

Municipal Buildings, Greenock PA15 1LY

Ref: DS

Date: 15 September 2023

A meeting of the Inverclyde Integration Joint Board will be held on Monday 25 September 2023 at 2pm within the Municipal Buildings, Greenock.

Members may attend the meeting in person or via remote online access. Webex joining details have been sent to Members and Officers. Members are requested to notify Committee Services by 12 noon on Friday 22 September 2023 how they intend to access the meeting.

In the event of connectivity issues, Members are asked to use the *join by phone* number in the Webex invitation and as noted above.

Please note that this meeting will be live-streamed via YouTube with the exception of any business which is treated as exempt in terms of the Local Government (Scotland) Act 1973 as amended.

Further information relating to the recording and live-streaming of meetings can be found at the end of this notice.

IAIN STRACHAN
Head of Legal, Democratic, Digital & Customer Services

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| | The documentation relative to the following item 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. | |
| 16. | Reporting by Exception - Governance of HSCP Commissioned External Organisations Para 6 & 9 | |

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

INVERCLYDE INTEGRATION JOINT BOARD – 26 JUNE 2023

Inverclyde Integration Joint Board
Monday 26 June 2023 at 2pm

PRESENT:

Voting Members:

| | |
|--------------------------------------|-------------------------------------|
| Alan Cowan (Chair) | Greater Glasgow and Clyde NHS Board |
| Councillor Robert Moran (Vice Chair) | Inverclyde Council |
| Councillor 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:

| | |
|----------------|--|
| Kate Rocks | Chief Officer, Inverclyde Health & Social Care Partnership |
| Jonathan Hinds | Chief Social Work Officer |
| Craig Given | Chief Finance Officer, Inverclyde Health & Social Care Partnership |
| Dr Chris Jones | Registered Medical Practitioner |
| Laura Moore | Chief Nurse, NHS GG&C |

Non-Voting Stakeholder Representative Members:

| | |
|------------------|---|
| Gemma Eardley | Staff Representative, Inverclyde Health & Social Care Partnership |
| Diana McCrone | Staff Representative, NHS Board |
| Charlene Elliott | Third Sector Representative, CVS Inverclyde |
| Donald McQuade | On behalf of Margaret Tait, Service User Representative, Inverclyde Health & Social Care Partnership Advisory Group |
| Christina Boyd | Carer's Representative |

Also present:

| | |
|-----------------|--|
| Vicky Pollock | Legal Services Manager, Inverclyde Council |
| Alan Best | Interim Head of Health & Community Care, Inverclyde Health & Social Care Partnership |
| Gail Kilbane | Interim Head of Mental Health, Homelessness and Alcohol & Drug Recovery, Inverclyde Health & Social Care Partnership |
| Joyce Allan | Service Manager, Older Peoples Services, Inverclyde Health & Social Care Partnership |
| Janice Delaney | Service Manager, Older Peoples Services, Inverclyde Health & Social Care Partnership |
| Andrina Hunter | Service Manager, Corporate policy, Planning and Performance, Inverclyde Council |
| Marie Keirs | Senior Finance Manager, Inverclyde Council |
| Diane Sweeney | Senior Committee Officer, Inverclyde Council |
| Lindsay Carrick | Senior Committee Officer, Inverclyde Council |
| Peter MacDonald | Solicitor, Inverclyde Council |
| George Barbour | Corporate Communications, Inverclyde Council |
| Karen Haldane | Executive Officer, Your Voice, Inverclyde Community Care Forum (public business only) |

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Chair: Alan Cowan presided.

The meeting was held at the Municipal Buildings, Greenock with Ms Cameron-Burns, Dr Jones, Ms Moore, Ms Eardley and Ms Boyd attending remotely.

40 **Apologies, Substitutions and Declarations of Interest** 40

Apologies for absence were intimated on behalf of:

| | |
|---------------------|--|
| David Gould | Greater Glasgow and Clyde NHS Board |
| Dr Hector MacDonald | Clinical Director, Inverclyde Health & Social Care Partnership |
| Margaret Tait | Service User Representative, Inverclyde Health & Social Care Partnership Advisory Group (with Donald McQuade substituting) |
| Stevie McLachlan | Inverclyde Housing Association Representative, River Clyde Homes |

Prior to the commencement of business, the Chair welcomed all to the first hybrid meeting and advised that agenda item 16 (The Future of Care and Support at Home) would be swapped with agenda item 10 (Integration Joint Board Category 1 Responder Update) in the running order.

41 **Minute of Meeting of Inverclyde Integration Joint Board of 15 May 2023** 41

There was submitted the Minute of the Inverclyde Integration Joint Board of 15 May 2023.

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

Referring to minute reference 33, and discussion at the previous meeting on the Langhill Unit, Ms Rocks provided the following verbal update:

Concerns over air quality – temporary air conditioning units were now in place and this matter was now on the Greater Glasgow & Clyde Health Board Capital Works project;
Composition of the Food Users Group – the Group was mainly made up of staff but there was work ongoing to include patients;

Recruitment – a Psychologist had now been recruited and was in place;

Audit of Treatment Consent Certificates – the Clinical Governance Group were addressing the matters raised by the Audit.

Referring to minute reference 34, Impact of the Primary Care Improvement Plan (PCIP), the Board noted that the agreement by officers to provide an update on the Vaccination Transformation Programme at the November 2023 meeting should be on the Rolling Action List.

Decided: that the Minute be agreed.

Ms Eardley joined the meeting at this juncture.

42 **Rolling Action List** 42

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

The Chair proposed and the Board accepted that the 'open' action on the HSCP Workforce Plan to be considered now 'closed'.

Decided: that the Rolling Action List be noted.

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43 Inverclyde Integration Joint Board (IJB) and IJB Audit Committee – Proposed Dates of Future Meetings 43

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership seeking approval of a timetable of meetings for the Inverclyde Integration Joint Board (IJB) and the IJB Audit Committee for 2023/24. The report was presented by Ms Pollock.

The IJB and IJB Audit Committee meeting dates were noted in the report as follows:

| | |
|---------------------|--|
| IJB Audit Committee | 25 September 2023 at 12 noon (Members and External Auditor only) |
| IJB Audit Committee | 25 September 2023 at 1pm (usual meeting) |
| IJB | 25 September 2023 at 2pm |
| IJB | 13 November 2023 at 2pm |
| IJB | 22 January 2024 at 2pm |
| IJB Audit Committee | 25 March 2024 at 1pm |
| IJB | 25 March 2024 at 2pm |
| IJB | 13 May 2024 at 2pm |
| IJB Audit Committee | 24 June 2024 at 1pm |
| IJB | 24 June 2024 at 2pm |

Decided: that the timetable of meetings for the IJB and the IJB Audit Committee for 2023/24 be approved.

44 Inverclyde Integration Joint Board – Voting Membership Update 44

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership (1) advising the Board of changes to its Chair and Vice-Chair positions, and (2) providing an update in respect of its current voting membership. The report was presented by Ms Pollock.

Ms Pollock provided a verbal update to the report and advised that Dr Rebecca Metcalfe had been appointed by Greater Glasgow and Clyde NHS Board (GG&CHB) to replace Mr Carr from 1 September 2023.

Decided:

(1) that the appointment by Inverclyde Council at its meeting on 8 June 2023 of Councillor Robert Moran as Chair of the IJB be noted and that this be effective from 27 June 2023;;

(2) that the appointment by GG&CHB of Alan Cowan as the Vice Chair of the IJB be noted, this being subject to approval by GG&CHB at its meeting on 27 June 2023;

(3) that the Board notes the reappointment by Inverclyde Council of the following Councillors as voting members of the IJB for a further term of two years, as agreed at its meeting on 8 June 2023, it being noted that Councillor Reynolds is a new appointment:-

Councillor Robert Moran with Councillor Francesca Brennan as proxy;

Councillor Martin McCluskey with Councillor Paul Cassidy as proxy;

Councillor Lynne Quinn with Provost Drew McKenzie as proxy;

Councillor Sandra Reynolds with Councillor Elizabeth Robertson as proxy; and

(4) that the appointment of Dr Metcalfe as GG&CHB voting member be noted.

Ms Eardley left the meeting at this juncture.

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45 Inverclyde Integration Joint Board Audit Committee – Terms of Reference, Membership, Chair and Vice-Chair Appointments 45

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership seeking (1) agreement for (a) revised membership arrangements, and (b) Chair and Vice-Chair appointments, and (2) approval for a proposed change to the Terms of Reference, all for the IJJB Audit Committee. The report was presented by Ms Pollock.

Decided:

- (1) that approval be given to the amended Terms of Reference of the IJJB Audit Committee, the amendment being that section 8.1.5 of the document now reads: 'Review on a regular basis action planned by management to remedy performance weaknesses or other criticisms made by Internal or External Audit or the IJB, making full use of the Audit Committee';
- (2) that Councillor Sandra Reynolds be appointed as an Inverclyde Council voting member on the IJJB Audit Committee;
- (3) that David Gould be appointed as Chair of the IJJB Audit Committee; and
- (4) that Councillor Lynne Quinn be appointed as Vice-Chair of the IJJB Audit Committee.

Ms Eardley rejoined the meeting at this juncture.

46 Future Delivery of IJB Meetings and IJB Report Format 46

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership (1) providing the IJJB with proposals around future delivery of formal meetings, with a specific recommendation that future meetings are held on a hybrid basis, and (2) advising of an update to the existing IJJB report template. The report was presented by Ms Pollock.

Decided:

- (1) that (a) it be agreed that meetings of the IJJB and IJJB Audit Committee be held on a hybrid basis from the start of the 2023/2024 timetable of meetings, and (b) the hybrid meeting protocol, as detailed at appendix 1 of the report, be approved; and
- (2) that it be noted that the updated IJJB report template would be used from the next meeting of the IJJB in September 2023.

47 2022/23 Draft Annual Accounts 47

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership (1) setting out the proposed approach for the Board to comply with its statutory requirements in respect of its annual accounts, and (2) presenting the draft 2022/23 Annual Accounts and Annual Governance Statement, a copy of which was appended to the report. The report was presented by Mr Given, who thanked his colleagues for their assistance in preparing the Accounts.

Board sought assurance that the new External Auditors were satisfied with the accounts and Mr Given advised that he was having regular meetings with KPMG and that all were content. The Chair invited Councillor Robertson, as Chair of the IJJB Audit Committee, to comment on that Committee's earlier meeting at which KPMG were present for the presentation of the External Audit Annual Audit Plan for 2022/23, and Councillor Robertson provided a brief summary.

Referring to the National Integration Indicators in the Outcome Indications section of the report, the Board expressed concern that (a) 8 out of 9 of the indicators had decreased from the previous period, (b) this reflected a national trend, and (c) the Board had a responsibility to highlight it. The Chair noted this but reminded Board members that the

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purpose of this item was to approve the Annual Governance Statement included within the Accounts for submission to the External Auditor and reminded Board members that they will have the opportunity to scrutinise and challenge performance at the September IJJB meeting when the Annual Performance Report will be discussed. Mr Given noted that the latest figures will be available in July and Ms Rocks commented that recruitment and retention in the Home Care sector was a factor, and commended staff who worked in this sector.

Referring to National Integration Indicator 8 'Total combined percentage of carers who feel supported to continue their caring role', the Board expressed discontent with persistently low figures. Mr Best commented that carers were valued and played a crucial role. Ms Hunter provided an update on the inclusion of carers within the Locality Planning Groups and advised that there had been two development sessions in which the Carers Centre was involved.

Referring to the £20,000 underspend for carers and the £304,000 carers funding set aside for specific spend within the accounts, the Board requested clarification on the final figures and Mr Given confirmed the figures and advised that going forward this will be used for carers.

Dr Jones joined the meeting during consideration of this item of business.

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 it be agreed that the unaudited accounts for 2022/23 be submitted to the Auditor; and
- (4) that the transfer to Earmarked Reserves detailed at page 9 of the draft Annual Accounts be approved.

Ms Eardley left the meeting again at this juncture.

48 Financial Plan 2023/24 to 2027/28

48

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership providing the Board with the Health & Social Care Partnership medium term Financial Plan 2023/28, a copy of which was appended to the report. The report was presented by Mr Given.

The Board sought assurance that there would be no impact on service provision, and the Chair provided an overview of the governance procedure for consideration of any proposed efficiencies: that proposals would be considered by (1) IJJB Budget Working Group, then (2) IJJB Audit Committee, and finally (3) IJJB. Mr Given advised that there would be administrative efficiency savings and that there was £6million in smoothing reserves.

Referring to the four key development strategy strands identified at paragraph 7.1 of the report, the Board asked if enough was being invested in Transformation funding. Mr Given provided an overview as to how Transformational Change was funded and Ms Rocks advised that work was ongoing, with officers looking at different ways to provide services, and highlighted the need to stabilise the service following the Covid pandemic. The Board asked if officers were confident in their financial predictions, and Mr Given advised that long term forecasting was difficult, that information was constantly being analysed and the Board would be updated with any relevant data.

Councillor Moran requested an update on the Learning Development Hub, and the Chair noted that this was the subject of a detailed update at the IJJB meeting in March 2023, where it was noted that Hub Stage 2 and Financial closure was anticipated by September 2023, and invited officers to meet with Councillor Moran, as the incoming Chair of the IJJB, to advise him of the latest position. Mr Best agreed and noted he would also invite the Head of Property Services to the meeting.

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The Board sought assurance that vacant posts would be filled as soon as possible, and that staff would be consulted on any service proposals resulting from the Plan. Ms Rocks reassured that posts were filled as soon as possible, there was no intention to delete posts and that staff had been consulted and would continue to be consulted going forward.

Ms Eardley rejoined the meeting again during consideration of this item of business.

Decided:

- (1) that the medium term Financial Plan 2023/28 be approved; and
- (2) that the ongoing work to continue to monitor and update the Plan be noted.

49 The Future of Care and Support at Home

49

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership (1) providing an update on the review of the Home Support Service, (2) seeking approval for the proposed redesigned Social Care Service and associated funding, which would replace the previous Home Support Service, and (3) highlighting the current operational risk and capacity of the Home Support operating model. The report was presented by Mr Best and Ms Allan.

The Board thanked officers involved in the review and Ms Rocks added that she hoped the proposed changes would encourage young people to view the Social Care Service as a career, which would aid recruitment and retention.

Whilst supporting the aspirations of the report, during discussion the Board commented that (1) the review should perhaps have looked further ahead and had a longer timescale, (2) the IJJB approved the allocation of resources and that the HSCP implemented job specifications and grades, (3) the provision of home support services was a national issue, (4) there was a lack of progress with the implementation of the National Care Service, and (5) the proposed 80/20 HSCP/commissioned split for home care provision, as detailed at paragraph 4.11 of the report, may not be a realistic ambition.

The Board asked what would happen to members of staff who did not want to be regraded, and Mr Best assured that they would continue to be valued and have a role within the Service. Reassurance was also given that no nursing posts would be lost and that staff would continue to be consulted. The Chair requested that officers strengthen dialogue with the Staff Partnership Forum to allay any concerns.

Ms Boyd requested that her objection to the funding model be recorded, specifically the use of £0.284million in Carer's Act uncommitted funding. Ms Boyd advised that she did not accept Carers funding being used in this manner. The Chair noted that the Carers funding was one of a range of funding streams and requested that Mr Given reassure the Board of the propriety of the funding. Mr Given assured that he was content that all funding streams were appropriate and could be used to fund the service change. The Chair noted Ms Boyd's objection.

Decided:

- (1) that the ambitions of the review to reduce extreme pressure within the service, with the aim of developing capacity that enables people with complex needs to remain at home, be supported;
- (2) that the outputs of the review and planned work to transform the Care at Home Service to a Social Care Workforce for Inverclyde be approved;
- (3) that the realigning of funding to internal Care at Home through winter planning funding and older people's residential placements, as detailed at appendix 2 to the report, be approved;
- (4) that it be noted that (a) a new job description of Social Care Worker has been developed which replaces the existing Home Support Worker role, (b) the new Social Care Worker posts would be Grade 4 due to the new tasks involved, (c) the review outlined the position of Senior Social Care Workers as first line managers, and (d) the total cost, including older people's day service staff transitioning into the Social Care

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workforce, would be £1.315million;

(5) that (a) the funding and implementation of the redesign be approved with effect from 1 August 2023, and (b) it be agreed that the IJJB will bear the full cost of the proposals set out in the report and that this will be contained within the IJJB's medium financial strategy;

(6) that the actions detailed in section 4 of report be implemented by officers from Inverclyde Council under the Council's Scheme of Delegation (Officers); and

(7) that officers be authorised to issue Directions to Inverclyde Council to give effect to the decisions made in respect of this report.

50 **HSCP Workforce Plan 2022-2025 – Updated Action Plan** 50

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership providing the Board with an updated Action Plan for the HSCP Workforce Plan, as requested at the November 2022 meeting, a copy of which was appended to the report. The report was presented by Ms Hunter.

Referring to Action 1 and the action that 'Health & Care Staffing Act 2019 minimum staffing guidance is implemented and monitored', the Board asked if there would be staff training and Mr Given advised that this would be rolled out.

Decided:

- (1) that the updated Action Plan and associated reporting mechanism be noted; and
- (2) that it be noted that the next report to the IJJB would be in November 2023.

51 **IJB Reserves Position and Updated Reserves Strategy** 51

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership providing (1) an updated IJJB Reserves Strategy for approval, and (2) an updated position for the IJJB Reserves and the risks attached. The report was presented by Mr Given.

The Chair requested that officers provide the Board with a better understanding of the risks associated with committed funding, perhaps by grading Low, Medium and High Risk, to which Mr Given agreed.

Decided: that (a) the updated Reserve Strategy be approved, and (b) the current Reserves and risks attached to each category be noted.

52 **Financial Regulations Update** 52

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership seeking approval of revised Financial Regulations, which detail the responsibilities of the IJJB for its own financial affairs and which were previously agreed by the IJJB Audit Committee at its meeting in March 2019. The report was presented by Mr Given.

Mr Given noted a typographical error in the Financial Regulations document appended to the report, and accordingly the fifth sentence of paragraph 3.6 should read 'At this point the IJB will be asked to note this budget...' and not 'approve this budget' as written.

Decided: that (a) the contents of the report be noted, and (b) the revised Financial Regulations, as appended to the report, be approved with the correction of the typographical error as detailed above.

53 **Rapid Rehousing Transition Plan (RRTP) Annual Review 2022/23** 53

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership seeking endorsement for the submission of Inverclyde's Rapid Rehousing Transition Plan Annual Review 2022/23 to the Scottish Government on 31 July 2023.

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The report was presented by Ms Kilbane.

Referring to the 'RRTP Objectives – Activities and Progress' section of the Review and specifically 'Objective 4: Enable service users who need specialist supported housing to access commissioned HSCP services', the Board asked why the assessment made in the Arneil Johnston report of 2018 for 13 units to meet the demand for specialist interim supported accommodation had not been achieved. Ms Kilbane provided the Board with a progress update and advised that an Options Appraisal was scheduled for July. Ms Rocks emphasised the service transformation that the RRTP would bring and thanked officers for their efforts and commitment.

The Board asked what models the HSCP had considered when drafting the RRTP and what agencies they were working with, and Ms Kilbane advised that officers had looked at other national and international models for dealing with homelessness, including the Social Bite Village in Edinburgh and the Y Foundation in Finland, and that they were working with organisations such as the Registered Social Landlords, Criminal Justice, Teen Challenge, Jericho House and Haven.

Referring to Scottish Government funding, detailed at paragraphs 2.1 and 2.2 of the RRTP, the Board asked what changes were made to the initial RRTP, and Ms Kilbane advised that Scottish Government funding provided one officer for the project and that other funding streams were identified.

The Board welcomed the report, thanked officers and acknowledged the resources River Clyde Homes had invested into tackling homelessness. The Chair encouraged officers to challenge the Board with requests for assistance with advocacy and resources in this important area.

Decided:

- (1) that the Rapid Rehousing Transition Plan Annual Review 2022/23 be endorsed prior to its submission to the Scottish Government on 31 July 2023; and
- (2) that it be noted that the Rapid Rehousing Transition Plan Annual Review 2022/23 will be presented to the Social Work & Social Care Scrutiny Panel for information.

54 **Unscheduled Care Winter Update**

54

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership providing an update on developments in the Governance of Unscheduled Care and the Scottish Government's high impact change areas for Winter 2022/23. The report was presented by Mr Best.

The Board asked if officers were aware of any additional funding to be made available for winter 2023 and Mr Best advised that he was not aware of any additional funding.

Referring to paragraph 4.4 of the report and the reference to the use of interim beds, the Board asked if they would be utilised again this year. Mr Best advised that he would provide the Board with a briefing note on lessons learned from the previous winter and plans for this winter.

The Board asked for further detail on Community Focused Integrated Care, and Mr Best provided an overview of the initiatives currently being progressed, with Ms Rocks advising the Board that the Hospital at Home project would be assessed for application in Inverclyde.

The Board asked for further detail on the Falls Pathway, and Dr Jones provided an overview of the admission, transfer and rehabilitation of patients process which operates between Inverclyde Royal Hospital and Royal Alexandria Hospital in Paisley.

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

Decided: that the content of the report be noted.

55 **Integration Joint Board Category 1 Responder Update**

55

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership providing the Board with (1) information on the inclusion of Integrated Joint

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Boards as Category 1 Responders in terms of the Civil Contingencies Act 2004 (the Act), (2) an outline of the requirements involved, and (3) the planning that the HSCP has undertaken to deliver this duty on behalf of the IJJB.

Decided:

(1) that the (a) inclusion of Integrated Joint Boards as Category 1 Responders in terms of the Act, and (b) requirements and arrangements in place and planned to ensure that the Inverclyde Integrated Joint Board meets the requirements under the Act, be noted;

(2) that the Chief Officer, as the Accountable Officer, be instructed to carry out all necessary arrangements to discharge the duties on the IJJB under the Act; and

(3) that it be remitted to the Chief Officer to bring an annual report providing assurance on the resilience arrangements in place to discharge the duties on the IJJB under the Act.

Ms Elliot left the meeting at this juncture.

56 Chief Officer's Report

56

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership providing an update on developments which are not the subject of reports on this agenda. The report was presented by Ms Rocks and provided updates on the (1) Scottish Ballet 'Duet' digital dance resource, (2) Scottish Child Abuse Inquiry Hearing: Phase 8, (3) Women in Justice Project, (4) IDEAS Project, and (5) MAT Standards.

Decided: that the updates provided within the reports be noted.

It was agreed in terms of Section 50(A)(4) of the Local Government (Scotland) Act 1973 as amended, that the public and press be excluded from the meeting for the following 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.

57 Appendix to Minute of Meeting of Inverclyde Integration Joint Board of 15 May 2023

57

There was submitted an Appendix to the Inverclyde Integration Joint Board minute of 15 May 2023.

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

Decided: that the Appendix be agreed.

58 Conclusion of Business

58

At the conclusion of business, the Chair thanked HSCP and committee staff for their assistance during his tenure, and Board members for their commitment and professionalism. The Chair also acknowledged the forthcoming retirement of Mr Carr, paying tribute to his length of service and his consistent and balanced approach, and wished him a happy retirement.

Councillor Moran thanked Mr Cowan for his Chairmanship, and also expressed his appreciation for Mr Carr's service. Mr Carr responded with thanks.

| | | | |
|-------------------------|--|--------------------|--------------------------|
| Report To: | Inverclyde Integration Joint Board | Date: | 25 September 2023 |
| Report By: | Kate Rocks Chief Officer, Inverclyde Health & Social Care Partnership | Report No: | IJB/44/2023/CG |
| Contact Officer: | Craig Given Head of Finance, Planning and Resources | Contact No: | |
| Subject: | Annual Performance Report 2022/23 | | |

1.0 PURPOSE AND SUMMARY

- 1.1 For Decision For Information/Noting
- 1.2 The purpose of this report is to provide an update to the Inverclyde Integration Joint Board on the overall performance of Inverclyde Health & Social Care Partnership.
- 1.3 The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) requires that an Annual Performance Report be produced and presented to Integration Joint Boards (IJB), highlighting performance on delivering the nine National Wellbeing Outcomes, and updates on progress against the Strategic Plan.
- 1.4 As Inverclyde IJB has delegated services, the Annual Performance Report provides an update on performance in relation to the local progress against the national outcomes for children and families and criminal justice outcomes.

2.0 RECOMMENDATIONS

- 2.1 That the IJB notes the 2022/23 Annual Performance Report and approves submission to the Scottish Government.

Kate Rocks
Chief Officer
Inverclyde Health and Social Care Partnership

3.0 BACKGROUND AND CONTEXT

- 3.1 The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) requires that an Annual Performance Report is produced and presented to Integration Joint Boards (IJB), highlighting performance on delivering the nine National Wellbeing Outcomes, and an update on progress against the Strategic Plan. As Inverclyde IJB have a range of other related services, the Annual Performance Report provides an update on performance in relation to the national outcomes for children and families and criminal justice outcomes.
- 3.2 The report is structured as follows:
- **Section 1** - Introduction and overview of Inverclyde HSCP. This also includes our high-level demographic information, an overview of our resources / services and the strategic vision as set out in our Strategic Plan
 - **Section 2** - Our key performance information in relation the national outcomes and our local outcome performance framework, and how we have been working to deliver our strategic priorities over the past 12 months
 - **Section 3** - Our financial information relating to our Financial Summary by Service and the budgeted Expenditure vs Actual Expenditure per annum
 - **Section 4** - Our progress with locality planning
 - **Appendices** – National Outcomes
 - **Glossary** – List of the abbreviations used in this report
- 3.3 For this year's report we have extended our Performance Scorecard section to include all indicators agreed by the IJB. Four scorecards are included:
- National Integration Indicators (NII)
 - Ministerial Steering Group (MSG) Indicators
 - Local Strategic Plan indicators (SP)
 - Local Government Benchmarking Framework (LGBF) indicators

For each indicator we have provided local data; comparison to previous year; comparison to Scottish data (if available) and a 5 year spark line trend if data available. In addition, we have provided an HSCP ranking if available to show how Inverclyde fairs in comparison to other HSCPs or Councils.

- 3.4 Within each scorecard we have included an explanation as to where the data comes from. The data for the 23 National Integration Indicators is provided by Public Health Scotland (PHS) and where information based on the financial year performance is not available, calendar year data is provided where possible. For some indicators the data is updated every two years therefore the most recent data is shown.
- 3.5 Within each Big Action section examples of good practice have been included and case studies provided to show outcomes for individuals.

4.0 PROPOSALS

- 4.1 The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) requires that an Annual Performance Report is produced and published by the 31st July each year. This report has been published by Inverclyde in accordance with the legislation and the draft report (pending approval from IJB) can be found here. [Strategies, Policies and Plans - Inverclyde Council](#)

5.0 IMPLICATIONS

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

| SUBJECT | YES | NO |
|--|-----|----|
| Financial | | |
| Legal/Risk | x | |
| Human Resources | | x |
| Strategic Plan Priorities | x | |
| Equalities, Fairer Scotland Duty & Children and Young People | | x |
| Clinical or Care Governance | x | |
| National Wellbeing Outcomes | x | |
| Environmental & Sustainability | | x |
| Data Protection | | x |

5.2 Finance

One off Costs

| Cost Centre | Budget Heading | Budget Years | Proposed Spend this Report | Virement From | Other Comments |
|-------------|----------------|--------------|----------------------------|---------------|----------------|
| | | | | | |

Annually Recurring Costs/ (Savings)

| Cost Centre | Budget Heading | With Effect from | Annual Net Impact | Virement From (If Applicable) | Other Comments |
|-------------|----------------|------------------|-------------------|-------------------------------|----------------|
| | | | | | |

5.3 Legal/Risk

This Annual Performance Report is published in line with The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act).

5.4 Human Resources

There are no Human Resources implication

5.5 Strategic Plan Priorities

This report shows progress made against the Inverclyde Strategic Plan and six Big Actions.

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.

| |
|---|
| 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.

(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. | The report provides intelligence about the quality of provision relating to services for people with physical and/or learning disability; older people; children & young people, people with mental health problems, and people with addictions |
| Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated. | None |
| People with protected characteristics feel safe within their communities. | The report demonstrates our performance in keeping service users safe from harm and providing support to enable people to feel safe in their communities and localities |
| People with protected characteristics feel included in the planning and developing of services. | There is carer and service user/ public partner representation on our Integration Joint Board (IJB) and many of our programmes include views from people with lived experience |
| HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do. | All services are developed and delivered with due regard to the needs of the population. |
| 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 report provides an update in relation to the work of the HSCP supporting resettlement. |

(c) Fairer Scotland Duty

If this report affects or proposes any major strategic decision:-

Has there been active consideration of how this report’s recommendations reduce inequalities of outcome?

| |
|---|
| |
| x |

YES – A written statement showing how this report’s recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed.

NO – Assessed as not relevant under the Fairer Scotland Duty for the following reasons: Provide reasons why the report has been assessed as not relevant.

(d) **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. |
| x | 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. |

5.7 **Clinical or Care Governance**

This Annual Performance Report highlights performance in relation to NHS and Social work/care services.

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. | This performance report highlights progress made against the national outcomes Our aim is to promote good health and to prevent ill health. Where needs are identified we will ensure the appropriate level of planning and support is available to maximise health and wellbeing. |
| 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 | This performance report highlights progress made against the national outcomes. It highlights a number of ways that we are working towards enabling people to live as independently as possible in a homely setting |
| People who use health and social care services have positive experiences of those services, and have their dignity respected. | This performance report highlights progress made against the national outcomes. A critical part of ensuring that services are person centred and respecting people’s dignity is planning a person health and social care with the person, their family and Carers. |
| Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services. | This performance report highlights progress made against the national outcomes. It highlights a number of ways that Inverclyde HSCP provides seamless, patient focussed and sustainable services which maintain the quality of life for people who use the services |
| Health and social care services contribute to reducing health inequalities. | Reducing health inequalities involves action on the broader social issues that can affect a person’s health and wellbeing including housing, income and poverty, loneliness and isolation and employment |
| People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative | This performance report highlights progress made against the national outcomes and shows the role of carers- both paid and unpaid have to the Inverclyde community |

| | |
|--|--|
| impact of their caring role on their own health and wellbeing. | |
| People using health and social care services are safe from harm. | This report highlights progress across all aspects of public protection. |
| People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide. | An engaged workforce is crucial to the delivery of the HSCP visions and aims. It is only through an engaged workforce that we can deliver services and supports of the highest standard possible |
| Resources are used effectively in the provision of health and social care services. | We are improving quality and efficiency by making the best use of technology and trying new ways of working to improve consistency and remove duplication |

5.9 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. |
| x | 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. |

5.10 Data Protection

Has a Data Protection Impact Assessment been carried out?

| | |
|---|--|
| | YES – This report involves data processing which may result in a high risk to the rights and freedoms of individuals. |
| x | 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 Direction Required to Council, Health Board or Both | Direction to: | |
| | 1. No Direction Required | x |
| | 2. Inverclyde Council | |
| | 3. NHS Greater Glasgow & Clyde (GG&C) | |
| | 4. Inverclyde Council and NHS GG&C | |

7.0 CONSULTATION

7.1 This paper has been prepared following consultation with Inverclyde HSCP Senior Management Team.

8.0 BACKGROUND PAPERS

8.1 N/A



Inverclyde Health and Social Care Partnership
Annual Performance Report
2022-2023

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

Arabic

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

Cantonese

本文件也可應要求，製作成其他語文或特大字體版本，也可製作成錄音帶。

Gaelic

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

Hindi

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

Kurdish

Li ser daxwazê ev belge dikare bi zimanên din, çapa mezin, û formata dengî peyda bibe.

Mandarin

本文件也可应要求，制作成其它语文或特大字体版本，也可制作成录音带。

Polish

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

Punjabi

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

Soraini

ئەم بەلگەنامەیە دەتوانرێت بە زمانەکانی تر و چاپی گەورە و فۆرماتیکی دەنگی لەسەر داواکاری بەردەست بکەیت.

Tigrinya

እዚ ሰነድ እዚ ብኸልእ ቋንቋታት፡ ብዓቢ ፊደላትን ብድምጺ ቅርጹን ምስ ዝኸተት ክቐርብ ይኽእል።

Urdu

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

Ukrainian

За запитом цей документ може бути доступний іншими мовами, великим шрифтом та аудіоформатом.

☎ Inverclyde HSCP, Clyde Square, Greenock, PA15 1NB 📞 01475 715365



Welcome to our seventh Annual Performance Report (APR) which reflects our progress at Inverclyde Health and Social Care Partnership (HSCP) over a challenging year. This is my first Annual Performance Report since joining the organisation in August 2022 as Chief Officer.

This Annual Report evidences that there is much to be proud of, however it also shows that the HSCP has many challenges ahead. As well as a growing older people's population and increasing levels of need in our population, against a backdrop of financial challenge, the pandemic exposed deep inequalities that have existed for too long, with the most severe impact on those

communities who were already disadvantaged. This, combined with the onset of a cost-of-living crisis has left many of our citizens exposed to financial peril and vulnerable to mental and physical health issues.

Whilst the Covid-19 pandemic is now over, its lasting impacts continued into 2022/23. Interim governance structures developed in 2020/21 were continued into 2022/23 as we moved through the pandemic. Throughout this time the HSCP continued to work to put people at the centre of all that we do and ensured that essential services were delivered safely and effectively and in line with our Strategic Plan.

The Strategic Plan which had previously been reprioritised to focus on Covid-19 recovery was refreshed throughout 2022/23. The refreshed plan along with an Outcomes Framework to show progress against both our national and local indicators was formally approved at the March 2023 IJB.

Despite the challenges, we made a difference to thousands of lives in 2022-2023, and that is down to the resilience and dedication of health and social care staff and third sector colleagues and partners. Since joining Inverclyde HSCP, I have been struck by the care, compassion, and commitment I have witnessed provided by our staff to their patients, service users and our community. Excellent partnership working with the Third and independent sector is evident in the creativity and support provided within our community.

This Annual Performance Report can only ever provide a snapshot of the performance across the HSCP and hopefully this report will provide some of the key performance and operational highlights we have achieved throughout 2022/23. We will continue to review performance and continue to develop our performance management arrangements with the aim of improving and scrutinising our performance to achieve better outcomes for our community.

The HSCP continues to be ambitious for our communities and this report highlights the positive outcomes the integration of health and social care services can have on individuals, families, and the wider community along with the input of those with lived experiences of our services.

It has been a privilege to lead the partnership throughout 2022/23 and I continue to be proud of the work we do in and across Inverclyde.

Kate Rocks
Chief Officer
Inverclyde HSCP

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DRAFT

SECTION 1: Introduction

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

This is the seventh report for Inverclyde Integration Joint Board (IJB) and in it we reflect on the last year (2022/23) and consider the progress made in delivering the actions set out in our Strategic Plan (2019-24); reflect on key service developments and innovation that has shone through; and review our performance against agreed National Integration Indicators (NII) and those indicators specified by the Ministerial Steering Group (MSG) for Health and Community Care.

Structure of this report

The key components of this report are:

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

Section 2 - Key performance information in relation the national and local outcomes, and examples from across the HSCP services as how we have been working to deliver our strategic priorities over the past 12 months.

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

Section 4 - Progress with Locality Planning

Appendices - National Outcomes

Glossary - List of the abbreviations used in this report

Overview of Inverclyde HSCP

Inverclyde HSCP is one of six partnerships operating within the NHS Greater Glasgow and Clyde Health Board area. We work closely with our fellow partnerships and continue to build on new and existing relationships with a focus on sharing good practice, developing, and delivering consistent approaches to working with our colleagues in acute hospital services. Inverclyde HSCP's population is spread in the main across the three towns of Greenock, Port Glasgow and Gourock with the remainder of the population living in the villages of Inverkip, Wemyss Bay, Kilmacolm and Quarriers Village.

Population

The latest population estimates for Inverclyde were published by National Records for Scotland (NRS) on 13 of July 2022, estimating for mid-year 2021.

Inverclyde has a total estimated population of 76,700, making up 1.4% of Scotland's total. The population has decreased over the last decade, with projections showing this will continue. The gender split in Inverclyde is one male to every 1.09 females, which is a higher proportion of females than Scotland has (1.05). 21.8% of Inverclyde's population is aged over 65 years, compared to 19.6% for Scotland. Over time this is expected to increase in Inverclyde, with the projected dependency ratio set to increase from 58.6% in 2023 to 72.6% in 2043, widening the gap to Scotland (NRS 2018-based population projections).

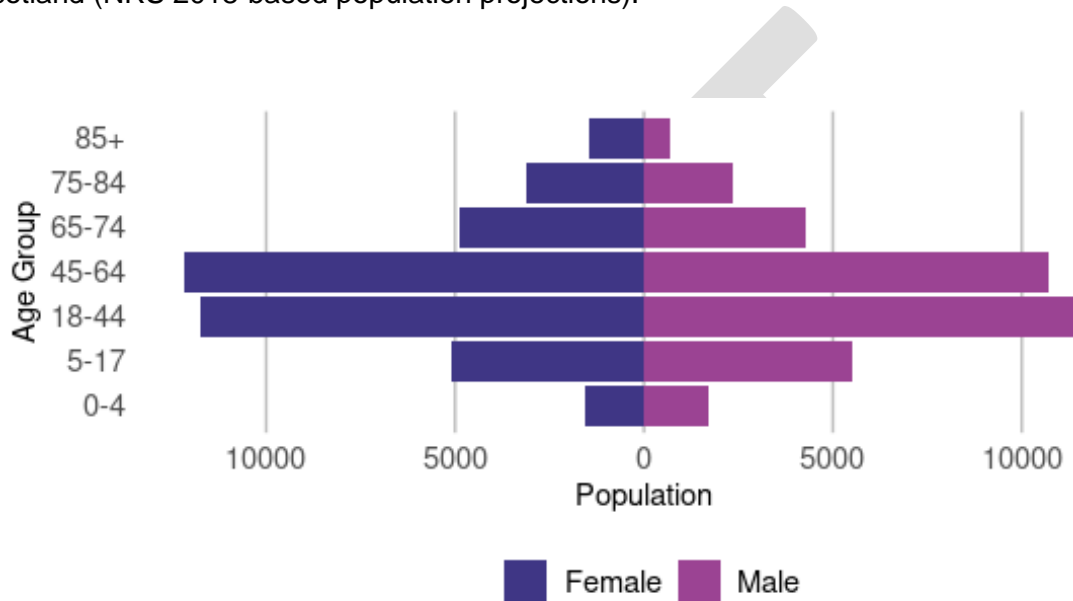
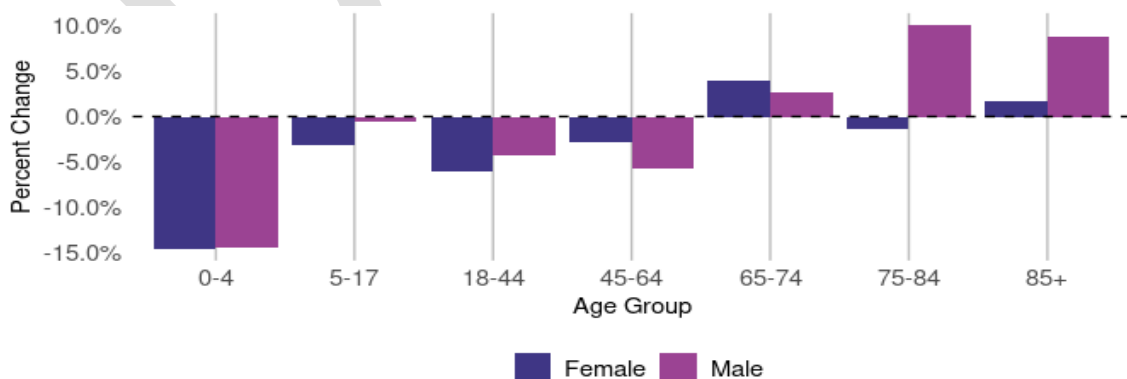


Figure 1: Population by age and sex

Figure 2 shows how the population structure has changed between 2016 and 2021.



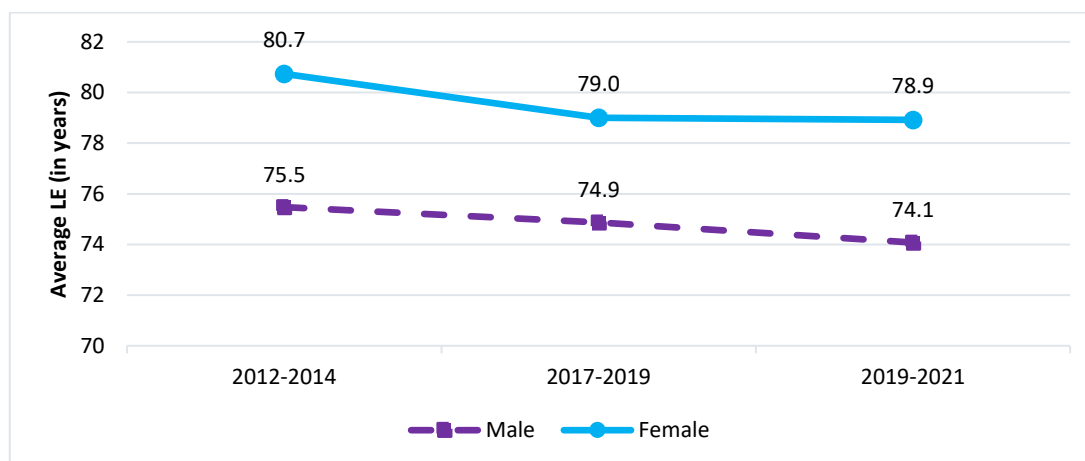
Source: National Records Scotland

Figure 2: Percent change in population structure from 2016 to 2021

Life Expectancy

In the latest period available from 2019 - 2021 (five-year aggregate), the average life expectancy in Inverclyde locality was 74.1 years of age for men, and 78.9 years of age for women. A 10-year time trend can be seen in Figure 5.

Figure 5: Average life expectancy in men and women over time for Inverclyde



Source: NRS Life Expectancy Estimates

Table 2 provides the average life expectancy for men and women in different areas for the latest period available.

Table 2: Average life expectancy in years for the latest time periods (2019 - 2021 aggregated years for the HSCP; 2018 - 2020 aggregated years for other areas).

| Sex | Inverclyde | NHS Greater Glasgow and Clyde | Scotland |
|--------|------------|-------------------------------|----------|
| Female | 78.9 | 79.5 | 80.8 |
| Male | 74.1 | 75.0 | 76.6 |

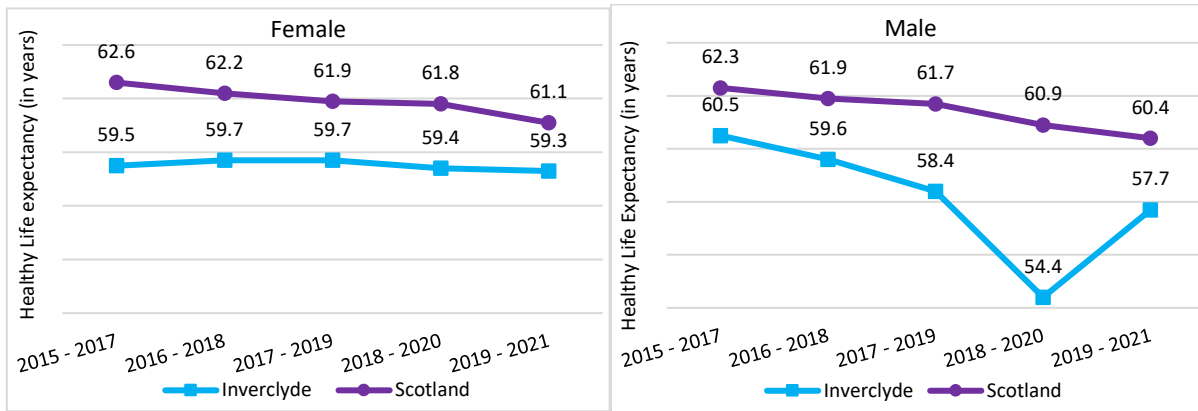
Source: NRS

As an organisation, we continue to aim to reduce both the gap to the national average in addition to the gap between males and females.

Healthy Life Expectancy

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

Figure 6: Healthy Life Expectancy in men and women over time



As shown in Figure 6, NRS has estimated a decrease in the healthy life expectancy in Inverclyde and Scotland in recent years.

Healthy Life Expectancy (HLE) is an important measure to account for alongside life expectancy, to understand the state of health the population is in, as well as their years of life expectancy. The impact of population changes and levels of deprivation are real challenges for Inverclyde HSCP as these impact on the needs and demands of local health and care services

Births

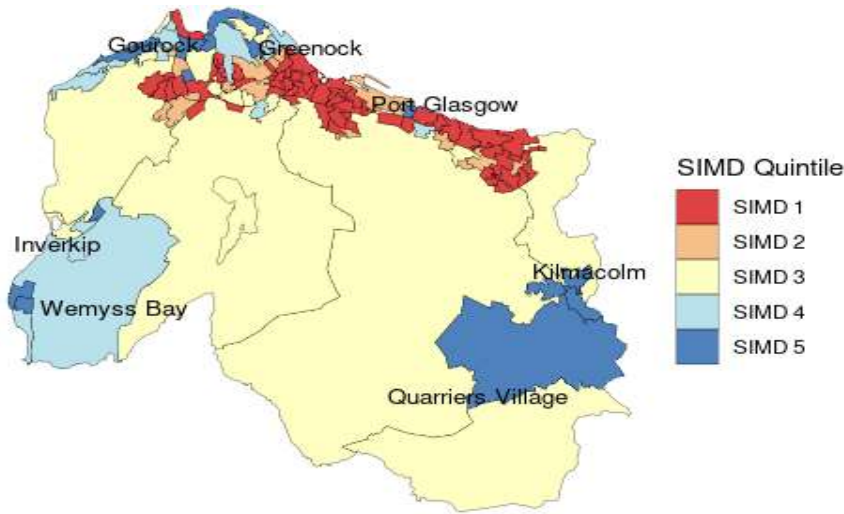
NRS state that the birth rate in Inverclyde has steadily decreased in the last decade, as it has across Scotland. Alongside this, between 2001 and 2021, the most common age group of mothers (at time of birth) changed from 30-35 to 25-29. The death rate in Inverclyde decreased slightly between 2020 and 2021, from 13.5 per 1,000 population to 13.4. This compares to a rate of 11.6 per 1,000 population for Scotland.

Deprivation

The following section explores the deprivation structure of Inverclyde through the Scottish Index of Multiple Deprivation (SIMD). The SIMD ranks all data zones in Scotland by several factors including Access, Crime, Education, Employment, Health, Housing and Income. Based on these ranks, each data zone is then given an overall deprivation rank, which is used to split data zones into Deprivation Quintiles (Quintile 1 being the most deprived, and Quintile 5 the least). The most recent SIMD ranking was carried out in 2020. This section mainly focuses on the SIMD 2020 classifications; however, the 2016 classifications are used to assess how deprivation has changed in Inverclyde when compared to the rest of Scotland.

Inverclyde has a relatively high proportion of its population living in the most deprived SIMD quintile (43.6%) and predictably, a smaller proportion in the least deprived SIMD quintile (14.8%). Comparing deprivation in 2016 and 2020 shows a polarising of the population towards most and least deprived quintiles, showing a heightened gap in deprivation compared to Scotland as a whole.

Figure: Map of Data Zones within Inverclyde coloured by SIMD (2020) quintiles



Source: Scottish Government, Public Health Scotland

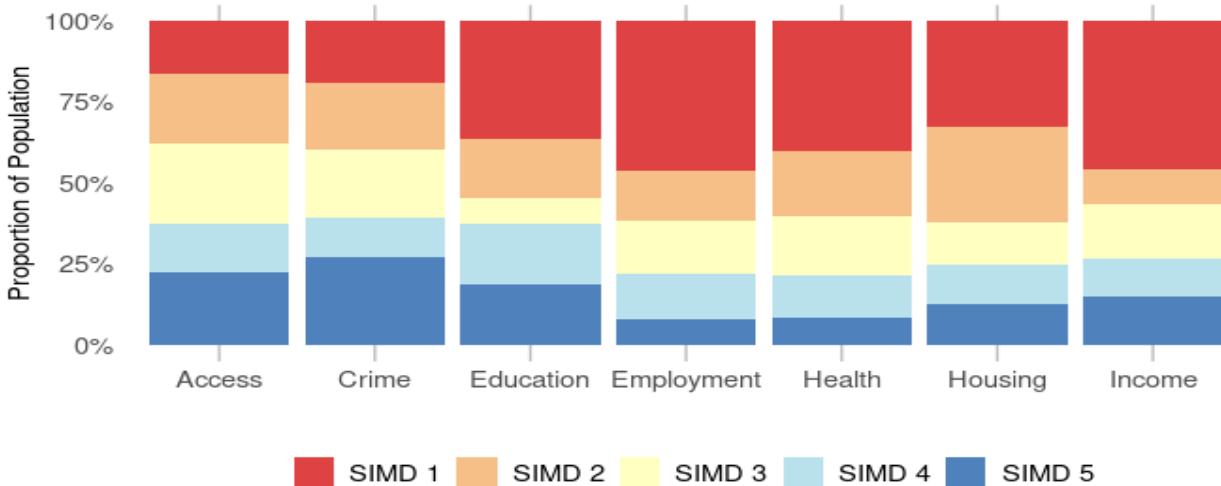
Table 1 details the percentage of the locality's 2016 population living in the 2016 SIMD Quintiles, the percentage of the 2021 population living in the 2020 SIMD Quintiles, and their difference for comparison. Figure 5 then breaks down SIMD by domain in Inverclyde.

Table 1: Percentage of the Inverclyde population living in the 2016 and 2020 SIMD Data zone Quintiles in 2016 and 2021 respectively.

| Quintile | Percent of 2016 Population (SIMD 2016 Ranking) | Percent of 2021 Population (SIMD 2020 Ranking) | Difference |
|----------|--|--|------------|
| SIMD 1 | 42.3% | 43.6% | 1.3% |
| SIMD 2 | 12.9% | 13.4% | 0.5% |
| SIMD 3 | 15.6% | 13.9% | -1.6% |
| SIMD 4 | 17.4% | 14.3% | -3.1% |
| SIMD 5 | 11.8% | 14.8% | 2.9% |

Source: Scottish Government, Public Health Scotland, National Records Scotland.

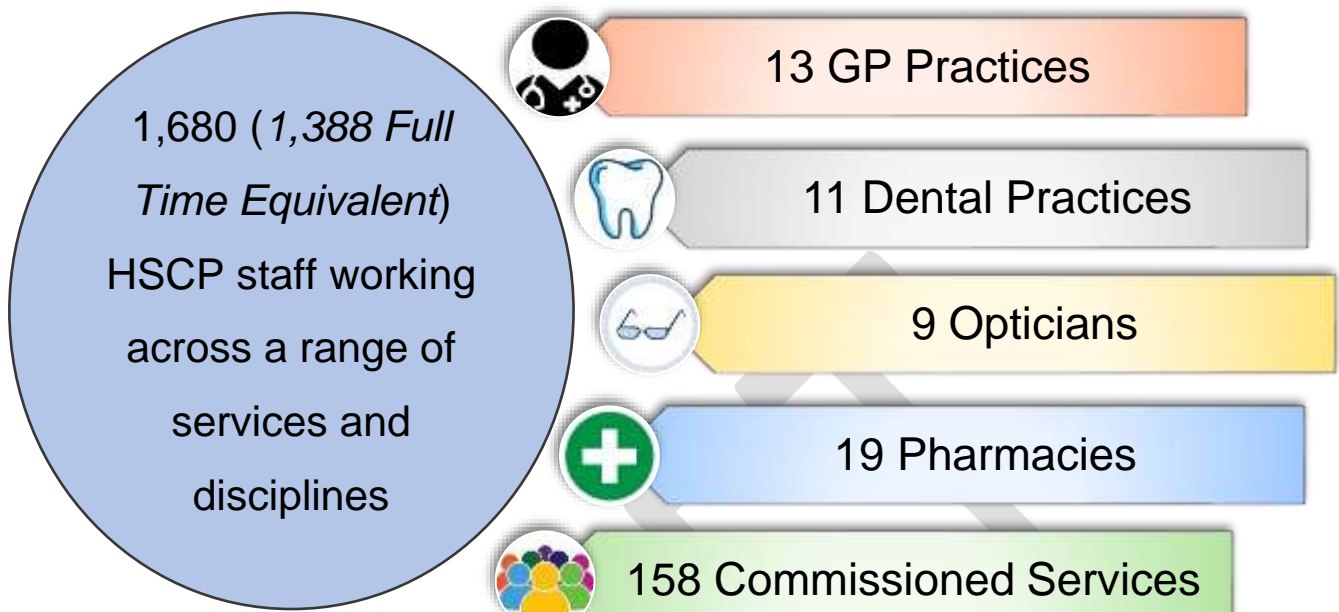
Figure 5: Proportion of the population that reside in each 2020 SIMD quintile by domain in 2021 broken down by SIMD domain



Source: Scottish Government, Public Health Scotland, National Records Scotland

Our resources

The HSCP delivers an extensive range of services across primary care, health and social care and through several commissioned services.



Services Map

Inverclyde has a total of 13 GP Practices, 1 Emergency Department and 21 Care Homes (13 elderly care, 8 Other) – Care Inspectorate datastore (MDSF)



Strategic Vision

Inverclyde IJB set out through its five-year Strategic Plan (2019-24) and the Six Big Actions, our ambitions, and our vision. These reflected the many conversations we have with the people across Inverclyde including our professional colleagues; staff; those who use our services including carers; and our children and young people across all sectors and services. Within Inverclyde we fully support the national ambition of ensuring that people get the right care, at the right time, in the right place and from the right service or professional.

The five-year (2019-24) Inverclyde Strategic Plan set out the shared strategic priorities and ambitions for Inverclyde. This plan was refreshed throughout 2022/23 to reflect updated priorities and key deliverables for 2023/24. The refreshed plan has retained the Six Big Actions which link clearly with the nine National Outcomes for Scotland and the National Outcome Framework for Children, Young People and Community Justice.

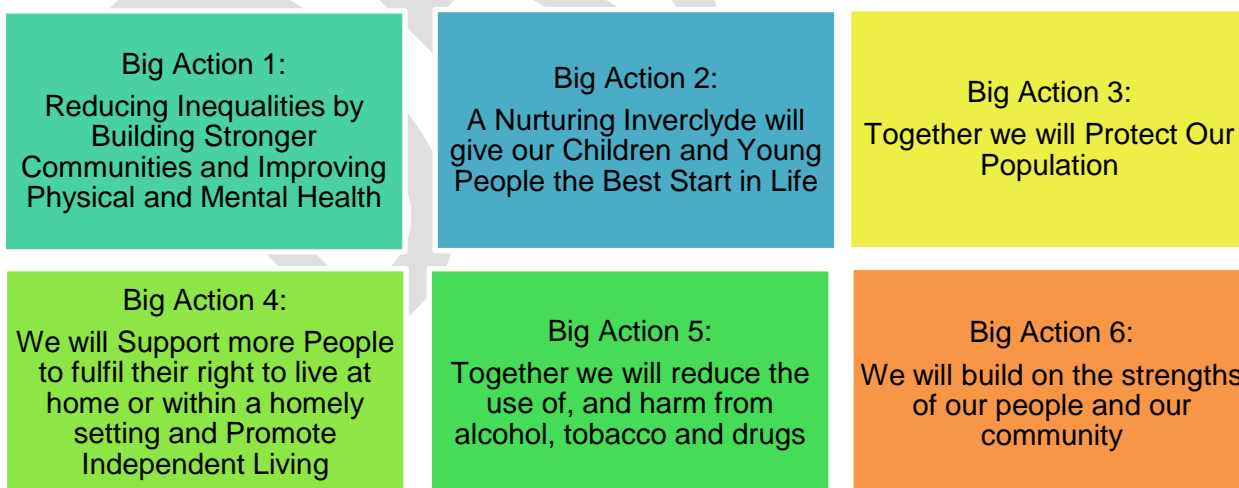
This refreshed Strategic Plan and associated Implementation Plan and Performance Framework will lead the IJB forward for 2023/24 and plans are already underway for development of the next Strategic Plan for 2024/25 onwards.

The refreshed plan and associated documents can be accessed here [Strategies, Policies and Plans - Inverclyde Council](#)

Our Vision

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

Our Priority 6 Big Actions



SECTION 2: Performance

This section of the report will focus on our key performance within 2022/23 and will provide a range of national and local data and activity, including examples of innovation structured around our Six Big Actions.

We require to report on the nine National Health and Wellbeing Outcomes for adult health and social care services, and the national outcomes for Children and Families and Criminal Justice and again are all structured and reported using our Six Big Actions. Appendix 1 (page 65) shows all the National Outcomes.

This section contains information on

- the 23 National Integration Indicators (NII).
- the Ministerial Steering Group (MSG) Indicators.
- the Local Government Benchmarking Framework (LGBF).
- Inverclyde HSCP Local Performance Indicators.

The following scorecards have been collated to succinctly show how Inverclyde HSCP have performed against a variety of measures in the last year. This year's performance has been compared against previous years and against the rest of Scotland as a benchmark. The following table shows what's included in the scorecards and how to interpret the information.

| Column | Description | | |
|-----------------------------------|---|--|---|
| Indicator | Description of the measure being shown. Type of measure also shown (Total, %, Rate per 1,000 population) | | |
| Rate | The most recent measure for Inverclyde HSCP (2022/23 or otherwise specified) | | |
| Difference from Previous Year (%) | Percentage change in last year of recording. | | Performance has improved since the previous year |
| | | | Performance has stayed the same since the previous year |
| | | | Performance has declined since the previous year |
| Difference from Scottish Rate | Percentage difference from the most recent Scottish average. | | Performance is better than the Scottish average |
| | | | Performance is the same as the Scottish average |
| | | | Performance is below the Scottish average |
| HSCP Rank | Ranks Inverclyde within the 31 HSCPs across Scotland. Rank 1 is the highest rate, Rank 31 is the lowest rate. The colour shows whether or not a high rank signals good performance or bad performance. NOTE: For the LGBF indicators - these are ranked 1 to 32 for the Local Authorities instead of 31 HSCPs. Rank 1 for LGBF indicators signifies the best performing area, as per the LGBF website. | | Performance ranks in the top 16 HSCPs across Scotland |
| | | | Performance ranks between 17 and 25 of the HSCPs |
| | | | Performance ranks in the bottom 7 HSCPs across Scotland |
| 5-year Trend | A spark-line chart showing the trend in Inverclyde in the past 5 years. The red dots represent the highest and lowest points | | |

Within each performance scorecard section, we have included an explanation as to where the data comes from and a short analysis of what the indicators tell us.

Within each Big Action Section, you will find examples of good practice and case studies to highlight the positive outcomes for our community.

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

1. Outcome indicators based on survey feedback- The Health and Care Experience survey (HACE) is sent to a random sample of patients who are registered with a GP practice in Scotland. Updated every two years - most recent data is 2021/22.
2. Data indicators- The primary source of data for these indicators are Scottish Morbidity Records (SMRs) which are nationally collected discharge-based hospital records. In accordance with recommendations made by Public Health Scotland (PHS) and communicated to all Health and Social Care Partnerships, the most recent reporting period available is calendar year 2022; this ensures that these indicators are based on the most complete and robust data currently available.

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National Integration Indicators

| Indicator Number | Indicator | Rate | Difference from Previous Year* (%) | Difference to Scottish Rate | HSCP Rank | 5 Year Trend (spark line) | Notes | Most recent data |
|------------------|--|---------|------------------------------------|-----------------------------|-----------|---------------------------|---|------------------|
| 1 | Percentage of adults able to look after their health very well or quite well | 90% | 0.2% | -0.8% | 20 | | * Previous rate compared to was 2 years ago | 2021/22 |
| 2 | Percentage of adults supported at home who agreed that they are supported to live as independently as possible | 83% | -8% | 4.1% | 6 | | * Previous rate compared to was 2 years ago | 2021/22 |
| 3 | Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided | 67% | -15% | -3.9% | 22 | | * Previous rate compared to was 2 years ago | 2021/22 |
| 4 | Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated | 69% | -13% | 2.2% | 12 | | * Previous rate compared to was 2 years ago | 2021/22 |
| 5 | Total % of adults receiving any care or support who rated it as excellent or good | 81% | -3.3% | 6% | 6 | | * Previous rate compared to was 2 years ago | 2021/22 |
| 6 | Percentage of people with positive experience of the care provided by their GP practice | 59% | -19% | -8% | 27 | | * Previous rate compared to was 2 years ago | 2021/22 |
| 7 | Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life | 80% | -3.2% | 1.5% | 10 | | * Previous rate compared to was 2 years ago | 2021/22 |
| 8 | Total combined percentage of carers who feel supported to continue in their caring role | 29% | -10% | -1.0% | 18 | | * Previous rate compared to was 2 years ago | 2021/22 |
| 9 | Percentage of adults supported at home who agreed they felt safe | 82% | -8% | 2.2% | 10 | | * Previous rate compared to was 2 years ago | 2021/22 |
| 11 | Premature mortality rate for people under age 75 per 100,000 persons | 509 | -11% | 9% | 7 | | | 2021 |
| 12 | Emergency admission rate (per 100,000 population) for adults (18+) | 12,378 | -6% | 11% | 12 | | | 2022 |
| 13 | Emergency bed day rate (per 100,000 population) for adults (18+) | 145,349 | 1.4% | 28% | 3 | | | 2022 |
| 14 | Readmission to hospital within 28 days (per 1,000 population) | 78 | -14% | -23% | 27 | | | 2022 |
| 15 | Proportion of last 6 months of life spent at home or in a community setting | 88% | -0.9% | -1.6% | 30 | | | 2022 |
| 16 | Falls rate per 1,000 population aged 65+ | 23 | 8% | 5% | 13 | | | 2022 |
| 17 | Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections | 80% | -4.6% | 4.6% | 10 | | | 2022/23 |
| 18 | Percentage of adults with intensive care needs receiving care at home | 68% | -1.8% | 4.1% | 10 | | | 2022 |
| 19 | Number of days people spend in hospital when they are ready to be discharged (per 1,000 population) (age 75+) | 459.7 | 58% | -50% | 26 | | | 2022/23 |
| 20 | Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency | 25% | 1.6% | 1.3% | 8 | | | 2019/20 |

Summary:

- ✓ There are no updates to the Health and Care Experience (HACE) survey this year. This is usually updated every other year and the next update is due in May 2024. The results of the 2021/22 HACE survey show that Inverclyde performed above the Scottish average for the majority of the nine indicators. The percentage of people with a positive experience of the care provided by their GP practice was the only indicator ranked below the Scottish average.
- ✓ Despite ranking below average for premature mortality rate, emergency admission rate and emergency bed day rate, each have improved in Inverclyde over the past year. The rate of hospital readmissions (per 1,000 population) has also decreased since the previous year, with Inverclyde ranking above average.
- ✓ Inverclyde continues to perform below average in terms of the proportion of last 6 months of life spent at home or in a community setting, ranking 30th of the 31 HSCPs.
- ✓ The percentage of adults with intensive care needs receiving care at home continues to rank within the top 10 HSCPs in Scotland, despite a slight decrease in the last year.
- ✓ The number of days over 75-year-olds have spent in hospital when they are ready for discharge increased by 58% in the past year in Inverclyde. Despite this, Inverclyde still ranks above average.

Ministerial Steering Group (MSG) Indicators

The MSG Performance indicators provide a focus on hospital-based performance within HSCP/IJB geographies specifically around Unscheduled Care such as Accident and Emergency attends, Emergency Admissions and Unplanned Bed Days (in hospital).

These indicators are also used extensively by services to predict surges in demand and to plan our services effectively. For example, a surge in A&E attends in the 65 and older age group is likely to increase emergency admissions, which has a domino effect in that a fair proportion of this cohort of patients will likely require support when leaving hospital, which can involve multiple services such as Care at Home, Community Alarm and Community Nursing.

The MSG data is based on a patient's postcode. When an instance of Unscheduled Care occurs (i.e., an individual attends Accident and Emergency), the individual's postcode is recorded and is used to assign to the relevant HSCP.

The MSG performance data is produced monthly by Public Health Scotland but has a three-month time lapse due to the collection and cleansing of the data.

Ministerial Steering Group (MSG) Indicators

| Indicator Number | Indicator | Rate | Difference from Previous Year (%) | Difference from Scottish Rate | HSCP Rank | 5 Year Trend | Notes | Most recent data |
|------------------|---|--------|-----------------------------------|-------------------------------|-----------|--------------|---|------------------|
| 1 | Emergency Admissions (18+) | 7,350 | -7% | 10% | 25 | | Rate per 1,000 population used for comparison to Scottish Rate. HSCP rank not standardised for population | 2022 |
| 2a | Unplanned bed days - Acute (all ages) | 79,545 | 7% | 47% | 22 | | Rate per 1,000 population used for comparison to Scottish Rate. HSCP rank not standardised for population | 2022 |
| 2b | Unplanned bed days - Geriatric Long Stay (all ages) | 153 | 23% | -93% | NA | | Rate per 1,000 population used for comparison to Scottish Rate. HSCP rank not standardised for population. HSCP rank unavailable due to incomplete data in other areas. | 2022 |
| 2c | Unplanned bed days - Mental Health (all ages) | 17,136 | -11% | 25% | 19 | | Rate per 1,000 population used for comparison to Scottish Rate. HSCP rank not standardised for population | 2022 |
| 3a | A&E Attendance (all ages) | 29,284 | 0.6% | 45% | 21 | | Rate per 1,000 population used for comparison to Scottish Rate. HSCP rank not standardised for population | 2022/23 |
| 3b | A&E % Seen within 4 hrs | 79% | -5% | 10% | 9 | | | 2022/23 |
| 4 | Delayed Discharge bed days (Age 18+) | 5,241 | 38% | -44% | 26 | | Rate per 1,000 population used for comparison to Scottish Rate. HSCP rank not standardised for population | 22/23 |
| 5 | % of Last Six Months of Life by Setting (Community - all ages) | 89% | -0.6% | -1.3% | 24 | | | 21/22 |
| 5 | % of Last Six Months of Life by Setting (Hospice / PCU - all ages) | 0.4% | -34% | -0.02% | 18 | | | 21/22 |
| 5 | % of Last Six Months of Life by Setting (Community Hospital - all ages) | 0% | - | - | NA | | Ranking not appropriate: Large number of areas returning null value | 21/22 |
| 5 | % of Last Six Months of Life by Setting (Large Hospital - all ages) | 11% | 7% | 2.8% | 3 | | | 21/22 |
| 6 | Balance of Care: % of pop in community or institutional settings (Home unsupported - 65+) | 89% | -0.01% | -3.0% | 30 | | | 21/22 |
| 6 | Balance of Care: % of pop in community or institutional settings (Home supported - 65+) | 6% | 1.5% | 2.2% | 4 | | | 21/22 |
| 6 | Balance of Care: % of pop in community or institutional settings (Care home - 65+) | 3.2% | -4.7% | 0.5% | 3 | | | 21/22 |
| 6 | Balance of Care: % of pop in community or institutional settings (Hospice / PCU - 65+) | 0.01% | -23% | 0.001% | NA | | Ranking not appropriate: Large number of areas returning null value | 21/22 |
| 6 | Balance of Care: % of pop in community or institutional settings (Community hospital - 65+) | 0.002% | - | -0.1% | NA | | Ranking not appropriate: Large number of areas returning null value | 21/22 |
| 6 | Balance of Care: % of pop in community or institutional settings (Large hospital - 65+) | 1.1% | 7.6% | 0.4% | 3 | | | 21/22 |

Summary:

- ✓ There has been a reduction in the total number of emergency admissions in the latest year. Inverclyde has a higher rate (per 1,000 population) of emergency admissions compared to Scotland.
- ✓ There has been an increase in the number of unplanned hospital bed days for acute services and geriatric long stays (GLS) since the previous year but a reduction in the unplanned mental health (MH) bed days. Comparing to Scotland, Inverclyde has a higher rate of unplanned bed days for acute and MH services but a lower rate for GLS compared to Scotland.
- ✓ The number of A&E attendances in Inverclyde has increased in the last year. In addition, the proportion of patients seen within the 4-hour target also dropped by 5%. Inverclyde ranked in the top third of HSCP's in terms of meeting the A&E waiting times target.
- ✓ Delayed discharges from hospital have increased by 38% in Inverclyde in the past year. Despite this, Inverclyde is still performing well on this measure compared to the rest of Scotland with a rate 78% lower than the national average (rate of delayed discharges per 1,000 population).
- ✓ In terms of palliative care, the average proportion of patients last six months of life spent in large hospitals increased with the proportion spent in Hospices/Primary Care Unit's (PCU) decreasing.
- ✓ There has been an increase in the proportion of over 65-year-olds being cared for in large hospitals. There has also been a 23% decrease in the proportion of over 65-year-olds being cared for in hospices/PCU's

The Local Government Benchmarking Framework (LGBF)

The Local Government Benchmarking Framework (LGBF), published by the Improvement Service, is a high-level benchmarking tool which aims to develop better measurement and comparable data as a catalyst for improving services, targeting resources to areas of greatest impact and enhancing public accountability.

The framework provides high-level 'can openers' which are designed to focus questions on why variations in cost and performance are occurring between similar councils. The LGBF helps councils compare their performance against a suite of efficiency, output and outcome indicators that cover all areas of local government activity.

Several of the indicators are for services delivered by the HSCP (children and adult services) therefore included within this HSCP Annual Performance Report. Further detail on the indicators can be found at [Benchmarking | Benchmarking \(improvementservice.org.uk\)](https://www.improvementservice.org.uk/Benchmarking)

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The Local Government Benchmarking Framework (LGBF)

| Indicator Number | Indicator | Rate | Difference from Previous Year* (%) | Difference to Scottish Rate | Local Authority Rank | 5 Year Trend (spark line) | Notes | Most recent data |
|------------------|--|---------|------------------------------------|-----------------------------|----------------------|---------------------------|--|------------------|
| CHN8a | The Gross Cost of "Children Looked After" in Residential Based Services per Child per Week | £ 4,938 | 50% | 5% | 22 | | Please see note in key regarding LA rankings | 2021/22 |
| CHN8b | The gross cost of "children looked after" in a community setting per child per week | £ 217 | -7% | -46% | 3 | | | 2021/22 |
| CHN9 | % of children being looked after in the community | 87% | 3.3% | -3.3% | 21 | | | 2021/22 |
| CHN17 | Percentage of children meeting developmental milestones | 74% | -2.9% | -8% | 31 | | | 2021/22 |
| CHN22 | Percentage of child protection re-registrations within 18 months | 10% | 208% | 2.4% | 23 | | | 2021/22 |
| CHN23 | Percentage LAC with more than 1 placement in the last year (Aug-July) | 10% | -36% | -6% | 5 | | | 2021/22 |
| CHN24 | % of children living in poverty (after housing costs) | 18% | -23% | 2.6% | 8 | | | 2020/21 |
| SW01 | Home care costs per hour for people aged 65 or over | £ 18.50 | -47% | -36% | 2 | | | 2021/22 |
| SW02 | Direct Payments + Managed Personalised Budgets spend on adults 18+ as a percentage of total social work spend on adults 18+ | 8% | 61% | -0.6% | 10 | | | 2021/22 |
| SW03a | Percentage of people aged 65 or over with long-term care needs receiving personal care at home | 67% | 1.9% | 5.4% | 8 | | | 2021/22 |
| SW04b | Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life | 80% | -4% | 1.5% | 12 | | * Previous rate compared to was 2 years ago | 2021/22 |
| SW04c | Percentage of adults supported at home who agree that they are supported to live as independently as possible | 83% | -9% | 4.1% | 7 | | * Previous rate compared to was 2 years ago | 2021/22 |
| SW04d | Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided | 67% | -18% | -3.9% | 25 | | * Previous rate compared to was 2 years ago | 2021/22 |
| SW04e | Percentage of carers who feel supported to continue in their caring role | 29% | -26% | -1.0% | 21 | | * Previous rate compared to was 2 years ago | 2021/22 |
| SW05 | Residential costs per week per resident for people aged 65 or over | £ 548 | 4% | -25% | 6 | | | 2021/22 |
| SW06 | Rate of readmission to hospital within 28 days per 1,000 discharges | 93 | -4% | -15% | 8 | | | 2021/22 |
| SW07 | Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections | 85% | -2.2% | 9% | 6 | | | 2021/22 |
| SW08 | Number of days people spend in hospital when they are ready to be discharged, per 1,000 population (75+) | 460 | 58% | -50% | 7 | | | 2022/23 |

Summary:

- ✓ The gross cost of children in residential based services (per child per week) has increased since 2020/21. Despite this, the cost of placements in a community setting has decreased.
- ✓ The proportion of children reaching developmental milestones in Inverclyde is low when compared to the rest of Scotland, with less than three quarters of children reaching milestones in 2021/22. This can be partially attributed to the fact that 18% of children live in poverty Inverclyde, although this decreased since 2020/21.
- ✓ Inverclyde has a low home care cost for those aged 65+ compared the rest of Scotland. The cost per hour decreased in the past year.
- ✓ Fewer adults who are supported at home agree that they have a say in how their help, care and support was provided compared to the previous year. Inverclyde ranks below the Scottish average for this measure. Despite this, the proportion of care services graded good or better in Care Inspectorate Inspections ranks above the Scottish average.

Big Action Indicators

The six big actions were set out within the HSCP Strategic Plan (2019-24). As part of the refresh for 2023/24, a performance framework made up of local and national key indicators has been developed for each big action. As this is a new dataset, some data is not available for previous years, however going forward progress against performance will be monitored.

Big Actions - Strategic Plan Indicators (SPI)

| Strategic Plan Indicator Number | Indicator | Rate | Difference from Previous Year* (%) | 5 Year Trend (spark line) | Notes | Most recent data |
|---------------------------------|---|--|------------------------------------|---------------------------|--|------------------|
| SPI 1.1 | Number of referrals to Primary Care Community Link Workers | 1,533 | 11% | | - | 2022/23 |
| SPI 1.2 | Psychological Therapies: - Percentage of patients seen within 18 week RTT target | 91% | 0% | | - | 2022/23 |
| SPI 1.3 | Number of referrals to PDS (Post Diagnostic Support Dementia) | 120 | -32% | | - | 2022/23 |
| SPI 1.4 | Number of referrals to Distress Brief Interventions (DBI) programme | 432 | 139% | | - | 2022/23 |
| SPI 1.5 | Number of new and returning service users to Advice Services | 838 | 31% | | - | 2022/23 |
| SPI 1.6 | Number of cost of living support payments made (broken by SIMD area) | 1=302 2=51 3=19 4=19 5=10 Total=401 | - | - | No previous comparisons available (recording started in February 2023) | 2022/23 |
| SPI 2.1 | Number of LAC medicals carried (access of 6 weeks referral to treatment) | - | - | - | No data available | - |
| SPI 2.2 | Number of young people in receipt of continuing care | 21 | -5% | | - | 2022/23 |
| SPI 2.3 | Percentage of referral to treatment time target met for Children & Young People in Inverclyde, Children and Adolescent Mental Health Services (CAMHS) | 98% | -0.7% | | - | 2022/23 |
| SPI 2.4 | Percentage of looked after children and young people who require to be cared away from home, who continue to reside in Inverclyde | 75% | -8.0% | | - | 2022/23 |
| SPI 2.5 | Percentage of children vaccinated for MMR | 96% | -1.0% | | - | 2022/23 |
| SPI 2.6 | Percentage of women breastfeeding in Inverclyde | 23% | 1.7% | | - | 2021/22 |
| SPI 3.1 | Number of referrals received by Children's Social Work that progress to a child protection investigation | 82 | 2.5% | | - | 2022/23 |
| SPI 3.2 | Percentage of initial Child Protection Case Conferences held within 21 days from notification of concern | 13% | -6% | | - | 2022/23 |
| SPI 3.3 | Number of Adult Protection Case Conferences that convert to an Adult Protection Plan | 3 | -50% | | - | 2022/23 |
| SPI 3.4 | Number of Adult Protection Investigations completed within 10 days of referral | 9 | -25% | | - | 2022/23 |
| SPI 3.5 | Number of staff and partner organisations trained in trauma informed practice | 73 | 74% | | 2021/22 data was not recorded for the full year | 2022/23 |
| SPI 3.6 | Number of unpaid work hours completed | 10,674 | -11% | | - | 2022/23 |
| SPI 3.7 | Percentage of Community Payback Orders (CPOs) successfully completed | 71% | 4.0% | | - | 2021/22 |
| SPI 3.8 | Percentage of Integrated case management (ICM) Case Conferences attended by community justice social workers for offenders in SPS custody | 98% | -1.0% | | - | 2022/23 |
| SPI 3.9 | Percentage of MAPPA level 2 and 3 meetings convened within timescales (as specified in national guidance) | 100% | 0% | | - | 2022/23 |

| Strategic Plan Indicator Number | Indicator | Rate | Difference from Previous Year* (%) | 5 Year Trend (spark line) | Notes | Most recent data |
|---------------------------------|---|--------------------------|------------------------------------|---------------------------|---|------------------|
| SPI 4.1 | Number of referrals for Early Intervention Support (Access 1st) | 2,957 | -6% | | - | 2022/23 |
| SPI 4.2 | Number of community alarm activations | 244,306 | 180% | | - | 2022/23 |
| SPI 4.3 | Number of people self-directing their care through receiving direct payments and other forms of SDS | 17 | -74% | | - | 2022/23 |
| SPI 4.4 | Percentage of adults with intensive care needs receiving care at home | 68% | -1.8% | | - | 2021/22 |
| SPI 4.5 | Number of completed specialist housing reports | 166 | 7.1% | | - | 2022/23 |
| SPI 4.6 | Number of new adult carer support plans completed | 126 | - | - | Data for 2021/22 unavailable | 2022/23 |
| SPI 4.7 | Number of delayed discharge bed days 18+ | 5,241 | 38% | | - | 2022/23 |
| SPI 4.8 | Number of Anticipatory Care Plans (ACPs) completed | 23 | 28% | | - | 2022/23 |
| SPI 4.9 | Number of advice enquiries that support and maintain tenancy sustainability | 411 | 12% | | - | 2022/23 |
| SPI 4.10 | Number of housing 1st tenancies supported | 6 | 20% | | This figure shows the number in accommodation that entered tenancy that financial year | 2022/23 |
| SPI 4.11 | Percentage reduction in external placement for adults with learning disabilities | increase 16% on baseline | 24% | | - | 2022/23 |
| SPI 5.1 | Percentage of people beginning alcohol and drug recovery treatment within 3 weeks of referral | 96% | -1% | | - | 2022/23 |
| SPI 5.2 | Number of people who started on MAT treatment within the reporting period | 20 | - | - | 2022/23 first year of measure | 2022/23 |
| SPI 5.3 | Current MAT Caseload, as at reporting date (Total number of people currently receiving MAT treatment) | 629 | - | - | 2022/23 first year of measure | 2022/23 |
| SPI 5.4 | Total number of people identified as being at high risk of drug-related harm who are assessed within reporting period | 60 | - | - | 2022/23 first year of measure. Only Q4 data is available | 2022/23 |
| SPI 5.5 | Number of people funded for residential rehabilitation | 4 | 100% | | - | - |
| SPI 5.6 | Number of smokers supported to successfully stop smoking in most deprived SIMD data zones (20% most deprived) | 5,057 | 1.6% | | Data shown is for NHS Greater Glasgow & Clyde | 2021/22 |
| SPI 6.1 | Number of wellbeing Activities promoted to staff | 100+ | - | | Exact number not known | 2022/23 |
| SPI 6.2 | Number of registered feedback reports on Care Opinion | 10 | - | - | 2022/23 first year of measure | 2022/23 |
| SPI 6.3 | Percentage of Staff Completing iMatter feedback | 54% | 0% | | *in 2020 there wasn't a full iMatter questionnaire it was 'Everyone Matters Pulse Survey' due to the pandemic | 2022/23 |
| SPI 6.4 | Percentage of HSCP complaints received and responded to within timescale | 100% | 23% | | - | 2022/23 |
| SPI 6.5 | Number of 3rd sector commissioned contracts | 60 | 5.3% | | - | 2022/23 |
| SPI 6.6 | Percentage of adults able to look after their health very well or quite well | 90% | 0.2% | | * Previous rate compared to was 2 years ago | 2021/22 |

BIG ACTION 1 – REDUCING INEQUALITIES BY BUILDING STRONGER COMMUNITIES AND IMPROVING PHYSICAL AND MENTAL HEALTH

National Outcomes relating to this Big Action

| | |
|---|---|
| 1 | People are able to look after and improve their own health and wellbeing and live in good health for longer |
| 2 | People, including those with disabilities or long-term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community. |
| 5 | Health and social care services contribute to reducing health inequalities. |

Routes in to Supported Employment (RISE) Project

Routes in to Supported Employment (RISE) offers individualised support to young men aged 20-40, with a history of problematic substance misuse, residing in the most deprived areas of Inverclyde with the aim of moving them into employment. Individuals have a range of complex issues such as being in recovery, offending or homelessness and receive support from an Occupational Therapist and Support Workers to improve their skills and reduce the barriers to employment, education, or training.

During the first year the project developed to include:

- An increase in the age ranges from 20-40 years
- The addition of an Occupational Therapist to focus on the impact of trauma and substance use on daily activities and occupational performance.

RISE was a name chosen through engagement with our Inverclyde recovery community and supported by a small steering group representing statutory and third sector.

Individuals experience a range of factors which impact their ability to engage with services and support including past trauma; current behaviours; offending; substance use; difficulty building and maintaining trusting relationships. Individualised support is offered, and this helps build hope and aspirations to improve wellbeing through meaningful employment. Outcome Star is the evidence-based tool used to support and measure change for individuals and shows progress made in stabilising the key aspects required before beginning to consider education, training, or employment aspiration. This is a unique approach to supporting recovery that focuses on the long-term benefit of employment in stabilising people's lifestyle and supporting their recovery. It is a whole system project which has the potential to change lives and the way recovery is viewed.



36 Men participated have participated with RISE



22 individuals were engaging as of February 2023



Employment outcomes range from in work to training

Routes in to Supported Employment (RISE)

A's story

"A's" view is that without the support of RISE, he would have given up and relapsed by this stage. Instead, he feels focused, has increased self-awareness on his strengths and assets and for the first time has engaged productively with mental health services which he feels has enabled him to start recognising his potential. "A" reported that he has spent most of his life feeling disillusioned by his experience with statutory services but describes that RISE feels different because he feels valued within this system and there has been flexibility around his engagement.

"For the first time 'A' has engaged productively with mental health services"

A needed a lot of support and reassurance in the initial stages that engagement with the service would prove to be productive but since then "A" has attended most of his appointments and has given apologies if unable to attend.

Cost of Living

During 2022/23, the IJB agreed a proposal to create a Cost-of-Living Fund amounting to £0.430m, to be utilised to support residents of Inverclyde via the use of Section 12 and Section 22 legislation for a larger range of staff; grants via the third sector to community organisations; and distribution of warm boxes to those in need.

These funds are utilised to combat food and fuel poverty and to allow staff and organisations to support residents and service users in need due to the overall cost of living crisis. Spend of £0.165m was recorded in 2022/23, with the remaining funds earmarked for continuation of assistance during 2023/24 financial year.



£0.430m Cost of Living Fund granted in 2022/23



£0.165m spend recorded in 2022/23



401 Individuals and families supported



284 supported families in SIMD areas 1-5

During 2022/23, 401 individuals and families were supported via the Section 12 and 22 process, a further 194 through grants to community organisations and 500 warm boxes were distributed over the winter period.

Community Mental Health Service

A particular aim of the Inverclyde HSCP Strategic Plan is to prioritise and develop key Mental Health Services that are critical to the sustained delivery and improvement of services, in support of reducing health inequalities, recognising the link between good physical and mental health and improving related health outcomes.

The Inverclyde Communities Mental Health and Wellbeing fund enabled the distribution of £244,609 in 2021/22 and £215,431 in 2022/23 to community organisations and third sector services in Inverclyde. The money has been used to fund projects that support mental health and wellbeing and help tackle the impact of social isolation, loneliness and the mental health inequalities made worse by the pandemic.

Mental health services continue to work closely with our local Distress Brief Intervention (DBI) providers, Scottish Association for Mental Health (SAMH), to facilitate the referral of individuals to the programme who require intensive support but do not require a clinical mental health service. Feedback about DBI has been overwhelmingly positive with both referrers and individuals



181 DBI referrals from Oct 2021-March 2022



432 DBI referrals 2022/2023 (full year)

referred to the service reporting good experiences. The DBI programme is one component of the mental health and wellbeing service landscape that aims to deliver the right help at the right time to individuals seeking support.

Inverclyde HSCP's Community Mental Health Service continues to provide a range of evidence-based person-centred interventions. These range from short term low intensity psychological interventions provided by the Primary Care Mental Health Team (PCMHT) for people experiencing common mental health problems, to meeting the planned and unscheduled care needs of individuals experiencing severe and enduring mental health conditions. For the latter group of service users, the Adult and Older Persons Community Mental Health Teams (OPMHT) continues to provide a specialist multidisciplinary team approach to assessment, treatment and support. Additionally, the Community Response Service provides access to meet unscheduled care needs in collaboration with the centralised Mental Health Assessment Units (MHAU) and local teams.

Mental Health Inpatient Services

Our Mental Health Inpatient Service provides 24-hour care and treatment to adults and older adults who require an acute admission for assessment of their mental health, or longer-term admission to manage their complex care needs. Inverclyde has five mental health wards, with ninety inpatient beds in total across three separate units, all based on the Inverclyde Royal Hospital (IRH) site.

The NHS Greater Glasgow and Clyde Five Year Adult Mental Health Strategy has been refreshed and aims to continue its trajectory for 2018-2023, expanding on its original scope to take account of the range of services relevant to the wider complex of mental health services and the continuing impact of Covid-19, as services



Five mental health wards



Ninety inpatient beds

continue to remobilise to post pandemic state, or with refreshed focus on service delivery.

One of the key deliverables for local Mental Health services was to develop inpatient and community advanced clinical practice roles to sustain and improve service delivery. Since September 2022 there have been two trainee Advanced Nurse Practitioners (ANP) embedded within inpatient services. The trainees have been working alongside the multidisciplinary team locally as well as gaining experience and competence within other areas of clinical practice appropriate to the modules they are undertaking at Master's level until 2024.

DRAFT

BIG ACTION 2 – A NURTURING INVERCLYDE WILL GIVE OUR CHILDREN AND YOUNG PEOPLE THE BEST START IN LIFE

National Outcomes relating to this Big Action

| | |
|----|---|
| 1 | People are able to look after and improve their own health and wellbeing and live in good health for longer |
| 7 | People using health and social care services are safe from harm |
| 10 | Our children have the best start in life and are ready to succeed |
| 11 | Our young people are successful learners, confident individuals, effective contributors, and responsible citizens |
| 12 | We have improved the life chances for children, young people, and families at risk |

I Promise

I Promise Team and Partnership Working



Our I Promise team and Virtual School Head Teacher have been travelling across Inverclyde's schools to share the work of The Promise and to focus on the five main education calls to action which include: no barriers to engagement in education; school improvement plans to ensure they are valuing and recognising the needs of their care experienced pupils; reducing formal and informal exclusions; positive destinations; and full participation in

subjects and extracurricular activities.

The I Promise team has implemented and delivered on the findings of The Promise and developing the team. Two social work students have been part of the team at various times. In addition, our Children's Rights Officer is also part of I Promise team. The team have engaged with over **525** of our workforce and our stakeholders to deliver the findings of The Promise.



26 schools visited to share good work of The Promise



Engaged with over 525 workforce and stakeholders

"We must listen and respond", we listened and co-produced our wellbeing assessments with over 500 of our workforce and our children, young people and families. We created a working group and co-produced our new paperwork with our Proud2Care young people and our I Promise Modern Apprentice who have all provided great insight.

Children, Young People and Families have told us.










"We have too many people just coming into our lives and then they just leave coz it's their job and that's hard for us and that's why we need to limit people coming in and out of our lives".

*Kinship – "good relationships with the kinship resource workers"
"Good supportive relationships come from the Peer Support opportunities available".*

"Use an environment I am comfortable in; I prefer to have my meetings in my son's nursery. Hectors is too daunting".

"They need to appreciate that they are coming into your home. This is my safe space. I get anxious with people in my house. And if my house is not tidy, I get more stressed".

What's Next

-  Listen and respond
-  Progress the 80+ calls to action within Plan 2021-24 with our partners
-  Create our engagement and participation strategy
-  Strive towards Peer support within our services
-  Continue to feedback to Children's Service Plan
-  Promise Practitioner Forum
-  Continue to offer digital app for hearing voices of our children and young people (Mind of My Own)
-  Supporting tests of change and offer the right support at the right time
-  Networking/Conversation GIRFEC Cafes and continue to support with strategic elements requiring Promise input

The Action for Children Inverclyde Wellbeing Service was commissioned by Inverclyde HSCP / Inverclyde Council to create a wellbeing service for children and young people aged 5 to 18. Staff provide a range of Direct, Preventative and Digital evidence-based solutions, which is delivered with the aim to:

- Increase understanding of emotional health needs
- Ensure active participation
- Establish a platform for children and young people to support themselves and maintain good Emotional Health and Wellbeing
- Build positive emotional health and resilience in coping skills
- Reduce referrals to specialist services

One to one Counselling

- 216 young people aged P6 to S6 accessed school counselling during July 2022 to June 23
- Approx 60:40 split Female: Male
- Reasons for accessing support include anxiety; emotional /behavioural issues and low mood.
- 73 young people reported an improved outcome following support

Throughout the last year the overall picture on improving children and young people's engagement with services is positive; there has been an increase in people accessing both counselling and support and wellbeing services. While the majority of those numbers have not recorded a positive outcome, the returns from Inverclyde's services recognise and have noted that a number of people who are currently continuing to access counselling and services have not completed an evaluation.

Community Mental Health and Wellbeing Support

In addition to this service, the Children and Young People's Community Mental Health and Wellbeing Supports and Services grant from the Scottish Government supports a range of service delivery across Inverclyde to support Children and YP emotional health and wellbeing. Programmes are delivered in partnership with 3rd sector organisations-Action for Children, Barnardos and Kooth.

From July 2022-June 2023:

- 366 children and young people accessed the Emotional Distress Service delivered by all three organisations.
- 1273 attended the Positive Mental Health and Wellbeing Services which has included 819 taking part in Bouncing Back sessions across all P7 classes in Inverclyde. Bouncing Back sessions are universal in scope and are not targeted at individuals, but presented to a whole class group as an early intervention,

Action for Children support a range of young people around:

- Building resilience and coping strategies (emotional regulation)
- Healthy and positive relationships, which extends to supporting relationships at home within families.
- Anxious thoughts and feelings

Support is currently ongoing and varies across the CYP and families in support taking place within school, including:

- Scheduled drop in groups
- Support for CYP as and when they feel they would benefit while attending school.
- Activities also take place out with school to build on social relationships in a less formal setting,
- Also involve support taking place within the family homes,
- Support extends to emotional support to the wider family to include and provide parents who are struggling with the challenges of supporting their child to fully engage with school.

Barnardos have delivered two specific programmes:

Cygnets Programme

11 parents have successfully completed the Cygnets Programme. The Cygnets Programme is a targeted parenting support programme designed for parents of children and young people aged 8-18 who have a diagnosis of Autistic Spectrum Condition. The programme allows parents to develop their understanding of Autism and explore practical strategies and solutions to respond effectively to their child's needs and the more challenging aspects of their behaviours.

Thrive Peer Support Group

The thrive parent support group is a monthly support group for parents of children with a Neurodiverse condition, including ASC and ADHD. The group is not limited to parents in which their child has a diagnosis, and they can be going through the assessment process. This group has a core group of 9 parents and they can drop-in to the group as they require support. The group is a semi-structured group at the request of the parents who attend. They have expressed that some sessions they find it useful to have speakers giving advice on additional services, parenting advice, etc. However, they have expressed that they prefer most months without speakers because they find the peer support aspect of the sessions most useful and prefer some sessions in which they can simply share experiences and provide one another with emotional support. This is a forum in which they can provide one another with support and share the challenges in relation to their parents' roles.

Thrive under 5 (TU5) is a Scottish Government funded pilot programme in NHS Greater Glasgow and Clyde providing targeted support for young families in relation to food insecurity and child healthy weight. This programme seeks to address food poverty and food security as recognised barriers to providing affordable healthy food through a range of community organisations such as food pantries, community shops, flat pack meal providers, cooking equipment vouchers, community cooking and food growing programmes and community physical activity programmes.



TU5 will be embedded into Inverclyde Food Network



Health Improvement Senior post recruited



Steering group has been set up and running with a wide range of organisations



Cooking Demos being delivered in local centres in Port Glasgow



Cycling Hub being set up in Port Glasgow for families

Purpose of Project

Pilot a whole system, community food-nurturing programme with families of pre-school children, combining action on food insecurity, healthy eating, and physical activity in Port Glasgow.

Whole Family Wellbeing Fund (WFWF)

Inverclyde HSCP in collaboration with our partners from Education Services successfully bid for £907,000 of funding from the Scottish Government in the form of the Whole Family Wellbeing Fund. This was granted in late 2022 and is integrated into the work of our Children's Service Plan.

The Whole Family Wellbeing Fund (WFWF) will be utilised in Inverclyde to scale up our outreach service to delivery whole family support and design intensive services within Inverclyde for our children with complex needs to meet the aspirations of the Promise. The WFWF is still in development however will help drive the redesign of children's services for Inverclyde. Whole family support is about helping families to build on strengths and assets by improving capacity to provide care for their children that keeps them safe. We will provide strength-based services that are rooted in building on the foundations of the Promise.

The focus of our work is around:

- Children and Families to receive the right support at the right time from the right service.
- Increase and improve families' access to early help.
- Reduce unnecessary Social Work involvement.
- Supporting Interagency Referral Discussions (IRD) to ensure early identification and help.

To help ensure that the *'right support gets to the right people at the right time'* the operational structure has at its heart the use of evidence based. An operational

structure has been drafted, involving staff in Inverclyde Health and Social Care Partnership (HSCP) and Inverclyde Educational Psychology Service (IEPS), which is in the final stages of development. This aims to both increase capacity and effectiveness of working at early intervention and intensive levels of need. In keeping with the demands of the logic model behind the Programme the ongoing development of the WFWF in Inverclyde will be non-siloed and will embrace coproduction both with service users and third sector partners



We ensure our children, young people, and families are at the centre of designing support services.



We have created accessibility and ease of access to services



We assume a whole system approach rather than trying to change one part of the system.



We have created a culture of buy in from leaders and our workforce.

To ensure that therapeutic support is core to the programme a therapeutic intervention worker has been employed to work within the Hub structure. The therapeutic intervention worker is now receiving casework and there is evidence of impact for this workstream via the use of the Strengths and Difficulties Questionnaire. Three Throughcare Resources Workers have been recruited and a fourth worker will be recruited soon. This service will operate for seven days per week.

Through the WFWF there is a commitment to work with third sector partners. There is representation from Communities and Voluntary Sector Inverclyde (CVS) sit on the CSPP group. Several partners will be brought together to coproduce the early intervention approach. this includes Children 1st Homestart, Barnardos, Action for Children and CVS. Furthermore, the Request for Assistance Team (HSCP) and Education Support Workers will be involved in ongoing discussions to ensure effective working and reduce duplication. Members of the team who will be

involved in supporting the Hubs are fully trained in trauma Informed practice and will link with the Trauma Informed Practice Lead to ensure consistency of practice across Inverclyde.

Wellbeing Service – Action for Children

B's Story – aged 12 – Wellbeing Transitions P7 - S1



“B” found the transition to high school extremely difficult. When I was introduced to “B,” he was a non-attender, who’s anxiety prevented him from walking through the school doors. The pressure that this put on the family created further stress. I met with “B” and his mum at the family home to see how our service could be of help.

I took “B” out for ice cream, we talked through his worries and how the service could work for him, advising that we could have individual time together as well as group time with three other boys in his year (that I also support). “B” was interested in both, so we planned for him to attend the group time the following week.

Throughout the next week “B” still found difficulty in attending school, I took him out for lunch to chat through his worries again. He mentioned that he did not like Fridays as he had PE and he found it stressful having to change in the middle of the day, therefore I was able to communicate this (with his permission) to his guidance teacher who then removed this obstacle from his timetable (temporarily). On return from lunch, I spoke to mum at length to relieve her worries about the situation and to reassure her that Action for Children would do everything possible to help ease this situation and use all the tools we have.

“Mum was pleased and relieved at the progress”

The following week “B” made it into the group time session where he joined two other boys in his year, afterwards he spent time in the student support room and remained in school for the rest of the day.

I spoke to mum who was pleased and relieved at the progress, she let me know that he enjoyed it and that he would like to continue with the group time as well as having individual time with me in school. He managed to go into school the next day too, however he had a setback when other pupils made fun of his attendance, swearing at him, and calling him names. This set back meant that the following week he could not go back through the school door again as his anxiety levels were extreme. I visited the family home that week and took “B” out for hot chocolate, we talked through his thoughts and feelings about group time and the event with the boys. We talked through strategies he could try, and he said he would give it another go. On return, I spoke to mum at length, I reassured her again that it was early days and that we would take baby steps building up “B’s” confidence; she felt better.

“I’m going to attend the first two periods of school today”

The following week, I took “B” out for lunch to talk things through and build up our trusted relationship. He mentioned that he sits next to the boys who had been bullying him in his classes. I was able to communicate this (with permission) to the guidance teacher, who then made amendments in the classroom to suit. During this week, “B” made it into group time and even gave ideas for games next time (we played the card game snap and on the occasion that anyone got a snap we wrote in our notebooks something that we liked about ourselves....and then got a Haribo sweet). The following morning, I received a WhatsApp message from “B” telling me that he was going to attend the first two periods of school that day.

Over the following few months, “B’s” attendance in school was a hit and miss, however he made it in for individual sessions and fortnightly group time with me and went on to attend weekly counselling sessions with Action for Children. He now attends school regularly and has been trying out a reduced timetable. Nevertheless, he currently presents as less anxious, has made new friends within school and I see him regularly with a smile on his face. He has just started his new S2 timetable and is open to going to more classes.

DRAFT

BIG ACTION 3 – TOGETHER WE WILL PROTECT OUR POPULATION

National Outcomes relating to this Big Action

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

Adult Protection

We continue to build on our partnership approach to our Adult Support and Protection (ASP) work across Inverclyde. Partnership staff effectively share information to identify and protect adults at risk of harm in ensuring our adults subject to ASP are safer because of the support they received. Police Scotland and our HSCP services effectively collaborated to keep adults at risk safe from harm and we successfully completed risk assessments and protection plans in a timely manner and of good quality, this is a true reflection of our multi-agency approach. Our staff reported they are confident in their role around keeping people safe, protected, and supported and that the quality of screening and triage work is very good, with referrals received and processed accurately and in a timely manner.

Following our 2021 Care Inspectorate inspection, we reviewed our key processes and documentation to ensure we more accurately recorded matters in relation to the three-point-test. Chronology, risk assessment, protection planning tools and templates have been standardised to ensure a more consistent approach in supporting and informing our ASP investigations as second worker.



91% of adults at risk of harm who needed additional support received it



94% of case conferences were rated good or better for quality



93% of case conferences effectively determined actions to keep the adult safe



Police colleagues attended 57% of our case conferences with health colleagues attending 71% (when invited)



83% of staff concur that interventions for adults at risk of harm uphold the Act's principles of providing benefit and being the least restrictive option

Following the implementation of process changes, feedback suggested that adults subject to adult support and protection, experienced a safer quality of life from the support they received and furthermore Adults at risk of harm felt supported and listened to in keeping them safe and protected during the ASP process.

Inverclyde Justice Social Work Services are active participant in the Integrated Case Management (ICM) process. The ICM process is co-ordinated by Scottish prison Service (SPS) and provides a multi-agency framework to plan and monitor the sentences of those serving long term custodial sentences and, crucially, provides an opportunity for planning for release to take place. Justice social workers based in the community team are invited to participate in the pre-release ICMs of all prisoners who will be managed on licence on release. This allows for plans to be made to support service users regarding housing; finance; health and other welfare issues in good time before their release. The pre-release is also significant to risk management as this is the forum where decisions are made regarding whether management under Multi Agency Public Protection Arrangements (MAPPA) is required.

Prison based social workers are also key participants in ICM meetings and our justice social workers, based at HMP Greenock, attend ICMs for all prisoners who will be released on licence regardless of whether they will live in the Inverclyde area on release. While they have less of a role in terms of enacting plans for release, they often take forward actions relating to managing/reducing risk of reoffending and can help to progress related needs issues while the individual remains in custody.

The ICM process, in its current format, was established in 2007 to support partner agencies to fulfil their responsibilities under the Management of Offenders etc (Scotland) Act 2005. However, the need for effective multi-agency planning and delivery to support public protection and reduce reoffending continues to be a key theme within the national policy context. The revised Scottish Government's National Strategy for Community Justice (2022) sets out 4 key aims. Important to the successful implementation of the ICM process is Aim 3, which states:

'Ensure that services are accessible and available to address the needs of individuals accused or convicted of an offence'.

Within Aim 3, priority actions 7 states:

'Enhance individuals' access to health and social care and continuity of care following release from prison by improving the sharing of information and partnership-working between relevant partners.

And 10:

'Enhance community integration and support by increasing and promoting greater use of voluntary throughcare and third sector services.



102 Integrated Case Management *Community Justice* cases attended in 2022/2023



An increase of 9 cases from 2021/2022



113 Integrated Case Management *Prison Justice* cases attended in 2022/2023



An increase of 11 cases from 2021/2022

The Inverclyde Community Justice Partnership will utilise this revised Strategy to inform the development of the new Inverclyde Community Justice Outcomes Improvement Plan, which will launch in 2024. The Partnership will seek to ensure this local Plan considers a range of improvement actions that will support the safe and effective re-integration from prison to the community of Inverclyde.

Throughout 2022/23 Inverclyde HSCP hosted an externally funded Early Action System Change Project – Women Involved in the Criminal Justice System. The Project Team co-produced system change with a group of women in Inverclyde involved in the Criminal Justice System. Two tests of change were completed to improve outcomes for women engaged with services; first, the commitment to HSCP and selected third sector partners (CVS and Your Voice) to develop trauma informed and responsive services and staff; second, a commitment to improving referral pathways into supportive community resources, making these more accessible and inclusive for women.



Following the completion of STILT, the Project Implementation Group, in collaboration with NHS Greater Glasgow and Clyde and NHS National Education for Scotland (NES), hosted a workshop in July 2022 towards the agreement of cascading training on trauma informed systems, services and practice to staff across the organisation and third sector partners. This event demonstrated commitment and consistency to Trauma Informed Practice by Leaders and Managers and was viewed as essential for the successful implementation of trauma informed systems and services; embedding and embodying Trauma Informed Principles of Trust, Choice, Empowerment, Safety and Collaboration should be the foundation of positive culture change.

This workshop concluded with a series of proposed recommendations for action across five broad themes; (1) action planning, (2) leadership, (3) staff recruitment and retention, (4) staff supervision and (5) wellbeing and lived experience.

To maintain the momentum around this agenda, an operational STILT Conference was hosted in September 2022 bringing together operational managers from HSCP Services (Criminal Justice, Children and Families, Homelessness, Alcohol and Drug Recovery Service), CVS Inverclyde and Your Voice Inverclyde. This conference supported those services in identifying actions in becoming trauma informed.



73 staff across services have completed Scottish Trauma Informed Leadership Training (STILT)



38 of the 73 were HSCP staff and 35 from the Third sector



17 staff members have completed Level three Trauma Enhanced Training (11 HSCP /6 third sector)



35 staff on waiting list for Level three Trauma Enhanced Training

C's Story

"C" is subject to a Community Payback Order, which includes an Unpaid Work Requirement, for a serious violent offence. As part of the Unpaid Work Order and, as well as going out with "squads" to community-based projects, she was also referred into the Women in Justice Support Group (WJSG). This group is made up of women with lived experience of the Justice System or who are at risk of coming into the Justice

"I was so lucky to get a Community Payback Order, I was so worried I was getting jailed, I have family members in jail, it is not a great place for them. I had a bereavement around the time of my court case, and I was so scared, getting this Order really helped me"

System. Co-production is at the heart of the group and discussions and activities are driven by the women themselves. To date, the women have compiled an explanatory leaflet called "Attending Court" to explain Court processes to

other women going through the Court system and are also currently looking at compiling guides involving what it means to be bailed for the preparation of a Justice Social Work Report and what it means to be subject to a Community Payback Order.

Service Feedback

"C" has been attending the Women in Justice Support Group (WJSG) since March 2022. She attends weekly and is an active participant in all group sessions and discussions. "C" has attended sessions focused on desistance from offending, emotional regulation, anger management, domestic abuse, addiction, and mental health. The Project Team take a strength-based approach with the women in the WJSG to help build self-confidence, resilience and coping capacities and our engagement with the women is based on the five principles of trauma-informed practice. "C" has been the mainstay of the WJSG and often leads discussions around pertinent issues raised by the women. She has spoken openly about her previous lifestyle and poor life choices and disclosed that her lifestyle was characterised by drug dealing, drug-taking, and associating with a negative peer-group, resulting in her involvement in the Justice System. Through her participation in the WJSG, it is evident to the Project staff that "C" has changed her perspective, has grown in confidence, has built resilience and a strong coping capacity and now feels empowered to take her life forward in a non-offending way.

"This is weird, I know the Order is still punishment, but I look forward to a Tuesday when I am with the project staff, those two have really helped me and all the girls with our confidence. No one is judged in the group...it is hard to explain but people talk to us about the future, or we discuss issues in our own lives, and they (Project staff) listen to us, I know girls have said they have never felt like that before when on an Order"

What has the person achieved

"C" was put forward for local volunteering, training, and employment opportunities. Through a third sector organisation, a volunteering placement was found for her in a local gardening initiative. Feedback from the volunteering co-ordinator was very positive and focused on "C's" ability to use her initiative and her skill set within this environment.

“Look, I know I have not done much in the last few years so working with them (the project staff) has been big for me. They have encouraged me to try stuff I never thought of before. Take the outdoor work we do, I enjoy the graft and said to the project staff I would love to do more when I finish my order, next thing we are discussing volunteering stuff and I’m up there (community food growing place) helping, then I’m put forward for a course in gardening stuff. Now I am looking for a job, which would be massive

This then led to her being supported to apply for further study in the horticulture field, which could potentially lead to her achieving a recognised qualification. From this trajectory, “C” has the opportunity to apply for employment within a local initiative, which supports people within the Police custody setting and is developing and enhancing her

interview skills and writing her CV to strengthen her application.

DRAFT

BIG ACTION 4 – WE WILL SUPPORT MORE PEOPLE TO FULFIL THEIR RIGHT TO LIVE AT HOME OR WITHIN A HOMELY SETTING AND PROMOTE INDEPENDENT LIVING

National Outcomes relating to this Big Action

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

Care at Home Redesign

Following the pressures and challenges the service experienced over the last three years to meet demands, Care at Home considered ways to make improvements on several aspects of the service. We recognised that it was vital that a reablement approach was embedded with all services to provide a quality service, best value, and maximise the individual's independence. These developments involved consultation with Your Voice, discussions with our staff, our people, and our wider stakeholders.

With significant effort from the home care team and our Allied Health Professional (AHP) colleagues we were able to re-organise our staff teams, our new approach includes reablement staff working alongside our longer-term staff to share their good practice, experience, and knowledge of the reablement ethos. This re-design enabled the service to improve on continuity of care as we reduced the number of staff in each area and the geographical areas covered by staff, this has seen a reduction in travel distance and time for staff. Early feedback has been positive with staff commenting *"they don't feel as stressed at work"*. Staff consultation events identified that the cost of living is an area of concern for staff particularly fuel costs and through the re-design we have seen a significant decrease in the number of miles claimed which ultimately results in staff not having to pay up front for petrol and wait for reimbursement, this reduction in the number of hours for travel time is creating some resource internally to help meet the demands

Analogue to Digital (A2D) Inverclyde Technology Enabled Care (TEC)

Technology Enabled Care (TEC) is part of the Care at Home review currently on going. Ofcom announced that the current analogue telephone network providing the current telephone systems will be switched off in

"Inverclyde has achieved a Silver Accreditation from the Local Government Digital Office with the aim of Gold Accreditation June 2023"

2025 across the UK. The system will be replaced with a Digital network which all telephones will require to operate over.

The change to a digital network will impact on the analogue community alarm and telecare systems currently supplied to 2000 of our Inverclyde people. All community alarms/telecare sensors require to be replaced prior to the switch off date of December 2025.

To address the essential transformation to a digital service Inverclyde TEC, Renfrewshire TEC, and Bield Response (BR24) collaborated a small three-month test of change funded by Local

Government Digital Office.

The test of change evaluated new Digital alarm units using two manufacturers and successfully evidenced the successful operation of our digital alarm units through to the alarm receiving centre.



75% of people rated the service as a 10 'excellent'



18.8% of people rated the service as a 9 'very good'



80% of people were 'very satisfied' with Digital at Home



Of 1860 connections – 33% are digital (aim 100% Jan 25)

Care at Home

D's Story

I am a 60-year-old male. I was discharged from hospital following admission with a stroke. I was referred to the Reablement service for support once daily with personal care, grooming and dressing. My partner supports with meals, and I am independent with my medication.

Once at home I was visited by the Occupational Therapist Assistant, and we agreed that my goal was for me to complete as much of the tasks as I could and to only receive support where I struggled as regaining independence where possible was what mattered to me.

"This service is outstanding for me and my partner and has enhanced my daily living. The commitment to help me regain independence was evident in every interaction".

I worked well with all staff, particularly Rosemary and Mary; they always encouraged me to participate to achieve my goal to wash independently. I use a shower chair and long-handled sponge and now they only assist me with the areas that I am unable to reach due to my weakness. I was also provided with a sock aid and a shoehorn, and this has enabled me to put on my socks and shoes independently.

This service is outstanding for me and my partner and has enhanced my daily living. The commitment to help me regain independence was evident in every interaction.

NHS Greater Glasgow and Clyde Board alongside HSCP Chief Officers adapted to Scottish Government requirements for assurance through refinement of the governance structure for Urgent and Unscheduled Care, whilst staying true to the three key themes of the Delivery Plan.

- **Early intervention and prevention** of admission to hospital to better support people in the community.
- **Improving hospital discharge** and better supporting people to transfer from acute care to community supports; and,
- **Improving the primary / secondary care interface** jointly with acute to better manage patient care in the most appropriate setting.

Early intervention and prevention of admission to hospital and Community Focused Integrated Care

Work continues, on a wide range of approaches on frailty and falls across the HSCP. The Rockwood Frailty tool is being utilised across our adult services, utilising the data from this we have developed a Frailty Matrix across our HSCP and partner services. We continue to build on our proactive falls assessments, training for carers and walking aid reviews in our Care homes as well as replacement walking aid ferrules being available at local libraries and continue to pilot falls prevention training in one of our local care homes for staff.

We have redesigned and invested in our services to ensure we have a multi-disciplinary same/next day response for people who are at high risk of admission to hospital. This includes:

- ✓ Emergency Department pathways to home from hospital AHP's, Rehabilitation Service and District Nursing.
- ✓ Development of an Urgent Hub
- ✓ Emergency Department pathways to home from hospital
- ✓ Enhanced Social Work Duty Service
- ✓ Same day equipment provision
- ✓ Step up beds

We implemented a multidisciplinary planning meeting to plan better outcomes for people with complex and fragile health conditions and as part of the winter planning resources, we extended our Allied Health Professional (AHP) service till 7:00 p.m. We have plans to go live with weekend cover at the end of May 2023. With this good work and the process of receiving referrals from Scottish Ambulance Service (SAS) through the Flow Navigation hub (to reduce conveyance to hospital) alongside the work off our Community Alarm responders reduces the risk of admission to hospital.

Inverclyde HSCP continues to develop the new Learning Disability (LD) Hub. Concept and spatial designs were completed at the beginning of 2023 with detailed design to be completed by June 2023.

Consultation and engagement with our people, parents and carers, staff and other stakeholders has proven successful and continues, the consultant and engagement process will ensure the design meets the brief, aspirations and the needs of our people who will use the HUB in the future.

"I'm sure I am speaking for many when I say I am delighted with the progress of the new LD Hub which will deliver modern, suitable surroundings to support adults and young people with LD" - Alan Cowan, Chair of the IJB (Greenock Telegraph 20th March 2023)

The Learning Disability and Autism Strategies priority areas remain focussed on improved health and well-being, closing the health inequalities gap, reducing harm, and maximising people's independence through an enablement model. Other areas of focus have improved Transitions into adulthood for 16-25-year-olds by increasing employment, training and volunteering options, people reaching their potential and feeling valued and included.

Out with the HUB building, work continued with community groups and third sector organisations to ensure opportunities for people in their own local community are accessible and inclusive. One example of partnership working is our HSCP LD Team are working with Parklea Branching out in developing a new employability programme for people with LD and autistic young people and as they develop their own £1.5m community HUB providing more accessible, community-based options.

Inverclyde HSCP Learning Disabilities and Children and Families teams with input from Education have worked in partnership with the Association for Real Change (ARC) Scotland to take part in a national trial of Principles of Good Transitions.

The HSCP facilitated an event for parents of senior phase pupils with Additional Support Needs at the Beacon in January 2023; a workshop for parents to understand the Transitions process and a chance to meet with Organisations that provide post-school options.



35 parents attended our workshop



Six schools across Inverclyde were involved



19 Organisations attended the event

Primary Care Improvement Plan (PCIP)

The implementation of our Primary Care Improvement Plan (PCIP) has enabled GP practices to support patients in alternative settings, this is built on a multidisciplinary team model underpinned by seven key principles: safe, person-centred, equitable, outcome focussed, effective, sustainable, affordable and value for money.

“We have achieved a workforce of 46 wte multidisciplinary professionals, who now support General Practice under the direction of Primary Care Transformation

Over the course of implementation, we have reflected on lessons learned and adjusted our plan accordingly. This has included the implementation of a skill mixed workforce, which has provided opportunities for efficiencies, and built greater resilience in services.

CTAC Statistics – Reporting Period April 2022 – March 2023 Across Greenock, Gourock and Port Glasgow Treatment Rooms



31,547 appointments issued by CTAC (28,872 attended)



5863 cancelled appointments, 323 Did Not Attend (DNA)



29,738 procedures carried out (bloods most requested procedure = 11,632)



17,600 electronic referrals from GP to CTAC

Our priorities continued to focus on advancing and accelerating our multidisciplinary models of care across Community Treatment and Care (CTAC), Pharmacotherapy, Vaccination Transformation followed by Urgent Care.

The creation and implementation of CTAC

services provides the opportunity to transfer activity in General Practice including minor injuries, chronic disease monitoring and other services suitable for delivery within a community setting. The move towards alignment of current Treatment Room services under the rebranding of Community Treatment and Care.

Our community link workers (CLW) model continues to be a valued asset. Although much of the CLW role is ‘unseen’ they are actively in the community providing support to patients, often with complex issues, to remove barriers and to link with resources and services to improve their overall wellbeing. We have seen a significant demand on our services, due to a variety of factors including asylum and New Scot population requiring a greater level of input and support, the ongoing cost of living crisis and of course the fuel poverty and food poverty challenges.

“Community link workers are now firmly embedded across 13 GP practices which has enabled relationships to grow, both with partners and with our

Care Homes and Care Home Assurance Tool (CHAT)

Care Home Assurance Tool (CHAT) visits commenced across all NHS Greater Glasgow and Clyde partnerships in May 2020 in response to the impact of Covid-19. The visits set out to provide additional clinical input, support, and guidance to care homes which were under extraordinary pressure. This work also aligned to the Executive Nurse Directors responsibilities set out by Scottish Government in which they were to provide nursing leadership, professional oversight, implementation of infection prevention and control measures, use of PPE and quality of care within care homes. Good practice and improvements have been identified during the assurance process, with care homes taking ownership of the actions required and working in collaboration with HSCP colleagues to achieve improvements. Emerging themes are shared at the Collaborative Care Home Support Team (CCHST) meetings and through local governance processes.

“Every section (of the care plan) includes service user comments and staff comments. This highlights the residents are included, respected, responsive care and support, wellbeing and compassion is being provided by service.”

Care assurance visits are just one part of the supportive framework around care homes and sit alongside HSCP day to day relationships with individual care homes, HSCP CCHST and the Care Home Assurance Group. CHAT outcomes all the opportunity to discuss, with care homes, their areas of strength as well as their key priorities. NHS Greater Glasgow and Clyde and the Care Home Collaborative (CHC) Team see all individual home reports, support ongoing improvements and work with our care homes to provide training packages where required.


“The home has a weekly “Takeaway night” on a Saturday and residents can order from anywhere, staff will happily drive to several different restaurants to collect food as required to accommodate choice”

Each CHAT visit where improvements are identified, has led to a specific action plan for that home and these action plans will be discussed and monitored regularly with the homes to ensure that any required support is identified and provided. CHAT visits will continue to be held on a six-monthly basis, or more frequently if there is an identified need for a specific home.

Scottish Ballet

Scottish Ballet have developed a one-to-one digital resource package for those living with neurological conditions for use in bed or Chair. The CHC is working in partnership with Scottish Ballet to facilitate delivery, formal evaluation and support bringing together meaningful activity, movement and “*What Matters to you*” conversations in line with the Collaborative’s Person-centred care. This work is being piloted in Inverclyde with three homes – Campbell Snowdon, Newark and Larkfield, and has involved participation from staff, residents and in some cases family members.

These examples, lifted directly from the reports, provide examples of good practice, high quality care and a person-centred approach to care.



Relative - "Very Happy with the care"

"Resident won award for hero of the year for welcoming new residents into the home and including them"

"Residents are included in making shopping choices".

"One resident always likes to know which staff are on shift for the rest of the day and the team have developed a pictorial board to depict this – which was a lot more fun and homely than having a chart with names listed on the wall".

"The home has lots of large spacious areas to support activities e.g. – carpet bowling, family parties, train set in situ and work to continue to build it. There is also a resident library and physiotherapy gym – where there is a physio and acupuncture services on a Friday".

"M's" Story

"M" is a 62-year-old man who lives with his wife "R", she is 68. "R" has a long history of depression; she has diabetes, and a diagnosis of Dementia. "R's" mobility is very poor, and she has a history of falls.

"M" works fulltime for the NHS and has no family in Scotland to support him. When I started working with this couple a lot attention was focused on "R's" needs. "M" was so stressed and anxious at this time, he advised that if "R" didn't go into long term care, he would need to leave his job. I supported "M" in completing an Adult Carers Support Plan and was able to identify that "M" had been experiencing severe stomach pain due to the stress of his caring role. This pain got worse when "R" was experiencing falls, or her dementia symptoms were worse. In addition to this "M" had started to experience panic attacks and was prescribed anti-depressant medication by his GP.

During the assessment process "M" advised that his caring role has impacted on their marriage. "M" no longer feels like he is "R's" husband. He describes himself as her carer now and any intimacy they had is gone in favour of caring tasks.

"M's" family all live in Cornwall and due to "R's" illness, they were no longer able to travel there which was impacting on the support "M" received from family members. "M" now enjoys respite breaks which allow him to visit his family in Cornwall. This has been an amazing source of support and strength for "M". He is now managing his caring role very well and he remains in full time employment.

In using the same Care home for respite "M" is now familiar with the staff and the routines and feels more comfortable leaving "R". This has had a very positive effect on "M". He is now managing his caring role very well; he maintains full time employment and when he feels he needs a break he is reassured that he knows this is a phone call away.

Objective three of the Inverclyde Rapid Rehousing Transition Plan is to: Implement a Housing First model which enables excluded service users to achieve housing sustainment. Since the implementation of a team of internal Rapid Rehousing Support Workers in November 2022, Inverclyde HSCP has achieved the successful scaling up of the model by increasing the number of individuals receiving Housing First support from nine in October 2022 to 50 in March 2023. This represents an increase of over 500%, indicating that the service now has a much larger scope for providing Housing First pathways without the restrictions on availability of local commissioned supports.

Consideration for the housing first pathway came from identification of beneficiaries with the following history - homeless/long history of repeat homelessness/tenancy failures, experience of trauma/abuse, ongoing addictions and/or mental health issues and experience of institutional care or imprisonment. Referral routes are open to a range of partners including homeless service, addiction and mental health services, community/criminal justice, family and children's teams and third sector partners.

The service additionally focused on cases facing or experiencing long term homelessness – all persons experiencing long term homelessness were automatically referred to the in-house support team while the Assessment and Support Officers concentrated on households approaching long term homelessness to prevent this. This resulted in a reduction of 21% from Q3 to Q4 when this focused approach commenced.

Engagement with those with lived experience is improving in relation to how we deliver our services – collaboration with Your Voice has resulted in an engagement session with a group of homeless or previously homeless households to discuss some areas of suggested improvement within the service and communicate to the group the changes the service was making. Since this session, Your Voice have continued to provide representation on the Communication and Engagement subgroup and continue to deliver valuable feedback from the group, this includes sense checking outgoing communications i.e., general information leaflets, giving their perceptions on stigmatising language etc. Resident interviews have also taken place to reveal perceptions on their journey through the service



88% indicated that they were satisfied or very satisfied with the service received from staff



76% of accommodation provided was a hostel with 24% in a temporary furnished flat



30% of respondents did not receive any kind of welcome pack upon entering the service



82% of our people confirmed Accommodation staff were 'approachable' and 71% 'helpful'

The service undertook a survey with residents to gauge their satisfaction levels with the accommodation and service provided.

A total of 17 surveys have been collected so far, 13 of which were collected from the Inverclyde Centre (54% of residents) and 4 from service users in our temporary furnished flats (TFF). Although a direct comparison cannot be made, satisfaction levels amongst those in the TFFs appears to be higher than those in the Inverclyde Centre

J's Story

"J" had been living with a family member following the abandonment of his own tenancy but had been asked to leave. This man was known to local mental health services and regularly misused alcohol and substances, in addition "J" also had physical health issues for which he received treatment. Having spent time in the hostel setting, the individual was observed to have problems around door keeping therefore the service

"Never had that help, it made me nervous to begin with".

facilitated the move to a temporary furnished flat in the community to remove him from a setting that was viewed to be detrimental to him.

"J" met the criteria for Housing First and was assisted by the in-house Rapid Rehousing Support Team following their initiation in November 2022. The team assisted him with budgeting and attending GP appointments and community support groups which he would be unlikely to attend on his own due to his mental health and struggles with anxiety, particularly in group settings.

"Forever grateful"

"The service saw something in me that I didn't see in myself. I would do it all over again. It helped me find myself, gave safety, security, advice".

"J" signed for a Scottish Secure Tenancy for a local housing association in February 2023 and the Resettlement Support Workers assisted him to access a starter pack provided by a local charity and a Community Care Grant.

As part of the tenancy agreement an Occupational Therapy referral was completed for adaptations in his new tenancy to incorporate a shower which was required in relation to the man's physical health.

"J" is now happy in a secure tenancy and continues to receive the wrap around support provided by the Rapid Rehousing Support Workers at seven hours per week.

"Rapid Rehousing Support Workers were "someone to phone when I needed with no judgement" and John confirmed having this help made a noticeable difference".

(33-YEAR-OLD MAN, GREENOCK)

BIG ACTION 5 – TOGETHER WE WILL REDUCE THE USE OF, AND HARM FROM ALCOHOL, TOBACCO AND DRUGS

National Outcomes relating to this Big Action

| | |
|---|--|
| 1 | People are able to look after and improve their own health and wellbeing and live in good health for longer |
| 2 | People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community |
| 4 | Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services |
| 7 | People using health and social care services are safe from harm |

Residential Rehabilitation

In the past year Inverclyde Drugs Alcohol and Drug Partnership (ADP) have worked proactively to improve referral and uptake of residential rehabilitation places. Within Inverclyde there are two residential rehabilitation facilities, both run by Jericho House, one for females the other for males. The ADP have block funded two places between November 2022 to March 2023.

In the past year the ADP have funded four people in residential placements throughout Scotland. The ADP have also developed a residential rehabilitation pathway with support provided by Turning Point Scotland and Inverclyde ADRS which will include a nurse, lead practitioner and administration.



The ADP funded two places for Jericho House



Turning Point Scotland Commissioned for residential rehab



The ADP have funded four people in residential placements

It is anticipated that the commissioning of this service will greatly improve access and referral to residential rehabilitation making the process more equitable across the Inverclyde area.

Figures for residential rehab over the years

| 2018-19 | 2019-20 | 2020-21 | 2021-22 | 2022-23 |
|---------|---------|---------|---------|---------|
| 1 | 2 | 2 | 2 | 4 |

The Medication Assisted Treatment (MAT) Standards for Scotland were published in May 2021 to ensure consistent delivery of safe, accessible high-quality care and treatment for people experiencing harm as the result of drug use regardless of where they live. MAT is the term for use of medication such as opioids, together with any psychological and social support.

The 10 standards adopt a rights-based approach, ensuring individuals have choice in their treatment and are empowered to access the right support for where they are in their recovery journey.

Although it has been challenging to achieve full roll out for MAT 1-5 by April 2023, Inverclyde ADP has achieved green status for MAT 2 and 5, with provisional green for MAT 1, 3 and 4. This demonstrates full implementation of the standard, with some refining of the experiential evidence gathering required to evidence full-service user/patient benefit for 1, 3 and 4. For MAT 6-10, full implementation is required to be achieved by April 2024.

| | MAT STANDARD | RAGB STATUS AT MARCH 2023 |
|----|--|----------------------------------|
| 1 | All people accessing services have the option to start MAT from same day of presentation | Provisional Green |
| 2 | All people make an informed choice on what medication to use for MAT and the most appropriate dose. | Green |
| 3 | All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT. | Provisional Green |
| 4 | All people can access evidence-based harm reduction at the point of MAT delivery. | Provisional Green |
| 5 | All people receive support to remain in treatment for as long as requested | Green |
| 6 | The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychological interventions (tier 2); and supports individuals to grow social networks. | Amber |
| 7 | All people have the option of MAT shared with Primary Care | Amber |
| 8 | All people have access to independent advocacy and support for housing, welfare, and income needs | Amber |
| 9 | All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery | Provisional Amber |
| 10 | All people receive trauma informed care. | Provisional Amber |

Inverclyde ADRS has an assertive, opt out approach with education provided to individuals including information about overdose symptoms, training, and supply of Naloxone. All staff have completed training in a range of harm reduction interventions including emergency supply of Naloxone which is available within the service. We continue to provide access to safe, clean injecting equipment provision (IEP) within the service and our nursing staff provide wound care, assessment and treatment of risks associated with injection and poly drug use.

We host Inverclyde and Renfrewshire Hepatitis C service which is a nurse led service to provide a seamless pathway for diagnosis, treatment and follow up of Hepatitis C in line with clinical guidelines.

We have a long-established good joint working with all community pharmacies. NHS board wide guidance allows for community pharmacies to inform the service if individuals do not attend for OST prescriptions. This has allowed us to promptly respond and re-engage the individual with further support and maintain them. Based on the level of risk to the individual there may be circumstances where ADRS will opt to deliver OST to an individual in their own home.

Inverclyde Addiction Liaison Outreach Service

X's story

"X" phoned ADRS Duty to request Opiate Substitute Treatment (OST). He had not been open to services but had previously been known to the service 16 years ago with a history of poly drug and intravenous drug use. "X" advised he had taken an overdose of heroin by injection the day previous and no longer wished to use illicit drugs. He had advised Duty staff that he planned to attend a residential rehab placement in two days' time and was requesting prescribed OST for the two days as to avoid using illicit drugs. "X" was referred to Addiction Liaison due to the rehabilitation involvement and recent overdose.

"X" advised he was an active member within the recovery community and had been for around 14 years"

"X" reported a lapse to opiate use following a period of ill health when he was prescribed co-codamol. Non prescribed co-codamol use increased over time with the occasional use of heroin. Reporting a non-fatal overdose, the previous day when using heroin. Naloxone was

administered to bring him round. He did not attend hospital. He admitted to himself that he needed help and arranged for admission to residential rehab, borrowing money he was unable to afford. He phoned ADRS duty requesting OST prior to attending rehab.

Medical staff discussed the case and offered a same day appointment for assessment of suitability of OST. The appointment was arranged and facilitated by Addiction Liaison Nurse. "X" was fully assessed, and all risks were discussed. Based on the risks discussed and medical advice, patient opted for a period of treatment. He had informed rehab that he no longer wished to uptake the placement at this time and instead chose to engage with ADRS for a period of treatment and support. Patient was prescribed same day OST in line with MAT 1 and daily attendance at community pharmacy arranged. Oral Buprenorphine was agreed as a form of OST initially with a view to switching to long active injectable Buprenorphine (Buvidal)

Outcome:

OST was successfully initiated and titrated to an appropriate dose for stability and with other beneficial effects. "X" reported experiencing reduced anxiety and physical presentation improved. After engagement and treatment, the patient was successfully allocated an addiction keyworker within ADRS to continue assessments, reviews, and ongoing care planning. "X" currently remains active to service.

BIG ACTION 6 – WE WILL BUILD ON THE STRENGTHS OF OUR PEOPLE AND OUR COMMUNITY

National Outcomes relating to this Big Action

| | |
|---|---|
| 3 | People who use health and social care services have positive experiences of those services, and have their dignity respected |
| 4 | Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services |
| 8 | People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide |
| 9 | Resources are used effectively and efficiently in the provision of health and social care services |

Care Opinion



Care Opinion has been used by the people of Inverclyde to provide feedback to NHS Scotland services. The Health and Social Care Partnership agreed to subscribe to the Care Opinion platform in June 2022.

The HSCP for 2022 – 2023 had ten stories published and responded to. The trend for early 2023 is showing steady but slow progress. There is a Care Opinion Implementation Group chaired

by the Chief Nurse to oversee progress and there is work ongoing to assist staff in the active promotion of Care Opinion for the HSCP. There has been an increase in stories, and this is a good indicator of the impact of local promotion.

The programme boards of Compassionate Inverclyde and Inverclyde Cares merged in 2021 to help Inverclyde recover from the pandemic in the most effective way. Inverclyde Cares created a strategic network of organisations from the third, public and private sectors underpinned by values of kindness, compassion and equality. Inverclyde Cares has three core principles: engaging communities, connecting people and building neighbourly and kind communities.

1. No One Grieves Alone

- Winning poster presentation at NES Annual Bereavement conference
- 11 Organisations achieved their Bereavement Charter Mark and Bronze Kindness Award
- Three organisations almost completed the Bereavement Charter
- Two Inverclyde Bereavement Network Meetings held
- More than 100 people in total have had bereavement training.
- Working in collaboration with Culture Creative we will host the first annual “No One Grieves Alone” Creative Arts event at the Beacon
- Developing a Pet Bereavement Programme Pilot

2. Kindness Awards

We launched our Kindness Awards event at the Beacon on 13th November 2022. It has proven to be a huge success and we hope to roll this out across secondary schools in 2023. Early discussions have been positive.



33 Kindness awards from January – March 2023



165 Individual Kindness awards to date



11 Bronze awards to date



1 Silver Award to CVS Inverclyde

3. Covid-19 Memorial: Remembering together

Phase 1 is complete with first draft of report submitted and discussed with steering committee and Phase 2 will begin in June 2023.



17 Bereavement Charter Meetings



3 Covid-19 Memorial Meetings



9 Kindness Awards Meeting



37 other network meetings i.e., Inequalities, volunteers

Inverclyde Cares engagement and planning meetings attended January – March 2023

New to Scotland

The team have continued to support those new to Scotland including those arriving from Ukraine and those claiming asylum either in dispersed accommodation or within local hotels. The team works very closely with other statutory and third sector partners to provide a warm welcome to Inverclyde and to support individuals and families to become integrated as part of the local community. Of note, in the past year, is the development of the Asylum Community Health Team who provide individuals with twice weekly support including individual health assessments, support to access wider health services and signposting to other community support.

In response to the ongoing conflict in Ukraine, the Scottish Government has participated in the Homes for Ukraine Scheme and the Ukrainian Super Sponsor Scheme (Warm Scottish Welcome). There are currently 143 Ukrainians residing with host families or in temporary accommodation across Inverclyde. 39 individuals have returned to Ukraine.

Since 2014 Inverclyde has participated in several refugee resettlement schemes and currently supports:



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)

Maximising Independence

Maximising Independence commenced in November 2022 with the appointment of a Project Manager. A high-level project plan was agreed in March 2023 following a period of scoping, and engagement with services, organisations and the public across Inverclyde.

The purpose of Maximising Independence is twofold:

- working together, enable people in Inverclyde to age well, build resilience and maintain their independence.
- prevent, delay, or reduce people's reliance on traditional health and care services.

Maximising Independence focuses on preventative approaches, proactive, earlier intervention and supporting self-management of health and wellbeing. The initiative will build on previous and current preventative work in Inverclyde, link with related developments and have a strong emphasis on cross-sector collaboration.

A range of work streams are emerging, with two core projects currently planned – 'Making Early Contact Count' proof of concept project, and the creation of Inverclyde Supporting Self-Management community of practice. A measurement framework will monitor the impact of Maximising Independence on individuals, and across the health and care system.

ICIL Staff

The team at Inverclyde Centre for Independent Living (ICIL) has been innovative in developing ways to support and look after staff wellbeing, which in turn has a positive impact on service delivery.

The Team at ICIL had been split into two teams because of the pandemic, as well as having several members of staff working from home and the feeling of cohesion and of being one united team was lost. Throughout the pandemic the frontline team have worked tirelessly to support the residents of Inverclyde. They continued to assess at home and, where possible with limited resources, provided a service to ensure people with disabilities can stay at home. The team have also supported their home care colleagues to ensure that they are able to carry out their jobs. The admin team have worked tirelessly implementing new process and systems, supporting the staff to adapt to working from home during this period while ensuring that we are still able to assist the most vulnerable service users.

“This has created a real sense of teamwork, team bonding and benefitted staff in their overall mental health and wellbeing”

Unfortunately, the team also lost several co-workers and co-workers have lost family members/friends. However, the team have pulled together to deliver a different but equally efficient service and have worked hard to look after their health and wellbeing.

‘Before’



They have created a space within the office which is away from the main area as a time out/supervision space in one of their disused office spaces. The room has been painted and rearranged with new soft furnishings and lighting to create an area where staff can go to either have supervision or to take time out if they are having a difficult day. It is also an area where staff feel comfortable to relax during their lunch break; or to share any issues that they may have in a safe environment. They were in touch with West College Scotland to plan days where they were able to offer massages/beauty therapies during lunch breaks – this in turn benefited the local student community.

They have weekly mindfulness sessions that are taken by two members of staff on a rotational basis. This has been a great success with staff, who are feeling the benefits of having this practice available to them on a weekly basis. As is well documented, the benefits of mindfulness not only include reducing stress, but it can also help with better sleep., improving focus and be more forgiving towards yourself and others. The ripple of effect of this will be positive for the service users that the team support.

In addition, they created an outside space/garden of reflection for staff. Work has been completed on the grounds and was carried out by staff themselves, liaison with colleagues in Criminal Justice, specifically unpaid work scheme, to help transform the overgrown space and plant a tree and have picnic benches where staff can sit. Staff also grew plants in the office and at home in preparation. Work on the project was carried out by a local business and staff themselves did a lot of the hard work.

'After'

The team have worked together and encouraged each other to take time out for their own health and wellbeing, creating a space to support this.

This has created a real sense of teamwork/team bonding and benefitted staff in their overall mental health and wellbeing. The Mindfulness sessions allow time and space for staff to look after themselves in a safe and

“These projects have created a real buzz and enthusiasm amongst the staff team”.

comfortable environment. The outside space offers a place of reflection/quiet and to enjoy a break outdoors. All of this allows staff to provide a better-quality service.



DRAFT

Charlotte's Story



Please meet Charlotte More a hairdresser from Halo, hairstylists in Gourock. Charlotte was nominated by one of her clients for Inverclyde's Kindness Award:

"I would like to nominate my hairdresser for a kindness award. She exemplifies kindness in our community."

Following a recent cancer diagnosis, I am currently going through chemotherapy treatment. A significant side effect has been my hair loss.

When I advised my hairdresser, she was so caring. We were able to discuss my preparation for hair loss. My hairdresser sent me flowers at Christmas and then sent flowers for my mum.

When my hair subsequently fell out, I contacted her to ask if she would mind shaving the rest of my hair. She not only agreed but opened her salon on her day off to do this.

"I think Charlotte exemplifies kindness in our community".

She has been so caring and understanding and doing everything she can to help at a really difficult time.

I would like to remain anonymous, but if Charlotte agrees, it would be good to publicise the award. Charlotte demonstrates what the kindness award is all about"

Anon

Care Inspectorate Activity

The total number of external commissioned providers inspected during 2022/2023 was seventy-seven. These included inspections to Older People Care Homes, Care at Home providers, Supported Living providers and Children and Family providers. Eight providers were inspected on more than one occasion resulting in eighty-seven inspections taking place.



Of the 77 services that were inspected during their initial visit:

- ✓ 26 of the services inspected were Inverclyde Area Services
- ✓ 51 of the services inspected were of out of area services (where the HSCP have service user/resident placements)
- ✓ 19 services improved their grades
- ✓ 33 services maintained their grades
- ✓ 25 services grades decreased.
- ✓ 8 of the 77 services had a second follow up visit to review the requirements/areas of improvement
- ✓ Initially those 8 services had a decrease in their grades however 6 services increased grades on further visits

Two services had three inspections carried out with an initial decrease. Of these:

- ✓ 1 service increased their grades on their second visit and maintained those grades on their third visit.
- ✓ 1 service further decreased their grade in one area on their second visit and decreased further in areas on third visit.

For the 26 inspections undertaken in the **Inverclyde Area**:

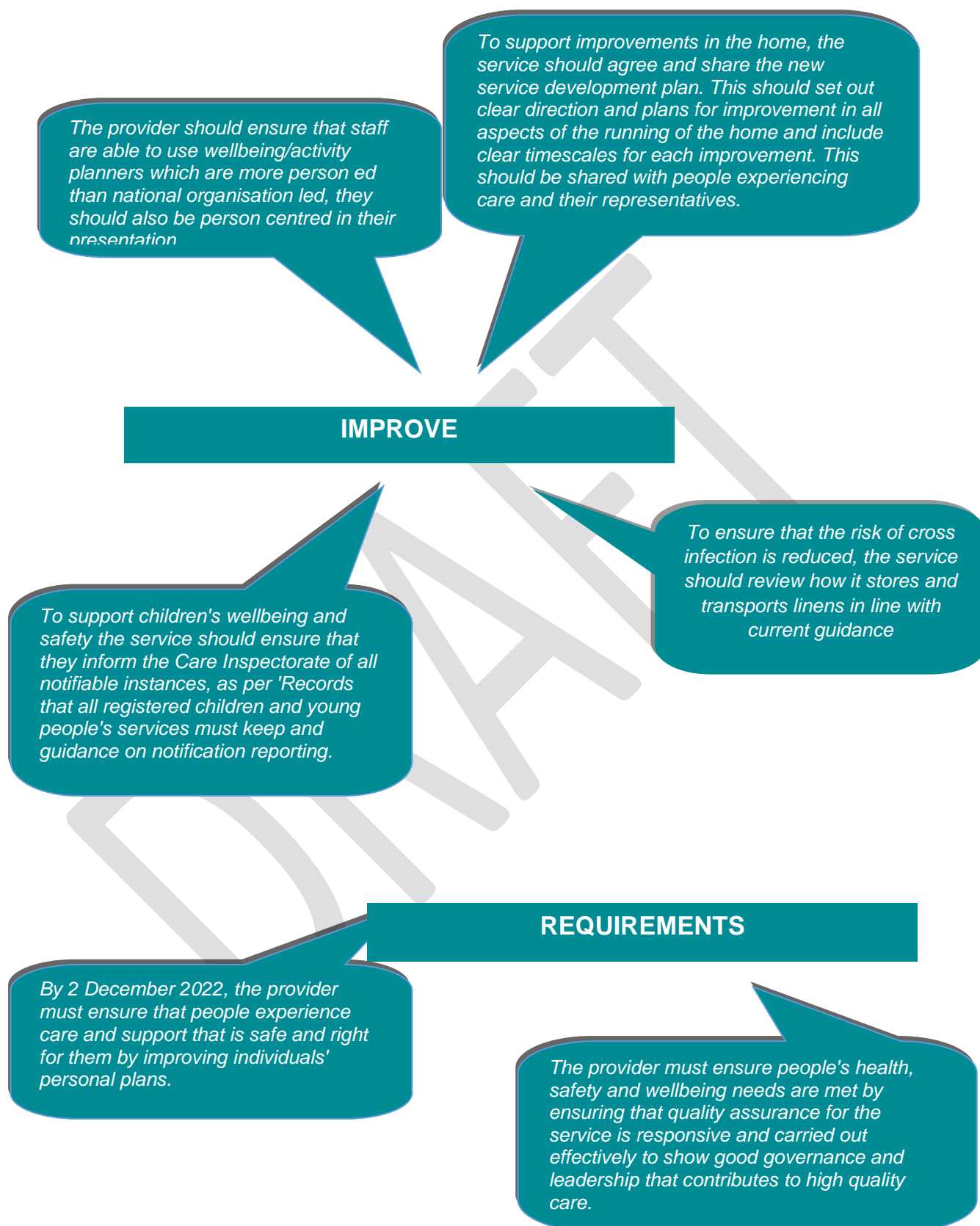
- 3 services increased their grades
- 12 services maintained their grades
- 11 services had a decrease in their grades

Of the eleven services who received a decrease on their grades.

- 2 changed from 'Very Good' to 'Weak'
- 2 changed from 'Good' to 'Weak'
- 2 changed from 'Adequate' to 'Weak'
- 1 changed from 'Excellent' to 'Good'
- 1 changed from 'Good' to 'Adequate'
- 3 changed from 'Very Good' to 'Good'

From the initial inspections in Inverclyde the Care Inspectorate made 69 areas of improvement and 41 requirements made.

These are a sample of the areas of development, improvement and requirements made by the Care Inspectorate



In terms of our Childrens Houses, three were inspected during 2022/23. All were inspected specifically under “How well do we support children and young people's rights and wellbeing?”

The three houses decreased their grades from six to four which is graded 'good' meaning that there were important strengths with some areas for improvement. This decrease has been mirrored nationally with homes Scotland wide experiencing lower grades recovering from the Covid 19 pandemic.

The service is committed to continuous improvement and development and managers have taken forward improvements around older young people with challenging and complex needs. Older young people who are eligible for continued care are now allocated a continued care support worker to support skills for independent living.

In addition, a Child's Planning and Improvement Officer has been allocated to each of the 3 children's houses in Inverclyde to support regular reviews to take place to progress young people's future plans towards greater independence.

DRAFT

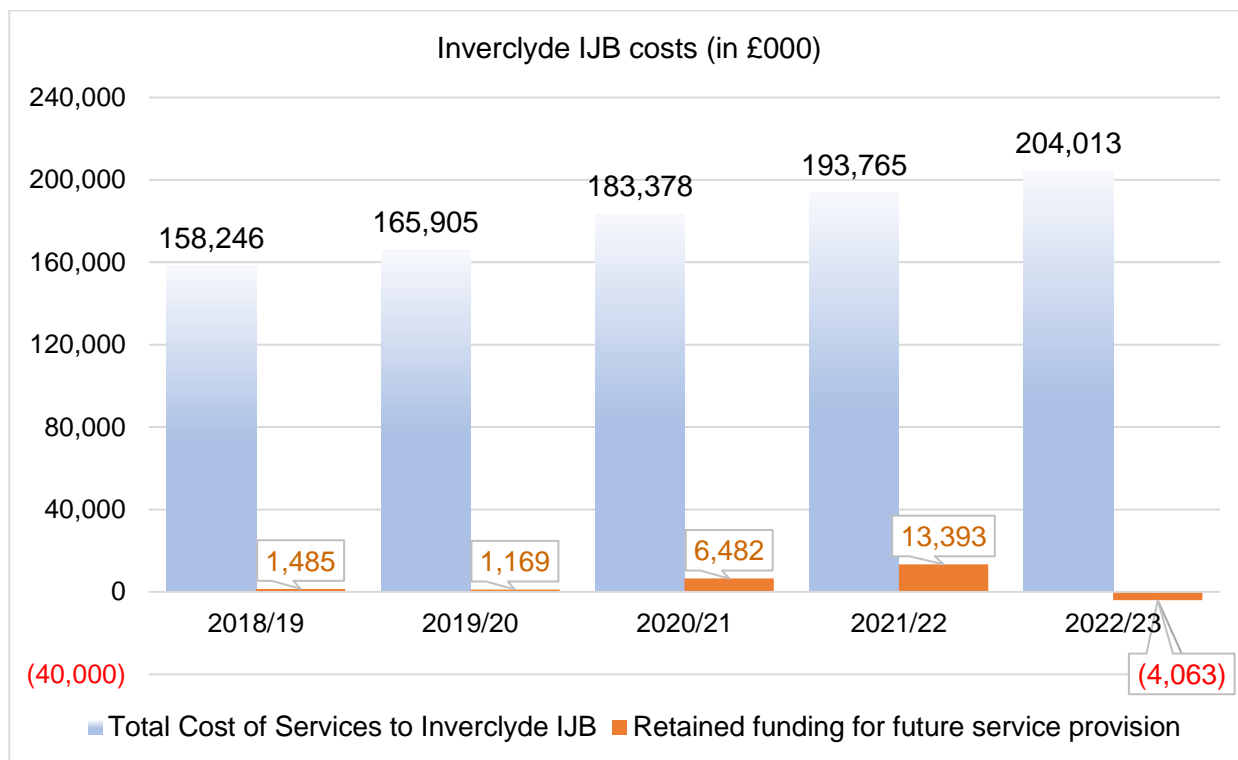
SECTION 3: Finance

Inverclyde IJB Financial Summary by Service

| | 2018/19 £000 | 2019/20 £000 | 2020/21 £000 | 2021/22 £000 | 2022/23* £000 |
|--|-----------------|-----------------|-----------------|-----------------|------------------|
| Strategy and Support Services | 2,416 | 2,111 | 2,133 | 1,881 | 1,751 |
| Older Persons | 27,020 | 28,407 | 30,383 | 31,015 | 34,482 |
| Learning Disabilities | 11,898 | 12,545 | 12,299 | 13,286 | 14,427 |
| Mental Health – Communities | 6,712 | 7,101 | 7,485 | 7,807 | 7,292 |
| Mental Health – In Patients | 8,729 | 9,737 | 10,607 | 10,689 | 11,844 |
| Children and Families | 13,738 | 14,114 | 14,711 | 16,571 | 17,152 |
| Physical and Sensory | 3,117 | 3,203 | 2,939 | 3,166 | 3,498 |
| Addiction / Substance Misuse | 3,464 | 3,181 | 3,826 | 3,807 | 4,146 |
| Assessment and Care Management / Health and Community Care | 8,258 | 9,981 | 10,789 | 13,055 | 12,604 |
| Support / Management / Administration | 4,174 | 4,339 | 450 | 2,840 | 7,938 |
| Criminal Justice / Prison Service | 26 | 49 | 148 | 85 | 39 |
| Homelessness | 791 | 1,043 | 1,173 | 1,240 | 1,516 |
| Family Health Services | 25,547 | 27,056 | 29,618 | 25,911 | 27,331 |
| Prescribing | 18,591 | 18,359 | 18,242 | 19,166 | 20,569 |
| Covid-19 pandemic Funding | | | 10,400 | 7,288 | 3,388 |
| Change Fund | 1,133 | 1,044 | 0 | 0 | |
| Cost of Services directly managed by Inverclyde IJB | 135,614 | 142,270 | 155,201 | 157,805 | 167,977 |
| Set aside | 22,632 | 23,635 | 28,177 | 35,960 | 36,036 |
| Total cost of Services to Inverclyde IJB | 158,246 | 165,905 | 183,378 | 193,765 | 204,013 |
| Taxation and non-specific grant income | (159,731) | (167,074) | (189,860) | (207,158) | (199,950) |
| Retained (deficit) funding for future service provision | 1,485 | 1,169 | 6,482 | 13,393 | (4,063) |

*At the time of publishing the 2022/23 figures were provisional and still to be approved by committee.

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



Budgeted Expenditure vs Actual Expenditure per annum

| | 2018/19 £000 | 2019/20 £000 | 2020/21 £000 | 2021/22 £000 | 2022/23 £000 |
|---|-----------------|-----------------|-----------------|-----------------|-----------------|
| Projected surplus / (deficit) at period 9 (22/23 – Period 11) | (897) | (37) | (690) | 855 | (6,302) |
| Actual surplus / (deficit) | 1,485 | 1,169 | 6,482 | 13,393 | (4,063) |
| Variance in Under/(Over) Spend | 2,382 | 1,206 | 7,172 | 12,538 | 2,239 |

Explanation of variances

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

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

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

2021/22 – the main reasons for movement in the position since period 9 is additional Covid-19 funding from Scottish Government received to fund spend in 2022/23 of £8.130m, additional Winter Pressures funding of £1.135m, and funding for Primary Care Improvement, Mental Health Recovery and Renewal, Alcohol and Drug Partnership and a few smaller funds totalling £4.367m. These funds have all been earmarked for use in the next financial year.

2022/23 – the last reported position to IJB was Period 11 which showed a projected deficit of (£6.302m). The year-end position shows an overall deficit on provision of services of (£4.063m), being a favourable movement of £2.239m before year end. This movement related mainly to movements in care package costs offset by an under recovery in homelessness arrears income, and in relation to new and additional reserves created to earmark underspends for use in future years, the most significant being Cost of Living Funds, refugee funds, Children’s residential placements and pay contingency.

DRAFT

SECTION 4: Localities and Locality Planning

Localities - What Is It About?

Inverclyde HSCP Locality Groups are established in accordance with the Public Bodies (Joint Working) (Scotland) Act 2014, the Act puts in place the legislative framework to integrate health and social care services in Scotland. Section 29(3) (a) of the Act noted above requires each integration Authority to establish at least two localities within its area.

The HSCP is currently developing and building on our two Locality Planning groups (East and West) to support the understanding, planning and delivery of our HSCP services around communities within these localities.

Where are the East and West Localities?

The **East Locality** is defined as including the towns and villages of:

- Kilmacolm and Quarriers Village
- Port Glasgow
- Greenock East and Central (boundary Bakers Brae)

The **West Locality** is defined as including the towns and villages of:

- Greenock West and Gourock
- Greenock South and Southwest
- Inverkip and Wemyss Bay



Locality planning groups: 2022-23 update

Due to operational pressures and changes to our Senior Management Team Structure the establishment of both localities was delayed. The HSCP is in the process of a launch of our Localities with renewed vigour and fresh leadership, with closer links between localities and a wide range of our stakeholders including our Community Planning colleagues, Community Councils, Advisory Networks, Voluntary and Third Sector colleagues.

Locality Planning Groups will establish themselves with a future focus on what matters to our community. Early discussions identified some priority future focus issues, and we look forward to working with our stakeholders and partners in influencing change.

Participation and Engagement

Arrangements to determine what will be put in place to ensure full engagement and participation in the future will be outlined. There is an exciting opportunity for our Localities to be involved in the overarching consultation of our new Strategic Plan and our Equalities Outcomes.

A representative from the HSCP Locality Groups will represent the interests of their locality at the Strategic Planning Group (SPG).

National Outcomes

National Health and Wellbeing Outcomes

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

National Outcomes for Children

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

National Outcomes for Criminal Justice

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

Glossary of Abbreviations

| | |
|-------|--|
| A&E | Accident and Emergency department |
| AAU | Acute Assessment Unit |
| ADPM | Advanced Dementia Practice Model |
| ADRS | Alcohol and Drug Recovery Service |
| ADP | Alcohol and Drugs Partnership |
| APR | Annual Performance Report |
| ARC | Association for Real Change |
| AWI | Adults with Incapacity |
| BF | Breast Feeding |
| CHAT | Care Home Assurance Tool |
| CJSW | Criminal Justice Social Work |
| CLW | Community Link Worker |
| CPO | Community Payback Order |
| CTAC | Community Treatment and Care Services |
| DNA | Did Not Attend |
| DZ | Data Zone |
| ERA | Environmental Risk Assessment |
| GG&C | Greater Glasgow and Clyde Health Board |
| GP | General Practitioner |
| HEPMA | Hospital Electronic Prescribing and Medicines Administration |
| HSCP | Health and Social Care Partnership |
| HLE | Healthy Life Expectancy |
| IJB | Integration Joint Board |
| ICC | Inverclyde Carers Centre |
| IRD | Initial Referral Discussions |
| IPCU | Intensive Psychiatric Care Unit |

| | |
|-------|---|
| LPG | Locality Planning Group |
| MAPPA | Multi-Agency Public Protection Arrangements |
| MAT | Medication Assisted Treatment |
| MHAU | Mental Health Assessment Units |
| MHO | Mental Health Officer |
| MMR | Measles, Mumps and Rubella |
| MSG | Ministerial Steering Group |
| NHS | National Health Service |
| NRS | National Records for Scotland |
| OPMHT | Older Peoples Mental Health Team |
| OST | Opiate Substitute Treatment |
| PCIP | Primary Care Improvement Plan |
| PCMHT | Primary Care Mental Health Team |
| PDS | Post Diagnostic Support |
| PHS | Public Health Scotland |
| RFA | Request for Assistance |
| RSL | Registered Social Landlord |
| SAS | Scottish Ambulance Service |
| SDS | Structured Deferred Sentence |
| SIMD | Scottish Index of Multiple Deprivation |
| SMR | Scottish Morbidity Record |
| SNIPS | Special Needs in Pregnancy Service |
| SPG | Strategic Planning Group |
| TEC | Technology Enabled Care |
| TU5 | Thrive under 5 |

Inverclyde Health and Social Care Partnership (HSCP)

Hector McNeil House

Clyde Square

Greenock

PA15 1NB

INVERCLYDE
HSCP
Health and Social
Care Partnership



| | | | |
|-------------------------|---|--------------------|--------------------------|
| Report To: | Inverclyde Integration Joint Board | Date: | 25 September 2023 |
| Report By: | Kate Rocks Chief Officer Inverclyde Health & Social Care Partnership | Report No: | IJB/39/2023/KR |
| Contact Officer: | Kate Rocks Chief Officer Inverclyde Health & Social Care Partnership | Contact No: | 01475 712722 |
| Subject: | Chief Officer's Report | | |

1.0 PURPOSE AND SUMMARY

1.1 For Decision For Information/Noting

1.2 The purpose of this report is to update the Integration Joint Board on service developments which are not subject to the IJB's agenda of 25 September 2023.

2.0 RECOMMENDATIONS

2.1 The report details updates on work underway across the Health and Social Care Partnership in relation to:

- **Learning Disability – new development continues**
- **GP List Closures**
- **Delayed Discharges**
- **Alcohol and Drug Partnership (ADP) Annual Reporting Survey 2022-23**
- **Drug Deaths**
- **Homelessness Service**
- **Recovery Walk**

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

3.0 BACKGROUND AND CONTEXT

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

4.0 BUSINESS ITEMS

4.1 Community Hub



Planning permission has been approved for the New Community hub for people with complex neurodiversity and learning disability. Building warrants have been applied for with the first stage warrant in place; construction should commence later this year and be completed by the end of 2024, subject to financial close which is projected in 3rd Quarter 2023.

The community hub is an inclusive community space and will be developed to support these principles to ensure that that users can enjoy integrated experiences and are not stigmatised. This is a fundamental tenet to our values as a HSCP and Council.

Consultation and engagement with service users, parents and carers, staff and other stakeholders has continued throughout to ensure the design meets the brief and will we continue consulting with our community on the official name of the Community Hub.

As with all major construction it is important to note risk management and constraints, especially in the current economic climate where extraordinary rises in the price of materials could impact on the delivery and timing of this project.

This is an ambitious project to create a community facility in Inverclyde fit for the future.

4.2 GP List Closures

Currently 7 GP practices in Greenock and Gourrock have formally closed their lists to new registrations with potential reopening dates in late September and October. These closures are unprecedented and have been related to ongoing workload and recruitment issues within Primary Care as well as increased registrations from Asylum Seekers and Foreign Nationals on student visas.

The HSCP is working with these practices to try and facilitate reopening within the next couple of months. Patients who are unable to directly register with a GP practice are being allocated via colleagues at Practitioner services division to ensure no one is left without a GP.

4.3 Delayed Discharges

Delays in the discharge of service users from the Acute system to their own home continues to be a challenge for services, with the main areas of delay as a result of availability of Care and Support at Home packages and service users delayed due to legal issues around Adults with Incapacity legislation.

Although the delay position remains a challenge, we are seeing a positive decrease in delays as a result of our use of intermediate bed use, investment in the development of the Social Care workforce, Healthcare Support Worker team and Allied Health Professionals. The service is also examining innovative ways to support carers through the use of Self-Directed Payments to support hospital discharge.

Adult services are working in partnership with the Acute system to ensure that delays as a result of AWI are kept to a minimum as a result of legal requirements.

We are also supporting the development of the external homecare market by increasing the quality to cost ratio (70% Quality/30% Cost) to attract new homecare providers into Inverclyde which will support hospital discharge. As a result of a reduction in external care home providers we are currently seeing a move to 80% Internal Care at Home support, with 20% external. The service continues to monitor this position and will update at future IJB meetings.

4.4 Alcohol and Drug Partnership (ADP) Annual Reporting Survey 2022-23

The ADP Annual Reporting Survey was approved by the Independent Chair of the ADP returned to the Scottish Government during recess. The IJB is asked to approve the contents within the submission (appendix 1).

4.5 Drug Deaths

I am deeply saddened to report that despite our efforts locally, the significant reduction in deaths reported in 2021 has not continued into 2022 with an increase of 81% from 16 to 29 people losing their lives to drug misuse in 2022. This is more in keeping with the local 5-year rolling average.

The number of people who lost their lives to alcohol related harm has risen from 26 in 2021 to 28 in 2022, again this is in line with the 5-year local average, but higher than the Scottish average.

The roll out of Naloxone, improved pathways into treatment and recovery along with wider community awareness and anti-stigma work is all underway to support those who find themselves at risk of harms from drug and/or alcohol use. There is a strong volunteer network of people in recovery, all organisations employ people in recovery to ensure the voice of lived experience shapes the support

4.6 Homelessness Service

The Change Programme continues with option appraisal work underway to determine the future accommodation and staffing requirements as we continue to modernise the service. This detail will be presented to the November IJB.

The service is registered with the Care Inspectorate as a Housing Support Service, with an unannounced inspection taking place in September 2023. This is the first inspection since 2019 and despite the constraints of the current hostel accommodation, developing the three distinct teams of Assessment, Accommodation and Support has strengthened the position of the service achieving:

- 5 - Very good in both categories Leadership and Staffing
Evidencing major strengths in supporting positive outcomes for the people accessing the service with some minor areas of adjustment and improvement.
- 4 – Good in both categories Planning and Wellbeing
Evidencing strengths that have a significant effect on people's experiences which outweigh the areas found for improvement.

The service has also been nominated for Scotland Housing Awards and have made the shortlist to the finals in six out of the seven categories nominated: -

- Housing Team of the year
- The Marion Gibbs Award
- Housing Led Approaches to Homelessness
- Excellence in Communications
- Excellence in Learning and Development
- Working in Partnership

I look forward to hearing the outcome of the awards night being held on 27 October 2023.

4.7 Recovery Walk

September is Recovery Month and all partners in the ADP have contributed to various events across Inverclyde including the Open Doors events, music concerts, drama, art exhibitions, filming of a recovery video and a football tournament to showcase all of the good work going on as everyone works together in supporting people through their recovery journey. I am delighted that Inverclyde has the privilege of hosting the National Recovery Walk on Saturday 23 September, in collaboration with the Scottish Recovery Consortium, with thousands of people from across Scotland taking part. It is a real opportunity for everyone travelling to Inverclyde to experience the beautiful surroundings and community spirit we have in abundance in Inverclyde

5.0 IMPLICATIONS

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

| SUBJECT | YES | NO |
|--|-----|----|
| Financial | | X |
| Legal/Risk | | X |
| Human Resources | | X |
| Strategic Plan Priorities | | X |
| Equalities, Fairer Scotland Duty & Children and Young People | | X |
| Clinical or Care Governance | | X |
| National Wellbeing Outcomes | | X |
| Environmental & Sustainability | | X |
| Data Protection | | X |

5.2 Finance

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 | | | | | |

5.3 Legal/Risk

There are no legal implications within this report.

5.4 Human Resources

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

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. |
| 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. |

(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. | 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. |

(c) Fairer Scotland Duty

If this report affects or proposes any major strategic decision: -

Has there been active consideration of how this report's recommendations reduce inequalities of outcome?

| | |
|---|--|
| | YES – A written statement showing how this report's recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed. |
| x | NO – Assessed as not relevant under the Fairer Scotland Duty for the following reasons: Provide reasons why the report has been assessed as not relevant. |

(d) **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. |
| x | 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. |

5.7 **Clinical or Care Governance**

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

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. | 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 covers this. |
| Resources are used effectively in the provision of health and social care services. | Strategic plan covers this. |

5.9 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. |
| x | 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. |

5.10 Data Protection

Has a Data Protection Impact Assessment been carried out?

| | |
|---|--|
| | YES – This report involves data processing which may result in a high risk to the rights and freedoms of individuals. |
| x | 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 Direction Required to Council, Health Board or Both | Direction to: | |
| | 1. No Direction Required | X |
| | 2. Inverclyde Council | |
| | 3. NHS Greater Glasgow & Clyde (GG&C) | |
| | 4. Inverclyde Council and NHS GG&C | |

7.0 CONSULTATION

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

8.0 BACKGROUND PAPERS

8.1 None.

Alcohol and Drug Partnership (ADP) Annual Reporting Survey: 2022/23

This survey is designed to collect information from all ADPs across Scotland on a range of aspects relating to the delivery of the National Mission **during the financial year 2022/23**. This will not reflect the totality of your work but will cover those areas where you do not already report progress nationally through other means.

The survey is primarily composed of single option and multiple-choice questions, but we want to emphasise that the options provided are for ease of completion and it is not expected that every ADP will have all of these in place. We have also included open text questions where you can share more detail.

We do not expect you to go out to services in order to respond to questions relating to activities undertaken by them in your area. Where questions refer to service level activities, we are interested in the extent to which you are aware of these at an ADP level.

We are aware of some element of duplication with regards to questions relating to MAT Standards and services for children and young people. To mitigate this, we've reviewed the relevant questions in this survey and determined the ones that absolutely need to be included in order to evidence progress against the national mission in the long-term. While some of the data we are now asking for may appear to have been supplied through other means, this was not in a form that allows for consistently tracking change over time.

The data collected will be used to better understand the challenges and opportunities at the local level and the findings will be used to help inform the following:

- The monitoring of the National Mission;
- The work of a number of national groups including the Whole Family Approach Group, the Public Health Surveillance Group and the Residential Rehabilitation Working Group, amongst others; and
- The priority areas of work for national organisations which support local delivery.

The data will be analysed and findings will be published at an aggregate level as [Official Statistics](#) on the Scottish Government website. All data will be shared with Public Health Scotland to inform drug and alcohol policy monitoring and evaluation, and excerpts and/or summary data 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 and so we would encourage you to publish your return.

The deadline for returns is Tuesday 27th June 2023. Your submission should be signed off by the ADP and the IJB, with confirmation of this required at the end of the questionnaire. We are aware that there is variation in the timings of IJB meetings so please let us know if this will be an issue.

If you require clarification on any areas of the survey or would like any more information, please do not hesitate to get in touch by email at substanceuseanalyticalteam@gov.scot.

Cross-cutting priority: Surveillance and Data Informed

Q1) Which Alcohol and Drug Partnership (ADP) do you represent?

[single option, drop-down menu]

Inverclyde ADP

Q2) Which groups or structures were in place **at an ADP level** to inform surveillance and monitoring of alcohol and drug harms or deaths? (select all that apply)

[multiple choice]

- Alcohol harms group
- Alcohol death audits (work being supported by AFS)
- Drug death review group
- Drug trend monitoring group/Early Warning System
- None
- Other (please specify):

Q3a) Do Chief Officers for Public Protection receive feedback from drug death reviews?

(select only one)

[single option]

- Yes
- No
- Don't know

Q3b) If no, please provide details on why this is not the case.

[open text – maximum 255 characters]

Work is underway locally to strengthen governance of the ADP through the COG

Q4a) As part of the structures in place for the monitoring and surveillance of alcohol and drugs harms or deaths, are there local processes to record lessons learnt and how these are implemented? (select only one)

[single option]

- Yes
- No
- Don't know

Q4b) If no, please provide details.

[open text – maximum 255 characters]

Cross-cutting priority: Resilient and Skilled Workforce

Q5a) What is the whole-time equivalent staffing resource routinely dedicated to your ADP Support Team as of 31st March 2023.
[open text, decimal]

| | |
|--|------|
| Total current staff (whole-time equivalent including fixed-term and temporary staff, and those shared with other business areas) | 2.7 |
| Total vacancies (whole-time equivalent) | 1.00 |

Q5b) What type of roles/support (e.g. analytical support, project management support, etc.) do you think your ADP support team might need locally? Please indicate on what basis this support would be of benefit in terms of whole-time equivalence.
[open text – maximum 255 characters]

Project management, increased front line service staff, operational support and information analyst and support officer roles to respond to the ever increasing demands on a very small team.

Q6a) Do you have access to data on **alcohol and drug services** workforce statistics in your ADP area? (select only one)
[single option]

- Yes
- No (please specify who does):
- Don't know

6b) If yes, please provide the whole-time equivalent staffing resource **for alcohol and drug services** in your ADP area.
[open text, decimal]

| | |
|---|------|
| Total current staff (whole-time equivalent) | 63.8 |
| Total vacancies (whole-time equivalent) | 4.00 |

Q7) Which, if any, of the following activities are you aware of having been undertaken in your ADP area to improve and support workforce wellbeing (volunteers as well as salaried staff)? (select all that apply)
[multiple choice]

- Coaching, supervision or reflective practice groups with a focus on staff wellbeing
- Flexible working arrangements
- Management of caseload demands
- Provision of support and well-being resources to staff
- Psychological support and wellbeing services
- Staff recognitions schemes
- None
- Other (please specify):

Cross cutting priorities: Lived and Living Experience

Q8a) Do you have a formal mechanism at an ADP level for gathering feedback from people with lived/living experience using services you fund? (select all that apply)

[multiple choice]

Feedback/complaints process

Questionnaire/survey

No

Other (please specify): The Lived Experience Network (LEN) contribute to the ADP work through the Recovery Development Group and where required complete service user feedback questionnaires. Case studies are also used to evidence positive outcomes.

Q8b) How do you, as an ADP, use feedback received from people with lived/living experience and family members to improve service provision? (select all that apply)

[multiple choice]

| | Lived/living experience | Family members |
|---|-------------------------------------|-------------------------------------|
| Feedback used to inform service design | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Feedback used to inform service improvement | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Feedback used in assessment and appraisal processes for staff | <input type="checkbox"/> | <input type="checkbox"/> |
| Feedback is presented at the ADP board level | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Feedback is integrated into strategy | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Other (please specify) | | |

Q9a) How are **people with lived/living experience** involved within the ADP structure?

(select all that apply)

[multiple choice]

| | Planning (e.g. prioritisation and funding decisions) | Implementation (e.g. commissioning process, service design) | Scrutiny (e.g. monitoring and evaluation of services) | Other (please specify) |
|------------------------------|--|---|---|------------------------|
| Board representation at ADP | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Focus group | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Lived experience panel/forum | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Questionnaire/ surveys | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Other (please specify) | | | | |

Q9b) How are **family members** involved within the ADP structure? (select all that apply)
[matrix, multiple choice]

| | Planning (e.g. prioritisation and funding decisions) | Implementation (e.g. commissioning process, service design) | Scrutiny (e.g. monitoring and evaluation of services) | Other stage (please specify) |
|------------------------------|--|---|---|------------------------------|
| Board representation at ADP | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Focus group | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Lived experience panel/forum | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Questionnaire/ surveys | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Other (please specify) | | | | |

Q9c) If any of the above are in development for either people with lived/living experience and/or family members, please provide details.
[open text – maximum 2000 characters]

Lived experience network (LEN) are developing Lived experience Panel (LEP) and will include family members

Q10) What monitoring mechanisms are in place to ensure that services you fund are encouraged/supported to involve people with lived/living experience and/or family members in the different stages of service delivery (i.e. planning, implementation and scrutiny)?
[open text – maximum 2000 characters]

All services that ADP commission have regular governance meetings every six months. Feedback is provided at these meetings in terms of how those with lived experience and their families are involved in the different stages of delivery. A new template is being developed to improve contract monitoring which will include this information.

Q11) Which of the following support is available to people with lived/living experience and/or family members to reduce barriers to involvement? (select that apply)
[multiple choice]

- Advocacy
- Peer support
- Provision of technology/materials
- Training and development opportunities
- Travel expenses/compensation
- Wellbeing support
- None
- Other (please specify): We support recovery using the Wellbeing Outcomes Star tool and work with the individual to achieve goals. Employability programmes support those with lived experience.

Q12a) Which of the following volunteering and employment opportunities for people with lived/living experience are offered by services in your area? (select all that apply)

[multiple choice]

Community/recovery cafes

Job skills support

Naloxone distribution

Peer support/mentoring

Psychosocial counselling

None

Other (please specify): Access to Addiction Worker Training Programme funded by SDF/IADP. Currently two places funded for Inverclyde residents. All services including the ADRS employ people with lived experience. The womens project, led by Community Justice supports inclusion.

Q12b) What are the main barriers to providing volunteering and employment opportunities to people with lived/living experience within your area?

[open text – maximum 2000 characters]

Stigma experienced by those accessing services. An example of this would be the difficulty that some people with lived/living experience have in terms of criminal records or convictions and the barrier this provides in terms of volunteering or paid work.

Q13) Which organisations or groups are you working with to develop your approaches and support your work on meaningful inclusion? (select all that apply)

[multiple choice]

MAT Implementation Support Team (MIST)

Scottish Drugs Forum (SDF)

Scottish Families Affected by Drugs and Alcohol (SFAD)

Scottish Recovery Consortium (SRC)

None

Other (please specify): The Third Sector Interface via CVS, a range of services such as Your Voice, Team Challenge, Morton In the Community, Women In Justice Project, etc

Cross cutting priorities: Stigma Reduction

Q14) Do you consider stigma reduction for people who use substances and/or their families in any of your written strategies or policies (e.g. Service Improvement Plan)? (select only one)

[single option]

Yes (please specify which): IADP Recovery Strategy and Action Plan 2020-23

No

Don't know

Q15) Please describe what work is underway to reduce stigma for people who use substance and/or their families in your ADP area.

[open text – maximum 2000 characters]

In partnership HSCP/Inverclyde Alcohol and Drug Partnership are currently developing an e-learning module with a focus on the stigma experienced by people in drug and alcohol recovery and their families. The module is being co-created with people with lived experience and the module will launch during Recovery Month in September 2023.

The four main learning outcomes are:

- Understanding the meaning of stigma
- Recognising the effects and impacts of stigma
- Identifying bias and disrespectful language and how they contribute to stigma
- Developing the confidence to challenge stigma

Scottish Families Affected by Alcohol and Drugs facilitated a Stigma and Kindness Workshop for members of the community/lived experience as part of Recovery month in 2022. A similar event is being held in September as part of Recovery month.

Within the HSCP and partners senior managers have undertaken STILT Training Staff within ADRS have undergone Safety and Stabilisation and other psychological supports to reduce stigma.

Direct contact with GPs to support equity of access for care and treatment.

Fewer people develop problem substance use

Q16) How is information on local treatment and support services made available to different audiences **at an ADP level** (not at a service level)? (select all that apply)
 [multiple choice]

| | Non-native English speakers (English Second Language) | People with hearing impairments | People with learning disabilities and literacy difficulties | People with visual impairments | Other audience (please specify) |
|--|---|---------------------------------|---|--------------------------------|---------------------------------|
| In person (e.g. at events, workshops, etc) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Leaflets/posters | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Online (e.g. websites, social media, apps, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Other (please specify) | | | | | |

Q17) Which of the following education or prevention activities were funded or supported by the ADP? (select all that apply)
[multiple choice]

| | 0-4 (early years) | 5-12 (primary) | 13-15 (secondary S1-4) | 16-24 (young people) | 25+ (adults) | Parents | People in contact with the justice system | Other audience (please specify) |
|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|---|--|
| Counselling services | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Information services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Physical health | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Mental health | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Naloxone | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Overdose awareness and prevention | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Parenting | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| Peer-led interventions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Personal and social skills | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Planet Youth | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Pre-natal/pregnancy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| Reducing stigma | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Seasonal campaigns | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Sexual health | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| Teaching materials for schools | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Wellbeing services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Youth activities (e.g. sports, art) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Youth worker materials/training | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Other (please specify) | | | | | | | | |

Risk is reduced for people who use substances

Q18a) In which of the following settings is **naloxone** supplied in your ADP area? (select all that apply)

[multiple choice]

- Accident & Emergency departments
- Community pharmacies
- Drug services (NHS, third sector, council)
- Family support services
- General practices
- Homelessness services
- Justice services
- Mental health services
- Mobile/outreach services
- Peer-led initiatives
- Women support services
- None
- Other (please specify): Recovery Community services, HSCP (Non Drug treatment services)

Q18b) In which of the following settings is **Hepatitis C testing** delivered in your ADP area? (select all that apply)

[multiple choice]

- Accident & Emergency departments
- Community pharmacies
- Drug services (NHS, third sector, council)
- Family support services
- General practices
- Homelessness services
- Justice services
- Mental health services
- Mobile/outreach services
- Peer-led initiatives
- Women support services
- None
- Other (please specify): HMP Greenock

Q18c) In which of the following settings is the **provision of injecting equipment** delivered in your ADP area? (select all that apply)

[multiple choice]

- Accident & Emergency departments
- Community pharmacies
- Drug services (NHS, third sector, council)
- Family support services
- General practices
- Homelessness services
- Justice services
- Mental health services
- Mobile/outreach services
- Peer-led initiatives
- Women support services
- None
- Other (please specify): ADRS Liaison Nursing

Q18d) In which of the following settings is **wound care** delivered in your ADP area? (select all that apply)

[multiple choice]

- Accident & Emergency departments
- Community pharmacies
- Drug services (NHS, third sector, council)
- Family support services
- General practices
- Homelessness services
- Justice services
- Mental health services
- Mobile/outreach services
- Peer-led initiatives
- Women support services
- None
- Other (please specify): ADRS Liaison Nursing

Q19a) Are there protocols in place to ensure **all** prisoners identified as at risk are offered with naloxone upon leaving prison? (select only one)

[single option]

- Yes
- No
- No prison in ADP area

Q19b) If no, please provide details.

[open text – maximum 255 characters]

People most at risk have access to treatment and recovery

Q20a) Are referral pathways in place in your ADP area to ensure people who experience a near-fatal overdose (NFO) are identified and offered support? (select only one)

[single option]

- Yes
- No
- Don't know

Q20b) If yes, have people who have experienced a near-fatal overdose been successfully referred using this pathway? (select only one)

[single option]

- Yes
- No
- Don't know

Q20c) If no, when do you intend to have this in place?

[open text – maximum 255 characters]

Q21) In what ways have you worked with justice partners? (select all that apply)

[multiple choice]

- Contributed towards justice strategic plans (e.g. diversion from justice)
- Coordinating activities
- Information sharing
- Joint funding of activities
- Justice partners presented on the ADP
- Prisons represented on the ADP (if applicable)
- Providing advice/guidance
- None
- Other (please specify): Criminal Justice Support Worker (Addictions)

Q22a) Do you have a prison in your ADP area? (select only one)

[single option]

- Yes
- No

Q22b) Which of the following activities did the ADP support or fund at the different stages of engagement with the justice system? (select all that apply)
[multiple choice]

| | Pre-arrest | In police custody | Court | Prison (if applicable) | Upon release | Community justice |
|--|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Advocacy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Alcohol interventions | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Alcohol screening | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Buvidal provision | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Detoxification | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Drugs screening | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Psychological screening | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Harm reduction | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Health education | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| “Life skills” support or training (e.g. personal/social skills, employability) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Opioid Substitution Therapy (excluding Buvidal) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Peer-to-peer naloxone | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Recovery cafe | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Recovery community | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Recovery wing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Referrals to alcohol treatment services | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Referrals to drug treatment services | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Staff training | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Other (please specify) | | | | | | |

Q23a) How many [recovery communities](#) are you aware of in your ADP area?

[open text, integer]

4

Q23b) How many recovery communities are you actively engaging with or providing support to?

[open text, integer]

4

Q24a) Which of the following options are you using to engage with or provide support to recovery communities in your area? (select all that apply)

[multiple choice]

- Funding
- Networking with other services
- Training
- None
- Other (please specify): All Recovery Partners have equal status within the ADP. Recovery is much wider than a recovery community, which can be stigmatising for some people, so meaningful engagement with wider community supports provide significant support to those in recovery.

Q24b) How are recovery communities involved **within the ADP**? (select all that apply)

[multiple choice]

- Advisory role
- Consultation
- Informal feedback
- Representation on the ADP board
- Recovery communities are not involved within the ADP
- Other (please specify): Lead the ADP in Recovery events including Recovery Month.

People receive high quality treatment and recovery services

Q25) What treatment or screening options are in place to address **alcohol harms**? (select all that apply)

[multiple choice]

- Access to alcohol medication (Antabuse, Acamprase, etc.)
- Alcohol hospital liaison
- Alcohol related cognitive testing (e.g. for alcohol related brain damage)
- Arrangements for the delivery of alcohol brief interventions in all priority settings
- Arrangement of the delivery of alcohol brief interventions in non-priority settings
- Community alcohol detox
- In-patient alcohol detox
- Fibro scanning
- Psychosocial counselling
- None
- Other (please specify): Police Custody

Q26) Which, if any, of the following barriers to residential rehabilitation exist in your ADP area? (select all that apply)

[multiple choice]

- Current models are not working
- Difficulty identifying all those who will benefit
- Further workforce training required
- Insufficient funds
- Lack of specialist providers
- Scope to further improve/refine your own pathways
- None
- Other (please specify): Recruitment; access to prerehabilitation.

Q27) Have you made any revisions in your pathway to residential rehabilitation in the last year? (select only one)

[single option]

- No revisions or updates made in 2022/23
- Revised or updated in 2022/23 and this has been published
- Revised or updated in 2022/23 but not currently published

Q28) Which, if any, of the following barriers to implementing MAT exist in your area? (select all that apply)

[multiple choice]

- Difficulty identifying all those who will benefit
- Further workforce training is needed
- Insufficient funds
- Scope to further improve/refine your own pathways
- None

Other (please specify): Recruiting to fixed funded posts; matching existing recording systems to data returns; uncertain resource requirements to meet standards until well into implementation.

Q29a) Which of the following treatment and support services are in place specifically for children and young people **aged between 13 and 24** using **alcohol**? (select all that apply) [multiple choice]

| | 13-15 (secondary S1-4) | 16-24 (young people) |
|--|-------------------------------------|-------------------------------------|
| Alcohol-related medication (e.g. acamprosate, disulfiram, naltrexone, nalmefene) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Diversionsary activities | <input type="checkbox"/> | <input type="checkbox"/> |
| Employability support | <input type="checkbox"/> | <input type="checkbox"/> |
| Family support services | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Information services | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Justice services | <input type="checkbox"/> | <input type="checkbox"/> |
| Mental health services | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Outreach/mobile | <input type="checkbox"/> | <input type="checkbox"/> |
| Recovery communities | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| School outreach | <input type="checkbox"/> | <input type="checkbox"/> |
| Support/discussion groups | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (please specify) | | |

Q29b) Please describe what treatment and support is in place **specifically for children aged 0-4 (early years) and 5-12 (primary)** affected by **alcohol**. [open text – maximum 2000 characters]

Q30a) Which of the following treatment and support services are in place specifically for children and young people **aged between 13 and 24** using **drugs**? (select all that apply) [multiple choice]

| | 13-15 (secondary S1-4) | 16-24 (young people) |
|-----------------------------|--------------------------|-------------------------------------|
| Diversionsary activities | <input type="checkbox"/> | <input type="checkbox"/> |
| Employability support | <input type="checkbox"/> | <input type="checkbox"/> |
| Family support services | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Information services | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Justice services | <input type="checkbox"/> | <input type="checkbox"/> |
| Mental health services | <input type="checkbox"/> | <input type="checkbox"/> |
| Opioid Substitution Therapy | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Outreach/mobile | <input type="checkbox"/> | <input type="checkbox"/> |
| Recovery communities | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| School outreach | <input type="checkbox"/> | <input type="checkbox"/> |
| Support/discussion groups | <input type="checkbox"/> | <input type="checkbox"/> |

| | | |
|------------------------|--|--|
| Other (please specify) | | |
|------------------------|--|--|

Q30b) Please describe what treatment and support is in place **specifically for children aged 0-4 (early years) and 5-12 (primary)** affected by **drugs**.

[open text – maximum 2000 characters]

Quality of life is improved by addressing multiple disadvantages

Q31) Do you have specific treatment and support services in place for the following groups? (select all that apply)
[multiple choice]

| | Yes | No |
|---|--------------------------|-------------------------------------|
| Non-native English speakers (English Second Language) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| People from minority ethnic groups | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| People from religious groups | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| People who are experiencing homelessness | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| People who are LGBTQI+ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| People who are pregnant or peri-natal | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| People who engage in transactional sex | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| People with hearing impairments | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| People with learning disabilities and literacy difficulties | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| People with visual impairments | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Veterans | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Women | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Other (please specify) | | |

Q32a) Are there formal joint working protocols in place to support people **with co-occurring substance use and mental health diagnoses** to receive mental health care? (select only one)
[single choice]

- Yes (please provide link here or attach file to email when submitting response):
- No

Q32b) If no, please provide details.
[open text – maximum 255 characters]

Q33) Are there arrangements (in any stage of development) within your ADP area for people who present at substance use services with mental health concerns **for which they do not have a diagnosis**?

[open text – maximum 2000 characters]

Mental Health Nurses, Consultant Psychiatrist, Speciality Doctor all employed and available in ADRS to assess and treat mental health issues.

Q34) How are you, as an ADP, linked up with support service **not directly linked to substance use** (e.g. welfare advice, housing support, etc.)?

[open text – maximum 2000 characters]

Collaboration to meet other strategic objectives such as HSCP, Community Planning Partnership, Housing Partnership, Justice etc.

Q35) Which of the following activities are you aware of having been undertaken in local services to implement a trauma-informed approach? (select all that apply)

[multiple choice]

- Engaging with people with lived/living experience
- Engaging with third sector/community partners
- Recruiting staff
- Training existing workforce
- Working group
- None
- Other (please specify): Leadership Awareness and Development Sessions (STILT)

Children, families and communities affected by substance use are supported

Q36) Which of the following treatment and support services are in place for **children and young people** (under the age of 25) **affected by a parent’s or carer’s substance use?** (select all that apply)
[multiple choice]

| | 0-4 (early years) | 5-12 (primary) | 13-15 (secondary S1-4) | 16-24 (young people) |
|---------------------------|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Carer support | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Diversionsary activities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Employability support | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Family support services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Information services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Mental health services | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Outreach/mobile services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Recovery communities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| School outreach | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Support/discussion groups | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Other (please specify) | | | | |

Q37a) Do you contribute toward the integrated children’s service plan? (select only one)
[single option]

- Yes
- No
- Don’t know

Q37b) If no, when do you plan to implement this?
[open text – maximum 255 characters]

Q38) Which of the following support services are in place **for adults** affected by **another person's substance use**? (select all that apply)

[multiple choice]

- Advocacy
- Commissioned services
- Counselling
- One to one support
- Mental health support
- Naloxone training
- Support groups
- Training
- None
- Other (please specify):

Q39a): Do you have an agreed set of activities and priorities with local partners to implement the Holistic Whole Family Approach Framework in your ADP area? (select only one)

[single option]

- Yes
- No
- Don't know

Q39b) Please provide details.

[open text – maximum 255 characters]

Currently redefining TOR for Whole Family ADP Sub Group

Q40) Which of the following services supporting Family Inclusive Practice or a Whole Family Approach are in place? (select all that apply)

[multiple choice]

| | Family member in treatment | Family member not in treatment |
|--|-------------------------------------|---------------------------------------|
| Advice | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Advocacy | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Mentoring | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Peer support | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Personal development | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Social activities | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Support for victims of gender based violence | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (please specify) | | Gail to speak with Susan |

Confirmation of sign-off

Q41) Has your response been signed off at the following levels?

[multiple choice]

ADP

IJB

Not signed off by IJB (please specify date of the next meeting): 25th September , 2023

Thank you for taking the time to complete this survey, your response is highly valued. The results will be published in the forthcoming ADP annual report, scheduled for publication in the autumn.

Please do not hesitate to get in touch via email at substanceuseanalyticalteam@gov.scot should you have any questions.

[End of survey]

| | | | |
|-------------------------|--|--------------------|--------------------------|
| Report To: | Inverclyde Integration Joint Board | Date: | 25 September 2023 |
| Report By: | Kate Rocks Chief Officer, Inverclyde Health & Social Care Partnership | Report No: | IJB/43/2023/CG |
| Contact Officer: | Craig Given Chief Financial Officer | Contact No: | |
| Subject: | Financial Monitoring Report 2023/24 Period 3 | | |

1.0 PURPOSE AND SUMMARY

- 1.1 For Decision For Information/Noting
- 1.2 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 30 June 2023.
- 1.3 The IJB set their revenue budget for 2023/24 on 20 March 2023, which included the use of £0.802m of reserves held.
- 1.4 Funding of £68.156m was delegated by Inverclyde Council, being a £2.634m increase from the recurring contribution agreed for the previous financial year.
- 1.5 At the time of setting the budget, indicative funding of £132.579m was delegated from the Health Board, including £35.398m for Set Aside for Inverclyde's share of large hospital functions and £18.975m of Resource Transfer to social care budgets. This budget included an indicative uplift of £1.396m, being 2% for all recurring budgets. At the time of agreeing the budget, this excluded the recurring element of the 2022/23 pay uplift, which has now been updated and is included in the revised budgets in this report.
- 1.6 As at 30th June 2023, it is projected that the IJB revenue budget will have an overall overspend of £0.344m:-
- Social care services are projected to be underspent by £0.249m.
 - Health Services are projected to be overspent by £0.593m.

Should this overspend remain at the end of the financial year it can be contained by making a draw on appropriate reserves. For the purposes of this report this potential draw is shown against general reserves.

- 1.7 As at 1st April 2023 the IJB held a number of Earmarked and General Reserves which are managed in line with the IJB Reserves Policy. The total Earmarked Reserves (EMR) held at the start of the 2023/24 financial year were £22.627m, with £1.635m in General Reserves. Use of Pay Contingency reserve of £0.199m and General Reserve of £0.603 towards funding the overall revenue budget for the year have been reflected in the figures held in this report and in Appendix 8 (EMR updated). The current projected year end position on reserves is a carry forward of £16.200m, and for the purposes of this report, assumes that the current projected overspend of £0.344m will be funded from general reserves held at this stage, as noted at 1.6.
- 1.8 The capital budgeted spend for 2023/24 is £2.601m in relation to spend on properties and assets held by Inverclyde Council, and it is currently projected that slippage this budget will be fully spend at 31 March 2024. A full update is provided at Section 9.
- 1.9 NHS capital budgets are managed by NHS Greater Glasgow and Clyde and are not reported as part of the IJB's overall position. Officers attend and contribute to the Greater Glasgow and Clyde HSCP Capital Planning Group, which gives oversight of associated projects. A general update is provided in section 9 of this report.

2.0 RECOMMENDATIONS

2.1 It is recommended that the Integration Joint Board:

1. Notes the current Period 3 forecast position for 2023/24 as detailed in the report and Appendices 1-3, and the assumption that this will be funded from reserves 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 on 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 10.

Kate Rocks
Chief Officer
Inverclyde Health and Social Care Partnership

3.0 BACKGROUND AND CONTEXT

3.1 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.

The IJB Budget for 2023/24 was set on 20 March 2023 based on confirmed Inverclyde Council Funding and indicative NHS GG&C funding. The current total integrated budget is £199.642m, with a projected overspend of £0.344m. In view of the updated hosting arrangements for Specialist Children’s Services, the budget for this area has been removed and reallocated to East Dunbartonshire HSCP. The table below summarises the updated agreed budget and funding from partners, together with the projected operating outturn for the year as at 30 June 2023. It is assumed that the projected overspend will be met from general reserves at this stage.

| | Revised Budget 2023/24 £000 | Projected Outturn £000 | Projected Over/(Under) Spend £000 |
|--|--|---------------------------------------|--|
| Social Work Services* | 87,288 | 87,039 | (249) |
| Health Services* | 76,956 | 77,549 | 593 |
| Set Aside | 35,398 | 35,398 | 0 |
| HSCP NET EXPENDITURE | 199,642 | 199,986 | 344 |
| FUNDED BY | | | |
| Transfer from / (to) Reserves | - | 344 | 344 |
| NHS Contribution to the IJB | 131,486 | 131,486 | |
| Council Contribution to the IJB | 68,156 | 68,156 | |
| HSCP FUNDING | 199,642 | 199,986 | 344 |
| Planned net Use of Reserves | | 7,718 | |
| Specific earmarking requested | | - | |
| Projected HSCP operating (Surplus)/Deficit | | 344 | |
| Annual Accounts CIES Projected Position DEFICIT/(SURPLUS) | | 8,062 | |

*excluding resource transfer

3.2 Appendix 1 provides the overall projected financial position for the partnership showing both the subjective and objective analysis of projections.

4.0 SOCIAL CARE

4.1 Appendix 2 shows the projected position as at Period 3 for Social Care services. It is currently anticipated that Social Care services will underspend by £0.249m in 2023/24.

4.2 The following sections will provide an overview of the main projected variances against Social Care delegated functions.

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

- Children and Families residential placements are projected to overspend by £1.326m, with the majority of this costs having been met from Covid reserves in the previous financial year.

A review group has been set up to closely monitor these placements throughout the year in order to ensure a focussed approach on placements and the associated financial implications, with a view to management action bringing down the overall costs. A smoothing reserve of £1.5m is available for use in relation to Children's residential placements if required should an overspend remain at the end of the financial year.

- Child respite is currently projected to overspend by £0.497m against budget and fostering, adoption, kinship and continuing care by £0.273m. These placements will also be the subject of the aforementioned review group going forward, with regular updates to be provided in future budget monitoring reports. A reserve of £0.425m is held for continuing care and a draw will be arranged later in the financial year if overspends cannot be contained within the overall position of the HSCP.
- Learning disability client packages are currently projecting to overspend by £0.164m by the year end. A smoothing reserve is held in relation to these packages if required if this balance is unable to be contained within the overall position at year end.
- Within the Physical and Sensory Disability service an overspend of £0.227m for client packages is currently projected, being the main reason for the variance reported. It is expected that this will be able to be managed within the overall position, however a client commitments demographic reserve is held for this purpose should it be required.
- Employee costs within Mental Health are expected to overspend by £0.132m by the year end. This is mainly due to the projected underachievement of the service payroll management target at present. This is offset by an underspend in their client commitments noted at 4.4.
- The projected overspend of £0.364m against the homelessness service relates mainly to employee costs, including costs for temporary posts in relation to rapid rehousing and service redesign. Reserves are held for both of these items and spending plans are being finalised. A draw will be arranged in due course as required.
- Current staffing levels within Planning, Health Improvement and Commissioning result in a projected under achievement of the payroll turnover target held for the service for the year of £0.184m. Should this projection continue, management action will be taken to ensure that alternative solutions are identified to achieve the target.

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

- Employee costs within Children and Families is currently projected to underspend by £0.121m in relation to the level of vacancies currently held.
- Employee costs for the internal care at home service for older people are currently projected to underspend by £1.295m. This is related to the current level of vacancies held by the service. The IJB at its June meeting agreed the implementation of the Care and Support at Home Review, which includes moving to a new social care worker job description evaluated at Grade 4. This is expected to improve recruitment and retention going forward. Budgets for the increased grades will be updated from 1 August and projections will be revised at that time, with an update being brought as part of the Period 5 budget monitoring report.
- The external care at home service is also experiencing recruitment and retention issues and the number of providers able to provide services is limited, with one provider also currently unable to take any new services, resulting in a current projected underspend of £0.896m for 2023/24. Direct awards have been put in place for two providers to allow hours to be allocated where available and work ongoing with current providers to establish where any capacity is available. Projections will be updated as and when hours are allocated.

- Older people's day services are currently projected to underspend by £0.116m based on current uptakes.
- Staffing costs within Learning Disability are projecting an underspend of £0.311m by the year end due to the level of vacancies at present.
- Assessment and Care Management employee costs are projected to underspend by £0.138m in relation to respite and short breaks. This reflects the current commitments and will be updated as the year progresses.
- Also, within Assessment and Care Management, current vacancy levels indicate a projected underspend by the year end of £0.133m.
- Mental Health services is expected to underspend by £0.179m in relation to client commitments.
- Within Alcohol and Drugs Recovery Service there are underspends anticipated for both employee costs and client commitments of £0.098m and £0.195m respectively. Recruitment is under way for a number of posts and updated projections will be provided as the year progresses.

5.0 HEALTH

5.1 Appendix 3 shows the projected position as at Period 3 for Health services. It is currently anticipated that Health services will overspend by £0.593m in 2023/24.

5.2 The main areas of overspend within Health Services are as follows:-

- Mental Health In-Patient services is currently forecast to overspend by £1.6m. This is attributable to continuing recruitment issues, enhanced observations and increased clinical activity for nursing and medical staff. These pressures along with high levels of sickness within the service result in the use of more expensive bank and agency staff.
- The prescribing budget is currently projecting an overspend of £0.5m. There are currently some reporting delays with prescribing data partly due to a new scanning system and the volume of contractor claims being received. The latest information available indicates that there are a number of factors affecting prescribing costs including increased fuel costs, the effect of Brexit and the conflict in Ukraine.

5.3 These are offset by underspends in the following areas:-

- There are underspends throughout services on employee costs in relation to recruitment and retention. The main variances arise in the following services; Children and Families £0.061m, Health and Community Care £0.192m, Alcohol and Drug Recovery Services £0.349m, Admin and Management £0.112m and Planning and Health Improvement £0.154m.
- An underspend of £0.338m is currently forecast within Financial Planning, relating to non pay supplies budgets held of a corporate nature which do not fit into any specific services. These budgets are traditionally utilised for any unexpected or unbudgeted costs throughout the year so this underspend may reduce as the year progresses. Updates will be provided in future reports accordingly.

- Finally, supplies budgets throughout various services are contributing to a further forecast underspend of £0.311m. This relates to a number of smaller variances spread throughout a number of services for Health.

Set Aside

The Set Aside budget set for 2023/24 was £35.398m. The Set aside arrangement results in a balanced position each year end.

- The Set Aside budget 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 into the commissioning/market facilitation work that is ongoing.

6.0 RESERVES

6.1 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 £22.627m, with £1.635m in General Reserves, giving a total Reserve of £24.262m. As part of the budget setting process, contributions from general reserves of £0.603m and pay contingency smoothing reserve of £0.199m were agreed for the IJB to present a balanced budget for 2023/24 financial year. These contributions are reflected in Appendix 8.

6.2 The current projected year-end position on earmarked reserves is a carry forward of £16.2m to allow continuation of current projects and retaining any unused smoothing reserves. This is a decrease in year due to a net anticipated spend of £8.062m against current reserves, including an assumption that the current projected overspend of £0.344m will be funded from general reserves at this stage. An exercise will be carried out as the year progresses to determine which reserves are the most appropriate to fund any overspends incurred in year.

6.3 The current projected overall position is summarised below:-

| | Opening Balance 2023/24 | New Funds in Year | Total Funding | Projected Spend 2023/24 | Projected C/fwd to 2024/25 |
|--|-------------------------|-------------------|---------------|-------------------------|----------------------------|
| | £000s | £000s | £000s | £000s | £000s |
| Ear-Marked Reserves | | | | | |
| Scottish Government Funding - funding ringfenced for specific initiatives | 4,283 | | 4,283 | 2,639 | 1,644 |
| Existing Projects/Commitments - many of these are for projects that span more than 1 year (incl new specific earmarking) | 8,501 | | 8,501 | 3,158 | 5,343 |
| Transformation Projects - non recurring money to deliver transformational change | 3,251 | | 3,251 | 1,119 | 2,132 |
| 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 | 6,592 | | 6,592 | 199 | 6,393 |
| TOTAL Ear-Marked Reserves | 22,627 | 0 | 22,627 | 7,115 | 15,512 |
| General Reserves | 1,635 | | 1,635 | 603 | 1,032 |
| In Year (Surplus)/Deficit going (to)/from reserves | | | | 344 | (344) |
| TOTAL Reserves | 24,262 | 0 | 24,262 | 8,062 | 16,200 |

7.0 VIREMENT AND OTHER BUDGET MOVEMENTS AND DIRECTIONS

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. These 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.

8.0 TRANSFORMATION FUND

The Transformation Fund was set up at the end of 2018/19. At the beginning of this financial year, the Fund balance was £1.739m. 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 £0.579m uncommitted. Transformation fund requests over £0.100m require to be approved by the IJB.

9.0 2023/24 CAPITAL POSITION

9.1 The Social Work capital budget is £9.707m over the life of the projects with £2.601m projected to be spent in 2023/24. No slippage is currently being reported. Expenditure on all capital projects to 30 June 2023 is £0.013m (0.55% of approved budget). Appendix 7 details capital budgets.

9.2 New Learning Disability Facility

The project involves the development of a new Inverclyde Community Learning Disability Hub. The current progress is as outlined below:

- Detail design stage has been completed. The current high-level programme remains as reported to the April Panel which indicated targeting financial close in 3rd Quarter 2023 subject to completion of the market testing stage which is currently on-going;
- Officers engaged with Scottish Government on the external grant funding from the Low Carbon / Vacant and Derelict Land Investment Programme with the grant commitment secured and full funding amount received.
- Detailed planning application was submitted at the start of March and is expected to be concluded late July / early August;
- First stage building warrant for minor demolitions is in place with second stage submitted;
- Hub Stage 1 report and approval was concluded in May with Stage 2 approval projected by end of August in line with the conclusion of the market testing stage in mid-August;
- As previously reported, the main risk to the project remains in connection with affordability in relation to the challenging economic and market conditions which continue to impact the delivery of all capital programme projects. It should be noted that the inflation risk will remain a live risk up to the point of financial close when the final market tested cost of the project will be established;
- Engagement with the Client Service has continued in respect of final refinement of the room layouts and co-ordination of loose and fitted furniture / equipment;

Consultation with service users, families, carers and all learning disability staff both NHS and Social Care continues. Up-dates on progress are included in the Learning Disability newsletters that are sent out to a wider group of service users, families, carers, staff and the wider community, published on social media platforms and council web pages.

9.3 SWIFT replacement

The discovery phase of the implementation of the ECLIPSE system is ongoing, with project staff carrying out due diligence in relation to the content of OLM's Discovery Report. The first payment milestone will only be met following sign off of the discovery report.

9.4 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 fund work on Health properties.

10.0 KEY ASSUMPTIONS

- These forecasts are based on information provided from the Council and Health Board ledgers.
- Prescribing forecasts are based on advice from the Health Board prescribing team using the latest available actuals and horizon scanning techniques.

11.0 IMPLICATIONS

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

| SUBJECT | YES | NO |
|--|-----|----|
| Financial | x | |
| Legal/Risk | | x |
| Human Resources | | x |
| Strategic Plan Priorities | x | |
| Equalities, Fairer Scotland Duty & Children and Young People | | x |
| Clinical or Care Governance | | x |
| National Wellbeing Outcomes | | x |
| Environmental & Sustainability | | x |
| Data Protection | | x |

11.2 Finance

One off Costs

| Cost Centre | Budget Heading | Budget Years | Proposed Spend this Report | Virement From | Other Comments |
|-------------|----------------|--------------|----------------------------|---------------|---------------------|
| N/A | | | | | Contained in report |

Annually Recurring Costs/ (Savings)

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

11.3 Legal/Risk

There are no legal/risk implications contained within this report.

11.4 Human Resources

There are no human resources implications arising from this report.

11.5 Strategic Plan Priorities

There are no strategic plan priorities issues arising from this report.

11.6 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. |
| 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. |

(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. | 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 |

(c) Fairer Scotland Duty

If this report affects or proposes any major strategic decision:-

Has there been active consideration of how this report's recommendations reduce inequalities of outcome?

| | |
|---|--|
| | YES – A written statement showing how this report’s recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed. |
| x | NO – Assessed as not relevant under the Fairer Scotland Duty for the following reasons: Provide reasons why the report has been assessed as not relevant. |

(d) 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. |
| x | 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. |

11.7 Clinical or Care Governance

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

11.8 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. | 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 |

11.9 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. |
| x | 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. |

11.10 Data Protection

Has a Data Protection Impact Assessment been carried out?

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

12.0 DIRECTIONS

| | | | |
|------|--|---------------------------------------|---|
| 12.1 | Direction Required to Council, Health Board or Both | Direction to: | |
| | | 1. No Direction Required | |
| | | 2. Inverclyde Council | |
| | | 3. NHS Greater Glasgow & Clyde (GG&C) | |
| | | 4. Inverclyde Council and NHS GG&C | x |

13.0 CONSULTATION

13.1 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.

14.0 BACKGROUND PAPERS

14.1 2023/24 Revenue Budget paper to Integration Joint Board 20 March 2023
<https://www.inverclyde.gov.uk/meetings/documents/16133/09%20Inverclyde%20IJB%20Budget%202023-24.pdf>

INVERCLYDE HSCP**REVENUE BUDGET 2023/24 PROJECTED POSITION****PERIOD 3: 1 April 2023 - 30 June 2023**

| SUBJECTIVE ANALYSIS | Budget 2023/24 £000 | Revised Budget 2023/24 £000 | Projected Out-turn 2023/24 £000 | Projected Over/(Under) Spend £000 | Percentage Variance |
|------------------------------------|---------------------------|--------------------------------------|--|--|------------------------|
| Employee Costs | 63,293 | 67,179 | 66,506 | (673) | -1.0% |
| Property Costs | 1,128 | 1,128 | 1,128 | 0 | 0.0% |
| Supplies & Services | 7,412 | 5,474 | 4,825 | (649) | -11.9% |
| Payments to other bodies | 50,866 | 51,143 | 52,241 | 1,098 | 2.1% |
| Family Health Services | 27,531 | 27,414 | 27,414 | 0 | 0.0% |
| Prescribing | 19,781 | 19,823 | 20,323 | 500 | 2.5% |
| Resource transfer | 18,975 | 19,589 | 19,589 | 0 | 0.0% |
| Income | (23,648) | (27,506) | (27,438) | 68 | -0.2% |
| HSCP NET DIRECT EXPENDITURE | 165,337 | 164,244 | 164,588 | 344 | 0.2% |
| Set Aside | 35,398 | 35,398 | 35,398 | 0 | 0.0% |
| HSCP NET TOTAL EXPENDITURE | 200,735 | 199,642 | 199,986 | 344 | 0.2% |

| OBJECTIVE ANALYSIS | Budget 2023/24 £000 | Revised Budget 2023/24 £000 | Projected Out-turn 2023/24 £000 | Projected Over/(Under) Spend £000 | Percentage Variance |
|---|---------------------------|--------------------------------------|--|--|------------------------|
| Strategy & Support Services | 3,688 | 3,985 | 3,661 | (324) | -8.1% |
| Management & Admin | 4,860 | 5,043 | 4,727 | (316) | -6.3% |
| Older Persons | 31,064 | 31,203 | 28,881 | (2,322) | -7.4% |
| Learning Disabilities | 10,249 | 10,244 | 10,042 | (202) | -2.0% |
| Mental Health - Communities | 5,139 | 5,009 | 4,868 | (141) | -2.8% |
| Mental Health - Inpatient Services | 10,328 | 10,050 | 11,658 | 1,608 | 16.0% |
| Children & Families | 16,809 | 15,532 | 17,542 | 2,010 | 12.9% |
| Physical & Sensory | 2,906 | 2,869 | 3,132 | 263 | 9.2% |
| Alcohol & Drug Recovery Service | 2,892 | 2,979 | 2,341 | (638) | -21.4% |
| Assessment & Care Management / Health & Community Care | 9,801 | 9,563 | 9,086 | (477) | -5.0% |
| Criminal Justice / Prison Service | 97 | 97 | 116 | 19 | 0.0% |
| Homelessness | 1,159 | 1,113 | 1,477 | 364 | 32.7% |
| Family Health Services | 27,402 | 27,412 | 27,412 | (1) | -0.0% |
| Prescribing | 19,968 | 20,013 | 20,513 | 500 | 2.5% |
| Resource Transfer | 18,975 | 19,132 | 19,132 | 0 | 0.0% |
| HSCP NET DIRECT EXPENDITURE | 165,337 | 164,244 | 164,588 | 344 | 0.2% |
| Set Aside | 35,398 | 35,398 | 35,398 | 0 | 0.0% |
| HSCP NET TOTAL EXPENDITURE | 200,735 | 199,642 | 199,986 | 344 | 0.2% |
| FUNDED BY | | | | | |
| NHS Contribution to the IJB | 97,181 | 96,088 | 96,681 | 593 | 0.6% |
| NHS Contribution for Set Aside | 35,398 | 35,398 | 35,398 | 0 | 0.0% |
| Council Contribution to the IJB | 68,156 | 68,156 | 67,907 | (249) | -0.4% |
| HSCP NET INCOME | 200,735 | 199,642 | 199,986 | 344 | 0.2% |
| HSCP OPERATING (SURPLUS)/DEFICIT | | | 344 | | |
| Anticipated movement in reserves * | | | 7,718 | | |
| HSCP ANNUAL ACCOUNTS PROJECTED REPORTING (SURPLUS)/DEFICIT | | | 8,062 | | |

* See Reserves Analysis for full breakdown

SOCIAL CARE**REVENUE BUDGET 2023/24 PROJECTED POSITION****PERIOD 3: 1 April 2023 - 30 June 2023**

| SUBJECTIVE ANALYSIS | Budget 2023/24 £000 | Revised Budget 2023/24 £000 | Projected Out-turn 2023/24 £000 | Projected Over/(Under) Spend £000 | Percentage Variance |
|------------------------------------|---------------------------|--------------------------------------|--|--|------------------------|
| SOCIAL CARE | | | | | |
| Employee Costs | 37,478 | 38,175 | 36,760 | (1,415) | -3.7% |
| Property costs | 1,122 | 1,122 | 1,122 | 0 | 0.0% |
| Supplies and Services | 1,211 | 1,211 | 1,211 | 0 | 0.0% |
| Transport and Plant | 355 | 355 | 355 | 0 | 0.0% |
| Administration Costs | 772 | 772 | 772 | 0 | 0.0% |
| Payments to Other Bodies | 50,866 | 51,143 | 52,241 | 1,098 | 2.1% |
| Income | (23,648) | (24,622) | (24,554) | 68 | -0.3% |
| SOCIAL CARE NET EXPENDITURE | 68,156 | 68,156 | 67,907 | (249) | -0.4% |

| OBJECTIVE ANALYSIS | Budget 2023/24 £000 | Revised Budget 2023/24 £000 | Projected Out-turn 2023/24 £000 | Projected Over/(Under) Spend £000 | Percentage Variance |
|------------------------------------|---------------------------|--------------------------------------|--|--|------------------------|
| SOCIAL CARE | | | | | |
| Children & Families | 12,905 | 12,773 | 14,847 | 2,074 | 16.2% |
| Criminal Justice | 97 | 97 | 116 | 19 | 19.6% |
| Older Persons | 31,064 | 31,203 | 28,881 | (2,322) | -7.4% |
| Learning Disabilities | 9,669 | 9,633 | 9,485 | (148) | -1.5% |
| Physical & Sensory | 2,906 | 2,869 | 3,132 | 263 | 9.2% |
| Assessment & Care Management | 2,824 | 2,754 | 2,483 | (271) | -9.8% |
| Mental Health | 1,735 | 1,681 | 1,634 | (47) | -2.8% |
| Alcohol & Drugs Recovery Service | 1,017 | 1,035 | 742 | (293) | -28.3% |
| Homelessness | 1,159 | 1,113 | 1,477 | 364 | 32.7% |
| Finance, Planning and Resources | 1,949 | 1,883 | 2,067 | 184 | 0.0% |
| Business Support | 2,831 | 3,115 | 3,043 | (72) | 0.0% |
| SOCIAL CARE NET EXPENDITURE | 68,156 | 68,156 | 67,907 | (249) | -0.4% |

| COUNCIL CONTRIBUTION TO THE IJB | Budget 2023/24 £000 | Revised Budget 2023/24 £000 | Projected Out-turn 2023/24 £000 | Projected Over/(Under) Spend £000 | Percentage Variance |
|--|---------------------------|--------------------------------------|--|--|------------------------|
| Council Contribution to the IJB | 68,156 | 68,156 | 67,907 | (249) | -0.4% |
| Projected Transfer (from) / to Reserves | | | | 249 | |

HEALTH**REVENUE BUDGET 2023/24 PROJECTED POSITION****PERIOD 3: 1 April 2023 - 30 June 2023**

| SUBJECTIVE ANALYSIS | Budget 2023/24 £000 | Revised Budget 2023/24 £000 | Projected Out-turn 2023/24 £000 | Projected Over/(Under) Spend £000 | Percentage Variance |
|--------------------------------------|---------------------------|--------------------------------------|--|--|------------------------|
| HEALTH | | | | | |
| Employee Costs | 25,815 | 29,004 | 29,746 | 742 | 2.6% |
| Property | 6 | 6 | 6 | 0 | 0.0% |
| Supplies & Services | 5,074 | 3,136 | 2,487 | (649) | -20.7% |
| Family Health Services (net) | 27,531 | 27,414 | 27,414 | 0 | 0.0% |
| Prescribing (net) | 19,781 | 19,823 | 20,323 | 500 | 2.5% |
| Resource Transfer | 18,975 | 19,589 | 19,589 | 0 | 0.0% |
| Income | (0) | (2,884) | (2,884) | 0 | 0.0% |
| HEALTH NET DIRECT EXPENDITURE | 97,181 | 96,088 | 96,681 | 593 | 0.6% |
| Set Aside | 35,398 | 35,398 | 35,398 | 0 | 0.0% |
| HEALTH NET DIRECT EXPENDITURE | 132,579 | 131,486 | 132,079 | 593 | 0.5% |

| OBJECTIVE ANALYSIS | Budget 2023/24 £000 | Revised Budget 2023/24 £000 | Projected Out-turn 2023/24 £000 | Projected Over/(Under) Spend £000 | Percentage Variance |
|--------------------------------------|---------------------------|--------------------------------------|--|--|------------------------|
| HEALTH | | | | | |
| Children & Families | 3,904 | 2,759 | 2,695 | (64) | -2.3% |
| Health & Community Care | 6,977 | 6,809 | 6,603 | (206) | -3.0% |
| Management & Admin | 2,029 | 1,928 | 1,684 | (244) | -12.7% |
| Learning Disabilities | 580 | 611 | 557 | (54) | -8.8% |
| Alcohol & Drug Recovery Service | 1,875 | 1,944 | 1,599 | (345) | -17.7% |
| Mental Health - Communities | 3,404 | 3,328 | 3,234 | (94) | -2.8% |
| Mental Health - Inpatient Services | 10,328 | 10,050 | 11,658 | 1,608 | 16.0% |
| Strategy & Support Services | 657 | 706 | 537 | (169) | -23.9% |
| Family Health Services | 27,402 | 27,412 | 27,412 | 0 | 0.0% |
| Prescribing | 19,968 | 20,013 | 20,513 | 500 | 2.5% |
| Financial Planning | 1,082 | 1,396 | 1,057 | (339) | 0.0% |
| Resource Transfer | 18,975 | 19,132 | 19,132 | 0 | 0.0% |
| HEALTH NET DIRECT EXPENDITURE | 97,181 | 96,088 | 96,681 | 593 | 0.6% |
| Set Aside | 35,398 | 35,398 | 35,398 | 0 | 0.0% |
| HEALTH NET DIRECT EXPENDITURE | 132,579 | 131,486 | 132,079 | 593 | 0.5% |

| HEALTH CONTRIBUTION TO THE IJB | Budget 2023/24 £000 | Revised Budget 2023/24 £000 | Projected Out-turn 2023/24 £000 | Projected Over/(Under) Spend £000 | Percentage Variance |
|--------------------------------------|---------------------------|--------------------------------------|--|--|------------------------|
| NHS Contribution to the IJB | 132,579 | 131,486 | 132,079 | (593) | -0.5% |
| Transfer (from) / to Reserves | | | | 593 | |

Budget Movements 2023/24
Inverclyde HSCP

Appendix 4

| Inverclyde HSCP - Service | Approved Budget | Movements | | | Transfers (to)/ from | Revised Budget |
|--|-----------------|-----------|----------|-----------------------|----------------------|----------------|
| | 2023/24 | Inflation | Virement | Supplementary Budgets | Earmarked Reserves | 2023/24 |
| | £000 | £000 | £000 | £000 | £000 | £000 |
| Children & Families | 16,809 | 0 | (177) | (1,100) | 0 | 15,532 |
| Criminal Justice | 97 | 0 | 0 | 0 | 0 | 97 |
| Older Persons | 31,064 | 0 | 138 | 0 | 0 | 31,202 |
| Learning Disabilities | 10,249 | 0 | (5) | 0 | 0 | 10,244 |
| Physical & Sensory | 2,906 | 0 | (37) | 0 | 0 | 2,869 |
| Assessment & Care Management/ Health & Community Care | 9,801 | 0 | (190) | (48) | 0 | 9,563 |
| Mental Health - Communities | 5,139 | 0 | (130) | 0 | 0 | 5,009 |
| Mental Health - In Patient Services | 10,328 | 0 | (278) | 0 | 0 | 10,050 |
| Alcohol & Drug Recovery Service | 2,892 | 0 | 87 | 0 | 0 | 2,979 |
| Homelessness | 1,159 | 0 | (46) | 0 | 0 | 1,113 |
| Strategy & Support Services | 3,688 | 0 | 287 | 10 | 0 | 3,985 |
| Management, Admin & Business Support | 4,860 | 0 | 184 | 0 | 0 | 5,044 |
| Family Health Services | 27,402 | 0 | 10 | 0 | 0 | 27,412 |
| Prescribing | 19,968 | 0 | 0 | 45 | 0 | 20,013 |
| Resource Transfer | 18,975 | 0 | 157 | 0 | 0 | 19,132 |
| Set aside | 35,398 | 0 | 0 | 0 | 0 | 35,398 |
| Totals | 200,735 | 0 | 0 | (1,093) | 0 | 199,642 |

| Social Care - Service | Approved Budget | Movements | | | Transfers (to)/ from | Revised Budget |
|---------------------------------|-----------------|-----------|----------|-----------------------|----------------------|----------------|
| | 2023/24 | Inflation | Virement | Supplementary Budgets | Earmarked Reserves | 2023/24 |
| | £000 | £000 | £000 | £000 | £000 | £000 |
| Children & Families | 12,905 | | (132) | 0 | | 12,773 |
| Criminal Justice | 97 | | 0 | 0 | | 97 |
| Older Persons | 31,064 | | 139 | 0 | | 31,203 |
| Learning Disabilities | 9,669 | | (36) | 0 | | 9,633 |
| Physical & Sensory | 2,906 | | (37) | 0 | | 2,869 |
| Assessment & Care Management | 2,824 | | (70) | 0 | | 2,754 |
| Mental Health - Community | 1,735 | | (54) | 0 | | 1,681 |
| Alcohol & Drug Recovery Service | 1,017 | | 18 | 0 | | 1,035 |
| Homelessness | 1,159 | | (46) | 0 | | 1,113 |
| Strategy & Support Services | 1,949 | | (66) | 0 | | 1,883 |
| Business Support | 2,831 | | 284 | 0 | | 3,115 |
| Totals | 68,156 | 0 | 0 | 0 | 0 | 68,156 |

| Health - Service | Approved Budget | Movements | | | Transfers (to)/ from | Revised Budget |
|------------------------------------|-----------------|-----------|----------|-----------------------|----------------------|----------------|
| | 2023/24 | Inflation | Virement | Supplementary Budgets | Earmarked Reserves | 2023/24 |
| | £000 | £000 | £000 | £000 | £000 | £000 |
| Children & Families | 3,904 | | (45) | (1,100) | | 2,759 |
| Health & Community Care | 6,977 | | (120) | (48) | | 6,809 |
| Management & Admin | 2,029 | | (101) | | | 1,928 |
| Learning Disabilities | 580 | | 31 | | | 611 |
| Alcohol & Drug Recovery Service | 1,875 | | 69 | | | 1,944 |
| Mental Health - Communities | 3,404 | | (76) | | | 3,328 |
| Mental Health - Inpatient Services | 10,328 | | (278) | | | 10,050 |
| Strategy & Support Services | 657 | | 49 | | | 706 |
| Family Health Services | 27,402 | | 10 | | | 27,412 |
| Prescribing | 19,968 | | | 45 | | 20,013 |
| Financial Planning | 1,082 | | 304 | 10 | | 1,396 |
| Resource Transfer | 18,975 | | 157 | | | 19,132 |
| Set aside | 35,398 | | | | | 35,398 |
| Totals | 132,579 | 0 | 0 | (1,093) | 0 | 131,486 |

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:

| SUBJECTIVE ANALYSIS | Budget 2023/24 £000 |
|--|---------------------------|
| SOCIAL CARE | |
| Employee Costs | 38,175 |
| Property costs | 1,122 |
| Supplies and Services | 1,211 |
| Transport and Plant | 355 |
| Administration Costs | 772 |
| Payments to Other Bodies | 51,143 |
| Income (incl Resource Transfer) | (24,622) |
| SOCIAL CARE NET EXPENDITURE | 68,156 |
| Social Care Transfer to EMR | (249) |
| Health Transfer from EMR * | 593 |
| Total anticipated transfer to EMR at year end | 344 * |

| OBJECTIVE ANALYSIS | Budget 2023/24 £000 |
|------------------------------------|---------------------------|
| SOCIAL CARE | |
| Children & Families | 12,773 |
| Criminal Justice | 97 |
| Older Persons | 31,203 |
| Learning Disabilities | 9,633 |
| Physical & Sensory | 2,869 |
| Assessment & Care Management | 2,754 |
| Mental Health | 1,681 |
| Alcohol & Drugs Recovery Service | 1,035 |
| Homelessness | 1,113 |
| Finance, Planning and Resources | 1,883 |
| Business Support | 3,115 |
| SOCIAL CARE NET EXPENDITURE | 68,156 |

* to be funded by reserves held for IJB

This direction is effective from 25 September 2023

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 2023/24 £000 |
|--------------------------------------|---------------------------|
| HEALTH | |
| Employee Costs | 29,004 |
| Property costs | 6 |
| Supplies and Services | 3,136 |
| Family Health Services (net) | 27,414 |
| Prescribing (net) | 19,823 |
| Resources Transfer | 19,589 |
| Income | (2,884) |
| HEALTH NET DIRECT EXPENDITURE | 96,088 |
| Set Aside | 35,398 |
| NET EXPENDITURE INCLUDING SCF | 131,486 |

| | |
|--------------------------|-----|
| Health Transfer from EMR | 593 |
|--------------------------|-----|

| OBJECTIVE ANALYSIS | Budget 2023/24 £000 |
|--------------------------------------|---------------------------|
| HEALTH | |
| Children & Families | 2,759 |
| Health & Community Care | 6,809 |
| Management & Admin | 1,928 |
| Learning Disabilities | 611 |
| Alcohol & Drug Recovery Service | 1,944 |
| Mental Health - Communities | 3,328 |
| Mental Health - Inpatient Services | 10,050 |
| Strategy & Support Services | 706 |
| Family Health Services | 27,412 |
| Prescribing | 20,013 |
| Financial Planning | 1,396 |
| Resource Transfer | 19,132 |
| HEALTH NET DIRECT EXPENDITURE | 96,088 |
| Set Aside | 35,398 |
| NET EXPENDITURE INCLUDING SCF | 131,486 |

This direction is effective from 25 September 2023

HSCP Transformation Board
IJB Transformation Fund Monitoring Report
(for August meeting)

| | |
|---------------------------------------|-----------|
| Total Fund Balance as at 1 April 2023 | 1,838,862 |
| Balance committed to date | 1,224,610 |
| Balance still to be committed | 614,272 |
| New requests/add back | |
| Balance if proposals approved | 34,797 |
| | 579,475 |

| Project No | Project Title | Service Area | Service Manager | Approved IJB/TB | Date Approved | Social Care/Health Spend | Updated Agreed Funding (see amendment tab for detail) | 2020/21 Spend | 2021/22 Spend | 2022/23 Spend | 2023/24 Spend | Balance to spend | Updates |
|------------|---|-----------------------------|----------------------------|-----------------|---------------|--------------------------|---|---------------|---------------|---------------|---------------|------------------|---|
| 009 | Equipment Store Stock system - £50k capital plus 1.5 yrs revenue costs up to £20k in total | ICIL | Debbie Maloney | TB | 09/01/19 | Social Care | 70,000 | 42,405 | 10,381 | 1,514 | | 15,700 | Confirmed no more costs expected, balance can be returned to the fund. |
| 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 | Joyce Allan | TB | 09/11/21 | Social Care | 98,600 | | 9,715 | 32,621 | 26,679 | 29,585 | 1wte Gd 5 3/10/22-2/10/23, 1wte Gd 5 22/5/23-21/5/24, 0.5wte Gd 10/3/23-9/3/24. |
| 036 | CLDT Review Team and TEC responses. 1wte Social worker post and 1wte Social/Work assistant, both f/t 12 months. | CLDT | Laura Porter | TB | 03/11/21 | Social Care | 95,560 | | 7,522 | 68,432 | 20,123 | (497) | Both posts now filled. (posts 82468 & 82469). Alan advised posts filled and work ongoing. Small overspend to be funded from available funds |
| 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. | Planning | Craig Given | IJB | | Health | 131,000 | | | 34,884 | 16,062 | 80,054 | Post filled September 22. |
| 038 | Ipromise - Mind of my own - digital resource to allow young people to access software 24/7. | Children's Services | Lesley Ellis | TB | 30/05/22 | Social Care | 53,176 | | | 35,949 | | 17,227 | Advised that as this went through G Cloud there was only the option of 2 year contract rather than the 3 years. Remaining costs will be incurred in year 3. |
| 039 | SWIFT replacement project - backfill. 18 month project. | HSCP wide | Marie Keirs | IJB | | Social Care | 497,729 | | | | | 497,729 | Recruitment on hold during discovery phase delays. |
| 040 | C&F Spend to Save. Recruitment of 5 x temp SWAs. Staffing increase would allow capacity to undertake wellbeing assessments/short term work with a view to reducing placement pressures. | Children's Services | Audrey Howard | IJB | 21/03/22 | Social Care | 179,760 | | | 14,382 | 49,481 | 115,897 | Alan Stevenson has confirmed 1wte started 30/1/23, 2.5wte started 27/2/23 and remaining 1.5wte will start 10/4/23. |
| 041 | Learning Academy - newly qualified social worker supported year and practice teaching hub. 2 year project. | Strategy & Support Services | Ariene Mailey | TB | 21/09/22 | Social Care | 53,690 | | | 6,190 | 12,086 | 35,414 | Staff already in post, costs will transfer to this funding from 10 January 23. |
| 042 | Band 3 Inpatient Phlebomy post for 1 year, part of the plan to address issues raised by the Deaneary visit. | Mental Health Services | Anne Malarkey/Gail Kilbane | TB | 21/09/22 | Health | 32,000 | | | | | 32,000 | Post was filled 14/8/23. |
| 043 | OPMH Clinical Fellows, share of 6wte Clinical Fellows across GG&C to address recruitment issues within medical staffing. 18-24 month posts. | Mental Health Services | Anne Malarkey/Gail Kilbane | TB | 21/09/22 | Health | 58,000 | | | 18,424 | 5,537 | 34,040 | Posts filled September 2022. |
| 044 | MH Peer Support Worker B3, bal of funding for 1 year to develop local peer support model. | Mental Health Services | Anne Malarkey/Gail Kilbane | TB | 21/09/22 | Health | 16,000 | | | | 4,465 | 11,535 | Person in post from 1 April 2024. |
| 045 | CAMHS Clinical Nurse Specialist - 2 year post 1wte Band 7 and 0.2wte Band 3 admin (inc IT equipment and phone) | C&F | Audrey Howard/Lynn Smith | IJB | 20/03/23 | Health | 136,434 | | | | 1,201 | 135,233 | Band 3 admin post recruited. Band 7 started recently, will invoice for costs in the next quarter. |
| 046 | Maximising Independence - Make Early Contact Count and Supporting self management Community of Practice. 1wte Band 5 18 months and training. | All | Debbie Maloney/Ann Murray | TB | 28/06/23 | Health | 85,060 | | | | | 85,060 | Vac ref 740 |

APPENDIX 7

INVERCLYDE HSCP - CAPITAL BUDGET 2023/24PERIOD 3: 1 April 2023 - 30 June 2023

| Project Name | Est Total Cost £000 | Current year | | | | Future years | | | | |
|----------------------------------|------------------------|----------------------------|---------------------------------|----------------------------------|---------------------------|--------------------------|--------------------------|--------------------------|----------------------|----------|
| | | Actual to 31/03/23 £000 | Approved Budget 2023/24 £000 | Revised Estimate 2023/24 £000 | Actual to 30/6/23 £000 | Estimate 2024/25 £000 | Estimate 2025/26 £000 | Estimate 2026/27 £000 | Future Years £000 | |
| Social Work | | | | | | | | | | |
| New Learning Disability Facility | 9,507 | 332 | 2,401 | 2,401 | 13 | 6,600 | 174 | 0 | 0 | 0 |
| Swift Upgrade | 200 | 0 | 200 | 200 | 0 | 0 | 0 | 0 | 0 | 0 |
| Social Work Total | 9,707 | 332 | 2,601 | 2,601 | 13 | 6,600 | 174 | 0 | 0 | 0 |

Classification - No Classification

Summary of Balance and Projected use of reserves

| EMR type/source | Balance at 31 March 2022 £000 | Projected net spend/ (Additions) 2022/23 £000s | Projected balance as at 31 March 2023 £000s | Earmark for future years £000s | Health /Council | CO/Head of Service | Responsible officer | Comments |
|---|-------------------------------|--|---|--------------------------------|-----------------|--------------------|---------------------------|--|
| SCOTTISH GOVERNMENT FUNDING - SPECIFIC FUNDS | | | | | | | | |
| Mental Health Action 15 | 21 | 21 | 0 | 0 | Health | Gail Kilbane - MH | Gail Kilbane | Fully committed |
| Alcohol & Drug Partnerships | 894 | 894 | 0 | 0 | Health | Gail Kilbane- MH | Gail Kilbane | Fully committed |
| Primary Care Improvement Programme | 156 | 156 | 0 | 0 | Health | Alan Best | Pauline Atkinson | Fully committed |
| Community Living Change | 292 | 153 | 139 | 139 | Health/Council | Alan Best | Laura Porter | Work ongoing. Funds will be fully utilised |
| Winter planning - MDT | 253 | 253 | 0 | 0 | Health | Alan Best | Debbi Maloney | Fully committed |
| Winter planning - Health Care Support Worker | 331 | 34 | 297 | 297 | Health | Alan Best | Laura Moore - Chief Nurse | Work ongoing to identify commitments to ensure funds fully utilised |
| Winter pressures - Care at Home | 1,059 | 379 | 680 | 680 | Council | Alan Best | Joyce Allan | Care and support at home review commitments plus ongoing care at home requirements being progressed. |
| Winter pressures - Interim Beds | 92 | 92 | 0 | 0 | Council | Alan Best | Alan Brown | Fully committed for remaining months of contract - ending August |
| Care home oversight | 65 | 39 | 26 | 26 | Health | Alan Best | Laura Moore - Chief Nurse | Any unused funds at year end to be earmarked for continuation |
| Learning Disability Health Checks | 32 | 32 | 0 | 0 | Health | Alan Best | Laura Moore - Chief Nurse | Fully committed |
| Carers | 304 | 150 | 154 | 154 | Council | Alan Best | Alan Brown | Consultation being undertaken with carers with regards to service development . Any unused funds to be held specifically for Carers. |
| MH Recovery & Renewal | 784 | 436 | 348 | 348 | Health | Gail Kilbane | Gail Kilbane | Any unused funds at year end to be earmarked for continuation |
| Sub-total | 4,283 | 2,639 | 1,644 | 1,644 | | | | |
| EXISTING PROJECTS/COMMITMENTS | | | | | | | | |
| Integrated Care Fund | 108 | 108 | 0 | 0 | Council | Alan Best | Alan Best | Fully committed |
| Delayed Discharge | 93 | 39 | 54 | 54 | Council | Alan Best | Alan Brown | Fully committed |
| Welfare | 341 | 20 | 321 | 321 | Council | Craig Given | Emma Cummings | Fully committed |
| Primary Care Support | 569 | 285 | 284 | 284 | Health | Hector McDonald | Pauline Atkinson | Fully committed |
| SWIFT Replacement Project | 372 | 156 | 216 | 216 | Council | Craig Given | Marie Keirs | For project implementation and contingency |
| Rapid Rehousing Transition Plan (RRTP) | 180 | 180 | 0 | 0 | Council | Gail Kilbane | Gail Kilbane | Fully committed |
| LD Estates | 500 | 0 | 500 | 500 | Council | Alan Best | Laura Porter | LD Hub non capital spend reserve |
| Refugee Scheme | 2,190 | 512 | 1,678 | 1,678 | Council | Alan Best | Emma Cummings | For continued support for refugees in Inverclyde area. New Scots Team, third sector support, help with property related matters etc |
| Tier 2 Counselling | 329 | 63 | 266 | 266 | Council | Jonathon Hinds | Lynn Smith | School counselling contract being renewed. Commitment held for future years |
| CAMHS Tier 2 | 100 | 100 | 0 | 0 | Health | Jonathon Hinds | Lynn Smith | Earmark for continuation of project |
| Whole Family Wellbeing | 486 | 243 | 243 | 243 | Council | Jonathon Hinds | Molly Coyle/Lesley Ellis | Staffing structure agreed. Work ongoing to commit remaining balance |
| Dementia Friendly Inverclyde | 9 | 9 | 0 | 0 | Council | Gail Kilbane | Alan Crawford | Fully committed |
| Contribution to Partner Capital Projects | 1,099 | 150 | 949 | 949 | Council | Kate Rocks | Allen Stevenson | LD Hub spend reprofiled to later years 500k contribution likely to be during next financial year |
| Staff Learning & Development Fund | 404 | 200 | 204 | 204 | Council/Health | Allen Stevenson | Arlene Mailey | Training board led spend for MSC students, staff support, Grow your own and ongoing Social work Adult/Child protection training |
| Homelessness | 450 | 272 | 178 | 178 | Council | Gail Kilbane | Gail Kilbane | Redesign transition funding |
| Autism Friendly | 157 | 82 | 75 | 75 | Council | Alan Best | Alan Best | To implement the National and Local Autism strategies with an aim to create an 'Autism Inclusive Inverclyde'. |
| Temporary Posts | 675 | 300 | 375 | 375 | Council | Various | Various | Temporary posts over 23/24 and 24/25 financial years |
| ADRS fixed term posts | 109 | 109 | 0 | 0 | Council | Gail Kilbane | Gail Kilbane | For continuation of fixed term posts |
| National Trauma Training | 50 | 50 | 0 | 0 | Council | Jonathan Hinds | Laurence Reilly | Balance held from 22/23. Will be fully committed in 23/24 |
| Cost of Living | 265 | 265 | 0 | 0 | Council | Kate Rocks | Marie Keirs | Programme still underway. Remaining balance £0.088m. Support still being allocated where need is identified |
| Wellbeing | 15 | 15 | 0 | 0 | Council | Alan Best | Alan Best | Proposal underway with third sector organisation |
| Sub-total | 8,501 | 3,158 | 5,343 | 5,343 | | | | |
| TRANSFORMATION PROJECTS | | | | | | | | |
| Transformation Fund | 1,739 | 308 | 1,431 | 1,431 | Shared | Kate Rocks | Various | £1.374m of full balance available committed. Spend will be incurred over this year and next two financial years |
| Addictions Review | 292 | 55 | 237 | 237 | Shared | Gail Kilbane | Gail Kilbane | Redesign transition funding |
| Mental Health Transformation | 637 | 173 | 464 | 464 | Shared | Gail Kilbane | Gail Kilbane | |
| IJB Digital Strategy | 583 | 583 | 0 | 0 | Shared | Alan Best | Joyce Allan | Analogue to Digital commitments - orders under way |
| Sub-total | 3,251 | 1,119 | 2,132 | 2,132 | | | | |
| BUDGET SMOOTHING | | | | | | | | |
| Adoption/Fostering/Residential Childcare | 1,500 | | 1,500 | 1,500 | Council | Jonathon Hinds | Molly Coyle | |
| Prescribing | 1,091 | | 1,091 | 1,091 | Health | Alan Best | Alan Best | |
| Continuous Care | 425 | | 425 | 425 | Health | Jonathon Hinds | Molly Coyle | |
| Residential & Nursing Placements | 1,286 | | 1,286 | 1,286 | Council | Alan Best | Alan Brown | |
| LD Client Commitments | 600 | | 600 | 600 | Council | Alan Best | Laura Porter | |
| Client Commitments - general | 605 | | 605 | 605 | Council | Kate Rocks | Craig Given | |
| Pay contingency | 1,085 | 199 | 886 | 886 | Council | Craig Given | Craig Given | |
| Sub-total | 6,592 | 199 | 6,393 | 6,393 | | | | |
| Specific earmarking requests | 0 | | 0 | 0 | | | | Specific earmarking requested during 22/23 |
| Total Earmarked | 22,627 | 7,115 | 15,512 | 15,512 | | | | |
| UN-EARMARKED RESERVES | | | | | | | | |
| General | 1,635 | 947 | 688 | 688 | IJB | Craig Given | | Projected overspend of 0.343 assumed to be funded from balance as at P3 |
| Un-Earmarked Reserves | 1,635 | 947 | 688 | 688 | | | | |
| TOTAL Reserves | 24,262 | 8,062 | 16,200 | 16,200 | | | | |

**INVERCLYDE INTEGRATION JOINT BOARD
ROLLING ACTION LIST
25 September 2023**

| Meeting Date and Minute Reference | Action | Responsible Officer | Timescale | Progress/Update/Outcome | Status | Open/ Closed |
|---|---|----------------------------|------------------|--|----------------|-------------------------|
| 26 September 2022 (Para 61 (2)) | Inverclyde Adult Support and Protection Partnership – report on audits in first quarter of 2023 | Chief Officer | Sept 2023 | Paper at IJB Audit Committee – 25 September 2023 | Work completed | Closed |
| 10 January 2023 (request) | Annual Performance Report | Chief Officer | June 2023 | Paper to IJB - 25 September 2023 | Work completed | Closed |
| 23 January 2023 (Para 11(3)) | Proposal for redesign of Homelessness Service to IJB and Inverclyde Council | Chief Officer | November 2023 | Paper to November 2023 | Work ongoing | Open |
| 20 March 2023 (Para 21(5)) | Inverclyde HSCP Strategic Plan – 6 monthly updates to Board | Chief Finance Officer | September 2023 | Paper to IJB - 25 September 2023 | Work completed | Closed |
| 20 March 2023 (Para 22(3)) | Public Sector Equalities Duty and Compliance progress report | Chief Finance Officer | September 2023 | Paper to IJB - 25 September 2023 | Work completed | Closed |
| 15 May 2023 (Para 34) 26 June 2023 (Para 41) | Update on Vaccination Transformation Programme | Chief Officer | November 2023 | Paper to IJB November 2023 | Work ongoing | Open |

Annual Report Schedule

| | |
|--|---|
| <p><u>September</u></p> <ul style="list-style-type: none"> • Audited Annual Accounts • Clinical & Care Governance • Inverclyde HSCP Strategic Plan • Annual Performance Report • Equalities Duty Update • Finance Monitoring | <p><u>November</u></p> <ul style="list-style-type: none"> • Workforce Update • Homelessness Redesign • PCIP update (6 monthly update) • Digital Strategy • Finance Monitoring • Annual Report on Improving the Cancer Journey Model |
| <p><u>January</u></p> <ul style="list-style-type: none"> • Finance Monitoring • Chief Social Work Annual Report | <p><u>March</u></p> <ul style="list-style-type: none"> • Budget Setting 24/25 • Equalities Duty Progress • Finance Monitoring |
| <p><u>May</u></p> <ul style="list-style-type: none"> • Finance Monitoring | <p><u>June</u></p> <ul style="list-style-type: none"> • Draft Annual Accounts • Proposed Dates of Future Meetings • Annual Report on IJB Resilience Arrangements as a Category 1 responder • Finance Monitoring |

| | | | |
|-------------------------|--|--------------------|--------------------------|
| Report To: | Inverclyde Integration Joint Board | Date: | 25 September 2023 |
| Report By: | Kate Rocks Chief Officer, Inverclyde Health & Social Care Partnership | Report No: | VP/LS/078/23 |
| Contact Officer: | Vicky Pollock | Contact No: | 01475 712180 |
| Subject: | Inverclyde Integration Joint Board Audit Committee – Appointment of Voting Member | | |

1.0 PURPOSE AND SUMMARY

- 1.1 For Decision For Information/Noting
- 1.2 The purpose of this report is to agree the appointment of Alan Cowan as a voting member of the Integration Joint Board Audit Committee (“IJB Audit Committee”).
- 1.3 The IJB last agreed the membership of the IJB Audit Committee on 26 June 2023.
- 1.4 As a result of Simon Carr’s term of office as a Non-Executive NHS and IJB Member coming to an end on 1 September 2023, it is necessary for the IJB to appoint a new NHS Board voting member to serve on the IJB Audit Committee.

2.0 RECOMMENDATIONS

- 2.1 It is recommended that the Inverclyde Integration Joint Board agrees the appointment of Alan Cowan to serve as a voting member on the Inverclyde Integration Joint Board Audit Committee.

Kate Rocks
Chief Officer
Inverclyde Health and Social Care Partnership

3.0 BACKGROUND AND CONTEXT

3.1 The IJB last agreed its membership arrangements of the IJB Audit Committee on 26 June 2023. Since then, Simon Carr's term of office as a Non-Executive NHS and IJB Board member has come to an end and so he is no longer a member of the IJB Audit Committee. As membership of the IJB Audit Committee is a matter for decision by the IJB, it requires to agree the appointment of an NHS Board voting member to the IJB Audit Committee to fill the vacancy.

4.0 IJB AUDIT COMMITTEE - MEMBERSHIP

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

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

5.0 PROPOSALS

5.1 It is proposed that the IJB agrees the appointment of Alan Cowan to the IJB Audit Committee.

6.0 IMPLICATIONS

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

| SUBJECT | YES | NO |
|--|-----|----|
| Financial | | X |
| Legal/Risk | X | |
| Human Resources | | X |
| Strategic Plan Priorities | X | |
| Equalities, Fairer Scotland Duty & Children and Young People | | X |
| Clinical or Care Governance | | X |
| National Wellbeing Outcomes | | X |
| Environmental & Sustainability | | X |
| Data Protection | | X |

6.2 Finance

There are no financial implications arising from this report.

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 |

6.3 Legal/Risk

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

6.4 Human Resources

There are no Human Resource implications arising from this report.

6.5 Strategic Plan Priorities

This report helps deliver Strategic Plan Big Action 6 – we will build on the strengths of our people and our community.

6.6 Equalities

There are no equality issues arising from the content of this report.

(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. |

(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. | 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 |

(c) Fairer Scotland Duty

If this report affects or proposes any major strategic decision:-

Has there been active consideration of how this report's recommendations reduce inequalities of outcome?

| | |
|---|--|
| | YES – A written statement showing how this report's recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed. |
| X | NO – Assessed as not relevant under the Fairer Scotland Duty. |

(d) **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. |
| X | 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. |

6.7 **Clinical or Care Governance**

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

6.8 **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. | 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 |

6.9 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. |
| X | 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. |

6.10 Data Protection

Has a Data Protection Impact Assessment been carried out?

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

7.0 DIRECTIONS

| | | | |
|-----|--|---------------------------------------|---|
| 7.1 | Direction Required to Council, Health Board or Both | Direction to: | |
| | | 1. No Direction Required | X |
| | | 2. Inverclyde Council | |
| | | 3. NHS Greater Glasgow & Clyde (GG&C) | |
| | | 4. Inverclyde Council and NHS GG&C | |

8.0 CONSULTATION

8.1 The Chief Officer has been consulted in the preparation of this report.

9.0 BACKGROUND PAPERS

9.1 None.

**Inverclyde Integration Joint Board
Audit Committee Membership – 25 September 2023**

| SECTION A. VOTING MEMBERS | | |
|--|--|---|
| | | Proxies (Voting Members) |
| Inverclyde Council | Councillor Lynne Quinn (Vice Chair) Councillor Sandra Reynolds | Councillor Drew McKenzie Councillor Elizabeth Robertson |
| | | |
| Greater Glasgow and Clyde NHS Board | Mr David Gould (Chair) Mr Alan Cowan* *subject to IJB approval on 11 September 2023 | |
| | | |
| SECTION B. NON-VOTING MEMBERS | | |
| A staff representative (NHS Board) | Ms Diana McCrone | |
| A third sector representative | Ms Charlene Elliott | |

| | | | |
|-------------------------|--|--------------------|--------------------------|
| Report To: | Inverclyde Integration Joint Board | Date: | 25 September 2023 |
| Report By: | Kate Rocks Chief Officer, Inverclyde Health & Social Care Partnership | Report No: | VP/LS/076/23 |
| Contact Officer: | Vicky Pollock | Contact No: | 01475 712180 |
| Subject: | IJB Directions Annual Report – 2022/23 | | |

1.0 PURPOSE AND SUMMARY

- 1.1 For Decision For Information/Noting
- 1.2 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 2022 to August 2023.
- 1.3 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.
- 1.4 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 third such annual report to the IJB and covers the period from September 2022 to August 2023.

2.0 RECOMMENDATIONS

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

Kate Rocks
Chief Officer
Inverclyde Health and Social Care Partnership

3.0 BACKGROUND AND CONTEXT

- 3.1 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.
- 3.2 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.
- 3.3 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 third such annual report to the IJB and covers the period from September 2022 to August 2023.
- 3.4 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.

4.0 SUMMARY OF DIRECTIONS

- 4.1 A Directions log has been established and will continue to be maintained and updated by the Council's Legal Services.
- 4.2 Between September 2022 and August 2023 (inclusive):
- the IJB has issued 10 Directions;
 - 7 of these were Directions to both the Council and Health Board;
 - 3 of these were Directions to the Council only; and
 - 0 of these were Directions to the Health Board only.
- 4.3 Of the 10 Directions issued by the IJB:
- 6 remain open (current); and
 - 0 are closed and 4 have been superseded
- 4.4 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, 2022/23 and 2023/24.
- 4.5 As requested by the IJB Audit Committee at its meeting on 26 September 2022, Directions noted as completed or superseded in the previous financial years 2020/21, 2021/22 and 2022/23 have been removed from the Directions log.

5.0 PROPOSALS

- 5.1 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 2022 to August 2023.

6.0 IMPLICATIONS

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

| SUBJECT | YES | NO |
|--|-----|----|
| Financial | | X |
| Legal/Risk | X | |
| Human Resources | | X |
| Strategic Plan Priorities | | X |
| Equalities, Fairer Scotland Duty & Children and Young People | | X |
| Clinical or Care Governance | | X |
| National Wellbeing Outcomes | | X |
| Environmental & Sustainability | | X |
| Data Protection | | X |

6.2 Finance

There are no financial implications arising from this report.

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 |

6.3 Legal/Risk

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.

6.4 Human Resources

There are no Human Resource implications arising from this report.

6.5 Strategic Plan Priorities

This report helps deliver Strategic Plan Big Action 6 – we will build on the strengths of our people and our community.

6.6 Equalities

There are no equality issues arising from the content of this report.

(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. This is a performance report for noting by the IJB |

(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. | 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 |

(c) Fairer Scotland Duty

If this report affects or proposes any major strategic decision:-

Has there been active consideration of how this report's recommendations reduce inequalities of outcome?

| | |
|---|--|
| | YES – A written statement showing how this report's recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed. |
| X | NO – Assessed as not relevant under the Fairer Scotland Duty. |

(d) 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. |
| X | 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. |

6.7 Clinical or Care Governance

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

6.8 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. | 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 |

6.9 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. |
| X | 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. |

6.10 Data Protection

Has a Data Protection Impact Assessment been carried out?

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

7.0 DIRECTIONS

| | | | |
|-----|--|---------------------------------------|---|
| 7.1 | Direction Required to Council, Health Board or Both | Direction to: | |
| | | 1. No Direction Required | X |
| | | 2. Inverclyde Council | |
| | | 3. NHS Greater Glasgow & Clyde (GG&C) | |
| | | 4. Inverclyde Council and NHS GG&C | |

8.0 CONSULTATION

8.1 The Chief Officer and Chief Financial Officer have been consulted in the preparation of this report.

9.0 BACKGROUND PAPERS

9.1 None.

**INVERCLYDE INTEGRATION JOINT BOARD
DIRECTIONS LOG 2020-21**

Classification : Official

| 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/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 | Inverclyde Alcohol and Drug Recovery Development Update | Head of MH, Addictions and Homelessness | Alcohol & Drug Recovery | |
| 17.03.20 IJB/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 | Inverclyde Alcohol and Drug Recovery Development Update | Head of MH, Addictions and Homelessness | Alcohol & Drug Recovery | |
| 17.03.20 IJB/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 | Hard Edges Scotland Report | Head of Children, Families and Criminal Justice | Childrens Services | |
| 17.03.20 IJB/32/20 20/AS | Social Care Case Management - Mini Competition | Both Council and Health Board | Inverclyde Council to oversee the procurement of a replacement Social Work information system, subject to the Council approving £600,000 Capital funding, on top of the £243,000 agreed by the IJB through Prudential Borrowing | HSCP | £243k through IJB prudential borrowing | 17-Mar-20 | 17-Mar-20 | Updates will be brought back to the IJB regularly as the project proceeds | Current | No | N/A | Private report | Head of Strategy & Support Services | Performance & Information | Direction will be superseded by in year subsequent update reports in year |
| 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 | Unscheduled Care Commissioning Plan | Head of Strategy & Support Services | Commissioning | Direction will be superseded by subsequent update reports |
| 23.06.20 IJB/45/20 20/SMcA | 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 | Champions Board/Proud2Care | Head of Children, Families and Criminal Justice | Childrens Services | |

Appendix 1

INVERCLYDE INTEGRATION JOINT BOARD
DIRECTIONS LOG 2020-21

Classification : Official

| 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) |
|--------------------------------------|---|-------------------------------|--|---|---|------------------------------|------------------|-------------|---------|--|--|---|---|--------------------|---|
| 21.09.20 20 IJB/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 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 | HSCP Digital Strategy 2020/21 | Head of Strategy & Support Services | HSCP | Direction will be superseded by in year subsequent Financial Monitoring reports |
| 29.03.21 IJB/13/20 21/LL | 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 | Emergency Powers Decision Log | Head of Children, Families and Criminal Justice | Childrens Services | |
| | | | | | | | | | | | | | | | |
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INVERCLYDE INTEGRATION JOINT BOARD
DIRECTIONS LOG 2021-22

| 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) |
|--|--|-------------------------------|--|---|---|-------------|------------------|-------------|---------|--|--|---|---|---------------------|---------------------------|
| 17.05.20 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 | The Promise Partnership Funding | Head of Children, Families and Criminal Justice | Children's Services | |
| 01.11.20 21 IJB/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 | Private Report | Head of MH, ADRS and Homelessness | Mental Health | |
| 01.11.20 21 IJB/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 | Private Report | Head of MH, ADRS and Homelessness | Homelessness | |

**INVERCLYDE INTEGRATION JOINT BOARD
DIRECTIONS LOG 2022-23**

| 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) |
|--------------------------------------|--|-------------------------------|---|---|--|-------------|------------------|----------------|---------|--|--|--|--|---------------------------------|---------------------------|
| 27.06.20 22 IJB/31/20 22/CG | Proposed Use of IDEAS Project Surplus Funds | Council only | Inverclyde Council is directed to invest the £0.297m surplus funds provided by the IJB to: (a) support the appointment of 2 additional Money Advice posts for 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. | Advice Services | £0.297m as detailed in the report. | 27-Jun-22 | 27-Jun-22 | Jun-23 | Current | No | N/A | IDEAS Project Surplus Funds | Head of Finance, Planning and Resources | Finance, Planning and Resources | |
| 27.06/22 IJB/27/20 22/AM | Mental Health and Wellbeing Service | Health Board only | NHS Greater Glasgow and Clyde is directed to develop and implement the Inverclyde Mental Health and Well-being Service (MHWS) all as detailed in the report, including the appointment of the proposed 13 additional posts as set out in paragraph 6.3. | Primary Care Services Mental Health Services - Young People, Adult and Older Adult | As detailed in the report. Indicative allocation from the Scottish Government: 2022/23 - £156,876.54 2023/24 - £313,263.86 2024/25 - £631,746.06 | 27-Jun-22 | 27-Jun-22 | Jun-23 | Current | No | N/A | Mental Health and Wellbeing Report | Head of MH, ADRS and Homelessness | Mental Health | |
| 20/07/22 IJB/34/20 22/CG | Inverclyde Learning Disability Community Hub | Council only | Inverclyde Council is directed to proceed with the approved project on the basis of the alternative design set out in the report and through the intended procurement route via hub West Scotland with additional funding support of £1.117million from the IJB. | Learning Disability Day Services | £1.117million, through a combination of prudential borrowing and use of existing reserves. | 20-Jul-22 | 20-Jul-22 | 26th June 2023 | Current | No | N/A | Inverclyde Learning Disability Community Hub | Head of Finance, Planning and Resources Head of Health and Community Care | Learning Disabilities | |
| 07.11.22 IJB/51/20 22/CG | HSCP Workforce Plan - 2022-2025 | 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 A to the report and within the associated budget outlined in the report. | All functions outlined within the report and Appendix A. | As outlined in Appendix A. | 07-Nov-22 | 07-Nov-22 | May-23 | Current | Yes Supersede | 24.08.2020 IJB/54/2020/LA 21.06.2021 IJB/26/2021/AM | HSCP Workforce Plan 2022-2025 | Head of Finance, Planning and Resources | Finance, Planning and Resources | |
| 28.11.22 IJB/54/20 22/CG | Cost of Living Initiatives | Council only | Inverclyde Council is directed to: 1. Extend access to Section 12 Social Work (Scotland) Act 1968 and Section 22 Children (Scotland) Act 1995 budgets to Health staff employed in Health Visiting, Family Nurse Partnership, Advice Services, Community Mental Health and Occupational Therapy in the allocation of cost of living payments to Inverclyde service users assessed as in need and in line with the Standard Operating Procedure (to be developed) to a maximum value of £0.300m. This direction does not affect access to Section 12 and Section 22 funding for staff with existing access. 2. Offer and provide an initial 500 warm boxes to service users receiving a Care at Home package from HSCP and commissioned providers through the Care at | Advice Services | £0.430m as detailed in the report | 28-Nov-22 | 28-Nov-22 | May-23 | Current | No | | Cost of Living Proposals | Head of Finance, Planning and Resources | Finance, Planning and Resources | |

**INVERCLYDE INTEGRATION JOINT BOARD
DIRECTIONS LOG 2023-24**

| 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) |
|------------------------------|--|-------------------------------|--|---|--|-------------|------------------|-------------|---------|--|--|--|-----------------------------------|---------------------------|--|
| 20.03.2023 IJB/19/2023/CG | Inverclyde IJB Budget 2022/23 | Both Council and Health Board | Inverclyde Council is directed to spend the delegated net budget of £68.156m 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 £132.579m in line with the Strategic Plan and the budget outlined within the report. | Budget 2023-24 | The budget delegated to Inverclyde Council is £68.156m and NHS Greater Glasgow and Clyde is £132.579m as per the report. | 20-Mar-23 | 20-Mar-23 | May-23 | Current | No | N/A | Inverclyde IJB Budget 2023/24 | Chief Financial Officer | Finance | |
| 15/05/23 IJB/26/2023/CG | Financial Monitoring Report 2022/23 - Period to 28 February 2023 - Period 11 | 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. | 15-May-23 | 15-May-23 | Jun-23 | Current | No | N/A | Financial Budget Monitoring Report 2022/23 - Period 11 | Chief Financial Officer | Finance | 7 November 2022 Superseded by Financial Monitoring Report 2022/23 - Period 5 - IJB/49/2022/CG |
| 26/06/2023 IJB/33/2023/AB | The Future of Care and Support at Home | Council only | Inverclyde Council is directed to implement the redesign of the Care at Home Support Service as set out in the report and within the associated budget outlined in the report, including the increase from grade 3 to grade 4 for Social Care Workers and the realignment of supervisor posts (Senior Social Care Workers). | Care at Home | As outlined in Paragraph 7.2 and Appendix 2 | 26-Jun-23 | 26-Jun-23 | Jun-24 | Current | No | N/A | The Future of Care and Support at Home | Head of Health and Community Care | Health and Community Care | |

| | | | |
|-------------------------|---|--------------------|--------------------------|
| Report To: | Inverclyde Integration Joint Board | Date: | 25 September 2023 |
| Report By: | Kate Rocks Chief Officer, Inverclyde Health & Social Care Partnership | Report No: | IJB/46/2023/CG |
| Contact Officer: | Craig Given Head of Finance, Planning and Resources, Inverclyde Health & Social Care Partnership | Contact No: | |
| Subject: | Public Sector Equality Duty Compliance Update | | |

1.0 PURPOSE AND SUMMARY

- 1.1 For Decision For Information/Noting
- 1.2 The purpose of this report is to provide the Integration Joint Board with a progress update on the Public Sector Equality Duty (PSED) Compliance and Improvement Plan.
- 1.3 The Equalities and Human Rights Commission (EHRC) previously advised Inverclyde IJB that it deemed it to be non-compliant with its Public Sector Equality Duties under the Equality Act 2010 and associated Regulations.
- 1.4 An Improvement Plan was developed by HSCP officers and approved at the March 2023 IJB meeting. Good progress has been made towards compliance and embedding equalities practice across the HSCP. Appendix 1 sets out progress to date.

2.0 RECOMMENDATIONS

- 2.1 It is recommended that the Inverclyde Integration Joint Board:
1. Notes the progress made against the Improvement Plan set out at Appendix 1 of this report.
 2. Notes that a further report will be presented to the March 2024 meeting of the Integration Joint Board with an update on progress in implementing the Improvement Plan, along with the new Equality Outcomes for 2024-28 and the Equalities Mainstreaming Report for 2022-24.

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

3.0 BACKGROUND AND CONTEXT

- 3.1 The Equality Act 2010 and Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 hold public bodies accountable for advancing equality and protecting people with protected characteristics rights within Scottish society. Integration Joint Boards were added to the public bodies listed in the Equality Act (general and specific duties) in June 2015.
- 3.2 The Equality and Human Rights Commission (EHRC), who are the regulator for the Public Sector Equality Duty, undertook a review of all IJBs' compliance with this duty in 2022. They advised Inverclyde IJB that at that time they considered Inverclyde IJB to be non-compliant with its duties under the Equality Act 2010 and associated Regulations. Several other IJBs across Scotland were also assessed as being non-compliant.
- 3.3 To ensure compliance with the Duty, an Improvement Plan was developed with clear actions; timescales and responsibilities, and this plan was approved at the IJB meeting in March 2023.

4.0 PROPOSALS

- 4.1 The Planning Officer (Equalities) assumed post in early April 2023 which has provided capacity to progress this agenda. Good progress has been made in delivering against the improvement plan to date, and key relationships established within services, and across other HSCPs. Appendix 1 provides a full update on the plan however key achievements to date include:
 - Establishment of both the HSCP Strategic Equalities Group and the HSCP Equalities Champions Network.
 - A training and awareness programme developed for staff, senior managers, SPG and IJB Board members to ensure everyone understands their role in mainstreaming equalities across all our health and social care services.
 - A retrospective audit of all IJB reports since April 2021 was undertaken to ensure Equality Impact Assessments (EQIAs) were completed for all new policies/ functions / strategies or substantive changes to policies /functions /strategies, and any outstanding have now been completed. Meetings and close working with individual services took place to support this process.
 - Review of Equality Impact Assessment (EQIA) process underway.
 - EQIA master tracker now in place to ensure consistency and monitoring across all HSCP services. This allows for central oversight of the EQIA process.
 - Interim Equality Outcomes are now published on the HSCP website and work is underway to develop new Equality Outcomes. Work will also take place to provide an update report on our current Equality Outcomes.
 - Evidence gathering is underway, to inform our new Equality Outcomes and Mainstream report. Work with the equalities champions will be key to capturing evidence of services key development work. Work is taking place with other HSCP Equality leads.
 - Work is underway to develop a staff questionnaire on equalities.
 - A Communications and Engagement plan is in place for community engagement taking place during September 2023, alongside our strategic plan engagement.
 - Professional relationships established with all other HSCP Equalities Leads, NHS Board Equalities team and Council Corporate Equalities Group.
- 4.2 HSCP Officers are in contact with the Equality and Human Rights Commission (EHRC) to ensure relationships are developing and all opportunities for training and support by the EHRC are attended, where applicable. A Scotland wide HSCP Equalities Network has been established to provide peer support, training, and advice with regular attendance and engagement by Inverclyde HSCP officers. This open communication and networking are key to ensuring we are up to date and compliant with any future regulatory changes to the Public

Sector Equality Duty (PSED). A working group is also being established to develop key equalities resources and plan for a national equality leads event. Inverclyde HSCP will be part of this working group.

- 4.3 The HSCP Senior Management Team are committed to ensure all aspects of the Public Sector Equality Duty (PSED) are embedded across HSCP practice and delivery. A further report will be presented at the March 2024 IJB meeting to provide further progress updates; approve the new Equality Outcomes for 2024-28; and approve the Equality Mainstreaming Report for 2022-24.

5.0 IMPLICATIONS

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

| SUBJECT | YES | NO |
|--|------------|-----------|
| Financial | | X |
| Legal/Risk | X | |
| Human Resources | | X |
| Strategic Plan Priorities | X | |
| Equalities, Fairer Scotland Duty & Children and Young People | X | |
| Clinical or Care Governance | | X |
| National Wellbeing Outcomes | X | |
| Environmental & Sustainability | | X |
| Data Protection | | X |

5.2 Finance

There are no financial implications arising from this report.

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 | | | | | |

5.3 Legal/Risk

The Equality and Human Rights Commission (EHRC) has various enforcement powers available to it in terms of the Equality Act 2010. This includes the power to issue a formal compliance notice under Section 32 of the Equality Act 2010 should the Council fail to take the necessary steps towards compliance as requested in their correspondence.

5.4 Human Resources

Nil to note.

5.5 Strategic Plan Priorities

This report will help to deliver all six Big Actions set out in the Strategic Plan.

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. |
| 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. |

(b) Equality Outcomes

How does this report address our Equality Outcomes?

Our Strategic Plan sets out how the HSCP will support our community.

| Equalities Outcome | Implications |
|---|--|
| People, including individuals from the above protected characteristic groups, can access HSCP services. | New equalities outcomes will be developed in line with the legislation |
| Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated. | New equalities outcomes will be developed in line with the legislation |
| People with protected characteristics feel safe within their communities. | New equalities outcomes will be developed in line with the legislation |
| People with protected characteristics feel included in the planning and developing of services. | New equalities outcomes will be developed in line with the legislation |
| HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do. | New equalities outcomes will be developed |

| | |
|--|--|
| | in line with the legislation |
| Opportunities to support Learning Disability service users experiencing gender based violence are maximised. | New equalities outcomes will be developed in line with the legislation |
| Positive attitudes towards the resettled refugee community in Inverclyde are promoted. | New equalities outcomes will be developed in line with the legislation |

(c) Fairer Scotland Duty

If this report affects or proposes any major strategic decision:-

Has there been active consideration of how this report's recommendations reduce inequalities of outcome?

| | |
|---|--|
| | YES – A written statement showing how this report's recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed. |
| x | NO – Assessed as not relevant under the Fairer Scotland Duty for the following reasons: Provide reasons why the report has been assessed as not relevant. |

(d) **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. |
| x | 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. |

5.7 **Clinical or Care Governance**

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

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. | 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 | Disability is covered under the protected characteristics |
| 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. | Socioeconomic status is covered under Fairer Scotland Duty |
| 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 |

5.9 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. |
| x | 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. |

5.10 Data Protection

Has a Data Protection Impact Assessment been carried out?

| | |
|---|--|
| | YES – This report involves data processing which may result in a high risk to the rights and freedoms of individuals. |
| x | 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 | Direction to: | |
| | 1. No Direction Required | x |

| | | |
|--|---------------------------------------|--|
| Direction Required to Council, Health Board or Both | 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 None.

Inverclyde Health & Social Care Partnership Improvement Plan – Equalities (2023) – Update for September IJB

The public sector equality duty is referred to as the 'general equality duty' which is part of the Equality Act (2010). The general equality duty applies to Inverclyde Integration Joint Board (IJB), which has a legal obligation to pay due regard to meet the need to;

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

The HSCP also has the responsibility to produce an Equality and Diversity Mainstreaming report every **two years** and an Equality and Diversity Mainstream Report and Outcomes every **four years**.

Specific equality duties:

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 place duties (specific duties) on listed public authorities. An Integration Joint Board is a listed public authority in terms of those regulations.

- Regulation 3 – the duty to report progress on mainstreaming the equality duty – requires listed authorities to publish a report on the progress it has made to make the equality duty integral to the exercise of its functions. Such reports must be published at intervals of not more than 2 years.
- Regulation 4 – the duty to publish equality outcomes and report progress – requires listed authorities to publish a set of equality outcomes which it considers will enable it to better perform the equality duty. Such sets must be published at intervals of not more than 4 years and a report must be published on the progress made at intervals of not more than 2 years.
- Regulation 5 – the duty to assess and review policies and practices - requires listed authorities, where and to the extent necessary to fulfil the equality duty, to:
 - (1) Assess the impact of applying a proposed new or revised policy or practice against the needs mentioned in the general duty,
 - (2) Consider relevant evidence relating to people who share a protected characteristic
 - (3) Take into account the results of their assessment in developing the policy or practice
 - (4) Publish within a reasonable period the results of any assessment, and
 - (5) Review, and where necessary, revise any policy or practice that it applies in the exercise of its functions to ensure that in exercising those functions it complies with the equality duty

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 lists specific duties which apply to Inverclyde Integration Joint Board.

1. Produce and publish an equalities mainstreaming report every two years
2. Develop and publish Equality Outcomes every four years
3. Produce and report on these Equality Outcomes every two years
4. Undertake and publish Equality Impact Assessments of all policies and practices, including one for the Strategic Plan
5. Develop and implement a functioning Equality Impact Assessment (EIA) system which includes a quality assurance process.

Improvement Action 1 – Ensure Leadership and organisational commitment to Equalities, Diversity and Inclusion

| Local Action(s) | How will we know/Measure? | Responsible Officer / | Target Date | Progress Commentary and RAG Status |
|---|---|--|----------------|---|
| Establish an Equalities Group at Service Manager level chaired by a Head of Service to oversee all Equalities work. | <ul style="list-style-type: none"> Group established and meets quarterly Agenda developed | Chief Officer/Heads of Service | April 2023 | Group established. TOR agreed. Schedule of meeting dates in diary for 2023. COMPLETE BLUE |
| Identify resources and recruit to a Planning Officer with responsibility for embedding equalities across the HSCP. | <ul style="list-style-type: none"> Planning Officer in post and delivering to work plan | Head of Finance, Planning and Resources/Service Manager Planning and Performance | May 2023 | In post commenced early April 2023 until August 2024. COMPLETE BLUE |
| Develop a meaningful equality training programme for IJB Board members to ensure awareness and understanding of their role in equality duties. | <ul style="list-style-type: none"> Training programme developed and delivered No. of attendees. Pre and post training awareness levels | Chief Officer | September 2023 | IJB presentation will be delivered during September. Presentation/training delivered with focus on the IJB governance role of analysing and scrutinising the equality impact across HSCP services. ON TRACK GREEN |
| Establish a peer Equalities network (Champions) from across all HSCP service areas (team leader level) and support with appropriate training and development to carry out their role within services. | <ul style="list-style-type: none"> Training programme developed and delivered Improved awareness / knowledge and communications across the HSCP | Heads of Services/ Service Manager Planning and Performance | June 2023 | Peer Network established with 15 members across HSCP services. Framework agreement in place. Presentation delivered to all members. Tools/resources shared. Bespoke training being delivered in September. Ms teams channel in place for safe sharing of documents. ON TRACK GREEN |

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|--|--|--|-----------------------|--|
| <p>Review HSCP website and ensure all equalities information is accessible.</p> | <ul style="list-style-type: none"> Audit of Information on HSCP website is available and easy to access | <p>Service Manager Planning and Performance/Service Manager Business Support and Advice Services</p> | <p>September 2023</p> | <p>Ongoing. When EQIAs are signed off they are now uploaded to website. Regular time in diary to review content on website and contact with other HSCPs regarding their website content. IJB page now has link to Equalities HSCP page. Accessible information / websites shared via equalities champions – work will continue on developing this further. ON TRACK GREEN</p> |
| <p>Ensure as part of induction all staff undertake the E learning module on equalities on commencing employment.</p> | <ul style="list-style-type: none"> No. of staff completed the module | <p>Heads of Service</p> | <p>May 2023</p> | <p>Report collated on status for both council and NHS staff. Monthly stats now monitored. Continued work with equalities champions to encourage uptake of e-learning modules. Equalities bulletin being developed which will include training opportunities also. COMPLETE BLUE</p> |

| | | | | |
|---|--|---|---------------------------------------|---|
| <p>Work with HSCP champions and services to identify all good practice in relation to mainstreaming equalities.</p> | <ul style="list-style-type: none"> • Examples of good practice | <p>Service Manager Planning and Performance</p> | <p>Ongoing/March 2024</p> | <p>Ongoing. Work has commenced with equalities network establishing user friendly reference documents, FAQ and e-learning quick reference guides. This work will continue as the network develops. ON TRACK GREEN</p> |
| <p>Report to IJB two yearly on all Equalities work (Mainstreaming Report).</p> | <ul style="list-style-type: none"> • Mainstreaming Report to IJB and published on website | <p>Chief Officer</p> | <p>March 2024 Then March 2026</p> | <p>Tip cards / fact sheets and equalities staff forum information shared via equalities champions. Timeline in place for reporting timescales. Evidence gathering is underway. Monthly meeting now in place with other HSCP leads, who are working to same timescales. ON TRACK GREEN</p> |



Improvement Action 2 - Develop and publish Equality Outcomes every four years

| Local Action(s) | How will we know/Measure? | Responsible Officer | Target Date | Progress Commentary and RAG Status |
|---|---|--|-------------------------|---|
| Develop evidence base for Inverclyde HSCPs Equality Outcomes | <ul style="list-style-type: none"> Evidence of Review previous Equality Outcomes/NHS GGC and Inverclyde Council Outcomes/ Review Strategic Needs Assessment | Service Manager Planning and Performance | September /October 2023 | Evidence base started and all work completed so far will help inform our equality outcomes. Work with other HSCP equality leads regarding good practice and evidence gathered previously, with support via IJB/HSCP network. Monthly meeting now in place with other HSCP leads. ON TRACK GREEN |
| Creation of and distribute Equalities questionnaire for staff across Inverclyde HSCP to help inform the Equality Outcomes. | <ul style="list-style-type: none"> Questionnaire develop and return rate | Service Manager Planning and Performance | September 2023 | Questionnaire drafted on Microsoft forms and cascade plan in place. Further work to be done to amend questions before cascading to HSCP staff. To look at NHS GG&C question set due out in August. NEEDS PROGRESSED RED |
| Undertake wider community consultation (Involve people with protected characteristics) and engagement to identify key areas for inclusion in Equality Outcomes. | <ul style="list-style-type: none"> No. of community consultations Feedback from engagement | Service Manager Planning and Performance | September 2023 | Engagement/comms being developed and will take place throughout September alongside strategic planning engagement work. Reach out to services to work with groups already established. Will factor in process for capturing equalities data / |

| | | | | |
|--|---|---|--|--|
| <p>Develop a set of Equalities Outcomes based on evidence of need that have clear specific measurable Equality Outcomes.</p> | <ul style="list-style-type: none"> Equality Outcomes developed | <p>Chief Officer/Service Manager Planning and Performance</p> | <p>November 2023</p> | <p>attendance at engagement events. Comms/Engagement plan in place. ON TRACK GREEN</p> |
| <p>Consult on Inverclyde HSCPs Equalities Outcomes. Adhere to the national standards of community engagement and engagement process.</p> | <ul style="list-style-type: none"> Consultation undertaken with IJB and wider community | <p>Service Manager Planning and Performance</p> | <p>December 2023 IJB approval March 2024</p> | <p>Communications plan in place. Engagement work will take place alongside strategic planning engagement and consultation. ON TRACK GREEN</p> |
| <p>Report to IJB on two yearly on progress of Equalities Outcomes</p> | <ul style="list-style-type: none"> Equalities Outcomes developed and Progress Report to IJB and published on website | <p>Chief Officer</p> | <p>March 2026</p> | <p>In progress. Update report on outcomes of current interim equality outcomes – agreed this should be done yearly going forward. Leads will be contacted, and updates gathered. Timeline in place for reporting. ON TRACK GREEN</p> |

| Improvement Action 3 - Develop and implement a functioning Equality Impact Assessment (EIA) system which includes a quality assurance process and ensure Equality Impact Assessments of all policies and practices are published. | | | | |
|---|--|---|----------------------------|---|
| Local Action(s) | How will we know/Measure? | Responsible Officer | Target Date | Progress Commentary and RAG Status |
| Audit EQIA compliance across HSCP since April 2021. | <ul style="list-style-type: none"> No. of EQIAs completed No. of IJB papers identified where EQIA should have been undertaken Agreement at Equality Group of these should be undertaken retrospectively | Heads of Service/Service Manager Planning and Performance | August 2023 | Audit complete and all services contacted to advise of outstanding EQIAs. Tracker and process in place for completing, including individual work with services / lead officers. Tracker in place for all current / future EQIAs to ensure consistency and that there is future oversight across services and continual monitoring. ON TRACK GREEN |
| Develop a new EQIA process and guidance notes for Inverclyde HSCP including new EQIA form. | <ul style="list-style-type: none"> New HSCP form and guidance produced | Service Manager Planning and Performance | August 2023 | Draft process to be finalised. New template to be agreed with network. Future awareness raising of templates for CRWIA being incorporated into process, and awareness of the Fairer Scotland Duty (FSD). ON TRACK GREEN |
| Deliver training across HSCP services for all staff undertaking EQIAs. | <ul style="list-style-type: none"> No. of training sessions delivered No. of appropriate staff attending | Service Manager Planning and Performance | Commence Sept 2023/ongoing | Training programme being delivered September, which will consist of face to face and virtual sessions. This will include SMT/EMT/SPG/Equalities Group and the Equalities Network. |

| | | | | |
|---|---|---|-----------------------|---|
| | | | | Awareness raising and mainstreaming of equalities by working closely with services, including attendance at SM meetings and visits to services with helpful resources. ON TRACK GREEN |
| Develop quality assurance process to ensure Head of Service sign off. | <ul style="list-style-type: none"> No of EQIAs submitted | Chief Officer | September 2023 | Being developed in line with EQIA process and templates. EQIA tracker will ensure sign off process is fully completed, prior to publishing. ON TRACK GREEN |
| Publish all EQIAs on HSCP website. | <ul style="list-style-type: none"> No of EQIAs published on yearly basis | Service Manager Planning and Performance | With immediate effect | Ongoing. Sign off process in place to allow EQIAs to be approved and uploaded to website. Regular review and monitoring of website. ON TRACK GREEN |



INVERCLYDE INTEGRATION JOINT BOARD AUDIT COMMITTEE – 26 JUNE 2023

Inverclyde Integration Joint Board Audit Committee

Monday 26 June 2023 at 1.00pm

Present:**Voting Members:**

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| Councillor Elizabeth Robertson (Chair) | Inverclyde Council |
| Councillor Lynne Quinn | Inverclyde Council |
| Simon Carr | Greater Glasgow & Clyde NHS Board |

Non-Voting Members:

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| Diana McCrone | Staff Representative, Greater Glasgow & Clyde NHS Board |
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Also present:

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| Chris Paisley | KPMG |
| Kate Rocks | Chief Officer, Inverclyde Health & Social Care Partnership |
| Jonathan Hinds | Head of Children & Families and Criminal Justice Services and Chief Social Work Officer, Inverclyde Health & Social Care Partnership |
| Craig Given | Chief Finance Officer, Inverclyde Health & Social Care Partnership |
| Andi Priestman | Chief Internal Auditor, Inverclyde Council |
| Vicky Pollock | Legal Services Manager, Inverclyde Council |
| Alan Best | Interim Head of Health & Community Care, Inverclyde Health & Social Care Partnership |
| Gail Kilbane | Alcohol & Drug and Homelessness Service Manager, Inverclyde Health & Social Care Partnership |
| Peter MacDonald | Solicitor, Inverclyde Council |
| Diane Sweeney | Senior Committee Officer, Inverclyde Council |
| Lindsay Carrick | Senior Committee Officer, Inverclyde Council |

Chair: Councillor Robertson presided.

The meeting was held at the Municipal Buildings, Greenock.

11 Apologies, Substitutions and Declarations of Interest 11

Apologies for absence were intimated on behalf of:

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| David Gould | Greater Glasgow & Clyde NHS Board |
| Charlene Elliot | Third Sector Representative |

No declarations of interest were intimated.

12 Minute of Meeting of IJJB Audit Committee of 20 March 2023 12

There was submitted the Minute of the Inverclyde Integration Joint Board Audit Committee of 20 March 2023.

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

Decided: that the Minute be agreed.

INVERCLYDE INTEGRATION JOINT BOARD AUDIT COMMITTEE – 26 JUNE 2023

- 13 IJB Audit Committee Rolling Annual Workplan 13**
- There was submitted a list of rolling actions arising from previous meetings of the IJB Audit Committee.
Decided: that the Rolling Annual Workplan be noted.
- 14 Internal Audit Progress Report 27 February to 2 June 2023 14**
- There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership on the progress made by Internal Audit during the period 27 February to 2 June 2023.
 The report was presented by Ms Priestman and being the regular progress report advised of updates since the last meeting.
Decided: that the progress made by Internal Audit for the period 27 February to 2 June 2023 be noted.
- 15 Status of External Audit Action Plans – 31 May 2023 15**
- There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership on the status of current actions from External Audit Action Plans at 31 May 2023.
 The report was presented by Ms Priestman and being the regular progress report advised of updates since the last meeting.
Decided: that the progress to date in relation to the implementation of external audit plans be noted.
- 16 External Audit - Annual Audit Plan 2022/23 16**
- There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership presenting the External Audit Plan for 2022/23 produced by KPMG, the IJB's External Auditors, a copy of which was appended to the report. The report was presented by Mr Paisley from KPMG.
Decided: that the Annual Audit Plan 2022/23 be noted.
- 17 Internal Audit – Annual Strategy and Plan 2023-2024 17**
- There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership appending for approval the Internal Audit Annual Strategy and Plan for 2023-2024. The report was presented by Ms Priestman.
Decided: that the Internal Audit Annual Strategy and Plan for 2023-2024 be approved.
- 18 Internal Audit Annual Report and Assurance Statement 2022/23 18**
- There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership presenting the Internal Audit Annual Report and Assurance Statement 2022/23 which forms part of the IJB's Annual Governance Statement. The report was presented by Ms Priestman.
Decided: that the contents of the Internal Audit Annual Report and Assurance Statement 2022/23 be noted.

19 Conclusion of Business**19**

At the conclusion of business, the Chair acknowledged that she was stepping down as an active IJJB and IJJB Audit Committee member and thanked all members of both the Audit Committee and the IJJB for their hard work and commitment. The Chair also referred to the forthcoming retirement of Mr Carr, thanked him for his 8 years' service and wished him a happy retirement. Mr Carr responded with thanks.