Robertson (Chair)	Inverclyde Council
Simon Carr (Acting Vice Chair)	Greater Glasgow & Clyde NHS Board
David Gould	Greater Glasgow & Clyde NHS Board

**Non-Voting Members:**

Diana McCrone	Staff Representative, Greater Glasgow & Clyde NHS Board
Charlene Elliot	Third Sector Representative

**Also present:**

Allen Stevenson	Interim Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership
Alan Best	Interim Head of Health & Community Care, Inverclyde Health & Social Care Partnership
Craig Given	Chief Finance Officer, Inverclyde Health & Social Care Partnership
Marie Keirs	Senior Finance Manager, Inverclyde Council
Vicky Pollock	Legal Services Manager, Inverclyde Council
Diane Sweeney	Senior Committee Officer, Inverclyde Council
Colin MacDonald	Senior Committee Officer, Inverclyde Council
Councillor Lynne Quinn (observing)	Inverclyde Council

**Chair:** Councillor Robertson presided.

The meeting took place via video-conference.

**18 Apologies, Substitutions and Declarations of Interest 18**

No apologies for absence or declarations of interest were intimated.

**19 Minute of Meeting of IJB Audit Committee of 21 March 2022 19**

There was submitted the Minute of the Inverclyde Integration Joint Board Audit Committee of 21 March 2022.

The Minute was presented by the Chair and examined for fact, omission, accuracy and clarity.

Ms Elliot advised that she had not received a copy of the agenda papers for the meeting and an apology was offered for this omission.

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

**20 2021/22 Draft Annual Accounts 20**

There was submitted a report by the Interim Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership appending the draft 2021/22 Annual Accounts and Annual Governance Statement

The report was presented by Mr Given and advised that the unaudited accounts should

**INVERCLYDE INTEGRATION JOINT BOARD AUDIT COMMITTEE – 27 JUNE 2022**

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be submitted to the external auditor by 30 June 2022, the audited accounts be submitted by 30 November 2022 and that the Annual Governance Statement be approved by the Inverclyde Integration Joint Board.

The Committee referred to the General Reserves, noted at page 33 of the Unaudited Annual Accounts as being £962,000, and (1) sought reassurance that this amount would be sufficient to meet future demands, given increasing inflation and salaries and the Scottish Government forecast on spending, and (2) enquired if the General Reserves had been risk assessed. Mr Given provided assurance that risk is assessed on a regular basis and that he was aware of pressure areas. He provided an overview of the measures taken to monitor risk, and acknowledged comments made by the Committee that they would like to see higher General Reserves than the usual, given the current uncertain economic climate. Mr Given further agreed to give the Committee sight of the risk work he is undertaking by providing a report to the next Audit Committee on this matter.

The Committee referred to the Data Indicators at page 5 of the Unaudited Annual Accounts, noting that the figures at Indicators 11, 12 and 13 were higher than the Scottish Average, and requested that background information explaining this be included within the Accounts document. Mr Given agreed to add this to the final version of the Accounts document.

The Committee referred to the further analysis of the Health and Social Care underspends at page 9 of the Accounts, specifically the 'Mental Health recovery and wellbeing additional funding – reserve created in one year' of £877,000, and requested that an explanation for this also be included within the Accounts document. Mr Stevenson advised that this underspend was largely due to difficulties with recruitment which affected all Greater Glasgow and Clyde Boards.

The Committee referred to Data Indicator 18 'Percentage of adults with intensive care needs receiving care at home' on page 5 of the Accounts document, noted as being 65.2%, and questioned what this percentage represented. Mr Best agreed to clarify this for the Committee.

The Committee requested an update on the progress of the Workforce Plan and Mr Given assured members that the Plan was progressing and that there would be a report on this matter at the next IJJB meeting. Mr Stevenson added that all Chief Officers within Greater Glasgow & Clyde Health Board were collaborating in order to provide a uniformed response and that robust recruitment processes were in place.

The Chair thanked officers for the report and noted concerns that there was more information available on Social Care matters than Health Board matters. Mr Stevenson and Mr Given provided reassurance that there were ongoing discussions with their Health Board counterparts and with trade unions, and that a Staff Partnership Forum had been established.

**Decided:**

- (1) that the proposed approach to complying with the Local Authority Accounts (Scotland) Regulations 2014 be noted;
- (2) that the Annual Governance statement included within the Accounts be approved;
- (3) that the unaudited accounts for 2021/22 be submitted to the IJJB;
- (4) that it be remitted to officers to provide a report detailing the work undertaken by officers to assess the risk factors pertaining to General Reserves to the next meeting; and
- (5) that officers make the changes suggested at the meeting to the final version of the Accounts.