Municipal Buildings, Greenock PA15 1LY

Ref: DS

Date: 12 January 2024

PLEASE NOTE JOINING DETAILS

A meeting of the Inverclyde Integration Joint Board will be held on Monday 22 January 2024 at 2pm.

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

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

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

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

BUSINESS		
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ITEMS FOR ACTION:		
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3.	**Financial Monitoring Report 2023/24 Period 7** Report by Chief Officer, Inverclyde Health & Social Care Partnership	**p**
4.	**Rolling Actions List**	**p**
ROUTINE DECISIONS AND ITEMS FOR NOTING:		
5.	**Chief Social Work Officer Annual Report 2022-23** Report by Chief Officer, Inverclyde Health & Social Care Partnership	**p**
6.	**NHS GGC Mental Health Strategy Refresh** Report by Chief Officer, Inverclyde Health & Social Care Partnership	**p**
7.	**Care at Home Inspection** Report by Chief Officer, Inverclyde Health & Social Care Partnership	**p**
8.	**Chief Officer's Report** Report by Chief Officer, Inverclyde Health & Social Care Partnership	**p**

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 paragraphs 6 and 9 of Part I of Schedule 7(A) of the Act.	
ROUTINE DECISIONS AND ITEMS FOR NOTING: 9. **Reporting by Exception – Governance of HSCP Commissioned External Organisations** Report by Chief Officer, Inverclyde Health & Social Care Partnership providing an update on matters relating to the HSCP governance process for externally commissioned Social Care Services.	**p**

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

Please note that the meeting will be recorded for publishing on the Inverclyde Council's website. The Integration Joint Board is a Joint Data Controller with Inverclyde Council and NHS Greater Glasgow & Clyde under UK GDPR and the Data Protection Act 2018 and data collected during any recording will be retained in accordance with Inverclyde Council's Data Protection Policy, including, but not limited to, for the purpose of keeping historical records and making those records available.

By entering the online recording please acknowledge that you may be filmed and that any information pertaining to you contained in the video and oral recording of the meeting will be used for the purpose of making the recording available to the public.

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

Inverclyde Integration Joint Board
Tuesday 14 November 2023 at 10am

PRESENT:

Voting Members:

Councillor Robert Moran (Chair)	Inverclyde Council
Alan Cowan (Vice Chair)	Greater Glasgow and Clyde NHS Board
Councillor Martin McCluskey	Inverclyde Council
Councillor Lynne Quinn	Inverclyde Council
Councillor Sandra Reynolds	Inverclyde Council
Ann Cameron-Burns	Greater Glasgow and Clyde NHS Board
David Gould	Greater Glasgow and Clyde NHS Board
Dr Rebecca Metcalfe	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, Inverclyde Health & Social Care Partnership
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
Margaret Tait	Service User Representative, Inverclyde Health & Social Care Partnership Advisory Group
Christina Boyd	Carer's Representative
Stevie McLachlan	Inverclyde Housing Association Representative, River Clyde Homes

Also present:

Chris Paisley	KPMG LLP
Vicky Pollock	Legal Services Manager, Inverclyde Council
Gail Kilbane	Interim Head of Mental Health, Homelessness and Alcohol & Drug Recovery, Inverclyde Health & Social Care Partnership
Alan Best	Interim Head of Health & Community Care, Inverclyde Health & Social Care Partnership
Emma Cummings	Service Manager Health & Wellbeing, Inverclyde Health & Social Care Partnership
Pauline Atkinson	Project Manager, Inverclyde Health & Social Care Partnership
Pamela Robb	Planning & Redesign Officer, Inverclyde Health & Social Care Partnership
Arlene Mailey	Service Manager, Quality & Development, Inverclyde Health & Social Care Partnership
Marie Keirs	Senior Finance Manager, Inverclyde Council
Karen MacVey	Legal, Democratic, Digital & Customer Services
Diane Sweeney	Senior Committee Officer, Inverclyde Council
Lindsay Carrick	Senior Committee Officer, Inverclyde Council

PJ Coulter	Corporate Communications, Inverclyde Council
Karen Haldane	Executive Officer, Your Voice, Inverclyde Community Care Forum (public business only)

Chair: Councillor Moran presided.

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

75 Apologies, Substitutions and Declarations of Interest **75**

An apology for absence was intimated on behalf of:

Dr Hector MacDonald	Clinical Director, Inverclyde Health & Social Care Partnership

No declarations of interest were intimated, but certain connections were intimated for the purposes of transparency as follows:
Agenda item 8 (Refugee, Resettlement and Asylum Programmes within Inverclyde) – Ms Tait
Agenda item 9 (Progress of the Primary Care Improvement Plan (PCIP)) –Ms Tait
Agenda item 14 (Reporting by Exception – Governance of HSCP Commissioned External Organisations) – Ms Boyd and Ms Tait

76 Minute of Meeting of Inverclyde Integration Joint Board of 25 September 2023 **76**

There was submitted the Minute of the Inverclyde Integration Joint Board of 25 September 2023.
Decided: that the Minute be agreed.

77 Audit Best Value Wider Scope Work **77**

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership presenting the updated associated audit opinion to the Board for the financial year ended 31 March 2023, which was prepared by the IIJB's external auditors, KMPG LLP. The Board approved the Annual Accounts at their September meeting and this report included updated wider scope and best value work. The report was presented by Mr Given, who then invited Mr Paisley from KPMG LLP to address the Board.
The Board asked if there was separate funding available for Covid related clinics and Ms Rocks advised that this was now funded from existing budgets.
The Board commented that (1) they would prefer a one-stage audit process, as in previous years, and not the two-stage process as undertaken this year, to which Mr Paisley responded that it was the intention to return to a one-stage process, (2) the Risk Management work undertaken by the IIJB Audit Committee should be scrutinised at their next meeting, and (3) the Performance Indicators should be analysed at the start of next year, which Mr Paisley endorsed.
Ms Rocks and the Chair thanked officers and KPMG LLP for their work on the audit process.
Decided:
(1) that the content of the ISA (260) report, as appended at appendix 1 to the report, be noted; and
(2) that thanks be conveyed to officers and KPMG LLP for their work on the audit process.

Dr Jones joined the meeting at this juncture.

78 Financial Monitoring Report 2023/24 Period 5 **78**

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership on the Revenue and Capital Budgets projected financial outturn for the year as at 31 August 2023. The report was presented by Mr Given.

Referring to paragraph 5.2 of the report and the overspend in Mental Health In-Patient services, the Board (1) asked what the average cost of covering a shift by bank or agency staff was, (2) requested an update on recruitment, and (3) sought reassurance that there was no impact on patient care. Ms Rocks advised that (1) she would provide the figures outwith the meeting, (2) recruitment was improving and reliance on agency staff was reducing, and (3) there was no impact on patient care as patients from Inverclyde were prioritised, with admissions being refused to patients outwith Inverclyde if necessary.

The Board requested an explanation for the revised budget figures for Children and Families as detailed at appendices 2 and 3, and Mr Given advised that he would provide a detailed response outwith the meeting.

The Board asked if there were plans to allocate funds to supplement cost of living increases over the winter period, and Ms Rocks and Mr Given assured that officers monitored budgets and would make any adjustments necessary.

Referring to paragraph 9.3 of the report, SWIFT replacement, the board asked if the OLM Discovery Report would have an impact on cost. Mr Given advised that as the matter was commercially sensitive he could not comment at present, but would provide a report on this matter when he was able to do so.

Decided:

(1) that (a) the current Period 5 forecast position for 2023/24, as detailed in the report and appendices 1 to 3, and (b) the assumption that this will be funded from reserves held, be noted;

(2) that (a) the proposed budget realignments and virement, as detailed at appendix 4 of the report, be approved, and (b) officers be authorised to issue revised directions to Inverclyde Council and/or Health Board as required on the basis of the revised figures, as detailed at appendix 5 of the report;

(3) the position of the Transformation Fund, as detailed at appendix 6 to the report, be noted;

(4) that the current capital position, as detailed at appendix 7 to the report, be noted;

(5) that the current Earmarked Reserves position, as detailed at appendix 8 to the report, be noted; and

(6) that the key assumptions within the forecasts, as detailed at section 10 to the report, be noted.

79 Rolling Action List **79**

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

Decided: that the Rolling Action List be noted.

80 Kincare Payment to Support Individual Hospital Discharge **80**

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership advising the Board of the Kincare initiative to support early hospital discharge for non-complex patients. The report was presented by Mr Best.

In response to questions from the Board, officers advised that (1) this initiative would be managed by existing staff who are currently responsible for hospital discharges, (2) patients would be advised of the initiative by the Discharge Team, (3) the one-off

payment is not taxable by HMRC, (4) the decision to apply for the payment would be taken by the patient, (5) the payment would not be recouped if the patient was readmitted, unless there was an exceptional reason to do so, (6) the initiative would supplement existing processes, (7) if a person still required assistance after the six-week period that this would be assessed and implemented in accordance with existing practices, (8) the initiative was intended for non-complex cases, (9) officers were already trained to look for signs of coercion and this would apply to processing requests for the payment, (10) the budget can be increased if necessary, and (11) any updates on the initiative will be contained within the Chief Officer's report.

Decided:

(1) that the development of the Kincare scheme which supports the prevention of hospital discharge delays be noted;

(2) that it be noted that the Kincare payment scheme will provide a one-off payment of £1200 to the individual as an alternative to more formalised mechanisms of support, and that the scheme will be built on the natural family and friendship supports for the cared-for person; and

(3) that it be noted that Inverclyde HSCP will review the success and governance of the Kincare scheme in supporting individuals discharging from hospital in a report to the IIJB in April 2024.

81 HSCP Workforce Plan 2022-2025 – Year 1 Progress Report **81**

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership (1) providing a Year 1 progress report on the HSCP Workforce Plan, and (2) seeking approval to submit the progress update to the Scottish Government. The report was presented by Mr Given.

In response to a comment regarding Trade Union participation, Mr Hinds advised that the staffing group had not been set up yet but that he would consider the request.

Decided:

(1) that the Year 1 Workforce Plan progress report be approved for submission to the Scottish Government; and

(2) that it be noted that a further report will be presented to the Board in November 2024.

82 Refugee, Resettlement and Asylum Programmes within Inverclyde **82**

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership providing an update on the various refugee, resettlement and asylum programmes within Inverclyde. The report was presented by Mr Best.

Ms Tait declared a connection as Chair of Your Voice. She also formed the view that the nature of her interest and of the item of business did not preclude her continued presence at the meeting or her participation in the decision-making process and was declaring for transparency.

The Board asked if there were adequate resources and funding for the various programmes detailed in the report and officers provided an overview of the various funding streams and systems in place. Ms Rocks advised that the precise impact was unclear at present, and that the situation was being monitored. Ms Rocks also acknowledged the contribution of the Third Sector in the various programmes.

The Board requested detail on how the team which deals with the refugee, resettlement and asylum programmes within Inverclyde is resourced and supported, and Ms Rocks agreed to provide this information outwith the meeting.

Referring to paragraph 3.4 of the report, Unaccompanied Asylum-Seeking Children, the Board requested additional detail on this matter. Mr Hinds assured that there was a well-established process and that those presenting as under 18 were categorised as Looked

After Children and provided with the appropriate support and assessment.
Referring to paragraph 3.5.2 of the report and the reference to Community Pharmacies, the Board asked if the situation remained the same, and Ms Cummings advised that it has.
The Board sought reassurance regarding the quality of accommodation provided, and Ms Rocks advised that there were Home Office standards, and that if a House in Multiple Occupation licence was necessary that this would be processed by Inverclyde Council.
The Board expressed concern regarding the 26 days' notice period for claimants and the implications should this not be given in its entirety, and Ms Rocks advised that officers were working with partners, that the situation was improving, and that 'grace' periods could occasionally be given.
The Board requested that they receive further updates on this matter.
Decided:
(1) that the content of the report and the demand on services from the varied UK Home Office asylum seeker work and resettlement programmes be noted; and
(2) that it be noted that detailed service development and financial planning was underway to ensure the appropriate services are able to respond with pressures anticipated and mitigated as far as possible.

83 Progress of the Primary Care Improvement Plan (PCIP) **83**

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership providing an update on progress on delivery of the Primary Care Improvement Plan and how this contributes to the overall progression of the Transformation of Primary Care Services. The report was presented by Mr Best.
Ms Tait declared a connection as Chair of Your Voice. She also formed the view that the nature of her interest and of the item of business did not preclude her continued presence at the meeting or her participation in the decision-making process and was declaring for transparency.
Referring to the bullet point 3 of paragraph 13.3 of the report, 'Transfer of vaccinations has seen the largest General Practice workload shift, however feasibility in local delivery models needs further scoping as part of the Board review', the Board commented that travelling to the vaccination location in Glasgow was difficult and expressed concern that this service may be removed from Inverclyde. Mr Best advised that the Housebound Vaccination Team would visit anyone unable to travel, that the HSCP provided feedback each cycle to the Health Board, and that it was estimated that 70-80 persons travelled outwith Inverclyde to receive their vaccinations. Mr Best further advised that he would include this matter in a report to the Board in January 2024.
Referring to section 8 of the report, Urgent Care (Advanced Nurse Practitioners), the Board (1) enquired as to the ratio of trained to untrained Advanced Nurse Practitioners, (2) if there was any investigation into the reasons for the significant movement of staff referred to, and (3) if staff were given exit interviews. Mr Best advised that he would report on this matter at a future meeting and that staff did receive exit interviews.
Councillor Quinn praised the contribution of Your Voice, noted in the report as assisting with local feedback and service promotion, and Ms Tait thanked her for the comments and advised she would pass them on.
Decided: that the success and progress achieved in delivering a multi-disciplinary approach to complement General Practice care through the delivery of the Primary Care Improvement Plan be noted.

84 Joint Inspection of Adult Services **84**

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care

Partnership advising that the Chief Executive of Inverclyde Council was notified on 2 October 2023 of a joint inspection of health and social care services for adults in the Inverclyde Health & Social Care Partnership by the Care Inspectorate and Healthcare Improvement Scotland, the commencement date for this being 23 October 2023. The report was presented by Ms Kilbane.

Decided:

(1) that the commencement of the joint inspection for adults in the Inverclyde Health and Social Care Partnership be noted; and

(2) that it be remitted to officers to provide a future update report following the publication of the inspection report.

85 Proposed Approach – 2024/25 IJB Budget **85**

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership (1) advising of the proposed approach to approving the 2024/25 Revenue Budget, and (2) providing updates in respect of the current overall position, the proposed process/timelines, and the current position of savings proposals and cost pressures. The report was presented by Mr Given.

Decided:

(1) that the proposed approach to the 2024/25 Budget be noted;

(2) that the key timelines and Budget Announcements to the preparation of the 2024/25 Budget be noted; and

(3) that the Board notes the Funding Pressures identified within the report, and that officers have developed initial savings proposals which will be reported to a future meeting of the IIJB and the IIJB Audit Committee.

86 Integration Scheme **86**

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership (1) providing an update on work to review the Integration Scheme between Inverclyde Council and NHS Greater Glasgow and Clyde, and (2) appending the draft revised Integration Scheme which will go out for consultation. The report was presented by Mr Given.

The Board asked if a 'tracked changes' version of the changes to the Integration Scheme could be made available to Board members, and Mr Given advised that he would look into this.

Decided:

(1) that the content of the report be noted; and

(2) that the draft revised Integration Scheme for consultation be noted.

87 Chief Officer's Report **87**

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 (1) Delayed Discharge, (2) Bairns Hoose – Scottish Government Pathfinder, and (3) The Lens project. The report was presented by Ms Rocks, who thanked the staff involved with hospital discharges.

Referring to Delayed Discharge and the anticipation of data due to be published by the Scottish Government, the Board asked if there was any detail on the format that this would take and Ms Rocks advised that she had not yet received any information on this, and had made representations on the matter to the Whole System Working Group.

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 items 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.

88 Reporting by Exception – Governance of HSCP Commissioned External Organisations **88**

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership on matters relating to the HSCP Governance process for externally commissioned Social Care Services for the reporting period 22 July to 29 September 2023. The report was presented by Ms Mailey and provided updates on establishments and services within Older People Services, Adult Services and Children's Services.

Ms Boyd declared a connection in this item as a Director of Inverclyde Carer's Centre and Ms Tait declared a connection as Chair of Your Voice. They also formed the view that the nature of their interest and of the item of business did not preclude their continued presence at the meeting or their participation in the decision-making process and were declaring for transparency.

Decided:

(1) that the governance report for the period 22 July to 29 September 2023 be noted; and

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

89 Appendix to Minute of Meeting of Inverclyde Integration Joint Board of 25 September 2023 **89**

There was submitted an Appendix to the Inverclyde Integration Joint Board minute of 25 September 2023.

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

Decided: that the Appendix be agreed.

AGENDA ITEM NO: 3

Report To:	**Inverclyde Integration Joint Board**	**Date:**	**22 January 2024**
Report By:	**Kate Rocks Chief Officer Inverclyde Health & Social Care Partnership**	**Report No:**	**IJB/03/2024/CG**
Contact Officer:	**Craig Given Chief Financial Officer**	**Contact No:**	**Internal**
Subject:	**Financial Monitoring Report 2023/24 Period 7**		

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 31 October 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 to the IJB for 2023/24. Subsequent adjustments for Fostering and Kinship Scottish recommended allowances and Ukraine resettlement support of £0.237m and £0.403m respectively have been added and are reflected in the Appendices, giving a revised contribution of £68.796m.

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. Further budgets have been allocated or adjusted up to Period 7 totalling £6.924m, including pay award and Scottish Government funding allocations resulting in a revised budget for reporting purposes of £139.503m.

1.6 As at 31 October 2023, it is projected that the IJB revenue budget will have an overall overspend of £0.865m: -

- Social care services are projected to be overspent by £0.451m.
- Health Services are projected to be overspent by £0.414m.

1.7 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, it has not been set against particular reserves at this point, but an adjustment has been made to the overall position detailed.

1.8 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 £14.671m, and for the purposes of this report, assumes that the current projected overspend of £0.865m will be funded from reserves held at this stage, as noted at 1.6.

1.9 The Social Work capital budget is £9.707m over the life of the projects with £2.601m budgeted to be spent in 2023/24. Slippage of £1.741m is being reported linked to the delay and the extended market testing period on the Community Hub which is impacting the ability to achieve financial close and progress to the construction phase. A delay in sign off of the discovery stage in relation to the SWIFT replacement system is also resulting in slippage of £0.1m in 2023/24. Expenditure on all capital projects to 31 October 2023 is £0.146m (5.61% of approved budget, 16.98% of the revised projection). Appendix 7 details capital budgets and spend and a full update is provided at Section 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 7 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. Approves the draws on reserves noted in the assumed financial position (Sections 4 and 5)
6. Notes the current Earmarked Reserves position (Appendix 8).
7. 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 £208.299m, with a projected overspend of £0.865m. The table below summarises the budget and funding from partners, together with the projected operating outturn for the year as at 31 October 2023. It is assumed that the projected overspend will be met from reserves at this stage.

	Revised Budget 2023/24 £000	Projected Outturn £000	Projected Over/(Under) Spend £000	
Social Work Services*	87,928	88,379	451	
Health Services*	84,973	85,387	414	
Set Aside	35,398	35,398	0	
HSCP NET EXPENDITURE	**208,299**	**209,164**	**865**	
FUNDED BY				
Transfer from / (to) Reserves	-	865	865	
NHS Contribution to the IJB	139,503	139,503		
Council Contribution to the IJB	68,796	68,796		
HSCP FUNDING	**208,299**	**209,164**	**865**	

Planned net Use of Reserves as at Period 5	8,726
Projected HSCP operating (Surplus)/Deficit	865
Annual Accounts CIES Projected Position DEFICIT/(SURPLUS)	**9,591**

*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 7 for Social Care services. It is currently anticipated that Social Care services will overspend by £0.451m in 2023/24.

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

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

- Children's Residential placements is projected to overspend by £2.013m. This is an increase of £0.613m from the position reported at period 5 and is due to the inclusion of costs for an additional 2 children for this financial year and an increase in the cost of a placement, offset by a further assumed draw of £0.1m from the smoothing reserve held for this purpose. As previously reported,

most of the residential placements overspend was met from Covid reserves in the previous financial year. A review group is closely monitoring these placements throughout the year to ensure a focussed approach on placements and the associated financial implications, with a view to management action bringing down the overall recurring costs.

- Fostering, adoption and kinship is currently projecting an overspend of £0.162m, a reduction of £0.056m from period 5 due to the assumed drawdown of £0.130m from the continuing care reserve, partially offset by an increase of £0.074m due to an additional 2 external family placements and costs of £0.040m over and above the £0.237m funding received, for the new recommended allowance for fostering and kinship carers.

- Also, within Children and Families there is currently a projected net overspend of £0.672m against Employee Costs, an increase in projected spend of £0.444m from the reported period 5 position. The increase reflects the inclusion of the projected employee costs of £0.154m for Whole Family Wellbeing together with a recommendation to IJB to earmark £0.267m for future spending against programme.

- Learning disability client packages are currently projecting to overspend by £0.230m by the year end, a reduction of £0.363m since last reported, largely due to utilisation of £0.555m inflation contingency budgets following a mid-year review. This budget allocation was also offset by increases to costs for day care of £0.040m, respite take up of £0.086m and supported living packages of £0.066m. A smoothing reserve is held for Learning Disability client commitments should it be required as the financial year progresses, but it is currently not expected to be drawn.

- Within the Physical and Sensory Disability service an overspend of £0.274m for client packages is currently projected, being the main reason for the variance reported, a minor increase since last 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 £0.066m 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.

- A projected overspend of £0.171m is shown for the Homelessness service, an increase of £0.097m since the Period 5 position. The movement is mainly due to an anticipated shortfall in rental income of £0.100m for the Inverclyde Centre following the closure of flats during 2023-24, with the remainder due to furniture and fittings and agency staff costs. It is anticipated that these additional costs will be managed within the overall position at this stage however a smoothing reserve is held by the service and a draw will be arranged in due course if required.

- Current staffing levels within Strategy and Support Services result in a projected under achievement of the payroll turnover target held for the service for the year of £0.078m. This position has improved since last reported and will continue to be monitored as the year progresses.

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

- Employee costs for the internal care at home service for older people are currently projected to underspend by £1.118m, a reduction in costs of £0.170m against the position reported at period 5, reflecting the part-year impact for 2023-24 of the Care at Home Review, together with other minor changes. As previously reported, the overall underspend is related to the level of vacancies held by the service. The full impact, for the increased grades for social care support workers of the Care and Support at Home Review, on budgets will be updated and included in the next budget monitoring report.

- The external care at home service continues to experience recruitment and retention issues and the number of providers able to provide services is limited, resulting in a current projected underspend of £0.790m for 2023/24. This is a reduction in projected costs of £0.061m since period 5 and reflects a reduction in client numbers, including 4 clients transferring into long-term care, (£0.111m). This is partially offset by a projected £0.050m spend on Kincare payments agreed at the Integration Joint Board in November, to help reduce delayed discharges.

- For Residential and Nursing placement costs the projected net underspend is £0.191m, which represents a reduction in projected costs of £0.029m from the position reported at period 5. This reflects the temporary utilisation of health delayed discharge funding for the extension of the interim beds to the end of the year (£0.105m). This is offset by increased costs of £0.084m reflecting the current and anticipated higher bed numbers for the remainder of the year, an increase of 10 beds since period 5, together with clients moving between Self-funding and Social Work funding.

- Older people's day services are currently projected to underspend by £0.079m based on current uptakes. Associated transport costs are also projected to underspend by £0.105m, in line with current anticipated usage.

- Staffing costs within Learning Disability are projecting an underspend of £0.304m by the year end due to the level of vacancies at present.

- Assessment and Care Management are projected to underspend by £0.278m. This is mainly due to respite and short breaks £0.117m reflecting latest commitments and employee costs of £0.139m due to the vacancy position within the service.

- Mental Health services is expected to underspend by £0.221m in relation to client commitments.

- Within Alcohol and Drugs Recovery Service there are underspends anticipated for both employee costs and client commitments of £0.083m and £0.221m 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 7 for Health services. It is currently anticipated that Health services will overspend by £0.414m 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 mainly attributable to continuing recruitment issues, enhanced observations and increased clinical activity for nursing and medical staff. These pressures result in the use of more expensive bank and agency staff.

- The prescribing budget is currently projecting an overspend of £1.2m. The previously reported delays in reporting of prescribing information is improving with information now only one month behind normal reporting. Inverclyde volumes are currently 3% higher than in the previous year and costs per item are 6% (61p) higher than in 2022/23. There are a number of factors affecting prescribing costs including increased fuel costs, supply issues, the effect of Brexit and the conflict in Ukraine. The position reported has been offset at this stage by an assumed draw on reserves of £0.5m.

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 £0.219m, Health and Community Care £0.390m, Alcohol and Drug Recovery Services £0.371m, Mental Health – Communities £0.220m, Admin and Management £0.208m and Strategy and Support Services £0.214m.

- An underspend of £0.359m is currently forecast within Financial Planning, relating to non pay 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 £0.370m. 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 £14.671m to allow continuation of current projects and retention of any unused smoothing reserves. This is a decrease in year due to a net anticipated spend of £9.591m against current reserves, including an assumption that the current projected overspend of £0.865m will be funded from reserves at the year end and that a further draw of £0.1m will be made from the Childrens residential placements smoothing reserve. Additional draws of £0.130m from the continuing care reserve and £0.5m from the prescribing reserve towards the overall position are also assumed at Period 7.

6.3 The current projected overall position is summarised below: -

Ear-Marked Reserves	Opening Balance 2023/24 £000s	New Funds in Year £000s	Total Funding £000s	Projected Spend 2023/24 £000s	Projected C/fwd to 2024/25 £000s
Scottish Government Funding - funding ringfenced for specific initiatives	4,283		4,283	2,961	1,322
Existing Projects/Commitments - many of these are for projects that span more than 1 year (incl new specific earmarking)	8,501		8,501	3,211	5,290
Transformation Projects - non recurring money to deliver transformational change	3,251		3,251	822	2,429
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	1,129	5,463
TOTAL Ear-Marked Reserves	**22,627**	**0**	**22,627**	**8,123**	**14,504**
General Reserves	**1,635**		1,635	**603**	**1,032**
In Year (Surplus)/Deficit going (to)/from reserves				865	(865)
TOTAL Reserves	**24,262**	**0**	**24,262**	**9,591**	**14,671**

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 £1.839m. 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 £0.580m 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. Slippage of £1.641m is being reported linked to the delay and the re-tender of the Community Hub project which is impacting the ability to achieve financial close and progress to the construction phase. A delay in sign off of the discovery report in relation to the SWIFT replacement system is also resulting in slippage of £0.1m in 2023/24. Expenditure on all capital projects to 31 October 2023 is £0.146m (5.61% of approved budget, 16.98% of the revised projection). Appendix 7 details capital budgets and spend.

9.2 **New Community Hub:**

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

- Detailed planning approval is in place. Demolition and first stage building warrants are in place with second stage submitted. Engagement continues in respect of the current statutory approvals and the re-tender exercise;
- Detail design stage has been completed. As previously reported, there has been slippage on the high-level programme due to delays associated with the market testing process with a re-tender

exercise currently underway which has included a value engineering review of the foundation and groundworks proposals;

- Hub Stage 2 report is pending conclusion of the re-tender process which is projected to be mid 1st Quarter 2024;
- As previously reported, the main risk to the project remains in connection with affordability in relation to inflation and the challenging economic / market conditions which continue to impact the delivery of all capital programme projects, and this has been a significant factor in the requirement for a re-tender exercise;
- Engagement with the Client Service has continued in respect of loose and fitted furniture / equipment allowances;
- 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 officers carrying out detailed due diligence in relation to the content of OLM's Discovery Report. The first payment milestone will only be met once the discovery report is signed off. This exercise means that the second payment milestone of £0.1m is now expected to happen in 2024/25 financial year and this is reflected in Appendix 7.

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

APPENDIX 1

INVERCLYDE HSCP

REVENUE BUDGET 2023/24 PROJECTED POSITION

PERIOD 7: 1 April 2023 - 31 October 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	72,058	70,744	(1,315)	-1.8%
Property Costs	1,128	1,349	1,544	195	14.5%
Supplies & Services	7,412	8,441	7,858	(583)	-6.9%
Payments to other bodies	50,866	52,559	54,020	1,460	2.8%
Family Health Services	27,531	27,414	27,414	0	0.0%
Prescribing	19,781	20,143	21,350	1,208	6.0%
Resource transfer	18,975	19,589	19,589	0	0.0%
Income	(23,648)	(28,652)	(28,752)	(100)	0.3%
HSCP NET DIRECT EXPENDITURE	**165,337**	**172,901**	**173,766**	**865**	**0.5%**
Set Aside	35,398	35,398	35,398	0	0.0%
HSCP NET TOTAL EXPENDITURE	**200,735**	**208,299**	**209,164**	**865**	**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
Strategy & Support Services	3,688	3,962	3,462	(500)	-12.6%
Management & Admin	4,860	4,857	4,514	(343)	-7.1%
Older Persons	31,064	31,445	29,177	(2,268)	-7.2%
Learning Disabilities	10,249	10,866	10,594	(272)	-2.5%
Mental Health - Communities	5,139	5,337	4,887	(450)	-8.4%
Mental Health - Inpatient Services	10,328	11,328	12,972	1,644	14.5%
Children & Families	16,809	16,396	19,308	2,912	17.8%
Physical & Sensory	2,906	2,888	3,168	280	9.7%
Alcohol & Drug Recovery Service	2,892	4,013	3,235	(778)	-19.4%
Assessment & Care Management / Health & Community Care	9,801	13,722	12,989	(733)	-5.3%
Criminal Justice / Prison Service	97	97	91	(6)	0.0%
Homelessness	1,159	1,113	1,284	171	15.4%
Family Health Services	27,402	27,412	27,412	(1)	-0.0%
Prescribing	19,968	20,333	21,541	1,208	5.9%
Resource Transfer	18,975	19,132	19,132	0	0.0%
HSCP NET DIRECT EXPENDITURE	**165,337**	**172,901**	**173,766**	**865**	**0.5%**
Set Aside	35,398	35,398	35,398	0	0.0%
HSCP NET TOTAL EXPENDITURE	**200,735**	**208,299**	**209,164**	**865**	**0.4%**
FUNDED BY					
NHS Contribution to the IJB	97,181	104,105	104,519	414	0.4%
NHS Contribution for Set Aside	35,398	35,398	35,398	0	0.0%
Council Contribution to the IJB	68,156	68,796	69,247	451	0.7%
HSCP NET INCOME	**200,735**	**208,299**	**209,164**	**865**	**0.4%**
HSCP OPERATING (SURPLUS)/DEFICIT			**865**		
Anticipated movement in reserves *			8,726		
HSCP ANNUAL ACCOUNTS PROJECTED REPORTING (SURPLUS)/DEFICIT			**9,591**		

* See Reserves Analysis for full breakdown

APPENDIX 2

SOCIAL CARE

REVENUE BUDGET 2023/24 PROJECTED POSITION

PERIOD 7: 1 April 2023 - 31 October 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	38,430	37,366	(1,064)	-2.77%
Property costs	1,122	1,341	1,536	195	14.54%
Supplies and Services	1,211	1,192	1,206	14	1.17%
Transport and Plant	355	355	244	(111)	-31.27%
Administration Costs	772	837	894	57	6.81%
Payments to Other Bodies	50,866	52,559	54,019	1,460	2.78%
Income	(23,648)	(25,918)	(26,018)	(100)	0.39%
SOCIAL CARE NET EXPENDITURE	**68,156**	**68,796**	**69,247**	**451**	**0.66%**

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	13,062	16,230	3,168	24.25%
Criminal Justice	97	97	91	(6)	-6.19%
Older Persons	31,064	31,445	29,177	(2,268)	-7.21%
Learning Disabilities	9,669	10,188	10,004	(184)	-1.81%
Physical & Sensory	2,906	2,888	3,168	280	9.70%
Assessment & Care Management	2,824	2,223	1,944	(279)	-12.55%
Mental Health	1,735	1,681	1,572	(109)	-6.48%
Alcohol & Drugs Recovery Service	1,017	1,035	641	(394)	-38.07%
Homelessness	1,159	1,113	1,284	171	15.36%
Finance, Planning and Resources	1,949	2,406	2,484	78	0.00%
Business Support	2,831	2,658	2,652	(6)	0.00%
SOCIAL CARE NET EXPENDITURE	**68,156**	**68,796**	**69,247**	**451**	**0.66%**

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**	**68,796**	**69,247**	**451**	**0.66%**
Projected Transfer (from) / to Reserves				**(451)**	

APPENDIX 3

HEALTH

REVENUE BUDGET 2023/24 PROJECTED POSITION

PERIOD 7: 1 April 2023 - 31 October 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	33,628	33,378	(251)	-0.74%
Property	6	8	8	0	0.00%
Supplies & Services	5,074	6,057	5,514	(543)	-8.96%
Family Health Services (net)	27,531	27,414	27,414	0	0.00%
Prescribing (net)	19,781	20,143	21,350	1,208	5.99%
Resource Transfer	18,975	19,589	19,589	0	0.00%
Income	(0)	(2,734)	(2,734)	0	0.00%
HEALTH NET DIRECT EXPENDITURE	**97,181**	**104,105**	**104,519**	**414**	**0.40%**
Set Aside	35,398	35,398	35,398	0	0.00%
HEALTH NET DIRECT EXPENDITURE	**132,579**	**139,503**	**139,917**	**414**	**0.30%**

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	3,334	3,078	(256)	-7.68%
Health & Community Care	6,977	11,499	11,045	(454)	-3.95%
Management & Admin	2,029	2,199	1,862	(337)	-15.33%
Learning Disabilities	580	678	590	(88)	-12.98%
Alcohol & Drug Recovery Service	1,875	2,978	2,594	(384)	-12.89%
Mental Health - Communities	3,404	3,656	3,315	(341)	-9.33%
Mental Health - Inpatient Services	10,328	11,328	12,972	1,644	14.51%
Strategy & Support Services	657	806	587	(219)	-27.17%
Family Health Services	27,402	27,412	27,412	0	0.00%
Prescribing	19,968	20,333	21,541	1,208	5.94%
Financial Planning	1,082	750	391	(359)	0.00%
Resource Transfer	18,975	19,132	19,132	0	0.00%
HEALTH NET DIRECT EXPENDITURE	**97,181**	**104,105**	**104,519**	**414**	**0.40%**
Set Aside	35,398	35,398	35,398	0	0.00%
HEALTH NET DIRECT EXPENDITURE	**132,579**	**139,503**	**139,917**	**414**	**0.30%**

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**	**139,503**	**139,917**	**414**	**0.30%**
Transfer (from) / to Reserves				**(414)**	

Budget Movements 2023/24
Inverclyde HSCP

Appendix 4

Inverclyde HSCP - Service	Approved Budget 2023/24	Movements			Transfers (to)/ from Earmarked Reserves	Revised Budget 2023/24
		Inflation	Virement	Supplementary Budgets		
	£000	£000	£000	£000	£000	£000
Children & Families	16,809	37	157	(607)	0	16,396
Criminal Justice	97	0	0	0	0	97
Older Persons	31,064	0	383	0	0	31,447
Learning Disabilities	10,249	7	609	0	0	10,865
Physical & Sensory	2,906	0	(18)	0	0	2,888
Assessment & Care Management/ Health & Community Care	9,801	98	(131)	3,955	0	13,723
Mental Health - Communities	5,139	34	164	0	0	5,337
Mental Health - In Patient Services	10,328	90	905	4	0	11,327
Alcohol & Drug Recovery Service	2,892	20	274	827	0	4,013
Homelessness	1,159	0	(47)	0	0	1,112
Strategy & Support Services	3,688	2,282	(2,428)	419	0	3,961
Management, Admin & Business Support	4,860	23	(25)	0	0	4,858
Family Health Services	27,402	0	10	0	0	27,412
Prescribing	19,968	0	0	365	0	20,333
Resource Transfer	18,975	0	157	0	0	19,132
Set aside	35,398	0	0	0	0	35,398
Totals	**200,735**	**2,591**	**10**	**4,963**	**0**	**208,299**

Social Care - Service	Approved Budget 2023/24	Movements			Transfers (to)/ from Earmarked Reserves	Revised Budget 2023/24
		Inflation	Virement	Supplementary Budgets		
	£000	£000	£000	£000	£000	£000
Children & Families	12,905		(80)	237		13,062
Criminal Justice	97		0			97
Older Persons	31,064		383			31,447
Learning Disabilities	9,669		518			10,187
Physical & Sensory	2,906		(18)			2,888
Assessment & Care Management	2,824		(601)			2,223
Mental Health - Community	1,735		(54)			1,681
Alcohol & Drug Recovery Service	1,017		18			1,035
Homelessness	1,159		(47)			1,112
Strategy & Support Services	1,949		54	403		2,406
Business Support	2,831		(173)			2,658
Totals	**68,156**	**0**	**0**	**640**	**0**	**68,796**

Health - Service	Approved Budget 2023/24	Movements			Transfers (to)/ from Earmarked Reserves	Revised Budget 2023/24
		Inflation	Virement	Supplementary Budgets		
	£000	£000	£000	£000	£000	£000
Children & Families	3,904	37	237	(844)		3,334
Health & Community Care	6,977	98	470	3,954		11,499
Management & Admin	2,029	23	147			2,199
Learning Disabilities	580	7	91			678
Alcohol & Drug Recovery Service	1,875	20	256	827		2,978
Mental Health - Communities	3,404	34	218			3,656
Mental Health - Inpatient Services	10,328	90	905	5		11,328
Strategy & Support Services	657	6	102	41		806
Family Health Services	27,402		10			27,412
Prescribing	19,968			365		20,333
Financial Planning	1,082	2,276	(2,583)	(25)		750
Resource Transfer	18,975		157			19,132
Set aside	35,398					35,398
Totals	**132,579**	**2,591**	**10**	**4,323**	**0**	**139,503**

APPENDIX 5

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	38,430
Property costs	1,341
Supplies and Services	1,192
Transport and Plant	355
Administration Costs	837
Payments to Other Bodies	52,559
Income (incl Resource Transfer)	(25,918)
SOCIAL CARE NET EXPENDITURE	**68,796**
Social Care Transfer from EMR	451
Health Transfer from EMR *	414
Total anticipated transfer from EMR at year end	**865** *

OBJECTIVE ANALYSIS	Budget 2023/24 £000
SOCIAL CARE	
Children & Families	13,062
Criminal Justice	97
Older Persons	31,445
Learning Disabilities	10,188
Physical & Sensory	2,888
Assessment & Care Management	2,223
Mental Health	1,681
Alcohol & Drugs Recovery Service	1,035
Homelessness	1,113
Finance, Planning and Resources	2,406
Business Support	2,658
SOCIAL CARE NET EXPENDITURE	**68,796**

* to be funded by reserves held for IJB

This direction is effective from 22 January 2024

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	33,628
Property costs	8
Supplies and Services	6,057
Family Health Services (net)	27,414
Prescribing (net)	20,143
Resources Transfer	19,589
Income	(2,734)
HEALTH NET DIRECT EXPENDITURE	**104,105**
Set Aside	35,398
NET EXPENDITURE INCLUDING SCF	**139,503**

OBJECTIVE ANALYSIS	Budget 2023/24 £000
HEALTH	
Children & Families	3,334
Health & Community Care	11,499
Management & Admin	2,199
Learning Disabilities	678
Alcohol & Drug Recovery Service	2,978
Mental Health - Communities	3,656
Mental Health - Inpatient Services	11,328
Strategy & Support Services	806
Family Health Services	27,412
Prescribing	20,333
Financial Planning	750
Resource Transfer	19,132
HEALTH NET DIRECT EXPENDITURE	**104,105**
Set Aside	35,398
NET EXPENDITURE INCLUDING SCF	**139,503**

Health Transfer from EMR	**414**

This direction is effective from 22 January 2024

HSCP Transformation Board

IJB Transformation Fund Monitoring Report

Appendix 6

Total Fund Balance as at 1 April 2023	1,838,882
Balance committed to date	1,258,910
Balance still to be committed	579,972

Project No	Project Title	Service Area	Service Manager	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
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	Social Care	98,600		9,715	32,621	56,264	0	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.
037	Planning & Redesign Support Officer - will be responsible for the Locality Planning and Community Engagement Work with a focus also on the Business Support Review. £131k over 2 years.	Planning	Scott Bryan	Health	131,000			34,884	31,321	64,795	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	Social Care	53,176			35,949		17,227	Lesley advises 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	Social Care	497,729					497,729	Recruitment delayed due to ongoing Discovery process due diligence
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	Jonathan Hinds	Social Care	179,760			14,382	96,728	68,650	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	Arlene Mailey	Social Care	53,690			6,190	16,360	31,140	Staff already in post, costs will transfer to this funding from 10 January 23.
042	Band 3 Inpatient Phlebotomy post for 1 year, part of the plan to address issues raised by the Deanery visit.	Mental Health Services	Gail Kilbane	Health	32,000				4,877	27,123	Carol confirmed 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	Gail Kilbane	Health	58,000			18,424	9,417	30,159	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	Gail Kilbane	Health	16,000				8,489	7,511	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	Health	136,434				18,103	118,331	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	Health	85,060					85,060	Annette Wilson started 10/11/23. Expect
047	The Lens have partnered with Inverclyde HSCP, including The Promise Team to develop an Ideas to Action Programme which will support Inverclyde's vision and ambition to deliver The Promise and improve outcomes for children and young people.	C&F	Jonathan Hinds	Social Care	50,000					50,000	

APPENDIX 7

INVERCLYDE HSCP - CAPITAL BUDGET 2023/24

PERIOD 7: 1 April 2023 - 31 October 2023

		Current year				Future years			
Project Name	**Est Total Cost**	**Actual to 31/03/23**	**Approved Budget 2023/24**	**Revised Estimate 2023/24**	**Actual to 31/10/23**	**Estimate 2024/25**	**Estimate 2025/26**	**Estimate 2026/27**	**Future Years**
	£000	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**
Social Work									
New Community Hub	9,507	332	2,401	760	146	8,241	174	0	0
Swift Upgrade	200	0	200	100	0	100	0	0	0
Social Work Total	**9,707**	**332**	**2,601**	**860**	**146**	**8,341**	**174**	**0**	**0**

Summary of Balance and Projected use of reserves

EMR type/source	Balance at 31 March 2023 £000	Projected net spend/ (Additions) 2023/24 £000s	Projected balance as at 31 March 2024 £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. 23/24 allocation reduced by reserves amount
Community Living Change	292	178	114	114	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	331	0	0	Health	Alan Best	Laura Moore - Chief Nurse	Full drawdown anticipated
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	Martin McGarrity	Complete
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 Best	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**	**2,961**	**1,322**	**1,322**				
EXISTING PROJECTS/COMMITMENTS								
Integrated Care Fund	108	108	0	0	Council	Alan Best	Alan Best	Fully committed
Delayed Discharge	93	93	0	0	Council	Alan Best	Alan Best	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	Craig Given	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	Audrey Howard	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	Full spend now incurred. Additional funds identified to extend programme
Wellbeing	15	14	1	1	Council	Alan Best	Alan Best	Third sector now engaged for delivery of wellbeing campaign
Sub-total	**8,501**	**3,211**	**5,290**	**5,290**				
TRANSFORMATION PROJECTS								
Transformation Fund	1,739	267	1,472	1,472	Shared	Kate Rocks	Various	£1.259m of full balance is 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	147	490	490	Shared	Gail Kilbane	Gail Kilbane	Fully committed towards ANP service within MH
IJB Digital Strategy	583	353	230	230	Shared	Alan Best	Joyce Allan	Analogue to Digital commitments - spending plan ongoing
Sub-total	**3,251**	**822**	**2,429**	**2,429**				
BUDGET SMOOTHING								
Adoption/Fostering/Residential Childcare	1,500	300	1,200	1,200	Council	Jonathon Hinds	Molly Coyle	£0.3m draw anticipated at year end based on current overall position for Social Care
Prescribing	1,091	500	591	591	Health	Alan Best	Alan Best	
Continuous Care	425	130	295	295	Council	Jonathon Hinds	Molly Coyle	
Residential & Nursing Placements	1,286		1,286	1,286	Council	Alan Best	Alan Best	
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	£0.199m used to fund budget gap for 2023/24
Sub-total	**6,592**	**1,129**	**5,463**	**5,463**				
Specific earmarking requests	**0**		**0**	0				Specific earmarking requested during 22/23
Total Earmarked	**22,627**	**8,123**	**14,504**	**14,504**				
UN-EARMARKED RESERVES								
General	1,635	603	1,032	1,032	IJB	Craig Given		£0.603m used to fund budget gap for 2023/24
Un-Earmarked Reserves	**1,635**	**603**	**1,032**	**1,032**				
TOTAL Reserves	**24,262**	**8,726**	**15,536**	**15,536**				
Final projected overspend to be funded from reserves		865	(865)	(865)				Projected overspend to be funded from reserves. Allocate at year end
FINAL PROJECTED POSITION	**24,262**	**9,591**	**14,671**	**14,671**				

AGENDA ITEM NO: 4

INVERCLYDE INTEGRATION JOINT BOARD
ROLLING ACTION LIST
22 JANUARY 2024

Meeting Date and Minute Reference	Action	Responsible Officer	Timescale	Progress/Update/ Outcome	Status	Open/ Closed
23 January 2023 (Para 11(3))	Proposal for redesign of Homelessness Service to IIJB and Inverclyde Council	Chief Officer	January 2024	Paper to January 2024	Work ongoing	Open
15 May 2023 (Para 34) 26 June 2023 (Para 41)	Update on Vaccination Transformation Programme	Chief Officer	January 2024	Paper to IJB January 2024	Work ongoing	Open
~~25 September 2023 (Para 60(4))~~	~~Further version of ISA (260) to be presented in association with KPMG work on annual accounts~~	~~Chief Finance Officer~~	~~November 2023~~	~~Paper to November 2023~~ REMOVE – on agenda last meeting (14 11 2023)	~~Work ongoing~~	~~Open~~
25 September 2023 (Para 72(2))	Further report on progress in implementing Improvement Plan	Chief Officer	March 2024	Paper to March 2023	Work ongoing	Open
14 November 2023 (Para 80(3))	Further report on success and governance of Kincare Scheme	Chief Officer	April 2024	Paper to April 2024	Work ongoing	Open
14 November 2023 (Para 81(2))	Further report on progress with Workforce Plan	Chief Officer	November 2024	Paper to November 2024	Work Ongoing	Open

14 November 2023 (Para 84(2))	Update report on Joint Inspection of Adult Services following publication of inspection report	Chief Officer	After publication of report	-	Work Ongoing	Open
14 November 2023 (Para 85 (3))	Report on initial saving proposals	Chief Finance Officer	To a future meeting	-		

Annual Report Schedule

January • Finance Monitoring • Chief Social Work Annual Report • Homelessness Redesign • Update on Vaccination Programme • Annual Report on Improving Cancer Journey Model	March • Budget Setting 24/25 • Equalities Duty Progress • Finance Monitoring • Implementing Improvement Plan • Digital Strategy • Inverclyde HSCP Strategic Plan
May • Finance Monitoring	June • Draft Annual Accounts • Proposed Dates of Future Meetings • Annual Report on IIJB resilience arrangements as a Category 1 Responder Finance Monitoring
September (date TBC) • Audited Annual Accounts • Clinical & Care Governance • Annual Performance Report • Equalities Duty Update • Finance Monitoring	November (date TBC) • Workforce Update • PCIP update (6 monthly update) • Finance Monitoring

AGENDA ITEM NO: 5

Report To:	**Inverclyde Integrated Joint Board**	**Date:**	**22 January 2024**
Report By:	**Kate Rocks Chief Officer Inverclyde Health & Social Care Partnership**	**Report No:**	**IJB/04/2024/JH**
Contact Officer:	**Jonathan Hinds Head of Children & Families Chief Social Work Officer Inverclyde Health & Social Care Partnership**	**Contact No:**	**01475 715282**
Subject:	**Chief Social Work Officers Annual Report 2022-23**		

1.0 PURPOSE AND SUMMARY

1.1 ☐ For Decision ☒ For Information/Noting

1.2 There is a requirement on each Local Authority to submit an annual Chief Social Work Officer (CSWO) report to the Chief Social Work Advisor to the Scottish Government. This enables the Chief Social Work Advisor to present a national picture of the social work profession and practice which in turn influences the development of social work practice and delivery.

1.3 The Chief Social Work Officer Annual Report 2022-23 at Appendix 1 seeks to provide an overview of the delivery of social work and social care services in Inverclyde. The report provides an overview of governance and accountability arrangements and examines service quality and performance of children and families, adult services and justice social work.

1.4 As with previous reports, the annual report for 2022-23 seeks to highlight the positive work undertaken and the continued strong track record of participation and consultation with the communities of Inverclyde.

2.0 RECOMMENDATIONS

2.1 Members of the Inverclyde Integration Joint Board are asked to note the content of the Chief Social Work Officer Annual Report 2022-23 and submission to the Office of the Chief Social Work Advisor to the Scottish Government.

Kate Rocks
Chief Officer
Inverclyde Health and Social Care Partnership

3.0 BACKGROUND AND CONTEXT

3.1 The requirement for each Council to have a Chief Social Work Officer (CSWO) was initially set out in section 3 of the Social Work (Scotland) Act 1968 and is also contained within section 45 of the Local Government etc. (Scotland) Act 1994.

3.2 During 2022-23, the role of CSWO in Inverclyde was undertaken by the Head of Health and Community Care. Since May 2023, the role of CSWO in Inverclyde has been fulfilled by the Head of Children and Families.

3.3 The role of the CSWO is to ensure professional oversight of social work practice and service delivery. This includes professional governance, leadership and accountability for the delivery of social work and social care services, whether provided by the local authority or purchased through the third sector or independent sector.

3.4 The CSWO Annual Report has been prepared in line with national guidance: 'The Role of the Chief Social Work Officer' (Scottish Government: 2016). This report also fulfils the statutory requirement for each CSWO to produce an annual report on the activities and performance of social work services within the local area.

3.5 The CSWO Annual Report for 2022-23 provides information on the statutory work undertaken on the Council's behalf, including a summary of governance arrangements, service delivery, resources and workforce.

4.0 PROPOSALS

4.1 CSWOs produce annual reports, based on a template agreed with the Office of the Chief Social Work Adviser. The report guidance and template developed for this year focuses on local governance arrangements, service delivery, resources and workforce.

4.2 The annual report will be submitted to the Office of the Chief Social Work Advisor and, along with reports from all other CSWOs in Scotland, will be used to prepare a national overview in due course.

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**

Provision of statutory social work services requires appropriately qualified and skilled staff; analysis of activity and demand is intended to inform future service planning to continue to meet statutory duties.

5.4 **Human Resources**

N/A

5.5 **Strategic Plan Priorities**

N/A

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.	Protects characteristics
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	Reduces discrimination
People with protected characteristics feel safe within their communities.	Protects communities
People with protected characteristics feel included in the planning and developing of services.	Includes the views of our community
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	Promotes diversity
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	Supports people with a learning disability
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	Supports refugees within our community

(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**

N/A

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

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 CSWO Annual Report has been informed by information provided by managers across the HSCP; members of the HSCP Senior Management Team have also been consulted on the report content.

8.0 BACKGROUND PAPERS

8.1 Appendix 1: Chief Social Work Officer Annual Report 2022-23

Appendix 1

INVERCLYDE
HSCP
Health and Social Care Partnership

Inverclyde Health and Social Care Partnership

CHIEF SOCIAL WORK OFFICER

ANNUAL 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

Kurdisch
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 formacie audio.

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

Soraini
ئەم بەڵگەنامەیە دەتوانرێت بە زمانەکانی تر و چاپی گەورە و فۆرماتێکی دەنگی لەسەر داواکاری بەردەست بکرێت.

Tigrinya
እዚ ሰነድ እዚ ብካልኦ ቋንቋታት፡ ብዓቢ ፊደላትን ብድምጺ ቅርጽን ምስ ዝሕተት 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

Contents

1. Foreword

I am pleased to present the Inverclyde Chief Social Work Officer Annual Report for 2022-23. Having taken up post near the end of the reporting period, I have been keenly aware of the continued commitment and dedication of the entire Health and Social Care Partnership workforce as we continue to recover from the pandemic phase of Covid-19.

The impact of the pandemic on our communities, services and staff, however, has continued alongside the cost-of-living crisis and its significant, adverse effect on communities already struggling with multiple deprivation. The national landscape within which social work and social care services are provided has also continued to be shaped by resource pressures and policy developments including the National Care Service and our commitment to #Keep the Promise.

Strong collaborative working with our partners and the strength of our communities continue to be our greatest assets to tackle these challenges. I hope this report provides a helpful insight into social work activity in Inverclyde over the past year and how we will continue to work with our communities to improve lives with compassion and kindness in the year ahead.

Jonathan Hinds
Chief Social Work Officer

2. Local Profile

Our Vision

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

Strategic Vision

Inverclyde Integration Joint Board (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.

Our Priority 6 Big Actions

Big Action 1: Reducing inequalities by building stronger communities and improving physical and mental health	Big Action 2: A Nurturing Inverclyde will give our children and young people the best start in life	Big Action 3: Together we will protect our population
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	Big Action 5: Together we will reduce the use of, and harm from alcohol, tobacco and drugs	Big Action 6: We will build on the strengths of our people and our community

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

Inverclyde Key Population (estimates) Information

Population

76, 700

Inverclyde's population estimated for mid-year 2021.

21.8% of **Inverclyde's** population is aged over 65 years compared to **19.6%** for **Scotland.**

Overall Deprivation

43.6% of the population live in the most deprived SIMD quintile.

This shows a heightened gap in deprivation compared to Scotland.

Life Expectancy

Male 74.1 Female 78.9

Both the life expectancy for males and females is lower that the Scottish average (M 76.6; F 80.8).

Healthy Life Expectancy

Male 57.7 Female 59.3

Healthy life expectancy in Inverclyde is lower than the Scottish average. (M 60.4 F 61.1).

Births 2020-21

Decrease from 13.5 per 1,000 population to 13.4 compared to a rate of 11.6 per 1,000 population for Scotland.

Our Population Projections

The size and make-up of the population is a key consideration when planning and delivering health and social care services. Inverclyde is expected to continue experiencing a population decrease.

23.8% child poverty estimates after housing costs.

207 Number of children who are looked after.
28 Child Protection registrations with Parental Alcohol/Drug Misuse concerns.

Rates of Crime recorded by Police per 10,000 population 2020-21
Inverclyde **511** Scotland **451**

Adult Claiming Incapacity Benefit/Severe Disability Allowance **3941**

3. Governance and Accountability

Role of the Chief Social Work Officer (CSWO)

Local authorities are required, under Section 3 (1) of the Social Work (Scotland) Act 1968 as amended, to appoint a Chief Social Work Officer (CSWO). The role of CSWO in Inverclyde is fulfilled by the Head of Service, Children and Families.

The role of the CSWO is to ensure professional oversight of social work practice and service delivery. This includes professional governance, leadership and accountability for the delivery of social work and social care services, whether provided by the local authority or purchased through the third sector or independent sector. Social work services are delivered within a framework of statutory duties and powers and are required to meet national standards and provide best value.

In July 2016, the Scottish Government issued revised national guidance on the role and function of the CSWO (The Role of the Chief Social Work Officer: Principles, Requirements and Guidance pursuant to Section 5 (1) of the Social Work (Scotland) Act 1968), replacing guidance previously issued in 2009.

Delivery of Statutory Functions

The CSWO has specific responsibilities in respect of statutory decision making and ensuring the provision of appropriate advice in the discharge of a local authority's statutory functions.

The CSWO also has oversight of practice standards relating to services delivered by registered social workers, which will involve public protection and / or the restriction of individual liberty. This requires consideration of individual circumstances, regarding rights, risks, needs and capacity. These judgements are rarely simple, and often require taking account of a range of issues, including the risks to the wider community.

These legislative provisions include the placement of children in secure accommodation, transfers of children subject to supervision requirements, adoption, fostering, Community Payback Orders, statutory interventions linked to the Mental Health Officer role, Adults with Incapacity measures and the protection of children and adults at risk.

It has long been recognised nationally that the role of the CSWO is a complex one and recent years have seen several additional duties and responsibilities added to the role. This is within the context of the vast majority of CSWOs holding a full remit in respect of professional leadership for key service areas and increasingly general management responsibility for often complex, integrated services. The Covid-19 pandemic has resulted in a new focus on this issue. Over the period of the pandemic, CSWOs were required to conduct an increased range and depth of functions associated with the role. This is an area that is subject to discussion within Social Work Scotland and between Social Work Scotland and the office of the Chief Social Work Advisor to the Scottish Government.

Key legislation relevant to the Chief Social Work Officer responsibilities are noted below.

Social Work (Scotland) Act 1968	Children (Scotland) Act 1995
Criminal Procedure (Scotland) Act 1995	Adults with Incapacity (Scotland) Act 2000
Mental Health (Care and Treatment) (Scotland) Act 2003	Adult Support and Protection (Scotland) Act 2007
Children's Hearings (Scotland) Act 2011	Social Care (Self Directed Support) (Scotland) Act 2013
Children and Young People (Scotland) Act 2014	Public Bodies (Joint Working) (Scotland) Act 2014
Mental Health (Scotland) Act 2015	Community Justice (Scotland) Act 2016
Carers (Scotland) Act 2016	Domestic Abuse (Scotland) Act 2018
Duty of Candour (Scotland) Regulations 2018	Health and Care (Staffing) (Scotland) Act 2019

The CSWO meets at regular intervals with the Chief Executive of the Council about matters relating to the delivery of social work and social care and is a non-voting member of the Integrated Joint Board (IJB) and a member of the HSCP Strategic Planning Group (SPG).

In representing the unique contribution of social work services in the delivery of public protection, the CSWO attends the Inverclyde Public Protection Chief Officers Group, is Chair of Inverclyde Child Protection Committee, a member of the Adult Protection Committee and the North Strathclyde Multi-Agency Public Protection Arrangements (MAPPA) strategic oversight group.

At the end of 2022-23, public protection arrangements were augmented by the development of an interim post of Head of Service: Public Protection. The post holder will have delegated authority for the social work and social care training board, workforce development and ensuring that the social services workforce practices within the standards and codes of practice as set out by the Scottish Social Services Council (SSSC).

4. Service Quality and Performance

How social work services are improving outcomes for children, young people and families.

Request for Assistance (RfA) Team

The focus of the Request for Assistance team is to provide a first point of contact for referrals to children and families social work, undertaking initial assessments and supporting families to get the right help at the right time.

During 2022-23, the team undertook 1358 initial assessments and, in addition, provided initial provision advice and guidance on 480 occasions. A key area for development in the next year is improving how we identify and provide support to families to access the most appropriate services in a way that is timely, sustainable, non-stigmatising and needs-based with a focus on systemic whole family wellbeing. Work is progressing around the Whole Family Wellbeing Fund to develop improved cross-sectoral, trauma-informed access to services that builds capacity in our children, young people and families.

- 1358 initial assessments completed.
- 480 records of initial provision of advice and guidance.

A key partnership development in February 2023 was the Children 1st Family Wellbeing Service commencing in Inverclyde, co-located with the Request for Assistance Team. The aim of this partnership is to increase and improve families' access to early help, reduce unnecessary social work involvement and reduce the number of Interagency Referral Discussions.

By developing trusting relationships and working in partnership with families, appropriate supports to build capacity and reduce risk of further involvement in protective services will be identified. This may include Family Group Decision Making (FGDM), trauma informed systemic whole family wellbeing support and trauma-informed support to individual family members. This may also include working in partnership with other agencies to develop and contribute to multi-agency packages of support in line with GIRFEC, as well as emotional and practical support including access to the Children 1st National Money Advice Service.

A young person's feedback:

'I am not worrying about school anymore; this is something that caused me a great deal of anxiety. I am now focused on the future and looking forward to starting college in August.'

As an Early Help Test of Change, 34 families have been introduced to-date, with five currently involved in FGDM. Whilst we are in the initial stages of the journey, a high level of engagement has already been evident from the families referred to Children 1st and strong partnership working is already developing.

Child Protection

During 2022-23, 95 child protection investigations were undertaken involving 144 children. Of these, 10 children had more than one investigation. This is higher than last year were there were 82 child protection investigations involving 133 children.

The average number of children on Inverclyde Child Protection Register (CPR) over this year has decreased from 32.75 last year to 31 this reporting period. Inverclyde is 2% above the Scottish average for the number of children on the child protection register (5.6 per 1,000 of the population aged 0-15 years compared to the Scottish average of 3.6 per 1,000 of the population aged 0-15 years).

The majority (95.5%) of children were included on the child protection register for less than one year and 50% were included for less than six months. In addition, 4.5% were included on the register for between 12 and 18 months, reflecting a similar picture during the last reporting period. The number of children whose names were removed from the child protection register (de-registrations) remained broadly consistent across the year, with an average of 17 de-registrations taking place per quarter. There was a small rise (fewer than five) in the number of children who were re-registered within 12 months of being de-registered. It is important to understand the reasons why a family has returned to crisis, therefore quality assurance and audit activity will review decision-making in these cases to inform practice improvement activity for the next year.

Parental mental health difficulties and parental drug use remain the main categories of concern, followed by domestic abuse and parental alcohol misuse. Further analysis and improvement activity will explore how categories of neglect and emotional abuse are identified, including as a consequence of other categories of concern and how this informs assessment processes and decision-making meetings.

Inverclyde Child Protection Committee (CPC) is a locally based, multi-agency strategic partnership responsible for the design, development, publication, distribution, dissemination, implementation and evaluation of child protection policy and practice across Inverclyde. The CPC are also responsible for the quality assurance of multi-agency practice and ensuring that the performance measures put in place lead to improving outcomes for children and young people. During 2022-23 the CPC continued to meet bi-monthly and returned to in-person meetings, having moved to online meetings during the Covid-19 pandemic.

Whilst the immediate crisis of the Covid-19 pandemic may have receded over the past year, our children and their families continue to feel the impact in terms of bereavement and loss of loved ones, personal resilience in relation to ongoing adversity and its impact on mental health and wellbeing. Added to this, the cost-of-living crisis has further adversely impacted families already struggling with inter-generational poverty.

Services responded proactively, building on the Winter Fund for Social Protection which saw individual payments to families in need and widening the criteria for Section 12 and Section 22 payments for children in need, extending access beyond social work staff to Health Visitors, meaning that early help could be accessed more readily for families. Other activity over the past year included income maximisation, summer holiday hubs for children whose parents are in low paid work, support

with the cost of the school day and a fundamental commitment to working in partnership with the families we serve.

Through this activity, the Child Protection Committee and the Child Poverty Action Group (CPAG) have continued to work to reduce and mitigate the impact of child poverty, particularly given increasing evidence that children living in poverty are more likely to be subject to child protection procedures than those who are not.

Scottish Child Interview Model (SCIM) and Barnahus

This is a joint initiative, involving Inverclyde, East Renfrewshire, East Dunbartonshire, Renfrewshire, Police Divisions G and K and Children's 1st. The SCIM pilot was first rolled out across North and South Lanarkshire and has since been built on by our pilot known as the North Strathclyde consortium. Pilots are also running in Dumfries and Galloway and Glasgow and are being developed across a number of other regions in Scotland. The SCIM pilots aims are to ensure that:

- joint investigative interviews of children (interviews conducted where there is a suspicion of criminality on the part of an adult) are conducted in a trauma informed manner.
- that children and their non-abusing care giver will have access to support and advice throughout the JII process with an opportunity to express their views, needs and concerns to inform a best evidence approach.
- that all interviews take place in a safe child friendly, age-appropriate way that considers any developmental or additional needs.
- that all children and their families will receive the practical and emotional support they require to recover.

The North Strathclyde project is in the process of developing a Barnahus, renamed in Scotland as a Bairns Hoose, where children can be supported by a range of services in a single location. This will follow a Scandinavian model for supporting children and young people who are victims of abuse and aims to provide seamless support through investigation, interview and recovery. The Bairns Hoose will launch in autumn 2023.

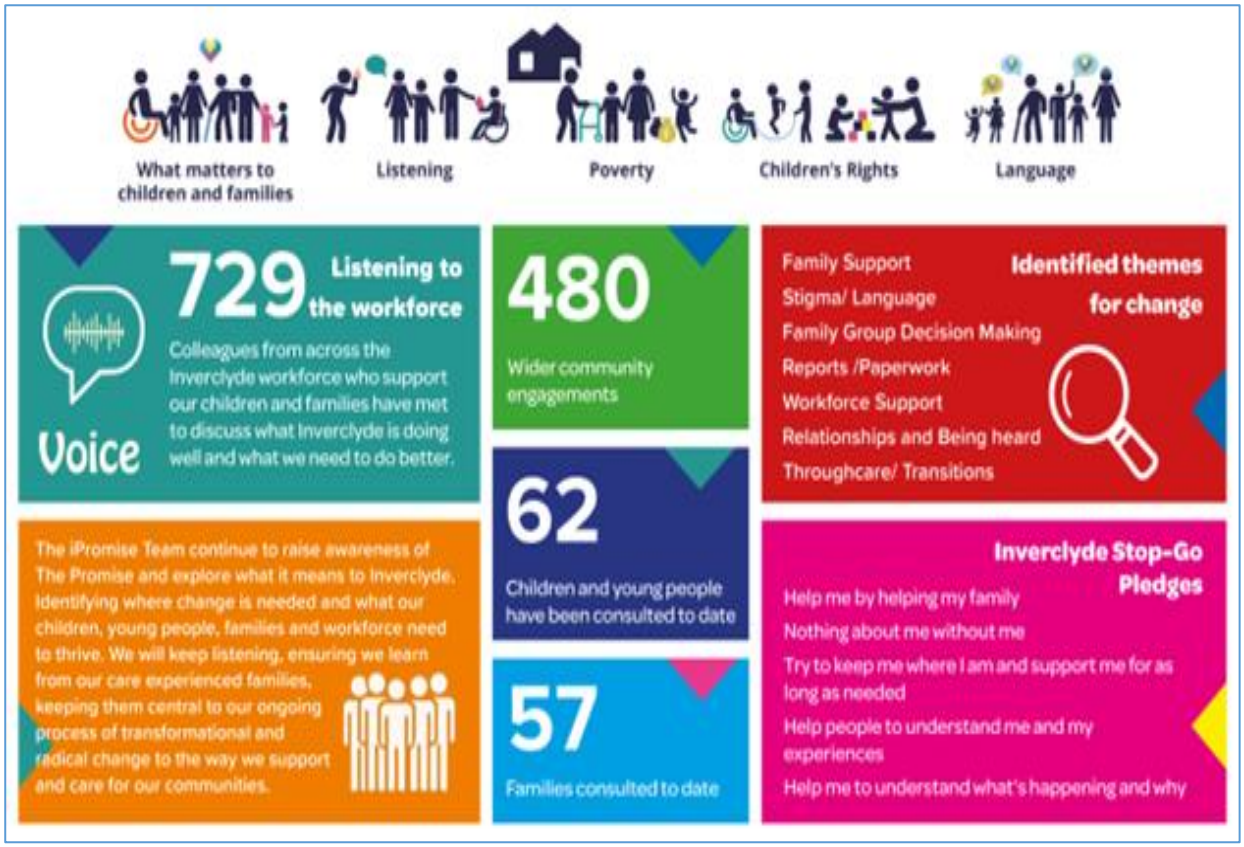
iPromise

The iPromise Proposal November 2020 set out the plan for a small, dedicated team to work across the partnership in Inverclyde and with children, young people and their families to deliver the vision of The Promise and iPromise. The team continues to raise awareness of The Promise, what it means to Inverclyde and the role of our workforce, including opportunities to participate in activities to discuss and reflect on our local systems, practices, processes, and culture.

The current plan relating to The Promise for Scotland is the three year 'Plan 21-24' which mapped and sequenced the 80+ calls to action in The Promise and identified our five priority areas.

- a good childhood
- whole family support
- planning
- supporting the workforce
- planning and building capacity.

The Promise Scotland produced a mapping tool to help local areas track data around the progress of these areas. Locally, a tracker has been developed to measure progress in each of these areas.

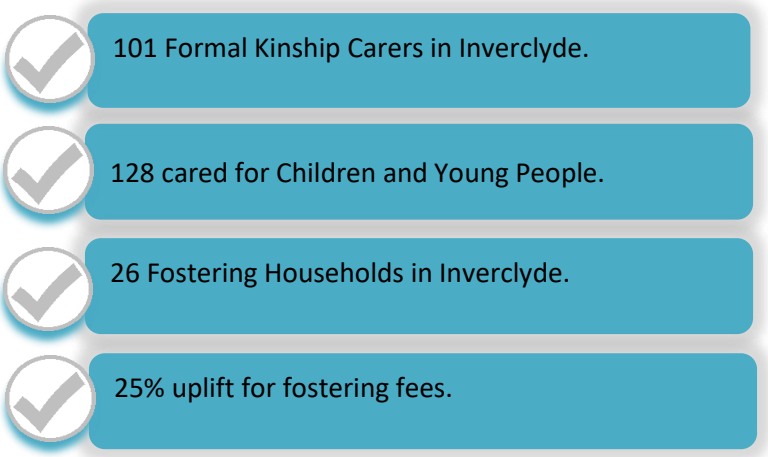


In Inverclyde, the strategic direction and purpose are governed by the iPromise Board, chaired by the Council Chief Executive and three of our young people. The iPromise team are responsible for ensuring the voices of all children and young people are heard at the Board and the response is fed back, promoting Inverclyde's well-established approach/pledge to *#nothingaboutuswithoutus*.

Fostering, adoption and Kinship

Fostering

By the end of 2022-23, there were 26 fostering households in Inverclyde. Across Scotland, the demand for foster carer placements continues to present significant challenges to capacity and locally, awareness activity including media and digital campaigns have sought to encourage people living in Inverclyde to consider becoming foster carers. Nevertheless, to expand the number of foster carers for Inverclyde children, the team are looking at more innovative ways of working alongside our third sector colleagues and the established workforce to reach a new audience.



In recognition of the value and importance of foster carers in Inverclyde, a 25% uplift in fostering fees was introduced locally within the past year. Furthermore, we continue to work as part of national activity around a national recommended allowance for foster carers, however until any Scotland-wide agreement is reached, we will finalise a proposal to uplift allowances for foster and kinship carers in Inverclyde.

Adoption

During the pandemic the number of adopters who enquired and were assessed increased, however the number of children whose permanency plans progressed remained stagnant or reduced, not least of all because of the ongoing impact of the Covid-19 pandemic upon assessment processes and staffing capacity. As a result, the number of approved adopters outweighs the number of children who are seeking adoptive families.

In response, the service focussed on the skills and knowledge of workers within the adoption and fostering team to support front line workers to progress children's permanence plans through legal processes, enabling the team to focus on re-assessing family circumstances and ensuring parents or carers are given the opportunity to take part in Parental Capacity Assessments. This is a key aspect of making permanence decisions about children and mentoring support from the adoption team enabled new workers to develop skills to undertake this work. The model has improved certainty around outcomes for children and it is intended that, with this intensive support, children who have been looked after and cannot return home will have more timely, accurate assessments around their future needs. This will offer children permanent families at a much younger age and improve capacity within foster placements locally.

Inverclyde Adoption and Permanence panel, led by an independent Chair, comprises a medical advisor and a legal advisor as well as Panel members from a range of professional backgrounds or with relevant direct experience. During 2022-23, our Panel included senior social work staff, the service manager for Specialist Children Health Services, an Educational Psychologist, Education Services representative, our Children's Rights Officer, an elected member and an adoptive parent. The panel undertook a range of duties such as registering children who required to be cared for out with their birth family, approving prospective adopters and foster carers, matching between prospective adopters and children and reviewing foster carers every three years.

Kinship

The kinship care service has grown over the past two years as there has been a steady increase in the number of formal and informal kinship carers using the service. By the end of 2022-23, there were 101 formal kinship carers caring for 128 children and young people in Inverclyde. All carers are offered ongoing support via a dedicated worker from the kinship team. They also have access

to regular support groups, financial advice, support to the children and young people in their care and a kinship allowance once formally approved. They continued to be reviewed at the Kinship Panel on an annual basis to ensure financial and other supports were provided.

The Kinship team has worked with the Kinship Advisory Service in Scotland, (KCASS) and attended their kinship forum. All kinship carers, whether formal or informal carers, were also supported to contact KCASS directly for advice. Locally, the team continue to use a range of methods to enhance communication with kinship carers and to seek their views to evaluate the kinship service.

Training is provided to kinship carers to support the children in their care. Other services have also provided input at support groups, e.g.: alcohol services and KCASS.

Supporting Young People

Within Inverclyde, 158 young people were eligible for Throughcare, Continuing Care and Aftercare support, with 99 people being actively supported during 2022-23. The focus of the team is to support young people in a relational way to increase their self-esteem through training, education and/or employment, develop practical and financial skills/knowledge and create a safe environment from where they can develop their move towards independence in adulthood.

Learning from the importance of access, communication and community through the pandemic, the team are developing a weekly drop in facility to be launched later in 2023 which will provide our young people with access to additional support services and a place where they can discuss issues which may affect their daily lives and impact on their independence.

In recognition of the need for young people to have flexible support, including out with standard working hours, we expanded our staffing capacity within a model of support packages over seven days, reflecting that young people are often most vulnerable at evenings and weekends. Established, strong links with partners in education and housing services supported individual plans for young people and enhanced key relationships.

- 158 Young People eligible for Throughcare, Continuing Care and Aftercare support.
- 99 Young people actively supported.
- We have improved our offer of seven days per week support for young people.

The Throughcare team has grown during 2022-23 to provide group work and enhanced transition support to young people as they move towards independence. In addition, two full-time continuing care posts were created to provide dedicated support to young people as they prepare to take on their own tenancies.

The service has continued to offer support to young people who moved on to third and higher-level education out with Inverclyde, alongside more intensive, bespoke packages of care for young people who are more vulnerable within the local area.

Moving into 2023-24, the service will enhance continuous access to supports, recognising that, for many young people, their lives have been characterised by chaotic living and early childhood trauma

which can limit future life choices. With consistent support we hope to increase young people's future life choices and support them to achieve independence.

Disabled Children and Young People

Throughout 2022-23, the children and families service has included a small team working with disabled children, young people and their families who may require additional resources and other support where children have more complex needs. The journey for many disabled children, young people, and their families through the Covid-19 pandemic has been particularly challenging and is reflected in the service responding to more children and their families in crisis.

The forthcoming national thematic review of social work services for Disabled Children and Young People by the Care Inspectorate echoes some initial self-assessment by the team which enabled a renewed focus on areas of strength and areas for change and improvement. Work has included improved data sets to help us better understand the needs of children and young people as well as cross-sectoral support available in Inverclyde. How we provide support to disabled children and young people, their families and carers will be a key area of development into the next year to enhance the focus on early and effective help including via Self-Directed Support.

Children's Rights

Our young people designed their own flag for Care Experience Week 2022 which was flown from the Municipal Buildings. They spoke to other young people for ideas and voted on the linked hands and the colours representing the Promise. It includes our Proud to Care partnership and their *"nothing about us without us".*

Young people also launched a 'Council takeover' for Care Experience week, with young people from our Proud 2 Care group making a video that was shared on all social media platforms. They also took over the Council's corporate communications for a day to raise awareness of our care experienced community and show that we must work together for the benefit of our children, young people and families. The Minister for Children and Young People visited Inverclyde and met our young people, the iPromise team, social workers, and some of our Better Hearings volunteers. Our young people led a range of discussion-based activities and attendees took part in placing handprints on each of our Inverclyde 5 stop and go pledges to show their support and their commitment in ensuring that these are undertaken.

Our young people also scripted, filmed and directed a film around "*language matters*" https://youtu.be/7vrJ1CxBlLY and a corresponding jargon buster document as an easy-to-follow guide of what language we need to change. Feedback from wider agencies was very positive.

Work continued with Inverclyde schools, nurseries and learning establishments to work on their Rights Respecting School Award. This will continue to be an ongoing partnership approach with UNICEF, with Children's Rights awareness raising sessions being rolled out to all schools and a range of partner agencies to ensure that children's rights remain at the heart of all we do in Inverclyde.

Furthermore, our iPromise in the park family fun day brought over 350 people together, in partnership with Your Voice Inverclyde and Active Schools to involve the community in our Promise journey. As part of the commitment to hearing and learning from the lived experiences of the children and young people, other activity with our children and young people included:

- Co-developing the Inverclyde Rights of the Child (IROC) Award, with young people co-delivering as young assessors.
- Introduction of the Mind of My Own App for care experienced children and young people to provide their views.
- Conducting digital surveys and face-to-face engagement with children, young people and their families to inform child protection process, children's services plans, refresh of the strategic plan and Inverclyde's Promise plan.
- The iPromise in Hearings Working Group listening to children and young people to develop our iPromise in Hearings film and communication toolkit, written and produced by young people.
- Our approach to participation and engagement has continued to be guided and informed by UNCRC, Children and Young People (Scotland) Act 2014 and the Scottish Approach to Service Design framework for designing services to ensure they are designed with, not for, the people who will use the service, as well as National Standards for Community Engagement good-practice principles.

How Social Work Services are Improving outcomes for adults.

Mental Health Officer activity/Adults with Incapacity/Guardianship

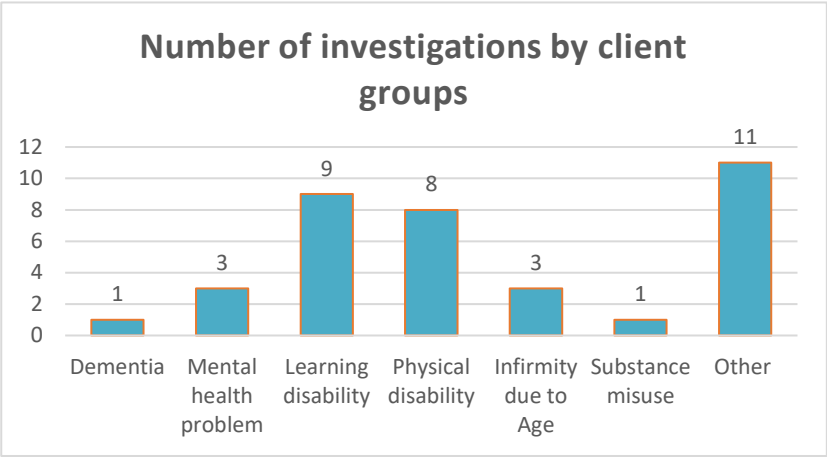
The Mental Health Officer (MHO) team delivers core statutory functions contained within the Mental Health (Care and Treatment) (Scotland) Act 2003 and the Adults with Incapacity (Scotland) Act 2000. During 2022-23, the service commenced a process of service re-design and progressing an action plan following an external service review which concluded in early 2021. Most actions have been completed including:

- Creation of a dedicated MHO team leader post.
- Creation of two additional whole time equivalent MHO posts to enhance team capacity.
- Senior Practitioner status available to qualified MHOs who meet the criteria to retain staff and encourage others to take up the MHO training award.
- Annual re-validation process for MHOs.
- Move primary recording of MHO activity to the Social Work electronic recording system.
- Co-production approach with the Learning and Development team to encourage uptake of MHO award.
- Use of risk management triage process for waiting list allocations.

- MHO service holds 202 Guardianships (primarily welfare and finance)
- 42 of these Guardianships are local authority orders with a designated MHO.
- 160 are private orders with a named MHO.
- There is no waiting list for delayed discharge allocations or L.A. applications for AWIA intervention.

Adult Support and Protection (ASP)

Adult Support and Protection activity for 2022-23 reflected a 37.5% increase in referrals and investigation rates compared with the 5-year average. The conversion rate from referral to adult protection investigation fell slightly to 11%, from 14.1% the previous year but within the ranges for previous years despite the number of adults referred under adult protection concerns having increased. The principal categories recorded continued to be as follows:



- 310 Adult Protection Referrals
- 36 progressed to Adult Protection Investigations
- 12 of which Progressed to Adult Protection Conference

Local initiatives to support people where there is concern for their wellbeing and welfare included the Inverclyde Distress Brief Intervention Programme, the Emergency Department and Alcohol, Drugs and Recovery Service, Repeat Presentation meetings, alongside an increase in assertive outreach and liaison.

Following the inspection of Adult Protection services in January 2021 the service continued to progress the improvement plan, including the following:

- Roll out of training to all Council Officers and Assessment Staff about chronologies.
- Revised Risk Assessment Guidance and template reissued to staff with briefing sessions completed. Subsequent audit activity noted that risk assessments were evident in 90% of case files, compared to 71% at the time of inspection, with 76% rated good or better compared with 59% at the time of inspection.
- Established explicit recording of the application of 3-point test at all stages of the adult support and protection process - revised templates and guidance were implemented along with staff briefing sessions. Follow up audit of templates found that application of 3-point test was evident in 100% of files and in 88% of files overall when recording within case notes was included.
- New recording guidance for systems, with the ability to upload documents to the electronic document management system (CIVICA).
- Refresh of the Quality Assurance framework, Adult Protection Committee Business Plan and Quality Improvement Plan agreed, where the Business Plan 2022/2024 forms part of the Biennial Report with updates provided to the Public Protection Chief Officers Group, Inverclyde Integration Joint Board and Social Care and Social Work Scrutiny Panel.

Community Mental Health Services (CMHS)

The CMHS operates an integrated service delivery model, where social work is critical to operational service delivery for the range of interventions provided and in support of wider strategic development and improvement activity. During 2022-23, the team co-ordinated and provided essential mental health treatment and support services to adults and older people, including urgent mental health assessments. Local services worked alongside centralised Mental Health Assessment Units (MHAU) as well as delivering programmes of scheduled treatment/support and an accessible duty service.

During the past year, recruitment challenges across all disciplines continued both locally and across the NHS Greater Glasgow & Clyde Health Board area, with several positions subject to multiple rounds of recruitment due to limited suitable applicants. Hybrid working arrangements, accelerated by the Covid-19 pandemic along with a blended approach to delivering interventions, including face to face and 'Near Me' technology remained a key part of the CMHS operating model, informed by feedback, emerging service demands and staffing capacity to safely deliver services underpinned by individual service user assessed need, risk, vulnerability, and associated legislation.

At the onset of the pandemic caseloads were reviewed and individuals allocated a risk assessed priority of Red, Amber or Green (RAG) to inform frequency and type of contact, with regular review to ensure status remains current. This continued during 2022-23 and is now embedded as a critical element in supporting safe service delivery for individuals, alongside the management of service demand/capacity issues.

Adult Community and Older People's Mental Health Teams (CMHT and OPMHT)

Our integrated Adult Community Mental Health Team (CMHT) and Older People's Community Mental Health Team (OPMHT) continued to provide specialist multi-disciplinary assessment and evidence-based interventions determined by assessment of risk and vulnerability for individuals experiencing severe and enduring mental health conditions.
During 2022-23, the aims of the teams were to:

- Reduce the stigma associated with mental illness.
- Work in partnership with service users and carers.
- Provide assessment, diagnosis and treatment, working within relevant Mental Health legislative processes.
- Focus upon improving the mental and physical well-being of service users.

Partnership working within the HSCP, inpatient mental health services, with families and carers, primary care and other agencies were critical elements of service delivery. These continued to support the design, implementation, and oversight of comprehensive packages of health and social care to support people with complex mental health needs in suitable settings that meet the needs of individuals and their carers.

Over the past year, an important development was the establishment of a joint Incident Review Group for community and in-patient Mental Health and Alcohol and Drug Recovery Services, which

has provided a more robust, consistent approach to decision making as well as improving the interface between services and service users.

Evidence-based improvement work also continued within the CMHS to ensure safe, timely and effective person-centred care which supported statutory elements of service delivery as well as broadening assurance and developing a range of shared and local initiatives. These included:

- Mental Health support in key areas such as Emergency Departments.
- Implementation of Mental Health Assessment Units and Acute Psychiatric Liaison services.
- Development of the Distress Brief Intervention initiative,
- Increase capacity and develop new ways of working within the Primary Care Mental Health Team and support GP practices and
- Introduction of 'In reach worker' post to support individuals admitted to hospital are discharged home with appropriate support at the earliest opportunity.

Alcohol and Drug Recovery Service (ADRS)

Inverclyde ADRS is an integrated multidisciplinary team delivering a range of evidence-based care and treatment for adults in Inverclyde experiencing harm from alcohol and drugs. The team supports the delivery of Inverclyde Health and Social Care Partnership (HSCP) Strategic Plan - big Action 5: 'Together we will reduce the use of, and harm from alcohol, tobacco and drugs and the Scottish Government's Drug and Alcohol Strategy: Rights, Respect and Recovery which focuses on improving health by preventing and reducing alcohol and drug use, harm, and related death.

As the service recovered from the pandemic, face-to-face clinics for all scheduled contacts were re-established, with a blended approach to delivering interventions available if appropriate as part of individual care and treatment plans.

The addiction liaison team also worked within acute hospital settings and primary care, including social care drug and alcohol workers returning to support GPs, delivering shared care clinics with governance and support via addiction liaison nurses; assertive outreach to support engagement in treatment; in-reach to people involved with the Homeless Service; and nursing response to near fatal overdose. Interface with other service areas and partner agencies also increased significantly during 2022-23, including development of a Residential Rehabilitation Pathway delivered jointly by ADRS liaison nurses and lead practitioners from Turning Point Scotland (TPS).

Along with local partners from the Alcohol and Drug Partnership (ADP) and across the Health Board area, the service continues to implement and embed the requirements of the Medication Assisted Treatment (MAT) Standards, set up to ensure consistent delivery of safe, accessible, high-quality drug treatment across Scotland. The service has adapted to meet the standards with 1-5 now embedded in practice and 6-10 being progressed for full implementation by April 2024. MAT is the term for use of medication such as opioids, together with any psychological and social support. The 10 MAT 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.

In 2022, there were 1,051 drug misuse deaths registered in Scotland, a decrease of 21% (279 deaths). This is the lowest number of drug misuse deaths in Scotland since 2017. Locally, within Inverclyde, the significant reduction in deaths reported in 2021 sadly did not continue into 2022 with an increase of 81% from 16 to 29, more aligned with the 5-year rolling average.

Figures published by National Records of Scotland indicated there were 1,276 alcohol-specific deaths registered in Scotland in 2022, an increase of 2% (31) since 2021. Within Inverclyde, the number of alcohol-specific deaths increased from 26 in 2021 to 28 in 2022, again in line with the 5-year local average, but higher than the Scottish average. The ADP will refresh the strategy and develop a new delivery plan to ensure that we are using resources in prevention activity, care and treatment. We will continue to focus on harm reduction, ensure easy access to care and treatment via the recovery community, ADRS, roll out of the residential rehabilitation pathway and other commissioned supports available locally including roll out of MAT Standards 6-10.

The service contributes to the wider statutory social work function in relation to public protection, overseen by a Team Leader /Senior Social Worker. The social work team returned to full staffing, adding capacity to meet ongoing demand. Improvement in partnership working between HSCP social work and acute colleagues continued to be a priority, to support reduction in delayed discharges from acute hospital settings. During 2022-23, pathways with Justice Social Work were improved, with the introduction of a Criminal Justice Support Worker (Addictions). During 2023-24, this model will be further expanded with the creation of a Young Persons Alcohol Worker to children's services to support young people experiencing harm from alcohol.

Access 1st

Access 1st is the local single point of access pathway into Health and Community Care Services. The service continued to receive, screen, and manage referrals to ensure that service users only require to contact the HSCP once and have confidence that their referral will be responded to appropriately in line with the eligibility criteria and individual need.

2902 referrals were received during 2022-23:

- 1845 cases were managed within 3 days.
- 341 cases between 4 -6 days.
- 327 cases between 6 – 9 days
- 389 cases over 9 days

This table indicates performance in completing and closing cases from the date received. Overall, 86.6% of referrals were managed and closed within 0 to 9 days. 13.4% of referrals continued beyond the 9-day target timescale, largely due to challenges making initial contact with the service user and waiting for information, feedback or responses from other services.

Financial Inclusion

The Advice Service continued to see an increase in demand for face-to-face services during 2022-23 because of developing advice services within local GP practices and other community venues.

- 2165 new cases opened with around half having used the service before.
- 152 appeals undertaken by welfare rights officers with 70% outcomes in favour of client.
- Financial gains of £5,923,828.95 through benefits awarded, debt written off, grants gained.
- 486 new service users with a cancer diagnosis seen by our Macmillan welfare advise service.

The Financial Inclusion Partnership delivered a new Strategy in December 2022 with a focus on the following objectives:

- Mitigate the impact of the cost-of-living crisis on (1) children living in poverty and (2) our most vulnerable families/households inc. those living with disabilities and our unpaid carers.
- Engage, equip, and empower a range of "trusted intermediaries" (for example, Health Visitors and Teachers) to ensure that those who are isolated or have restricted access to information/services, are provided with support / connected to partner resources.
- Provide and promote the range of partner services available to Inverclyde Residents as support and responses to the impact of the cost-of-living crisis on their financial wellbeing.
- Provide the range of partner services via an outreach approach within local community facilities and within community focal points on a regular programmed basis.
- Promote the diverse range of partner delivered financial inclusion services and support the financial wellbeing of staff working across our services.
- Provide a programme of financial literacy and capacity building specifically targeted at young people in the 16-18 age range alongside support for schools.
- Involve those who use partner services in the design, deployment, and delivery of services.
- Put in place quality assurance measures to ensure service provision is of best possible quality.
- Establish a sequence and cycle of performance reporting, monitoring and evaluation to ensure that the key objectives are being met.

The partnership agreed the use of additional available funding from the previous IDEAS (Inverclyde Delivering Effective Advice Services) project which supported HSCP Advice Services and third sector partners to deliver on these objectives by mitigating the ending of other temporary funding and responding to the current cost of living crisis.

How Social Work Services are Improving Outcomes for people involved with Justice services.

Justice Social Work

Justice Social Work continued to provide a full range of services to individuals with involvement in the criminal justice system within Inverclyde, from early intervention and prevention work with individuals charged, but not yet convicted of crimes, through to supervising those released from prison to serve the remainder their sentences in the community on licence.

During 2022-23, the service expanded early intervention and prevention with the commencement of the Bail Supervision Service in November 2022. This has offered Greenock Sheriff Court a credible alternative to remand for individuals charged with a crime and for those convicted at Court and awaiting sentencing. The provision of Bail Supervision is a key strand in the Scottish Government's National Strategy for Community Justice (2022).

From commencement until 31 March 2023, 166 bail supervision assessments were conducted at Greenock Sheriff Court, with 66 bail supervision orders made. Local Sheriffs provided positive feedback about the service, including the quality of assessments and the professionalism of staff. Defence agents working in Greenock Sheriff Court and local Police colleagues have also spoken positively about the service.

Community-based justice social workers (CBSW) continued to work with the Scottish Prison Service to ensure that release planning for those due to be released from custody is timely and effective. During 2022-23, staff attended 102 Integrated Case Management case conferences (ICMs) for individuals with a proposed release address in the Inverclyde area, an increase of nine from the previous year. The prison-based social work (PBSW) team at HMP Greenock attended 113 ICM case conferences (an increase of 11 from the previous year), regardless of where the individual intended to be released. The service continued to work on building closer links between community and prison-based teams, to enhance benefits across the service by sharing knowledge, skills, and experience. This approach was noted by representatives of the HMIPS/Care Inspectorate team in their inspection of HMP Greenock in early March 2023.

Over the past year, the service employed an additional Justice Support Worker with a specialist focus on addictions. Funding for this post, for one year, was provided by the Alcohol and Drugs Partnership (ADP). The Addictions Support worker supported delivery of effective Drug Treatment and Testing Orders (DTTO) and provided early assessment and intervention to those involved with the service through Bail Supervision or Diversion from Prosecution. This postholder has been proactive in reducing barriers restricting service users' ability to access addiction treatment and recovery services.

The expansion of availability of section 12 funding enabled staff to offer support to individuals in financial crisis including assistance to purchase food and utilities as well as supporting service users to purchase clothing for job interviews. Staff supporting the Unpaid Work Service worked to ensure that food was available for service users during their shift, having noticed people attending hungry and with no means to purchase food. At the end of March 2023, Community Justice Scotland published their annual report on the use of Community Payback Orders (CPOs) which featured a

case study from the Inverclyde CPO annual report reflecting efforts to respond effectively to poverty and deprivation.

The TARL (Throughcare Assessment for Release) process was rolled out to Justice Social Workers in both community and custody settings in November 2022 to support an integrated approach to social work assessment and information to the Parole Board around the prospective release of long-term prisoners.

This replaced the previous system of separate reports and was the culmination of many years of work by practitioners and managers to develop and pilot the current process and guidance. Around 80% of the workforce attended training delivered by Community Justice Scotland prior to the new template coming into practice.

The anticipated benefits of the TARL include stronger communication and consensus between community and prison-based teams around risk assessment and about any identified risk of serious harm.

Multi Agency Public Protection Arrangements (MAPPA)

The fundamental purpose of MAPPA is public protection and managing the risk of serious harm posed by statutorily defined categories of individuals. MAPPA is a statutory framework through which Responsible Authorities discharge their statutory responsibilities and protect the public in a co-ordinated manner.

The North Strathclyde MAPPA Unit is located within Greenock and supports six local authorities, three Police Divisions and two Health Boards. The Unit consists of two MAPPA Co-ordinators (one part-time), a resource worker, and an admin worker.

In 2022/23 the MAPPA Unit produced a short, animated video outlining the MAPPA process, to support staff induction across all agencies within the North Strathclyde area which can be followed up with more formal training where appropriate. The video was well received, leading to the Scottish Government requesting that a national video be created for use by all MAPPA areas. The North Strathclyde MAPPA Unit assisted in producing the updated video which has since been incorporated into Police and Prison Officer training, whilst work is ongoing with Health colleagues to integrate the video to relevant training programmes.

During 2022-23, the North Strathclyde MAPPA Unit also commenced work to refresh the training provided to Housing and Homelessness colleagues. This work is significant as having access to stable housing has been shown to impact positively in reducing an individual's risk of re-offending, Preparatory work involved senior housing colleagues from local Registered Social landlords (RSLs) and HSCP Homelessness Services. This was supplemented by input from Inverclyde Justice Social Work and the Inverclyde Community Justice Lead Officer to consider the wider Justice landscape and to identify potential opportunities for early engagement to sustain a tenancy or to prevent the need for individuals to make a homelessness presentation.

Finally, the Unit continued to organise MAPPA meetings for all level 2 and 3 offenders, bringing individuals together from various services and agencies to create Risk Management Plans to

manage individuals who pose a risk of serious harm to their community. The MAPPA Unit provided local training for meeting Chairs who also were able to access further, national training provided by Professor Hazel Kemshall.

Community Justice Partnership

The Inverclyde Community Justice Partnership hosted by Inverclyde Health and Social Care Partnership continued to meet during 2022-23. This year, the Partnership focused on the preparation of a new Inverclyde Community Justice Outcomes Improvement Plan following publication of a revised national strategy for Community Justice in June 2022. A Strategic Needs and Strengths Assessment helped partners to understand local needs and the services and interventions available or needed locally. This indicated:

- a third of people liberated from prison registered as homeless on their release.
- The use of remand and prison for people from Inverclyde is consistently higher than the national average.
- The number of people on community-based sentences who have, (i) left school without qualifications, (ii) are currently not in employment and live in Scottish Index of Multiple Deprivation areas is significantly above the wider Inverclyde population.

This activity has led to a review of governance arrangements for the partnership to reflect the local community justice outcome improvement plan. Aligned to this, other work during the reporting period by the Community Justice Partnership included.

- Working with the Inverclyde Alcohol and Drug Partnership supported the Inverclyde Early Help in Police Custody project.
- creation of the Inverclyde Community Justice Voluntary and Third Sector Forum recognising the role this wider sector plays in delivery justice services or supporting those people who use justice services.
- reviewed the functions of the Unpaid Work Operations Group to have a specific focus on group and individual placements in Inverclyde.
- Contributed to the forthcoming Inverclyde Local Housing Strategy including a focus on individuals experiencing severe and multiple disadvantage (including involvement in justice services) and its impact on housing and homelessness services.
- Supported Justice Social Work in the establishment of a Short Life Working Group to further develop practice around housing needs for people subject to MAPPA.

Early Action System Change Project

Inverclyde HSCP currently hosts an externally funded Early Action System Change Project – Women Involved in the Criminal Justice System. The Project Team are co-producing system change with a group of women in Inverclyde who are involved in the Criminal Justice System.

Two tests of change were agreed to improve outcomes for women engaged with services: development of trauma informed and responsive services and staff and a commitment to make referral pathways to supportive community resources more accessible and inclusive.
Work from across the reporting year included:

- managers and leaders participating in the Scottish Trauma Informed Leadership Training (STILT). During the reporting year 33 HSCP staff completed this.
- A workshop with those managers and leaders agreeing the cascading of trauma informed systems, services, and practice to staff across Inverclyde HSCP and third sector organisations. This resulted in a series of proposed recommendations across five broad themes; action planning, leadership, staff recruitment and retention, staff supervision, and wellbeing and lived experience.
- An operational STILT Conference in September 2022 bringing together operational managers from HSCP (Criminal Justice, Children and Families, Homelessness, Alcohol and Drug Recovery Service), CVS Inverclyde and Your Voice Inverclyde. This conference supported those services to identify actions to become trauma informed.
- Staff engaging in the trauma training agenda, supported by their managers and embedding this into their practice with people who use Justice services. During 2022-23, 22 staff members completed the Level 3 Trauma Enhanced Training with further training planned for next year.

Challenges and Improvements

Cost of Living – Section 12

During 2022/23, the Integration Joint Board agreed to create a Cost-of-Living Fund of £430,000 to support residents 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 were utilised to combat food and fuel poverty and to support people 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.

Care at Home Review

The review of home care services which includes both internal and external commissioned services has continued since it began in January 2022. It has considered the additional service requirements due to changes in the Care Inspectorate Standards and the requirements of the Ethical Care Charter. This included thinking about the shape, scope, resilience, and sustainability of internal and external care at home services, informed by increased demand and complexity emerging from the pandemic, whilst managing reducing staffing capacity due to the local and national crisis in social care recruitment and retention.

Throughout the review the HSCP and commissioned providers recognised that recruitment and retention remain a significant challenge. Several initiatives were implemented to attract more people to work in the sector. Although there has been some success, the staff turnover rate has remained high. Analysis of staff leaving the service shows that 47% go on to work within the retail sector for a higher hourly rate.

As part of the review, several initiatives were progressed including incentives such as training opportunities, pension scheme and a career path being promoted. Within the HSCP, joint work with Human Resources, Corporate Communications and Finance teams was progressed around recruitment and retention. Further examples include.

- HR, Corporate Communications, Graphics, DWP regular liaison with dedicated staff resource.
- Recruitment Huddle twice weekly for home care operational staff to monitor and progress and address any delays.
- Fast track events began in priority geographic areas, overview of job role sessions ongoing with Trust Development and DWP.
- TV advertising, posters, social media, internal, my job Scotland all updated and distributed with intention to expand.
- Partnership set up with Inverclyde Development Trust and WCS Head of Social Care Social Care with regular sessions in the Greenock waterfront campus, exploring Clydebank and Paisley with discussion around a bespoke course.

Learning Disability Hub

Over the past year, Inverclyde HSCP and the Council's Property Services worked with Hub West Scotland, Holmes Miller Architects and appointed contractors McLaughlin and Harvey to complete the technical design stages for a new Learning Disability community building. Detailed Planning Permission will be applied for by the end of the financial year.

Day Opportunities and the Community Learning Disability Team (an integrated team of social work and health professionals) will be co-located in the new build to ensure a more coordinated approach to improving health and wellbeing.

Consultation and engagement with service users, parents and carers, staff and other stakeholders has been integral to this design process. It is intended that the new building will support adults with learning disability and people with autism, particularly those with complex needs.

New energy performance and low carbon emission standards have been included in the design – to work towards achieving net zero emissions. A successful bid was made to the Low Carbon Vacant & Derelict Land Investment Programme, adding £990k of grant funding.

Facilities in the new building will include rebound therapy with a specially designed trampoline installed in the floor, track hoisting, sensory rooms, an Autism zone, and outdoor sensory areas including an accessible woodland walk.

New Scots

During 2022-23 there was a notable increase in the range and scope of refugee, resettlement and asylum work undertaken. The New to Scotland Team continued to support the established resettlement schemes whilst a range of partnership work developed new pathways of support for refugees and asylum seekers within Inverclyde. During 2022, the conflict in Ukraine led to the UK Government issuing visas for travel to the UK, Scottish Government introducing a super- sponsor scheme and local host families offering accommodation to those fleeing the conflict as well as the opening of dedicated contingency hotel accommodation.

This was a different approach to other resettlement schemes which required a range of partnership working with health, education, housing and third sector colleagues to respond to quickly changing pathways and processes and with families often arriving at very short notice. In addition, Inverclyde also saw the opening of an asylum contingency hotel where single males awaiting asylum outcome decisions were accommodated under the care of MEARS (the UK Government support partner) alongside the provision of dispersed accommodation within the community also supported by MEARS. In response, an asylum health team was created In Inverclyde, which attends the asylum contingency hotel twice weekly, and Ukraine contingency hotel as required, providing a full health assessment, registration with a GP, advice, signposting and onward referral as necessary for every arrival. The team was recognised for their work in the past year when they received a Pride of Inverclyde Award for Outstanding Achievement.

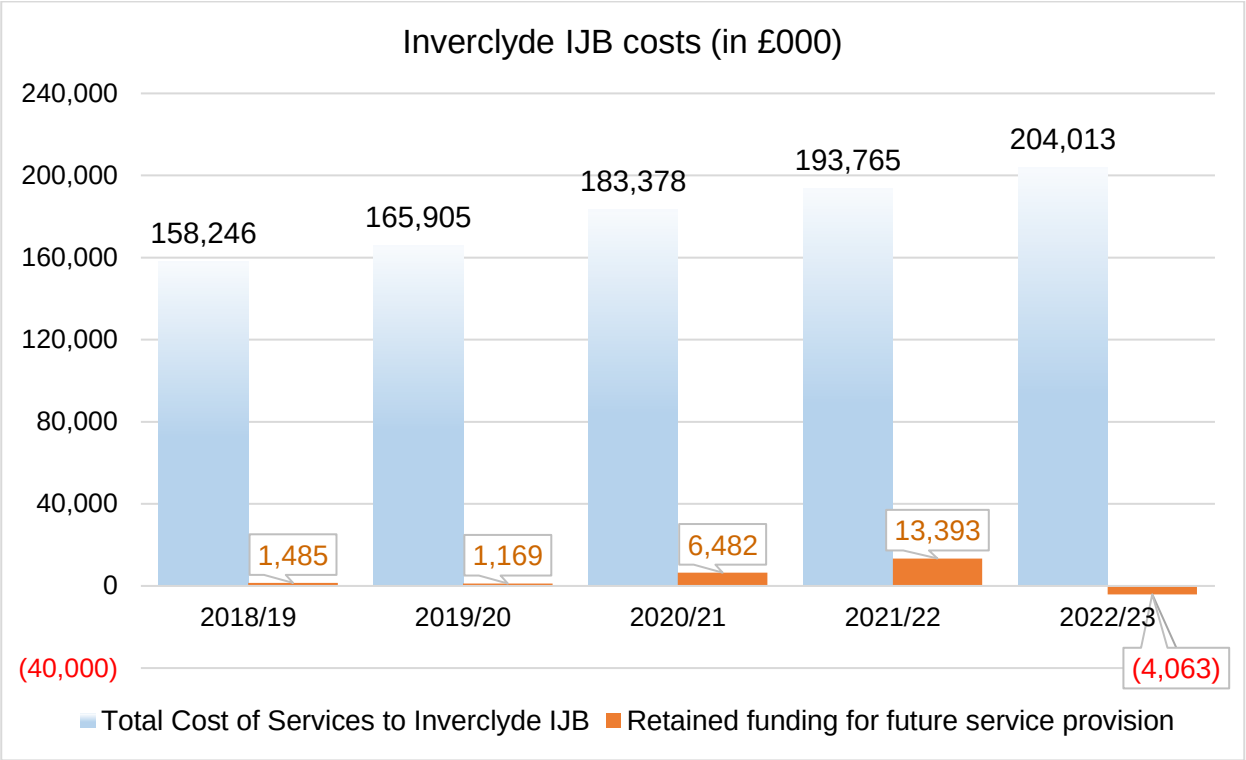
5. Resources

Financial Summary

	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 collaborates with all partners to ensure that best value is delivered across all services. As part of this process the IJB has continued to review services 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	(4,603)
Variance in Under/(Over) Spend	**2,382**	**1,206**	**7,172**	**12,538**	**1,699**

Explanation of variances

2022/23 – the last reported position to the 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 (£4.603m), being a favourable movement of £1.699m before year end. This related to movements in client 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 including Cost of Living Funds, refugee funds, children's residential placements and pay contingency.

6. Workforce

Social Worker Recruitment

Recruitment and retention of social workers continued to be challenging during 2022-23 across the social care sector. In Inverclyde, services have been similarly impacted by recruitment challenges. In response, in January 2023, the Integration Joint Board approved an innovative £150,000 scheme to recruit newly qualified social workers.

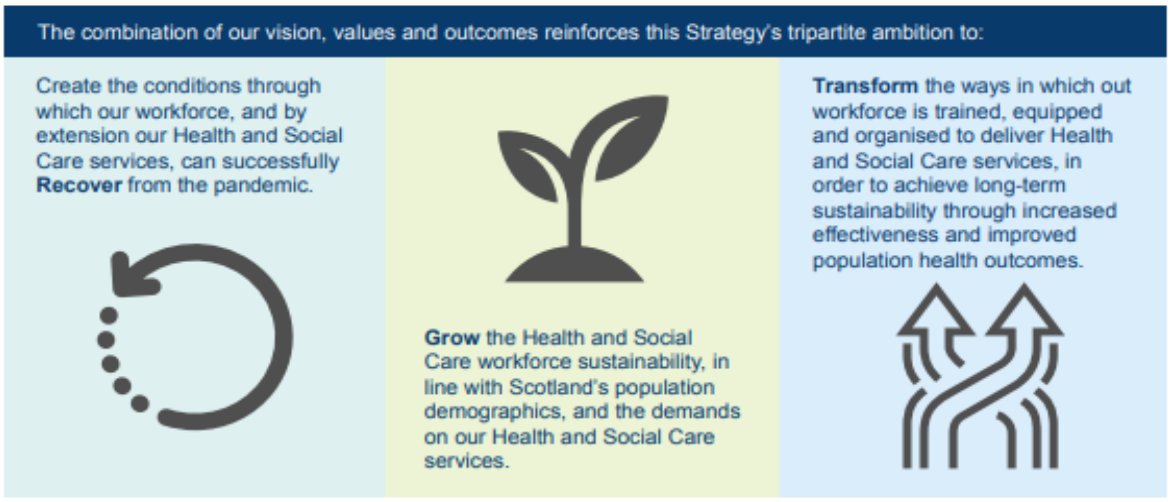
This new support scheme will provide funding for the final year of studies for up to 10 Master's students who are not already employed by the council/HSCP to complete their studies. Fees will be paid upon successful completion of the Master's course on the basis the student agrees a three-year contract as a newly qualified social worker.

Homecare Recruitment Drive

As referred to above, Care and Support at Home recruitment and retention of staff continued to impact directly on internal and external service provision. In a bid to combat persistently high vacancy rates, a recruitment campaign was launched including radio, TV/Digital and multi-media.
The campaign led to 50% of vacancies being filled with a spike in web traffic to the landing page over the campaign period, with 1,872 page visits from 1 September to 15 November 2022.

Workforce Plan

A three-year workforce plan 2022 - 2025 was developed in line with guidance provided by the Health Workforce Directorate of Scottish Government in DL 2022 (09) 'National Health and Social Care Workforce Strategy: Three Year Workforce Plans'. This builds on both the previous plans of 2020-24 and the comments received from Heath Workforce Directorate on the 2020/21 HSCP Interim Workforce Plan. The National Workforce Strategy for Health and Social Care (2022) has been used to guide development of the HSCP plan focussing on the Five Pillars of the Workforce Journey:



National Workforce Strategy for Health & Social Care 2022

Core values and principles also apply to services for children and families, as indicated in the Inverclyde Integrated Children's Services Plan 2020-2023 which is the overarching plan that supports all aspects of work with children, young people and families, and these values and principles support our commitment to achieving the National Outcomes for Children. In addition to is the legal requirement to adhere to the National Outcomes and Standards for Social Work Services in the Criminal Justice System.

Other local and national policies and strategies continue to guide planning during the timescale of this plan:

- Refresh and update the Business Support review.
- Continue to implement the Primary Care Improvement Plan and build the multi-disciplinary team. Complete new Learning Disability Services hub building.
- Commence Homeless Service review.
- Continue to develop our Digital Strategy and digital capabilities.
- Further development of Compassionate Inverclyde and Inverclyde Cares.
- Develop a Trauma informed workforce and organisation.
- Continue to promote and support staff health & wellbeing.
- Support and implement formalised hybrid/ home working policies.
- Remobilisation and Covid recovery in line with Scottish Government plans.

Workplace Wellbeing Matters

The local three-year plan 2020-23 supports the HSCP's organisational recovery and to ensure that support for the mental health and wellbeing of the HSCPs staff remains a priority. The overall aim of the plan is:

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

This aim will be fully supported by the primary drivers of:

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

As the plan has progressed, key achievements include:

- **Wellbeing Fund:** to support and promote health and wellbeing across the health and social care workforce. Staff and teams can apply for funds to support health and wellbeing initiatives. Staff teams have made the most of the fund by applying for various team activities e.g., team building outdoor events such as paddle boarding, kayaking, scavenger hunts, creating a safe outdoor fire and pizza making.

- **Leisure Activities:** with Inverclyde Leisure to provide closed fitness classes for Inverclyde Council employees, including Nutrition/health classes and staff challenges i.e., March into Spring walking challenge.

- **Central Repository/Hub:** with Inverclyde Council, an online wellbeing hub available to all staff (and the local community). Within this, the HSCP has a dedicated page for staff to find local and national health and wellbeing resources.

- **Monday Messages:** regular information provided, signposting local and national resources, training etc. to the entire HSCP workforce, third sector and independent sector colleagues.

- **Healthy Working Lives:** The 2020 annual assessment was on 'pause' whilst the national team focussed on other priorities. During the past year, the working group has restarted and is working towards meeting the criteria to retain the Gold Award.

Training, Learning and Development

Training Board

Several initiatives were progressed during the past year, including a 'grow your own' scheme to support employees to undertake training to become qualified social workers. This approach recognised that Inverclyde HSCP has experienced, skilled, local, and committed social care workers and would benefit from improved career progression opportunities. The Training Board will continue to develop employee support to encourage career development.

During the next year, a Training Board development day will enable teams to discuss and prioritise future training needs across the HSCP. Service needs and staff development will be considered and expertise from practitioners will be used to develop training.

Newly Qualified Social Workers: Inverclyde has been part of the early implementation of the Scottish Social Services Council (SSSC) supported year for newly qualified social workers (NQSW) and this has helped to make Inverclyde a more attractive employer. The supported year offers increased supervision, a protected caseload, increased training opportunities and protected learning time. NQSWs have a mentor to offer support to meet the new SSSC standards.

Homecare Training Programme

The training and development of our Care at Home Staff is crucial to ensure that our workforce have the necessary skills, knowledge, and expertise to provide high-quality care to our service users. Well trained staff are more likely to adhere to best practices, infection control protocols and safety measures, reducing the risk of incidents and errors.

Specific training over the past year enabled staff to keep up to date with requirements to ensure regulatory compliance with the SSSC to ensure that they meet the professional standards and qualifications required for providing quality care services.

7. Looking Ahead

The next year will present several opportunities and challenges for the development and delivery of social work and social care services in Inverclyde, in line with many wider national changes.

Services will need to continue to respond to changing demand that reflects both the needs of local communities as well as the impact of Scottish Government priorities around early intervention, prevention and managing risk for the most vulnerable. The impact of the cost-of-living crisis will continue to affect people already facing multiple indicators of deprivation, whilst pathways into and out of services will be critical to managing demand and improving outcomes.

The development of an interim post of Head of Public Protection will strengthen the strategic oversight and co-ordination of child, adult and public protection activity, planning and resources. This will be informed by national strategic scrutiny activity and will provide additional capacity to lead on recruitment, retention and staff development.

For children and families' services, we will review and develop our practice model, including scoping accredited programmes to upskill the workforce and ensure that we provide strengths-based interventions that support improved outcomes for children and young people.

We will improve our data collection and analysis to inform continuous improvement of services that protect children and young people from harm as well as working to shift the balance of care towards earlier help and family support to prevent placement breakdown and enable families to remain together where it is safe to do so.

The financial landscape for social work services will continue to be challenging, where limited budgets and existing resources are likely to be impacted by Safer Staffing legislation, ring-fenced grants coming to an end and the potential impact of reducing or flat cash settlements. It will therefore be important to work within financial parameters whilst highlighting areas of risk and uncertainty that could impact on the provision of social work and social care services.

The voices and views of people who use our services will therefore be critical as we move into the next year. Involving people in decision-making and planning can lead to more tailored and effective care, with empowerment of children, young people and adults continuing to be an opportunity for social work and social care services in Inverclyde to grow and develop within a culture of continuous improvement that can adapt to changing needs.

Finally, I would like to thank my social work, social care and health colleagues, as well as our partners, for their continued dedication, commitment and support to working together with our communities to improve the lives of people in Inverclyde.

Inverclyde Health and Social Care Partnership (HSCP)

Hector McNeil House

Clyde Square

Greenock

PA15 1NB

AGENDA ITEM NO: 6

Report To:	**Inverclyde Integration Joint Board**	**Date:**	**22 January 2024**
Report By:	**Kate Rocks Chief Officer, Inverclyde HSCP**	**Report No:**	**IJB/05/2024/GK**
Contact Officer:	**Gail Kilbane Interim Head of Service**	**Contact No:**	**01475 715284**
Subject:	**NHS GGC Mental Health Strategy Refresh**		

1.0 PURPOSE AND SUMMARY

1.1 ☐For Decision ☒For Information/Noting

1.2 To update the IJB on the Refresh of the Strategy for Mental Health Services in Greater Glasgow & Clyde 2023 – 2028 which was approved by the NHSGGC Board in August 2023.

1.3 The Mental Health Strategy refresh widens the scope of the strategy document and reconfirms a joint approach to, and strengthens the links with, strategies covering the whole complex of local mental health services.

1.4 Changes in context and policy drivers are identified within the refresh and changed or new recommendations are identified in response these. In particular, recognition of and response to the impact of the Covid-19 Pandemic both in terms of those needing, and the staff and services delivering, mental health care and support.

1.5 The overarching aim in the strategy continues to be shifting the balance of mental health care through a model that proposes an enhanced community mental health service provision.

2.0 RECOMMENDATIONS

The Integration Joint Board is asked to:

2.1 Note progress made against the existing Mental Health Strategy 2018 – 2023, outlined in the proposed Strategy Refresh.

2.2 Note the Refresh of the Strategy for Mental Health Services in Greater Glasgow & Clyde 2023 – 2028.

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

3.0 BACKGROUND AND CONTEXT

3.1 Background to the strategy is provided by the Health Board's Moving Forward Together program: Greater Glasgow and Clyde's vision for health and social care document which sets the blueprint for the future delivery of Health and Social Care Services in GGC. This remains in line with Scottish Government national and West of Scotland regional strategies and requirements and the projected needs of the GGC population. Strategies for Mental Health Services in Greater Glasgow and Clyde are also aligned to the Scottish Government's Mental Health Strategy and the NHSGGC 'Healthy Minds' report.

3.2 The existing Mental Health Strategy proposes a system of stepped/matched care, allowing for progression through different levels of care, with people entering at the right level of intensity of treatment. The aims of the strategy include:

- Integration across services to provide a condition-based care approach.
- Shifting the balance of care further into the community.

3.3 A community-based model will be more cost effective and deliver services earlier, better meeting the needs of the patients in the community as people access more care through and wholly within those community-based services.

3.4 Local priorities within Inverclyde align well with the priorities identified within the refreshed Mental Health Strategy. Current work around early intervention, non-clinical distress responses and peer support work within the Community Mental Health Service is progressing well. Uncertainty around funding for mental health, particularly Action 15 funding, does however generate challenges.

4.0 PROPOSALS

4.1 The Strategy Refresh which was approved by NHSGGC Board in August 2023:

- Widens the scope of the existing strategy and establishes a joint approach to, or strengthens the relationship with, strategies covering the whole complex of mental health services in NHSGGC.
- Describes progress against the recommendations in the existing strategy and other areas. This includes creation of a regional CAMHS Intensive Psychiatric Care Unit (Adolescent IPCU) adjacent to the existing Adolescent inpatient facilities, Skye House located on the Stobhill site in NHSGGC.
- Reflects changes in context and policy drivers and identifies changed or new recommendations in response. Including recognition of and response to the significant impact of the Covid-19 Pandemic both in terms of those needing, and the staff and services delivering, mental health care and support.

4.2 The vision for the Strategy Refresh includes a focus on:

- Delivering Prevention and Early Intervention; including Mental Wellbeing and Suicide Prevention training for all staff, expanding computerised Cognitive Behavioural Therapy (cCBT) services, and supporting Wellbeing in primary care.
- Expanding the development of Recovery Peer Support Workers in community teams and inpatient settings.
- Improving the effectiveness of community services; developing group based Psychological Therapies and Patient Initiated Follow Up (PIFU). PIFU gives patients control over follow up appointments allowing them to be seen quickly when they need to

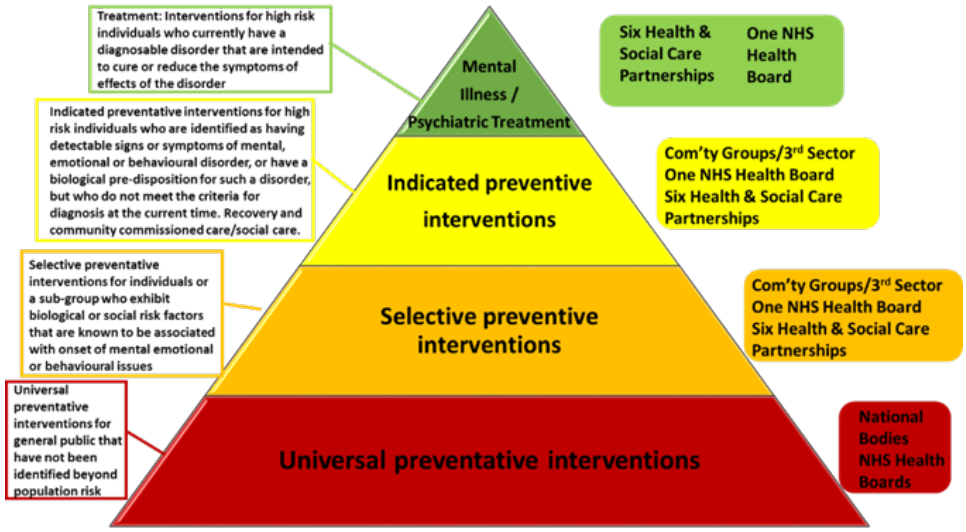
be, such as when symptoms or circumstances change, and avoiding the inconvenience of appointments of low clinical value.

- Developing Unscheduled Care; commissioning non-clinical response services for situational distress; developing community mental health acute care services offering treatment as an alternative to hospital admission; and Mental Health Assessment Units diverting people with Mental Health problems who do not require physical / medical treatment from Emergency Departments.
- Supporting faster discharge to the community; integrating health and social care to ensure joint prioritisation of resources; community services that support rehabilitation and recovery from complex mental health problems nearer to the home and in the least restrictive setting.

4.3 The service model (below) increases the level of psychiatric care delivered in the community. The Strategy refresh recognises that transitional finance is a challenge requiring alternative approach to support further community development. Longer term planning for Wellbeing and early intervention will be needed to more effectively create the infrastructure that prevents or reduces the need for psychiatric care and treatment by secondary mental health services.

Mental Health and Wellbeing, Mental illness/ psychiatric response

General Service Delivery by organisation



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**

The Strategy refresh recognises the current environment. The associated financial framework proposes a phased approach to delivery.

Decisions will be taken on a system wide approach. As part of developing future implementation thinking, consideration will include what elements of cross funding between adult and older people's services might support implementation of the Strategy as a whole. This approach will target developments initially to those community services which will derive the greatest benefit with equity of investment by the end point. This is essential to secure the wider ambition of this programme.

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**

N/A

5.4 **Human Resources**

Staff engagement currently includes Area Partnership Forum membership on the Mental Health Strategy Programme Board, sub-groups and workstreams. Staff engagement on specific issues will take place as detail emerges. The relevant HR policies and procedures will apply on implementation.

5.5 **Strategic Plan Priorities**

The Mental Health Strategy Refresh aligns well with Inverclyde's Strategic Plan priorities in particular:

- To reduce inequalities by building stronger communities and improving physical and mental health
- We will support more people to fulfil their right to live at home or within a homely setting and promote independent living

5.6 **Equalities**

(a) Equalities

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

x	YES – Assessed as relevant and an EqIA is required, a copy of which will be made available on the Council website: Equality Impact Assessments - Inverclyde Council
	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?

Mental Health is not experienced equally across the population, with higher risk of poor mental health in specific groups. These inequalities are driven by the wider determinants of mental health.

In addition to social determinants, the strategy recognises the need to focus on inequalities including people with protected characteristics in developing equalities sensitive services matching care to need.

Programmes of work will be developed to address mental health wellbeing within such communities and groups.

Equalities Outcome	**Implications**
People, including individuals from the above protected characteristic groups, can access HSCP services.	The strategy recognises the need to focus on inequalities including people with protected characteristics as we develop equalities sensitive services matching care to need.
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	As above
People with protected characteristics feel safe within their communities.	As above
People with protected characteristics feel included in the planning and developing of services.	As above
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	As above
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	N/A
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	N/A

(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.

Ensuring compliance with the Fairer Scotland duty will be relevant when considering options for the rationalisation of the mental health bed estate and site impact. It will also be considered within any specific service changes or developments that are implemented as part of the strategy.

(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**

The matters contained within this paper have been previously considered by the following groups as part of its development: NHSGG Moving Forward Together Programme Board, HSCP Chief Officers Group and NHSGGC Mental Health Strategy Programme Board.

5.8 **National Wellbeing Outcomes**

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

The Refresh is relevant to all national health and wellbeing outcomes and, in relation to its primary aim to shift the balance of care, particularly to Outcome 2

National Wellbeing Outcome	**Implications**
People are able to look after and improve their own health and wellbeing and live in good health for longer.	✓
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	✓
People who use health and social care services have positive experiences of	✓

those services, and have their dignity respected.	
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	✓
Health and social care services contribute to reducing health inequalities.	✓
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	✓
People using health and social care services are safe from harm.	✓
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	✓
Resources are used effectively in the provision of health and social care services.	✓

5.9 **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 Consultation with staff and the public will be undertaken as details around implementation emerge

8.0 BACKGROUND PAPERS

8.1 NHSGGC 5Y Mental Health Strategy Refresh 2023-2028.

8.2 Supplement to MH Strategy Refresh 2023-28.

8.3 Glossary to MH Strategy Refresh 2023-28.

Appendix 1

A Refresh of the Strategy for Mental Health Services in Greater Glasgow & Clyde: 2023 – 2028

25 05 2023

Document Version Control

Date	Author	Rationale
04/05/23	V McGarry	To CMT 04/05/23
12/05/23	V McGarry	Bed numbers updated - Child Psychiatry / Totals
17/05/23	V McGarry	Perinatal section – progress updated, service description moved to supplement
25/05/2023	D Harley	Narrative site number correction
03/08/2023	V McGarry	Recommendations numbering update

Contents

1. Introduction: context, drivers and principles for change

1.1. Scope of this Strategy refresh

This strategy refresh updates on the NHSGGC five year adult mental health strategy 2018-2023 and expands on its 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 go about restoring and refreshing the focus on Strategy changes, initially for the next 5 years.

The Strategy refresh approach to implementation will include:

- No wrong door, so any appropriate referral for secondary specialist mental health care will not be sent back to Primary Care with a suggestion of an appropriate response but discussed and progressed between secondary specialist services
- More people with lived and living experience, along with families and carers, will be involved in everything for co-production
- Prevention will be better explained as addressing wellbeing
- A focus on inequalities including people with protected characteristics and those affected by the socio-economic determinants of poor health.
- Improved access for Mental Health and situational crisis
- Commitment to more established points of access & clear referral pathways
- Self-management resources for people with long term mental health issues, that are accessible and do not exclude access to services where appropriate
- Workforce Strategy

COVID-19 Pandemic

The Scottish Government notes in its COVID-19 strategic framework February 2022 update[1] that "The past two years have tested the resilience of everyone in Scotland. There will have been very few of us who did not, at some stage, feel a strain on our mental health. It is crucial to understand that the mental health impacts of such a traumatic time will continue to emerge and evolve. The longer-term mental health effects will continue to be felt by many of us, across various levels of need. This will include mental ill-health in some cases." This sentiment also applies to the staff, who are to be thanked in demonstrating their commitment in the face of pressure and supporting patients. This strategy review and refresh recognises and responds to the significant impact of the COVID-19 Pandemic both in terms of those needing, and the staff and services delivering, mental health care and support at a time when demand for acute inpatient services is so high.

There are both positive and negative legacies of COVID-19 that will persist for a long time. Specific learning from the pandemic in areas such as Mental Health Assessment Units, digital developments, physical estate and infection control, will inform what we do.

The 2018 Adult Mental Health Strategy identified a range of principles on which service Strategies and implementation plans were based. The primary aims of increasing community based responses and increasing access to services remain relevant to and are inclusive of the whole complex of mental health services:

[1] Coronavirus (COVID-19): Scotland's Strategic Framework update - February 2022

1. **Integration and collaboration**
   A whole-system collegiate approach to Mental Health across Health and Social Care Partnerships (HSCPs) and the NHS Greater Glasgow and Clyde (NHSGGC) Board area, recognising the importance of interfaces and joint working with Primary Care, Acute services, Public Health, Health Improvement, Social Care and third sector provision.

2. **Prevention**
   Services should maintain a focus on prevention, early intervention and harm reduction as well as conventional forms of care and treatment.

3. **Choice and voice**
   Providing greater self-determination, participation and choice through meaningful service user, carer and staff engagement and involvement in the design and delivery of services. Staff wellbeing at work is recognised to be an important part of the provision of quality patient care.

4. **High quality, evidence-based care**
   Identification and equitable delivery of condition pathways, based on the provision of evidence-based and cost-effective forms of treatment.

5. **Data Analysis**
   Routine data collection and analysis is used to improve service quality, productivity and strategy implementation.

6. **Matching care to needs**
   - A model of stepped/matched care responding to routine clinical outcome measurement and using lower-intensity interventions whenever appropriate: “all the care they need, but no more”.
   - A focus on minimising duration of service contact consistent with effective care, while ensuring prompt access for all who need it – the principle of “easy in, easy out”.
   - Shifting the balance of care from hospital to community services where appropriate.
   - Equalities sensitive services

7. **Compassionate, recovery-oriented care**
   - Attention to trauma and adversity where that influences the presentation and response to treatment.
   - Recognition of the importance of recovery-based approaches, including peer support and investment in user and carer experience that generates community and social impact.

Existing strategies covering the complex of mental health services continue to be jointly progressed by the six Health and Social Care Partnerships (HSCPs) within Greater Glasgow and Clyde, in partnership with NHS Greater Glasgow & Clyde (NHSGGC). All remain committed to the need to take a whole-system approach to the strategic planning of Mental Health Services, particularly given the interdependence and connectivity across HSCPs in relation to Mental Health services. The refresh should be read in conjunction with the current individual mental health strategies and proposals.

The production of strategies recognised the beginning of the change and improvement process and were open to further modification as necessary as implementation plans to support delivery of the proposed recommendations developed. The implementation plan will be supported by a further revision of workforce, financial and risk management frameworks designed to reflect the dynamic nature of the proposed changes, with careful checks and balances at each major phase of implementation. The impact of COVID-19 on people’s individual and collective needs also continues to evolve and there remains therefore a commitment to engage further with key stakeholders to shape evolving plans.

1.2. Summary of the Proposed Service Changes and Improvements

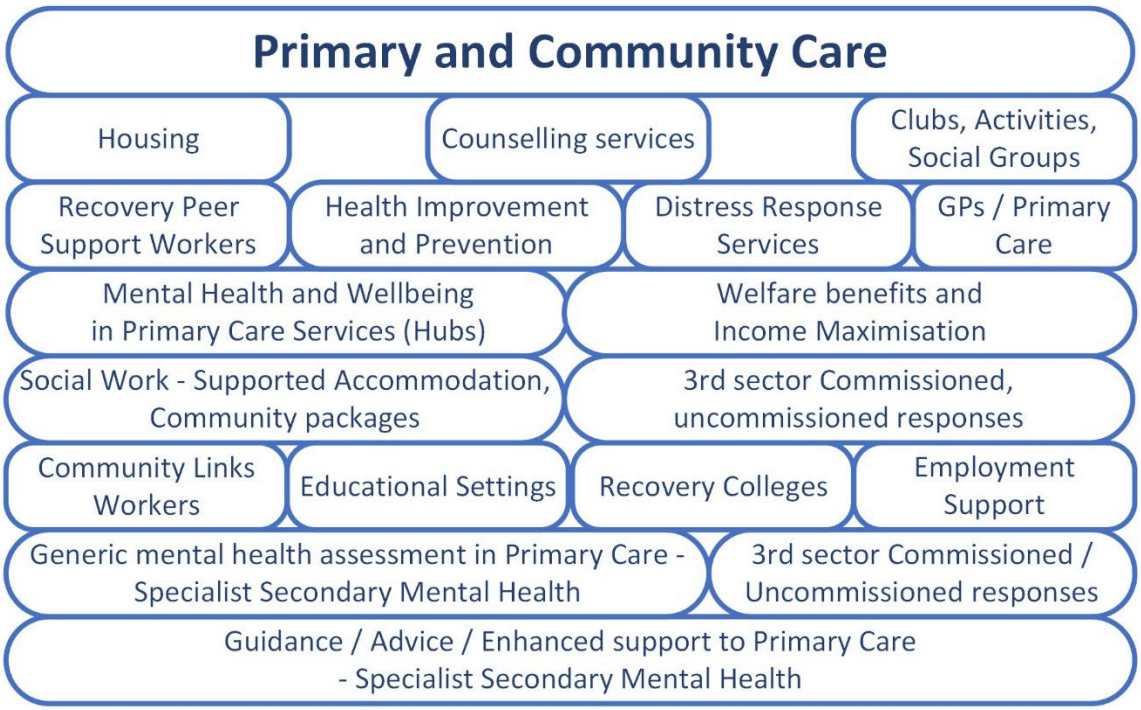
What causes mental health issues is very complex. It is important to understand that just because we may not know exactly what causes someone to experience a mental health issue or distress, this doesn't mean it is any less serious than any other health issue, any less deserving of recognition and treatment or any easier from which to recover. Mental Health issues and distress can have a wide range of causes. It is likely that for many people there is a complicated mix of factors and different people may be more or less deeply affected by certain things than others. Factors that could contribute to a period of poor mental health or distress can include:-

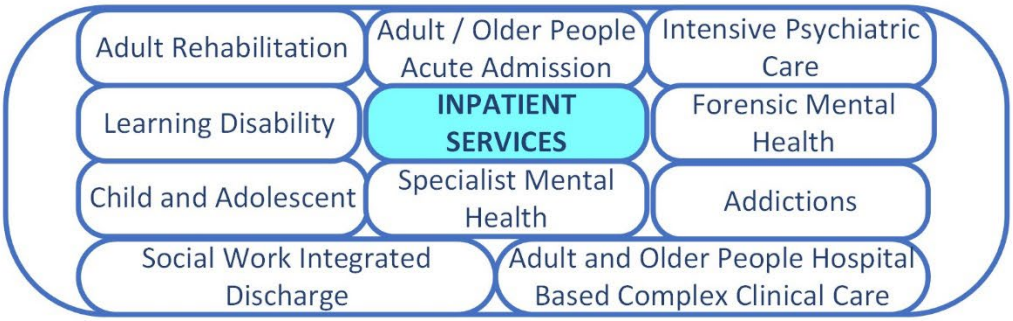
- Childhood abuse, trauma or neglect;
- Social isolation or loneliness;
- Experiencing discrimination and stigma including racism;
- Social disadvantage, poverty or debt;
- Bereavement;
- Severe or long term stress;
- Having a long term physical health problem;
- Unemployment or losing your job;
- Homelessness or poor housing;
- Being a long-term carer for someone
- Drug & alcohol misuse;
- Domestic violence, bullying or other abuse as an adult;
- Significant trauma as an adult;
- Physical causes e.g. head injury and / or neurological condition
- Neurodevelopmental vulnerabilities, especially those previously unrecognised

There are separate and specific strategies for organised health and social care service responses for each of the NHSGGC wide mental health complex of services (Health Promotion & Prevention; Child and Adolescent Psychiatry [CAMHS]; adult mental health; older people's mental health; alcohol and drug recovery; Learning Disability and also Forensic mental health).

The recommendations described later in each section of this refresh will require implementation through multiple delivery work streams or other related strategies as appropriate to how they are interrelated or interdependent, such as those that contribute to the response to, or reduction of, Adverse Childhood Experiences.

The delivery of service responses are many and varied as illustrated by the following:





All services set out the issues and recommended actions necessary to deliver their aims. Particular, but not exclusive, attention was drawn to the following service changes proposed:

1.2.1. Prevention, Early Intervention and Health Improvement.

A range of organised mental health service responses can all contribute to their own versions of prevention, early intervention and health improvement and do this in very different ways.

This refresh makes more of a distinction between services that promote people's mental health and prevent people's mental distress and illness from services that are organised to respond to people's mental illness when they are referred to secondary care mental health services in the community and in inpatient wards. The relevant services will:

- Up-scale Mental Health training and support for all non-mental health and mental health staff in Partnerships and related services including; trauma informed, ACE-aware (Adverse Childhood Experience), one good adult, Mental Health first aid.
- Support community planning partners to develop and implement strategies to address adverse childhood experiences and child poverty within their area.
- Work with multiple partners to build awareness of practical steps to promoting mental wellbeing and challenging stigma and discrimination with a priority focus on groups with higher risk, marginalised groups and people with protected characteristics.

1.2.2. Physical Health

- On-going application of the Physical Healthcare and Mental Health Policy approach for people not in mental distress.
- On-going application of the Physical Healthcare and Mental Health Policy approach for people in mental distress who don't need contact with specialist mental health services.
- On-going application of the Physical Healthcare and Mental Health Policy for people in contact with specialist mental health services.
- Improve assessment and referral pathways to ensure that people with a serious mental illness have their physical health monitored and managed effectively with no barriers to service access.
- Continuing the commitment within Mental Health Services to a programme of training and development for mental health staff to ensure that the delivery of physical healthcare meets current standards.

1.2.3. Recovery Orientated and Trauma-aware services

- Collaboration with people with lived and living experience of mental health distress and / or of mental health illness
- Work with partners to pilot the introduction of Recovery Colleges in the Board area
- Develop and implement models of Peer Support Workers in the community

1.2.4. Community and Specialist Teams

- A focus on maximising efficiency and effectiveness of our Community Mental Health Teams (CMHTs) with standardised initial assessment, Patient Initiated Follow up Pathway (PIFU), Clinical risk reference panel development, peer support in CMHTs to reduce inpatient care, consider new roles, and refresh clinical outcomes measures.
- Implementation of Esteem review outcomes.
- Development proposals for child, adolescent and adult eating disorders.
- Trauma informed clinical practice training.
- The introduction of a matched care approach to the provision of care and treatment for Borderline Personality Disorder.

1.2.5. Primary Care

- To assess post pandemic the implications of the new GP contract, particularly around the potential for additional service and support options for people before needing to be referred to secondary specialist mental health community and inpatient services.
- Work to manage and support those with long term physical conditions should be expanded and prioritised. There should be a focus on effective communication of physical and mental health condition management requirements being shared between clinicians in both Primary Care / GP settings and also specialty secondary care mental health services in the community and in hospital.

1.2.6. Social Care

- An even more integrated management of supported accommodation (or equivalent) and care home placements with 'health' bed management to optimise "flow" in and out of integrated Health and Social Care beds/accommodation/places.
- Consider commissioning 'step-down' intermediate care provision to maximise the opportunity to support people to live as independently as possible in community settings.
- Review specialist and mainstream care home commissioning needs, including to support people over 65 years of age potentially suitable for discharge as part of the re-provision programme
- Additional alcohol and drug recovery rehabilitation and harm reduction

1.2.7. Child and Adolescent Psychiatry

- Fuller implementation of the Child and Adolescent Mental Health Services (CAMHS) community specification, including supporting expansion of community CAMHS from age 18 up to 25 years old for targeted groups and those who wish it
- Additional transition planning to adult services and follow-up
- Implementation of the 2021 National Neurodevelopmental Specification for Children and Young People: Principles and Standards of Care
- Community waiting list initiatives

1.2.8. Perinatal Mother and Baby

- Increased investment in staffing for Mother and Baby inpatient services
- Review reimbursement support for families of Mother and Baby Unit (MBU) patients for transport, meals, accommodation
- Ongoing development of the new infant health service – Wee minds matter

1.2.9. Infant Mental Health

- Ongoing development and evaluation of infant mental health service – the wee minds matter team

1.2.10. Learning Disability

- Implement 'coming home', particularly focusing on developing plans to return people from where they are living out of area where this is appropriate for them
- Reduce reliance on bed-based models and support people who are at risk of admission, particularly where clinical need is not the primary reason.

- Provide a forum for multiple partner providers to explore and deliver on a range of alternative and innovative response support models for those individuals with complex needs

1.2.11. Community Services: Non-statutory Services

- Expand contact with non-statutory services for implementation plans and identifying priorities

1.2.12. Unscheduled Care

- Liaison / Out of Hours (OOH): provision of a single Adult Mental Health Liaison service across Greater Glasgow and Clyde, providing one point of access for referrals for each Acute Hospital, with defined response and accessibility criteria for departments.
- Crisis Resolution and Home Treatment / OOH: provide a consistent model of crisis resolution and home treatment across the NHS Board area available for community care and home treatment as an alternative to hospital admission
- OOH: streamline communications for all Unscheduled Care arising OOH including consideration of offering guidance to referrers, directing calls to local Community Mental Health Acute Care Teams (CMHACS) (or CMHTs and other daytime services)

1.2.13. Older People's Mental Health

- Focusing on early intervention to reduce admission to in-patient beds
- Continued investment and focus on Care Home Liaison Services to support Care Homes to maintain residents in their Care home environment
- Expanding access to psychological interventions, including non-pharmacological interventions for the management of ''stress and distress'' in dementia.
- Engaging with commissioning to further develop care settings in the community for care options for Older People with mental health issues as their condition progresses in terms of both individual care packages and residential care.
- A focus on reducing delays in discharge

1.2.14. Forensic Psychiatry Mental Health

- Focusing on maintaining safe and effective management of risk
- Continued investment in rehabilitation, repatriation of out of area placements and maintaining the flow of patients through levels of security and general mental health services

1.2.15. Shifting the Balance of Care / Bed Site Impact

- Collective approach for the complex of mental health services on site impact of end point inpatient investment and bed reductions
- Framework for collective engagement process
- Progress initial phase of bed reductions
- Reinvestment of mental health resources in community expansion

2. Strategic Context - Shifting the Balance of Care

2.1. Moving forward Together Transformational Plan and Clinical Services Review

The NHS GG&C extensive Moving Forward Together Transformational Plan, Clinical Services Review (CSR) and the Scottish Government's national vision of core principles set the main drivers for change.

2.2. Integration of Health and Social Care

The integration of Health and Social Care services under the terms of the Public Bodies (Joint Working) (Scotland) Act 2014[2] has enabled Health and Social Care Partnerships (HSCPs) to re-examine how services are delivered to our services users to strive for improved outcomes through delivering and commissioning care in a more integrated, co-ordinated and efficient way. The specific actions for achieving this, along with achieving the statutory National Health and Wellbeing Outcomes, are set out in the respective Integration Joint Board Strategic Plans of HSCPs. In addition to the Service Improvements set out in the CSR, the 5 year strategy will build current developments and good practice delivered by HSCPs.

2.3. Mental Health Recovery and Renewal

The Mental Health Recovery and Renewal plan (MHRR) for Scotland forms part of the NHS Scotland recovery plan 2021-2026[3] which sets out key ambitions and actions to be developed and delivered now and over the next 5 years in order to address the backlog in care and meet ongoing healthcare needs for people across Scotland. The Plan commits to ensuring that at least 10% of frontline health spending will be dedicated to mental health with at least 1% directed specifically to services for children and young people by the end of this parliamentary session. The Plan contains over 100 actions, which focus on four key levels of need:

- Promoting and supporting the conditions for good mental health and wellbeing at population level.
- Providing accessible signposting to help, advise and support.
- Providing a rapid and easily accessible response to those in distress.
- Ensuring safe, effective treatment and care of people living with mental illness.

2.4. National Care Service

The National Care Service (Scotland) Bill[4] was introduced to the Scottish Parliament on 21.06.22. The bill sets out the principles for the National Care Service (NCS). Its stated aim is to ensure that everyone can consistently access community health, social care, and social work services, regardless of where they live in Scotland. Subject to parliamentary approval, there is provision for a power to transfer accountability for a range of services, including adult social care and social work services, to Scottish ministers from local government.

The development of the National Care Service will remain a key area.

[2] Public Bodies (Joint Working) (Scotland) 2014
[3] NHS Recovery Plan 2021-2026
[4] National Care Service (Scotland) Bill

2.5. Perinatal and Infant Mental health

The Delivering Effective Services: Needs Assessment and Service Recommendations for Specialist and Universal Perinatal Mental Health Services (Mar 2019)[5] draws on the findings of the Perinatal Mental Health Network's NHS board visits, professionals' workshops and online survey of women's views, conducted in 2017-18, and the existing evidence base on service provision, to make recommendations on what services Scotland should develop to meet the needs of mothers with mental ill health, their infants, partners and families.

The report makes recommendations across all tiers of service delivery, with the aim of ensuring that Scotland has the best services for women with, or at risk of, mental ill health in pregnancy or the postnatal period, their infants, partners and families.

2.6. Child and Adolescent Mental Health

The Child and Adolescent Mental Health Services: national service specification[6] was launched in 2020 and sets outs a set of standards for CAMHS.

The Sottish Government also published the National Neurodevelopmental Specification[7] which identifies seven standards for services to support children and young people who have neurodevelopmental profiles with support.

2.7. Learning Disability

The Keys to Life: Implementation framework and priorities 2019-2021[8] are guided by four rights-based strategic outcomes which are closely aligned to the strategic ambitions in Scotland's disability delivery plan, A Fairer Scotland for Disabled People.

The 'Designing an Effective Assessment and Treatment Model, NHS Greater Glasgow and Clyde, 2018' report details engagement with people with learning disabilities and those who support them in exploring what was needed to be done next.

"We believe that people with learning disabilities should be given the right support so that they can live fulfilling lives in the community. This support should always be person centred, preventative, flexible and responsive. People should only be admitted to inpatient assessment and treatment services when there is a clear clinical need which will benefit from hospital based therapeutic intervention. Challenging behaviour, with no identified clinical need, is not an appropriate reason to admit people to inpatient assessment and treatment services"

NHSGGC has been heavily involved in the shaping of national policy, in particular;
Coming home: complex care needs and out of area placements 2018[9] highlights that some people with learning disabilities and complex needs are living far from home or within NHS hospitals; there is an urgent need to address this issue. This report is the first time that a collective and comprehensive overview has been made available in Scotland on both the characteristics and

[5] Perinatal Mental Health Network Needs Assessment Report 2019
[6] Child And Adolescent Mental Health Services: national service specification
[7] Children and young people - National neurodevelopmental specification: principles and standards of care
[8] Keys to life: implementation framework and priorities 2019-2021
[9] Coming home: complex care needs out area placements report 2018

circumstances of people with complex needs who are placed into care settings that are distant to their families and communities, or who remain in hospital settings beyond the clinical need of them to be there.

Coming Home Implementation: report from the Working Group on Complex Care and Delayed Discharge Feb 2022[10] builds on the earlier 2018 report. The goal is to provide high-quality, local, community-based services where, regardless of complexity of need or behavioural challenge, people's right to live a full and purposeful life, free of unnecessary restrictions can be realised. The report includes a recommendation (subsequently supported by the Scottish Government) for a Community Living Change Fund[11] to drive the redesign of services for people with learning disabilities and complex care needs.

A number of reviews associated with the mental health act are also likely to have an impact on Learning Disability services.

2.8. Older People's Mental Health

The National dementia strategy: 2017-2020[12] builds on progress over the last decade in transforming services and improving outcomes for people affected by dementia and emphasised the vision of a Scotland where people with dementia and those who care for them have access to timely, skilled and well-coordinated support from diagnosis to end of life which helps achieve the outcomes that matter to them.

2.9. Alcohol and Drugs Recovery Services

Scottish Government strategy to improve health by preventing and reducing alcohol and drug use, harm and related deaths is described in the document 'Rights, respect and recovery: alcohol and drug treatment strategy'[13]. This highlights commitments to achieve outcomes in the following four key areas, delivering evidence based interventions through a public health approach:

- Prevention and early intervention
- Developing recovery oriented systems of care
- Getting it right for children, young people and families
- A Public Health approach to justice.

The Alcohol Framework 2018[14] retains three central themes, which are well accepted and understood:

- Reducing consumption
- Positive attitudes, positive choices
- Supporting families and communities

This document sets out the national prevention aims on alcohol: the activities that will reduce consumption and minimise alcohol-related harm arising in the first place.

[10] Coming Home Implementation: report from the Working Group on Complex Care and Delayed Discharge
[11] Community Change Fund - Coming Home Implementation
[12] National dementia strategy: 2017-2020
[13] Rights, respect and recovery: alcohol and drug treatment strategy
[14] Alcohol Framework 2018

The national focus on preventing drug related deaths increased in 2019 with the establishment of the Drugs Deaths Taskforce (DDTF). It aims to improve health by preventing and reducing drug use, harm and related deaths. There are 6 priorities:

- Targeted distribution of naloxone
- Implement an immediate response pathway for non-fatal overdose
- Optimise the use of medication-assisted treatment (MAT)
- Target the people most at risk
- Optimise public health surveillance
- Ensure equivalence of support for people in the criminal justice system.

The national Drugs Mission was then launched by the Scottish Government in January 2021, including additional funding, focusing on:

- Whole family support
- Development of lived experience panels and community networks
- Residential rehabilitation

The national mission places significant responsibilities on ADPs to deliver on the Medication Assisted Treatment Standards and substance use treatment target to increase the numbers of people in treatment for opiate use.

The DDTF published the 'Medication Assisted Treatment (MAT) standards: access, choice, support'[15] in May 2021. The document lists 10 standards with 63 criteria aimed to enable 'the consistent delivery of safe, accessible, high quality drug treatment across Scotland'. The standards aim to put people at the center of their care and how it is delivered. They were developed following extensive consultation with multiagency partners delivering care, with individuals, families and communities with experience of problematic drug use. The 10 standards are:

1. Same Day Access - All people accessing services have the option to start MAT from the same day of presentation
2. Choice - All people are supported to make an informed choice on what medication to use for MAT and the appropriate dose.
3. Assertive Outreach an Anticipatory Care - All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT
4. Harm Reduction - All people are offered evidence-based harm reduction at the point of MAT delivery.
5. Retention - All people will receive support to remain in treatment for as long as requested.
6. Psychological Support - The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychosocial interventions (tier 2); and supports individuals to grow social networks.
7. Primary Care - All people have the option of MAT shared with Primary Care.
8. Independent Advocacy and Social Support - All people have access to independent advocacy and support for housing, welfare and income needs.
9. Mental Health - All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery.
10. Trauma Informed Care - All people receive trauma informed care.

The Glasgow City ADRS Senior Management Team commissioned an independent review of Glasgow ADRS in Jan January 2021. This focused on the following key areas:

- Resource and capacity
- Workforce and development

[15] Medication Assisted Treatment (MAT) standards: access, choice, support

- Performance and governance
- MAT standards implementation
- Residential rehab.

2.10. Digital / eHealth

NHSGGC Digital Health and Care Strategy focuses on recovery priorities and transformation opportunities within the theme of "Digital on Demand".

A changing nation: how Scotland will thrive in a digital world[16] goes beyond the adoption of the latest digital technology and focuses on the adoption of digital thinking, the way we lead organisations, and how we embrace the culture and processes of the digital age. It sets out the measures which will ensure that Scotland will fulfil its potential in a constantly evolving digital world.

2.11. Finance

The Scottish Government is committed to improving Mental Health, and as part of its evolving National Mental Health Strategy identified investment in Mental Health services, providing a commitment to ensure funding grows to 2027. The Scottish Government's Resource Spending Review (May 2022) highlights the challenging financial climate and the constraints which exist in delivering investment in public sector services during the rest of this parliament. As a result of this and exceptional inflationary pressures being experienced across the sector it will be challenging to deliver a real term increase in funding. As a result, significant financial challenges remain;

- The balance of resource within Mental Health Services is not presently optimally deployed.
- Transitional monies need to be sourced to enable change.
- While the aims of the strategy are to increase community based services and improve access to services, changes in inpatient bed numbers will also be necessary to enable community and inpatient budgets to keep pace with inflationary pressures whilst keeping Mental Health in balance.

The purpose is to achieve marked improvement in the quality of people's lives and to optimise the utilisation of resources across the GG&C system in support of the strategy.

Cost of living

The current cost of living crisis, inflationary pressures, impact upon people's bills, childcare, housing, travel, energy and fuel costs are some of the social, physical and economic conditions in society that impact upon mental health. Financial restrictions will also impact on services' ability to deliver. The actions arising from the strategy refresh will recognise and aim to ameliorate the impact of these.

[16] Digital Education and Skills - A changing nation: how Scotland will thrive in a digital world

3. Public Mental Health

The term Public Mental Health means taking a systematic approach to working towards the best mental health possible for the whole population. Forming a key element of strategy, public mental health efforts work at multiple levels and across multiple sectors including those out with the health sector to address determinants of poor mental health as people's susceptibility to mental health problems can be influenced by settings and in turn by broader socioeconomic, cultural and political factors. Higher level recommendations are provided below with more specific recommendations indicated in the Prevention, Early Intervention and Health Improvement section as per the extant strategy.

3.1. Recommendations

Frameworks for action - The key elements of a public mental health approach are summarised both for adults and children and young people in separate evidence based strategic frameworks.

1. Review these existing frameworks, in the context of post-pandemic impacts and to ensure alignment with the new Scottish Government Mental Health Strategy (due Summer 2023) to ensure they are still fit for purpose.

Population Health

2. Use the results from the NHSGGC Health & Wellbeing, other surveys, and develop an ongoing programme of data analysis to support monitoring of changes within the population, understanding of needs and effective targeting of interventions.
3. Advocate for support or action to address where identified needs are not being met.
4. Review existing frameworks to ensure alignment with local and national strategies and ensuring they are still fit for purpose.

Inequalities - Mental health is not experienced equally across the population, with higher risk of poor mental health in specific groups. These inequalities are driven by the wider determinants of mental health. Groups who experience stigma and discrimination are also more likely to experience poor mental health. The pandemic has had a disproportionately negative impact on those who already had higher risk of poor mental health.

5. Programmes of work will be developed to address mental well-being within such communities and groups.

Finding the right help at the right time - Finding and accessing the right support at the right time is imperative to supporting good mental health and early or acute intervention when needed.

6. Explore how people seek support for mental health and undertake an options appraisal to determine how to improve navigation of supports
7. Review and refine online resources and supports to ensure they are fit for purpose, easy to use and accessible.

Partnership Working - Many of the opportunities and mechanisms for action and change sit out-with the direct control of the NHS or HSCPs: e.g. in communities, Local Authorities and Third Sector.

8. Work through our partnerships to sustain and develop key interventions that promote connectedness, including volunteering, with community planning partners.

9. Work closely with Third Sector Organisations to support the use of the Communities Mental Health and Wellbeing Fund, supporting training, evaluation and other identified needs, to strengthen evidence of impact and expansion

3.2. Progress:

Scottish Government funding (2020/21 and 2021/22) was used by Partnerships to complement local provision to support those at risk of isolation, mental health recovery, bereavement and loss and suicide prevention activities and to develop innovative interventions and activities to address mental health stigma.

HSCPs have worked closely with Third Sector partners to rapidly use remobilisation funding and to support them in disbursing the Communities Mental Health and Wellbeing Fund from Scottish Government to complement local provision to address a range of impacts during the pandemic: e.g. loneliness and isolation, bereavement and suicide prevention.

We are working with national directory providers and Third Sector to work on joint solutions to support navigation.

'Aye Mind' – a digital resource for those working with young people has been updated and work is being developed to understand and mitigate online harms.

4. Prevention, Early Intervention & Health Improvement

4.1. Recommendations

1. Continue to work to improve the quality of care experienced by looked-after children and young people, for whom HSCPs have Corporate Parenting responsibilities.
2. Continue to improve processes that promote more integrated working across Adult Mental Health Services and Children and Family services.
3. Support community planning partners to develop and implement strategies to address child poverty within their area.
4. Significantly up-scale Mental Health training and support for all staff in Partnerships and related services (including trauma informed, ACE-aware, one good adult, mental health first aid).
5. Work with multiple partners to build awareness of practical steps to promoting Mental Wellbeing and challenging stigma and discrimination (linking to initiatives such as Walk a Mile, See Me and the Scottish Mental Health Arts Festival) – with a priority focus on groups with higher risk, marginalised and protected characteristics.
6. Work with community planning partners to extend the development of community-based initiatives that build social connection, tackle isolation and help build skills, confidence and productive engagement, with particular attention to marginalised groups.
7. Coordinate and extend current Partnership work for the prevention of suicide through joint training, risk management and acute distress responses, including with primary care.
8. Continue to support initiatives to promote physical exercise and active transport amongst Partnership staff as well as the general population
9. Access to 'distress' services delivered as part of the Unscheduled Care Review (see later chapter in this Strategy).
10. "Chronic" (long term, persistent) distress responses in collaboration with Primary Care for adults, relating to the Link worker role out and utilising social prescribing and allied methods. A programme to coordinate reduced exposure to ACEs, and to mitigate the effects of ACEs once they occur, for example by developing a 'Family Nurture' strategy in every Partnership with a community infrastructure of support. This should include relational and parenting support, especially for families with ACEs risks.
11. A new collaboration with Education and Social Care services to conduct and behavioural problems in primary-school age children.
12. A new collaboration with Criminal Justice services to develop and implement a Mental Health strategy for young people involved in the justice system, including early intervention access services.

Additional 2023 recommendation

13. Support community physical activity provision for the general population, given the significant contribution to supporting mental health, mental health recovery and maintenance of positive mental health and wellbeing.

4.2. Progress:

Each HSCP has first phase implementation plans in place for the national Children's and Young Persons Community Mental Health and Wellbeing Framework.

Healthy Minds training modules are accessed by approximately 1,000 people per annum.

Other mental wellbeing training, commissioned early 2020, has been delivered to over 4,000 staff across NHSGGC, HSCP's, Local Authorities and the Third Sector. This includes; looking after your wellbeing, supporting others, building resilience, healthy minds health awareness, Suicide Talk and Safe Talk.

Sessions have been developed & delivered, in addition to a one day skills and awareness course, supporting the network of educational psychologists trained as Trainers to deliver self-harm training to teaching and other staff.

- A Suicide Prevention Concordat was agreed December 2020 and provides for collaboration between NHSGGC, HSCPs, Community Planning Partnerships and other partners such as Police Scotland to enhance local suicide prevention action planning. Initiatives include: delivery of suicide prevention training across the Board area, despite pandemic-related challenges
- progress in developing a cluster response policy in conjunction with Public Health Scotland as a national development
- continued clinical liaison to track progress in suicide prevention and patient safety developments for clinical services
- Developing a focus on Youth and Young Adults
- Improving data and intelligence, including the "more timely data" initiative to ensure the availability of more current information.
- suicide-related bereavement support

Third Sector Interface organisations (TSIs) in each HSCP area were tasked to lead the dispersal of the Scottish Government Community Mental Health and Wellbeing Fund (2021/2022). Each HSCP supported the TSIs in developing their selection processes. Grants covered a wide range of areas including telephone befriending sessions, a community café with 'pay it forward', community growing and events to bring vulnerable and isolated residents together. These benefitted many people facing socio-economic disadvantage, diagnosed with mental illness, affected by psychological trauma, experiencing bereavement or loss and people with protected characteristics. Glasgow City alone awarded grants to 308 organisations and it is hoped the government will continue to provide this fund via the TSIs on an ongoing basis.

A children & young people's mental health subgroup of the Public Health Improvement Group (PHIG) has been established to bring together representatives specific to children and young people which can support prevention in this population. We have been active partners in the development and delivery of the annual Local Child Poverty Action Reports (LCPAR) in each of the 6 Local Authorities within GGC NHS. LCPAR's describe the actions taken to mitigate the impact of poverty in childhood, impacting on life chances and well-being. We have enabled significant programmes of delivery from the Children and Young People's Mental Health and Well-being (CYPMHW) investments within our six partnerships, enhancing earlier intervention services. We have built capacity in all 6 Local Authority education areas by ensuring there are Self harm trainers skilled up to deliver self-harm training within school communities.

5. Physical Health

5.1. Recommendations

1. The continued application of the measures set out within the Physical Healthcare Policy, including:
   - Systematic assessment of Mental and Physical Health and the Health Improvement needs of patients must be embedded in the provision of Inpatient and Community Mental Health Services and address issues appropriate to the individual's quality of life and well-being.
   - Once identified, Physical Health Care needs must be included within the individual's care plan and other health care records. Any action taken must also be recorded within the care plan and included in discharge or care transfer documentation.
2. Mental Health Services must work closely with patients, community based, Primary Care and Acute Care Services to improve assessment and referral pathways to ensure that people with a Severe Mental Illness (SMI) have their physical health monitored and managed effectively with no barriers to healthcare access.
3. Continuing the commitment within Mental Health Services to a programme of training and development for its staff to ensure that the delivery of physical healthcare meets current standards

5.2. Progress:

The Physical Healthcare Policy was updated and launched Sept 2019. A training post has been appointed to deliver a programme of training and development for staff to ensure that the delivery of physical health care meets current standards, that physical Health Care needs are being included within the individual's care plan and other health care records, that action taken is also recorded within the care plan and included in discharge or care transfer documentation.

6. Recovery-Oriented and Trauma-Aware Services

6.1. Recommendations

Strategies proposed increased collaboration with people with lived and living experience, local Mental Health and SRN taking a co-production approach to:

1. Work with partners to pilot the introduction of Recovery Colleges in the Board area.
2. Develop and implement a model of Peer Support Workers, and pilot for one to two years (This proposal will be considered as part of the financial framework for the implementation plan).
3. Provide Training/Awareness on Recovery Oriented Mental Health Services to staff, patients and carers.
4. Develop a Recovery Planning Tool to be piloted in the Peer Support test of change areas to promote realistic medicine approach for clinicians working in partnership with the patient.
5. Deliver a number of Recovery Conversation Café Events to build Recovery activities across our communities.
6. Promote a recovery ethos within all commissioned and directly provided services.

6.2. Progress:

Recovery Conversation Café Events (2019) were delivered and discussions included Peer Support models that promote the benefits of lived and living experience of mental health in service improvement and/or delivery.

Recovery Peer Support Workers were introduced into Adult CMHTs 2020 in six Community Mental Health Teams across three HSCPs. The aim of these workers, who have lived and living experience, was to;

- support staff to further understand the broader perspective of people with mental health issues
- support people being discharged from hospital
- help them reduce their contact with community mental health teams
- reduce hospital admissions and how long people might stay in the event of readmission

East Renfrewshire HSCP tested a commissioned recovery peer support model in Sept 2020, partnering with a 3rd sector organisation with experience of employing people with lived and living experience of mental health and recovery to support others. This model widens support to include those with Alcohol or Drug related issues as well from those recovering from Mental Health issues. Adding to a pre-existing workforce with those who intentionally bring their lived and living experience into their work was experienced as new and different by service users and helped people to feel a sense of trust and from there build towards and explore new recovery opportunities.

Peer support workers are also embedded in the service, where a recent evaluation has detailed the positive contribution this role provides services users.

East Renfrewshire have also trialled a Recovery College on a very small scale through a third sector partner, RAMH. The organisation was able to run another recovery college programme through funding secured from the Community Mental Health and Wellbeing Fund coordinated by the Third Sector Interface. Future work will include developing an NHSGGC-wide definition of, and meeting the key principles for, a Recovery College which reflect;

- being founded on co-production
- is inclusive
- operates on College principles
- is physical (and includes virtual elements where appropriate)

A benchmarking exercise was carried out in 2022, with the help of the Adult CMHTs, with a view to better understanding the range of recovery focused approaches in effect across NHSGGC, highlighting areas of good practice, and helping teams reflect on areas for improvement in recovery focused service provision.

A series of recommendations were also created as a reference for services to consider as part of any service development, ensuring that the recovery ethos is embedded as the golden thread that runs through all aspects of mental health service delivery.

7. Primary and Community Care (non-specialist mental health care)

7.1. Recommendations - Primary Care

The Primary Care environment extends to whole communities and the first port of call when experiencing mental health problems for people living in our communities can often be their GP.

1. To monitor, evaluate and share learning from the PCMH (Primary Care Mental Health) Fund demonstrator projects.
2. To engage and be influential in the process to implement the new GP contract in particular relating to possible additional Mental Health workers and to address use and alignment with this strategy, as part of Primary Care Improvement Plans.
3. To examine current GP arrangements within existing PCMHTs and CMHTs and propose steps to ensure regular and effective decision making.
4. The Mental Health Strategy should be considered as a contributing element of the Primary Care Improvement Plan.
5. The relationship between the Primary Care and Mental Health Interface Group and Primary Care strategic planning should be reinforced and accountabilities strengthened.
6. Work to support addressing long term physical conditions should be expanded and prioritised – such as the PsyCIS / Safe Haven work-to ensure effective communication of physical and Mental Health condition management requirements are shared between clinicians in both Primary Care and Mental Health settings.

7.2. Progress – Primary Care

HSCPs have been looking towards developing 'mental health and wellbeing in primary care' services. Local outcomes have been identified to improve access (journeys into and through) to mental health and wellbeing support. This is to increase primary care and mental health system capacity and to deliver integrated responses to promote good mental health. By improving access to the right support and treatment at the right time, existing demands on the wider system will reduce.

The role of specialist secondary care MH clinicians in the Mental Health and Wellbeing in Primary Care Services will be to provide:

- enhanced primary care support for consultation / advice *,
- support to guide primary care management of MH issues,
- education/learning to primary care,
- generic non secondary care MH assessment and
- medication prescribing support.

** Advice will include referral guidance when required to secondary care specialist services, Child & adolescent mental health teams, CMHTs, OPCMHTs, PCMHTs as well as to more specific service responses for people with BPD, eating disorder, psychosis, Perinatal, Esteem, etc.*

Some tasks currently carried out by GPs will be carried out by members of a wider primary care multi-disciplinary team – where it is safe, appropriate, and improves patient care. This includes additional professional clinical and non-clinical services including Community Mental Link Worker (CLW).

Community Links Workers (CLWs) have been introduced to support GPs and GP practices to signpost to community, 3rd sector and voluntary services and supports. They can case manage some

individual patients and can support patients with very complex needs as part of the practice team. Community Links Workers provide support to the whole community regardless of health condition and do not exclusively support people with Mental Health difficulties. They will support any patient referred to them by the GP of whom some at least will be experiencing Mental Health issues. CLWs are commissioned through 3rd sector organisations and support patients with non-medical issues associated with loneliness, social isolation, lack of community connectedness and associated 'social' issues (housing, physical inactivity and financial issues). This is sometimes known as social prescribing.

It should be noted (at time of writing, April 2023) that planning and development within NHSGGC has been paused following guidance from the national MHWPCS Group which is yet to be reconvened by the Scottish Government. Currently there is no direction on funding for 2023/24 (or beyond) and any changes to the level of national MHWPCS investment will require refreshed local plans to be developed. Sustainability of Community Links Workers will also be subject to the need for recurring funding.

7.3. Recommendations - Commissioned Social Care

1. Integrate management of supported accommodation (or equivalent) and care home placements with NHS Bed Management to optimise "flow" in and out of integrated Health and Social Care beds/places. Services will need to become more time limited and outcome-focussed.
2. Consider commissioning 'step-down' intermediate care provision to maximise the opportunity to support people to go onto live as independently as possible in other community settings.
3. Review service provision for complex care and challenging behaviour to ensure adequate placements are available.
4. Review specialist and mainstream nursing home commissioning needs, particularly to support people over 65 years of age potentially suitable for discharge as part of the re-provision programme.
5. Self-Directed Support providers are fully engaged in a co-production way to support the discharge programme.

7.4. Progress – Commissioned Social Care

Social work is a complex group of services. Social work departments provide and fund a wide range of specialist services for children, adults and families, and other specific groups. The services aim to improve the quality of people's lives and help people to live more independently. This includes particular service areas such as mental health. People with mental wellbeing and health issues includes people requiring care, support or protection. They can have complex problems and can be vulnerable and need support at different times or sometimes throughout their lives.
Services include:

Support for families Child protection Child and adolescent mental health Adoption services Kinship care	Residential care Care at home Mental health and addiction services Day care Hospital discharge coordination	Offender services Providing social enquiry reports Supervision of community payback and unpaid work Supporting families of prisoners

Support for children with disabilities and their families Fostering Child care agencies Looked-after young people Day care Residential care Supporting child refugees Supporting trafficked children Support for young people involved in offending behaviour	Dementia and Alzheimer's services Adult support and protection Intermediate care Provision of Aids and adaptations Services to support carers Re-ablement services Supported living Supporting refugee families Supporting people with disabilities Supporting victims of people trafficking	Supervision of offenders on licence

With this range of services the current approaches to delivering social work services will not be sustainable in the long term. There are risks that continuing pressure on costs could affect the quality of services. As part of mental health and other care Social Work services need to continue to look at ways to make fundamental decisions about how they provide services in the future. Social Work and mental health are working more closely with service providers, people who use social work services and carers to commission services in a way that makes best use of the resources and expertise available locally. Additional work is to further build communities' capacity to better support vulnerable local people to live independently in their own homes and communities.

There remains a fundamental shift in the balance of care proposed within the complex of mental health strategies from hospital to community services and to both extend and maximise capacity within community based services.
As overall Mental Health Inpatient beds reduce, the system needs to ensure an appropriate level of reinvestment into community care services including the following developments:

- Purchase of additional alcohol and drug recovery rehabilitation services
- Community social and health care treatment to deliver alcohol and drug recovery harm reduction
- Funding of social work discharge teams and increased number of social workers in integrated hospital discharge teams with rehabilitation clinicians, including in decisions on supported accommodation and resource allocation.
- Development of care homes quality assurance team
- Expand MHO capacity
- Increase psychological support for commissioned care homes
- Rapid response MDT frailty
- Hospital at home
- Fixed term support extending additional social workers in MHO to support weekend discharges
- Increase legal Adults with Incapacity capacity
- A digital standardised Care home portal to facilitate family choice
- Enhanced supported living first response
- Care at home
- Purchase enhanced packages of care to support discharge
- Additional 150 home care posts permanent

- New tender for commissioned Learning Disability and Mental Health placements including housing first
- New mental health commissioning team
- New advanced telecare service
- Step down from hospital care complex needs
- SPA personalisation new demand 2022/23 maximising independence
- Employees update of hourly rate of adult social care staff offering direct care in commissioned services in third and independent sectors
- Mental health support for people hospitalised with COVID-19
- Additional community staff and training to support people with eating disorder
- Additional staff to increase clinical capacity in CMHTs, OPMH, Groups service, ADRS, Trauma to reduce people waiting for psychological therapies

7.5. Recommendation - Community Services: Non-statutory Services

1. Continue to work closely with non- statutory services to shape the content of the implementation plan, including identifying priority areas for reinvestment, opportunities to improve pathways, access to services and support.

7.6. Progress – Community Services: Non-statutory Services

Arising from engagement with non-statutory services post recovery further joint consideration will include implementation plans for:

7.6.1. Further embedding recovery focused approaches

- Recognition that experience of trauma and adversity underlies Mental Health difficulties for many people; and that compassion, respect, engagement and a recovery-based approach should be fundamental to therapeutic service responses.
- Recognition that there is more to recovery than symptom reduction and that clinical services should be complemented by an ethos that promotes participation, empowerment and peer support, including the involvement of peer support workers.
- These recovery-based principles should inform all aspects of someone's journey of care
- Better meeting the needs of people with multiple morbidities, with a particular emphasis on physical health.
- Self-Management should be a key feature and goal.
- Responding to the increased demands on carers in the community as a result of the proposed service changes, including the demands placed on young carers.

7.6.2. *Improving Access to Services*

- Make the most of community-based resources to offer early support.
- Consider further development of non-clinical responses to distress and suicidal behaviour, potentially including well-being centres, distress cafes, and short-stay crisis centres for people at risk of suicide.
- Align service user expectations with available help to facilitate straightforward access to the right kind of help and maximise the opportunities for self-management (e.g. through website and social media engagement, self-assessment, open access information and courses).
- Supporting services users and carers to navigate the service options and improve 'signposting'
- Where appropriate, move away from traditional clinical models of referral and discharge from services, towards self-directed care, open access and brief and low-intensity interventions - 'easy in, easy out'.

- A commitment to simplifying access routes (e.g. self-referral to PCMHTs) with the use of link workers and "choice"[17] appointments to build the therapeutic alliance and shared decision making, helping to work out how best to respond to more complex difficulties.
- Introducing a greater degree of flexibility into our commissioning processes to enable people to access a range of supports.
- The use of technological and IT solutions where possible to promote access to information and services.

7.6.3. Making Cultural Change

Addressing the culture change necessary to embark on much more of a collaborative and co-production approach with provider organisations, the independent sector, service users and carers to ensure the overall system of care is designed in the best way it can to meet people's needs;

- To support the shift towards care that is trauma-sensitive and psychologically informed.
- To meet the challenges of prevention, early intervention, recovery and assisted self-management.
- To strengthen the working relationship and knowledge base across statutory and non-statutory services.
- Developing a greater understanding of how risk is managed in the community across the service tiers.

[17] The Choice and Partnership Approach

8. Secondary Care Community Mental Health & Specialist Services

8.1. Recommendations

1. Progress work to ensure all of our CMHTs maximise their effectiveness and efficiency." There will be a focus on reducing non-patient driven variation, review processes for complex cases and clinical outcomes will be utilised for all service users as appropriate."
2. Review of ESTEEM to maximise efficiency, effectiveness and capacity.
3. Review of AEDS with consideration of investment in day service unit (This proposal will be considered as part of the financial framework for the implementation plan).
4. Extend a network of programmed care and treatment for people with Borderline Personality Disorder (BPD) Board-wide.

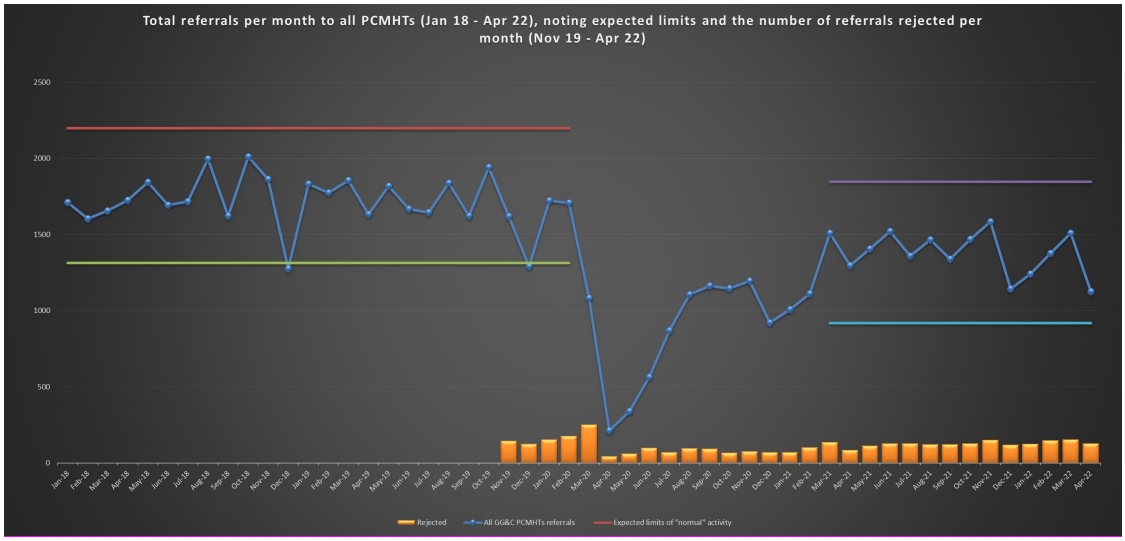
8.2. Progress - Primary Care Mental Health Teams

Primary Care Mental Health Teams were developed with the twofold intent of being able to offer General Practices more options for the high volume of patients who need specialist mental health secondary care when they present in practices with problems that have a psychological component (at least a third of all patients) and to prevent the unnecessary entry of individuals into other secondary specialist care Mental Health System services for common psychological problems.

These services are not about minor or 'mild to moderate' illness - they are designed to provide 'high volume, lower intensity' responses to common Mental Health problems, including depression, anxiety and lesser complex forms of Post-traumatic Stress Disorder (PTSD) and Obsessive Compulsive Disorder (OCD). There is a focus on brief psychological interventions, mainly Cognitive Behavioural Therapy (CBT), Interpersonal Therapy (IPT) and various forms of self-help and psycho-education.

The implementation of an outcome measure (CORE-Net) for all of the teams was to allow clinicians continuous outcome monitoring for all their patients.

The total referrals without full group work is returning to pre-pandemic levels.



The PCMH teams successfully implemented self-referral – which enables easier access and reduces the need for patient to first see their GP. Developments around 'lower-intensity interventions' are on-going and the teams will continue to consider ways of making use of the resource more efficient – for example through use of computerised self-help or clinician supported cognitive behavioural therapy or by directing people to services more suited to their needs and this will include third

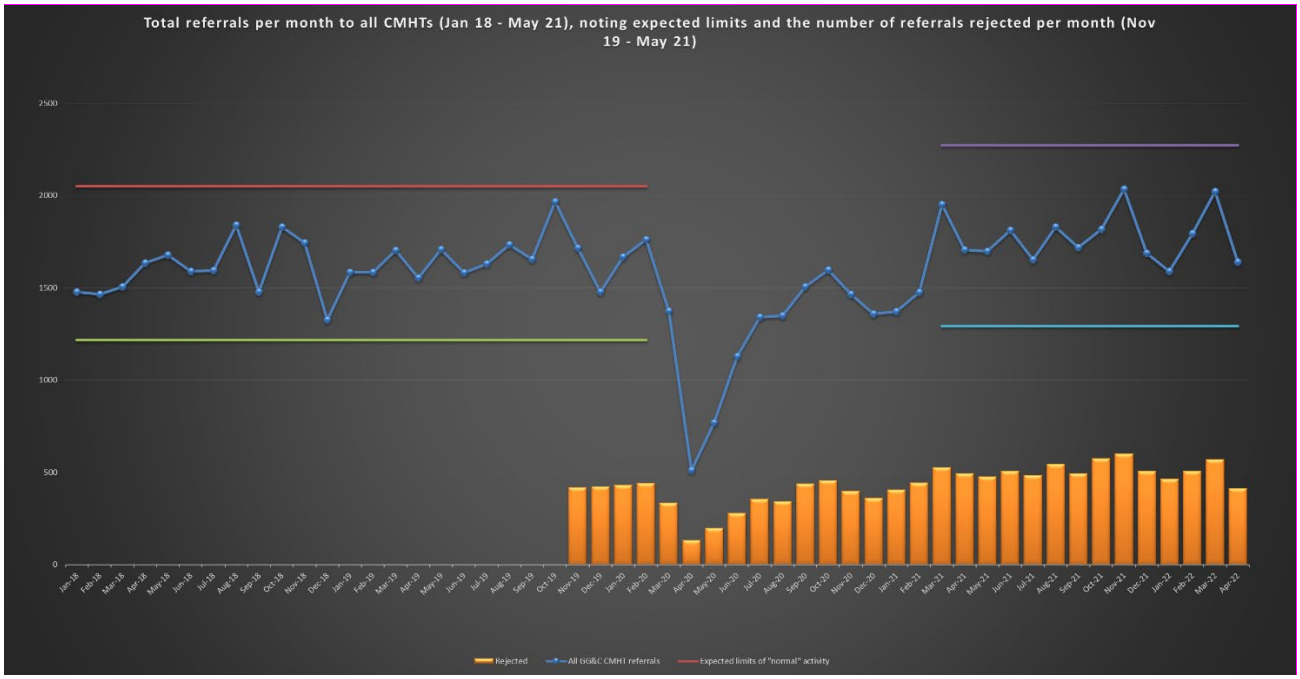
sector commissioned non-clinical services. Development in this area will be careful to avoid overlap and duplication in respect of primary care, models of recovery, community support and commissioning and prevention and early intervention and the development of the Mental Health and Wellbeing in Primary Care Services.

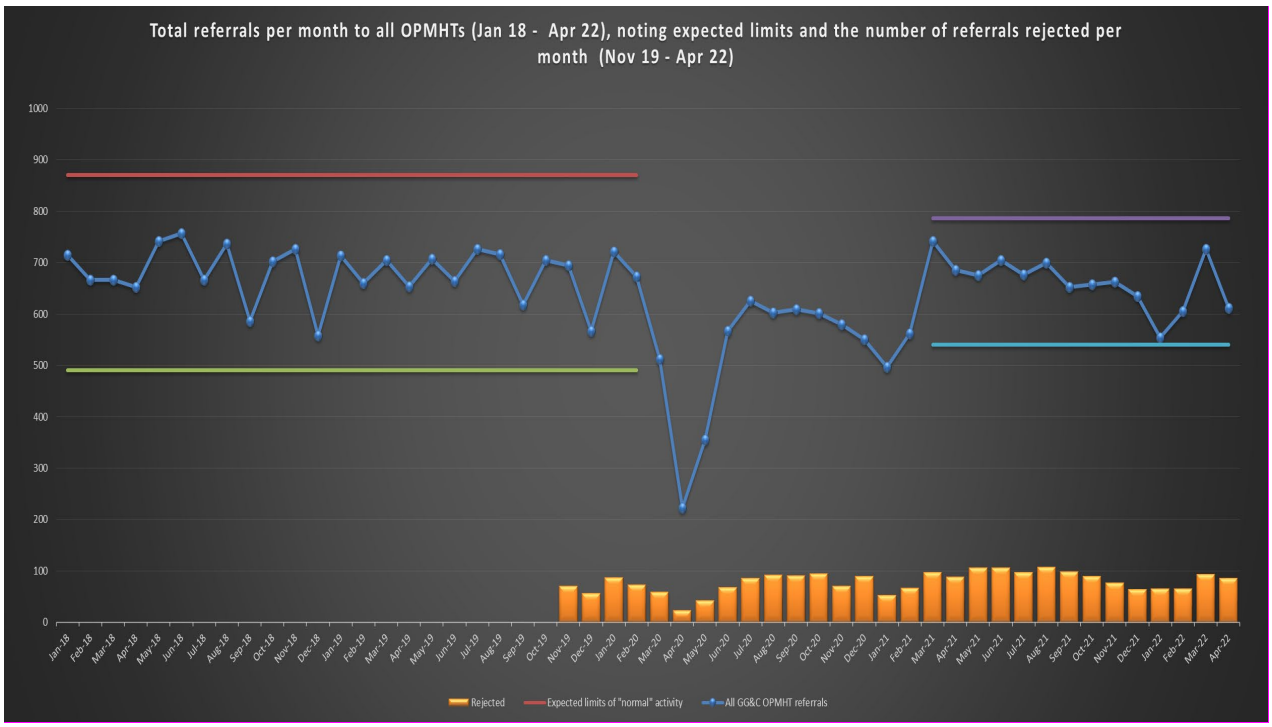
Further work will be progressed on Primary Care Mental Health Teams using the outcome measures more systematically across Community Mental Health and other teams. Additionally the re-instatement of full group work will also be an area for development and progress following the impact of COVID-19.

8.3. Progress - Community Mental Health Teams

The Community Mental Health Teams have continued to work on reducing non-patient driven variation. The COVID-19 pandemic event impacted on referrals to CMHTs.

The tables below highlight activity information across Community Mental Health Teams:





A standardised initial assessment tool across all CMHT's has been delivered with a planned rollout to crisis and inpatient services. This reduces variation in initial assessment and allows for a needs based and person centred approach to assessment and care planning.

The developed Patient Initiated Follow up Pathway (PIFU), as a way to facilitate a graded transition from secondary care services and support a recovery based approach to care planning, has been introduced. This is designed to improve efficiency of services while also supporting patients manage their care more collaboratively.

A Clinical risk reference panel continues to be developed and is designed to support clinicians in reviewing decision making and care planning for complex high risk cases.

A pilot of Peer Support was developed and implemented. Although affected by the ability to access people in inpatient care during COVID-19, the outcome of the pilot is to roll out Peer workers in CMHTs working into Inpatient wards across GGC as part of new financial framework priorities. A Recovery Planning Tool was to be piloted in the Peer Support test of change areas to promote realistic medicine approach for clinicians working in partnership with the patient.

Further work requires revisiting and refreshed for clinical outcomes. Initial progress was delivered in PCMHT psychotherapy and psychological therapies within CMHTs. Consolidation and rollout requires further consideration following COVID-19 in light of new ways of hybrid working and PIFU and will require a review on alternatives to CoreNet and quality standards and outcome data.

Further review current staffing data is being progressed through the establishment of CMHT Workforce Sub group which will also undertake further gathering of comparison data on CMHT activity and baseline patient experience data to inform the next phase of implementation planning.

There has been a significant increase in demand for assessment for attention deficit hyperactivity disorder (ADHD) since 2018. This will require a review of the pathways for neurodevelopmental disorders (including Autism) and tie in with the neurodevelopmental specification for children and young people.

8.3.1. Pharmacy

The Scottish Government allocated specific funding for four years (2021/22 to 2024/25) to be targeted towards Mental Health Pharmacy as part of the Mental Health Recovery and Renewal Fund. A number of transformational change projects have commenced. These will test the contribution pharmacy can make to the delivery of care within community based mental health services and to create a supportive infrastructure that will establish the capability of the service to sustain and develop its own workforce. In addition to Community Mental Health Teams, the pharmacy innovation projects will also span ADRS, CMHTs, CAMHS, Forensic Mental Health, Learning Disability and Older People's Mental Health.

8.4. Progress - Specialist Community Teams

There are a number of Mental Health teams that specialise in the assessment and treatment of specific conditions. These specialist services will also be reviewed to ensure they are equipped to meet future demand and include:

8.4.1. Esteem

This service which provides specialist early intervention for psychosis in young people, including those who have faced significant structural adversity and multiple traumas, works in a psychologically informed way to maximise recovery and promote self-management of complex mental health.

A 2018 service review focussed on: Eligibility and inpatient admission criteria, alternatives to inpatient admission, extended contact for some patients, employability and service development. The Esteem review was completed in 2019 with all recommendations described above adopted. It is noted that the COVID-19 pandemic has led to a 30% increase in demand with more first episode psychosis cases described across all health boards in Scotland.

Esteem has contributed to the development of, and works to, Scottish Government priorities through the Early Intervention in Psychosis in Scotland Action Plan (2019), supporting development of such services within other health boards.

8.4.2. Eating Disorder Services (EDS)

The Adult Eating Disorder Service (AEDs) was established in Glasgow and subsequently extended across the GG&C Board area to provide a coordinated multidisciplinary service for patients with moderate to severe EDs, working in conjunction with the CMHTS.

Prioritising intensive community intervention has enabled NHS GG&C to achieve the lowest inpatient bed use for ED across Scotland and the UK (from available data). In order to maintain and improve this further, consideration was given to measures that could reduce admissions to Adult Mental Health short stay beds. This included consideration of a proposal for the development of an eight place hospital based day unit. Other measures may include a service for people with an ED illness of a severe and enduring nature.

One consequence of the COVID-19 epidemic is a surge in the number and severity of eating disorder presentations. NHSGGC have utilised Recovery and Renewal funding across both the child and adolescent and adult eating disorder services to improve service capacity, physical health

monitoring, training, transitions from CAMHS into adult services, meal management, support in communities and expand access to psychological therapies.

A review of AEDS (2018) made a number of recommendations aimed at improving patient care, reducing clinical variance and taking more cases from the CMHTs;

1. Take psychiatric responsibility for AEDS ED cases
2. Developing a pathway to enable the core psychiatric needs of patient with primarily eating disorder needs to be held by the service rather than shared with the CMHT.
3. Enable direct transfer of patients with ED from CAMHS to AEDS This change was successfully implemented.
4. Increased the number of medical monitoring clinics
5. Improved care of patients with EDs in acute (and MH) settings
6. Work jointly with the Acute sector on the development of GGC guidelines for the management of eating disorder in acute hospitals. This guideline is now fully complete. Further improvement will come from a formalised medical link to support the medical management of eating disorders in MH beds ideally in a new specialist unit.
7. Develop a day unit / inpatient facility
8. The principle of a hospital based day unit was fully supported however COVID-19 made this impractical. Development of a specialist inpatient treatment facility remains a priority.
9. Develop a new pathway including medical monitoring for severe and enduring presentations
10. Develop the psychiatric role within AEDS to include a treatment change promoting greater evidence based therapy alignment, creating improved capacity for those patients actively engaged in treatment. This is alongside a new pathway for patients with a severe and enduring illness course that protects CMHTs from having to hold and monitor these cases if they are unable to engage in active treatment. This pathway will allow patients to be medically and psychiatrically risk assessed for a fixed timeframe instead of discharging to secondary care. This service development is in active consultation and discussion currently (October 2022).

8.4.3. Glasgow Psychological Trauma Service

Glasgow Psychological Trauma service is a multi-disciplinary Mental Health Service which offers assessment, training, consultation and multi-disciplinary psychological interventions to vulnerable service users who present with complex post-traumatic stress disorder (CPTSD) following experiences of significant trauma. The Trauma Service also delivers some National and Regional services across Scotland including a national service for trafficked individuals, Future Pathways Scotland and Major Incident Psychological Responses. External funding is provided for those services.

Training and consultation ensures all services are trauma informed and staff supported and equipped in their contact with trauma survivors in line with NES Transforming Trauma Framework. This leads to early identification of service users and their needs reducing unnecessary service contact time and eliminating failure demand.

Internal pathways between Community Mental Health Teams and Trauma team are established and maturing. Recent innovation has increased pathway flow with CMHTs providing additional support back to Trauma team to meet demand for trauma input.

8.4.4. Borderline Personality Disorder Network

People with a Primary or Secondary diagnosis of Borderline Personality Disorder (BPD) occupied an average of 24 adult acute inpatient admission beds across the system at any given time.

Individuals with BPD account for substantial levels of service utilisation across a range of settings including CMHTs, Primary Care and Acute Services. Due to the risk of self-harm and suicide, BPD accounts for substantial levels of contact with Crisis and unscheduled care services. BPD is the commonest Mental Health diagnosis apart from substance misuse among high-frequency repeat presentations at A&E. As a diagnosis, it accounts for a disproportionately large number of completed suicides that were investigated, underlining the risks associated with the disorder.

The community BPD network has been established offering at least one of the two therapies (MBT, DBT) across the whole board area. The network includes colleagues from Psychology and Psychotherapy Teams. The future model of delivery will be considered as the network develops.

Coordinated Clinical Care (CCC) training is now being delivered to community and crisis mental health services staff to address staff experiencing challenges in working with people with such conditions. Additional training and support is required to improve skills and support an empathic attitude. A key component is a focus on minimisation of harm induced by the words or actions of the clinician through promotion of rational prescribing and considered use of inpatient admissions. Initial limited feedback from service users/BPD Dialogues Group identifies a difference in attitude and response from their mental health / crisis team staff member who had completed the training. A more empathic and curious stance from staff resulted in de-escalation of a developing crisis.

The network works closely with the Psychological Therapy Group service and refers patients experiencing emotional regulation difficulties to the Emotional Coping Skills (ECS) package. STEPPS (Systems Training for Emotional Predictability and Problem Solving) is another evidence-based, structured psycho-educational group approach that was developed as an intervention for people with Borderline Personality Disorder (BPD) as part of its therapeutic toolkit.

8.4.5. Post COVID-19 Mental Health Team

The Scottish Government published a report by Dr Nadine Cossette on the mental health needs of patients hospitalised due to COVID-19 which contained a number of recommendations. One specific outcome for NHSGGC was the establishment of a post COVID-19 mental health team to support the mental health needs of patients hospitalised as a result of COVID-19 through screening and signposting or referral onto mental health or other services where appropriate.

9. Older People's Mental Health

9.1. Recommendation

1. A community framework, which sets out the full range of services and supports that should be accessible to Older People, is being implemented. The purpose of the framework is to ensure equity of services across all individual Health and Social Care Partnerships. The framework acknowledges that services will be developed and delivered in different ways across each HSCP, reflecting of their individual population needs.

9.2. Progress

Existing Strategic priorities for Older People's Mental Health are:

- prevention, early intervention and harm reduction
- providing greater self-determination and choice
- shifting the balance of care
- enabling independent living for longer
- Public Protection
- The third national Dementia Strategy (21 commitments.)

9.2.1. Community Services

A community framework, which sets out the full range of services and supports that should be accessible to Older People, is being implemented. The purpose of the framework is to ensure equity of services across all individual Health and Social Care Partnerships. The framework acknowledges that services will be developed and delivered in different ways across each HSCP, reflecting of their individual population needs.

Each health and Social Care Partnership will undertake post pandemic review of the community supports in their area with the aim of identifying gaps and areas for future implementation.

Community prevention approaches should support wellbeing, enable independent living and the self-purpose needed with this group at risk of isolation, increase in alcohol consumption etc. Local community activity / supports are required to maximise health and wellbeing in the longer term for the ageing population.

9.2.2. Access to, and Interface with, Services

In order to ensure that Older People have access to the right service at the right time in the right place we are aiming to increase clarity about the pathways and access to services both for patients, their families and health and social care services and staff. Services will adopt a 'no wrong door' approach to referral and where required, will facilitate joint working work with partners and stakeholders to ensure a patients assessed needs are met by the most appropriate service.

There are a number of aspects to this work being taken forward to further improve access to services is efficient, effective and equitable

- Transition of patients between Adult to Older People's Mental Health
- Access to and support for Older People from Specialist Mental Health Services and services with no upper age limit, e.g. Alcohol, and Drug Recovery Services
- Interface with General Practice and Community Health and Social Care Services for referral to services and access to support

- Interface and pathways with Acute Care.
- Interface with Acute Care Services at its Front Door and Emergency Care Hubs

9.2.3. Services for People with Dementia

Areas of development for national Dementia Strategy include:

1. Ongoing monitoring and review of Dementia Post Diagnostic Support, the models used within the different HSCP's and the effective utilisation of additional funding to support provision
2. Adoption of the Dementia Care Co-ordination approach and pathway developed by Inverclyde HSCP with support from Healthcare Improvement Scotland, should be implemented by each of the Health and Social Care Partnerships in a way that reflects the services, supports and structures that are currently in place and the needs of their populations.
3. The formal adoption of the referral pathway for the identification, diagnoses and support for Young Onset Dementia.
4. Facilitating clear routes into clinical research, offering patients access to available clinical research including dementia treatment trials.
5. An NHSGG&C wide group established to review the operational process and practice of OPMH Community Teams, with the aim of identifying sharing and adopting good practice;
    - review and revise the existing service specification, identify changes to ensure a consistent service specification is in place
    - contribute to the review of the OPMH Community teams workforce
    - make recommendations for a series of performance indicators which act as a useful barometer for the service and the data for which can be gathered via existing systems

These priorities are guided by a set of principles

- OPMH's future development should primarily be viewed through the prism of older people's services rather than adult mental health.
- The principles underpinning the wider Older People strategy should also apply here; i.e. risk enablement not avoidance; a system that responds to the reality that care needs are not static, but can increase or decrease.
- The overall system design is patient-centred, with professional and organisational supports working into that
- We should think of "care needs" rather than assuming hospital beds are required and there is a presumption that a shift in the existing balance of care is possible,
- We will develop a future service model based on gradations of care up to and including in-patient beds
- In-patient beds should be located in the best estate, with geography a secondary consideration
- Emerging MFT principles around providing community-based care as locally as possible should apply, with a proviso that hospital care won't always be local
- Any shift to non-hospital based care must be resourced from ward reinvestment, both in terms of staff ratios and skill mix
- Maximise the opportunities around integration
- Timescales will be stepped and risk assessed at each stage of beds/ward reduction change programme

- Engagement across the clinical community at all stages of conception and implementation of the strategy
- Engagement and co-production with service users and carers

10. Child and Adolescent Mental Health

10.1. Recommendations

1. Develop and recruit to an MDT workforce plan to increase capacity at Tier 3 to reduce the waiting list backlog and meet the waiting times standards
2. Undertake Tests of change to expand the core MDT in CAMHS to included other professional groups such as Physiotherapy, Pharmacy and Art therapy
3. Engage with Young people and families to co- create a digital resource that will support access to information on available mental health supports. Through this work consider how self-referral to CAMHS and other services can be facilitated.
4. Deliver a programme to refresh the principles and compliance to CAPA for all CAMHS team
5. Complete and extend the condition specific Care Bundles. Implement the application of the Care Bundles through a Board wide launch and L&E plan with robust evaluation.
6. Implement Welcome conversation for all CAMHS staff to listen about what matters to our staff. Ensure there is a review proves for themes in exit interviews continue to showcase and appreciate submissions to our Learning from Excellence system
7. Continue to develop bespoke induction and personal development opportunities for our staff that focus on skills development and wellbeing
8. Work with adult services to agree the Targeted groups of young people who will be supported through strengthened transition care planning.
9. Create pathway development posts and tests of change to develop pathways and consider how and where young people can be best supported
10. Transition care planning be undertaken by all young people who require to transition to Adult Mental Health Service
11. Extend capacity to undertake research to better understand what our Children and Young People want and expect from us and what works to help them manage their mental Health
12. Develop a workforce plan across CAMHS and Community Paediatrics to Increase capacity to undertake specialist Neurodevelopmental assessments
13. HSCP's to work with partner agencies to develop supports for children and young people that helps them thrive.
14. Creation of a regional CAMHS Intensive Psychiatric Care Unit (IPCU) adjacent to the existing Adolescent inpatient facilities, Skye House located on the Stobhill site in GGC.
15. Establishment of delivery of regional CAMHS services for children and young people with learning disabilities, forensic needs and those who are in secure care.
16. Develop services and tests of change involving Allied health professionals and psychology over 22/23 to ensure services develop to meet the needs of the young people and families we work in partnership with.

10.2. Progress

Most young people requiring Child and Adolescent Mental Health Services (CAMHS) will present with mental health problems that are causing significant impairment in their day-to-day lives, and where the other services and approaches have not been effective, or are not appropriate. These presentations can result in both the need for scheduled and/or unscheduled care.

10.2.1. Access

CAMHS services are currently accessed via professional referral (GP, Education etc). CAMHS services are striving to reduce the waiting lists and to meet waiting times standards. The service specification

describes that CAMHS should see children within 4 weeks of referral and treat within 18 weeks. CAMHS are also asked to support self-referral.

The CAMHS service specification asks that CAMHS publish information in a clear, accessible format about what and who CAMHS is for, and how children, young people and their carers can access CAMHS. The format and substance of this will be informed by consultation with young people, and will be provided via the NHSGGC website and social media channels. In addition CAMHS are asked to support self-referrals and support an 'Ask once, get help' principle

10.2.2. Effective / Efficient / Sustainable

CAMHS continue to operate the Choice and Partnership Approach (CAPA)[18]. CAPA is a service transformation model that combines collaborative and participatory practice with service users to enhance effectiveness, leadership, skills modelling and demand and capacity management. CAPA brings together:

- The active involvement of clients
- Demand and capacity ideas/Lean Thinking
- An approach to clinical skills and job planning.

CAMHS offer a range of therapeutic and treatment options, delivered through an MDT. Work is underway to develop standardised and evidence based Care Bundles, which will clearly describe what a child or young person can expect from CAMHS and for clinicians a pathway to the delivery of the treatment in keeping with the psychological therapies matrix.

10.2.3. Transitions

The Mental Health Recovery and Renewal plan requests CAMHS to extend transitions for targeted groups and those who wish it, up to the age of 25yrs. NHSGGC has developed transition guidelines in partnership with adult services and has already strengthened governance and planning across the mental health complex. This will include the relevant elements of the neurodevelopment specification and transition into adult services.

10.2.4. (Adolescent) Intensive Psychiatric Care

There is currently no direct inpatient service provision for adolescent patients who require Intensive Psychiatric input in NHS Scotland. This means patients are often referred to, or remain cared for, in services that do not fully fit their needs.

10.2.5. Regional Pathways

Scottish Government funding has been provided to review the current pathways and establish capacity for extended Learning disability and forensic pathways and support into secure care services.

10.2.6. Eating Disorders

Referrals have been increasing year on year since 2017. The eating disorder response has been expanded and developed in line with evidence-based practice. This includes expansion of Specialist

[18] The Choice and Partnership Approach

Dietetic roles, extension of psychological therapies into family-based therapy and cognitive behavioral therapy.

11. Perinatal Mother and Infant Mental Health Care

Perinatal refers to the period during pregnancy and up to one year after the baby is born. During this period new and expectant parents (mums, dads, partners) can experience issues with their mental health also known as perinatal mental health problems. This includes mental illness existing before pregnancy, as well as illnesses that develop for the first time, or are greatly exacerbated in the perinatal period. These illnesses can be mild, moderate or severe, requiring different kinds of care or treatment.

11.1. Recommendation

1. NHS GGC Perinatal services aims to provide assessment and treatment of woman and infants who are at risk of, or who experience, significant mental disorder whilst pregnant or in the 1st year postnatal.

11.2. Progress

Implementation of recommendations in the Delivering Effective Care report[19] resulted in the introduction of additional staffing across the Mother and Baby Unit and in the Community Team, an increase in Psychology resource with the aim of improving timely access to psychological therapies and interventions, Coordination and delivery of evidence based parent-infant interventions. A national consultation is under way regarding the provision of additional Mother and Baby inpatient Unit (MBU) beds across Scotland.

11.2.1. Mother and Baby Inpatient Unit

The West of Scotland MBU is situated in purpose-designed facilities at Leverndale Hospital. It allows for the joint admission of mothers accompanied by their babies, where the woman requires acute inpatient mental health care. The unit is staffed by a multi-disciplinary team of professionals across many disciplines. The unit offers a wide range of therapies including biological, psychological and psychosocial interventions including interventions to enhance the mother-infant relationship.

Work is ongoing to;

- Promote psychologically informed care within the ward
- Build relationships with wider regional perinatal services
- Establish Psychology Pathways within the MBU (ensuring speedy and equitable access to psychological
- Develop therapeutic options available within ward
- Develop the peer support worker role.
- Develop a Fathers and Partners pathway to provide a systemic pathway to care and ensure they are included in the patient's journey

11.2.2. Community Perinatal Mental Health

The community team is a specialist service providing assessment and treatment for women who have, or are at risk of having, significant mental disorder in pregnancy or the postnatal period, currently up to 12 months postnatal. The service will also see women with pre-existing severe mental disorder for pre- pregnancy advice on risk and medication management. Work is continuing to expand the service to allow assessment for new patients to be seen between 6 and 12 months

[19] PMHN-Needs-Assessment-Report.pdf (scot.nhs.uk)

postnatally. The PMHS will work in partnership with partners and families, maternity services, primary care (including health visiting and Family Nurse Partnership), adult social services, children & families social services and other agencies, to design, implement and oversee comprehensive packages of health and social care to support people with complex mental health needs.

11.2.3. Infant Mental Health

The Infant Mental Health Service is a specialist community multidisciplinary team who can draw on a range of expertise and experience to offer needs-led support for infants and families. A key aim of the service is to ensure that the voice and experience of the infant is held at the centre of work with families across the health board.

11.2.4. Maternity & Neonatal Psychological Interventions (MNPI)

The multi-disciplinary Maternity & Neonatal Psychological Interventions (MNPI) Team will address the common and/or mild to moderate psychological needs of the maternity and neonatal populations by providing in-patient and out-patient assessments and a range of evidence based psychological interventions. The central focus in all of these interventions is to enhance the parent-infant relationship, improve parental and infant mental health and to prevent a range of psychological difficulties (emotional and cognitive) in childhood and later life. The team is working to:

- Improve access to maternity and neonatal psychological interventions
- Improve engagement with maternity services
- Improve support to specialist areas
- Improve support to maternity and neonatal staff and improved awareness of psychosocial issues in this staff group
- Improve data collection, outcome monitoring and quality improvement
- Improve pathways of care and support to community and universal services
- Improve staff confidence and expertise

Work is ongoing to improve and embed access to a range of therapies including clinical psychology, parent-infant therapy and occupational therapy. There has been significant progress made in the interfaces between perinatal mental health, IMH and MNPI. Pathways of care have been strengthened to ensure access to appropriate services and transitions of care between teams. This includes developing and delivering psychological therapy groups within the service i.e. perinatal anxiety management group, perinatal Emotional Coping skills group, Compassion Focussed Therapy group.

12. Learning Disability

12.1. Recommendations

Coming Home 2018 makes 7 recommendations under three themes;

1. Strengthening Community Services
2. Developing Commissioning and Service Planning
3. Workforce Development in Positive Behavioural Support

The 'Designing an Effective Assessment and Treatment Model, NHS Greater Glasgow and Clyde, 2018' report makes a number of recommendations;

4. Create a shared vision with as many stakeholders as possible, including families and people with learning disabilities.
5. Hold yourselves accountable to the vision, and share it widely so that others can hold you accountable too.
6. Ensure the principles and values already identified are clearly embedded in the vision.

Develop a shared strategy. Coming Home 2022 recommends;

7. The current sample Dynamic Support Register should be developed into a tool for national use.
8. "By March 2024 we want and need to see real change with out-of-area residential placements and inappropriate hospital stays greatly reduced, to the point that out-of-area residential placements are only made through individual or family choices and people are only in hospital for as long as they require assessment and treatment."

Specifically, the community living change fund is to be used to:

9. Reduce the delayed discharges of people with complex needs.
10. Repatriate those people inappropriately placed outside of Scotland.
11. Redesign the way services are provided for people with complex needs.

12.2. Progress

Plans in respect of Learning Disability are consistent with wider Mental Health strategy and the complex of mental health services with a strong focus on integrated practice towards stepped matched care, improvements in quality and effectiveness of community services and fewer inpatient beds and out of area care.

East Renfrewshire leads on redesign of Learning Disability inpatient services and an NHSGGC Programme Board has been established to provide support and oversight of developments across HSCPs. Similar to all strategies across mental health, aspirations are to develop community alternatives to hospital admission, discharge people who have been delayed for some time and reconfigure inpatient services to better support community services and third sector partners. A Community and Inpatient redesign Group brings together local leads with responsibility for development of community and inpatient services and ensures parallel progress leading to Inpatient reconfiguration.

HSCPs are developing their own approaches to increasing community support for those at risk of admission with the overarching strategic aim to reduce reliance on the bed base and develop more responsive ways of supporting people earlier, in partnership with people, third sector and the wider system. A Multi-Agency Collaboration Group has been established given the need to enhance third sector alternatives and improved joint working across statutory and third sector partners. This

group is made up of senior reps from third sector organisations, social care, clinical staff and commissioning and aims to influence commissioning and frontline practice and encourage wider joint working within HSCPs and across HSCPs where this would be helpful.

12.2.1. Coming Home

A variety of responses to 'coming home' have been developed across the HSCPs, including;

- Local review all of the people living out of area and plans to support people to return to the area where this is appropriate for the person. Reviewing and refreshing outdated institutional models of respite and residential support, taking a co-production approach.
- Further embedding integrated systems and ways of working. Increasing the range of services providing the right support from the right people at the right time. For this reason, including supported living in either shared or individual settings.
- Flexible working with inpatient services and future plans to increase the range of person centred solutions which can be delivered by joint working with the inpatient team.
- Further embedding the risk register / management process into current review systems, providing detail on crisis responses available in an area.

It is clear from extensive work taking place there are a very broad range of multi-layered issues. Varying solutions are emerging across the partnerships based on local needs, demographics, availability of skilled third sector providers and therefore our challenge is to support the development of these local ways of working and at the same time create and deliver on a Board wide plan which ensures people across NHS GGC receive robust flexible support when they need it most.

Consistency can be achieved by ensuring we have broadly consistent approaches to the variety of issues in terms of management of risk, threshold for hospital admission, adaptability in how we use our inpatient and other community resources; however it is inevitable this will achieved in different ways across NHS GGC.

12.2.2. Bed modelling

There are 27 beds across two facilities and the aim is to reduce reliance on bed-based models and re-invest resources in Community Services designed to support people who are at risk of admission, particularly where clinical need is not the primary reason for admission. Our aspiration is to reduce to around 18 to 20 beds and our modelling supports this ambition. Redesign of the inpatient estate will require capital investment and this will be closely linked with the wider Mental Health strategy to ensure system wide capital and estate planning includes plans for Learning Disability.

Providing more accessible information to patients about the service prior to and within the first few weeks of admission, providing more homely and quieter areas within the units, providing more opportunities for patients to maintain and develop their daily living skills, staff training in the impact and influence of power, and improving communication with all involved from hospital admission to discharge.

Patient hospital attendance as a 'day patient' tailored more specifically to individual patient needs allowing immediate access to full inpatient care if the patient requires this rather than establishing a day hospital. Adults with Learning Disability needs are so heterogenous that a day hospital could not be designed to meet all needs.

12.2.3. Outreach

Increasing the flexibility and range of options provided by the inpatient service and the ability of

community services to support patients in a person centred way and adapting the service during the most difficult periods, smoothing out the interface between inpatient and community services rather than adding to it by introducing additional layers of specialist services or teams (outreach or crisis)

12.2.4. Inpatient referral

All Learning Disability Psychiatrists referring patients at risk of admission and/or placement breakdown i.e. at a much earlier stage than currently to test what inpatient assessment and support can be provided other than admission.

Establishing a register of people at risk of admission or placement breakdown, to help identify people earlier and keep track of actions taken to reduce the risk.

Referrals to be discussed by the bed management group to consider for day patient attendance or part-time admission.

Inpatient teams prompted to explore the options for providing more robust post-discharge support. Shifting the current inpatient admission service to one of inpatient assessment & support as well as admission, and starting to provide more flexible inpatient support for those at risk of admission and/or placement breakdown.

Making accommodation more homely and flexible with more options for individualised and quieter living areas, maintaining independent living skills and links with local communities.

Addressing the mismatch between the understanding of inpatient and community staff about each other and the way they work.

12.2.5. Community Living Change Fund

A Learning Disability programme board has been established to adopt a whole system approach to:

- Agree a programme of work for the community living change fund, over three years, which leads to reduction in demand for beds and creates local and, where required, shared alternatives.
- Agree a financial programme which bridges the programme and leads to the reduction of beds and transfer of resource to fund longer term alternatives.
- Seek to return people from Out of Area, and where there are savings commit to a proportion of these funds being redirected to new local arrangements aligned to strengthening community services.

This will include two key work streams:

Community and Inpatient redesign to support the development of local services to improve the response to people at risk of admission / OOA. The group will also lead on the development and implementation of improved joint working across the system –embedding pathways, standards and support the development of workforce modelling and proficiency utilising effective and efficient ways of working.

Multi-agency collaborative commissioning to provide a forum for teams, commissioning and third and independent sector partner providers to explore and deliver on a range of alternative innovative and responsive support options for those individuals with complex needs. Exploring the availability of alternative short term accommodation opportunities for people who are reaching crisis as an alternative to hospital admissions will be key to this.

13. Alcohol and Drugs Recovery (ADRS)

13.1. Recommendations

1. Implement the recommendations of the Alcohol and Drugs Recovery Services (ADRS) reviews
2. Implement the Medication Assisted Treatment (MAT) standards
3. Move to deliver inpatient services from a single site within NHSGGC (from the NHSGGC Clinical Services Review)
4. Improve digital / eHealth systems, the access to, and use of these to reduce duplication and improve reporting of performance. (*ADRS teams comprise of health and social care staff using different recording systems)*
5. Review post-pandemic accommodations needs
6. Review and revise team structures to ensure board wide co-ordination of locality delivered services and consistent approach to delivery between the six ADPs, minimising the impact of varying priorities in each HSCP.
7. Ensure alignment of ADRS and mental health planning in relation to:
    a. MAT standard 9, where mental health care pathways are required to ensure 'All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery'
    b. In-patient services
    c. Crisis outreach services in relation to mental health crisis pathways and services
    d. The development of Mental Health and Wellbeing in Primary Care Services
    e. The duty on HSCPs to respond to Mental Welfare Commission "Ending the Exclusion" report on joined up mental health and substance use provision to people with co-occurring conditions
8. Ensuring access to residential rehabilitation services across the Board area, participating in regional and national commissioning work to influence this
9. Recognising the impact on families of substance use and ensuring provision of support for family members in their own right, in line with the Whole Family Framework for Alcohol and Drugs

13.2. Progress

There is a work stream established in GADRS to take forward the implementation of recommendations from the review. Inverclyde and Renfrewshire concluded service reviews prior to COVID-19, which still require full implementation.

The Crisis Outreach Service is a recently implemented assertive outreach service based at Eriskay House, Stobhill Hospital. It provides a rapid outreach response to individuals who are in addiction crisis of drugs, alcohol and non-fatal overdose of street drugs. The team provides a period of assessment, engagement and brief interventions, including Naloxone provision, Dry Blood Spot Testing, Injecting Equipment Provision (IEP), safer injecting advice, alcohol brief interventions and supported access to community teams, to people with highly complex needs. The team liaises and interfaces with Mental Health assessment units, GADRS Community Addiction Teams (CATs), A&E, Scottish Ambulance Service, Police Scotland, Third Sector and Voluntary Services.

The Enhance Drug Treatment Service (EDTS) is an innovative and unique service in Scotland, it aims to engage with those patients who traditionally do not engage well with treatment services, offering injectable diamorphine, oral Opiod Replacement Therapy (ORT) and other medication. The service

links to other treatment services including the Complex Needs Team, CATs and the Blood Borne Virus (BBV) team. Patients receive support with social care and housing. The service was launched in November 2019, however due to the impact of COVID-19, including social distancing measures, and a shortage of diamorphine which affected supplies for almost 12 months, the service has been unable to increase patient numbers as planned.

The development of a new drug checking programme for Scotland, funded by the Scottish Government through the Drugs Death Task Force and the Corra Foundation, was launched in January 2021. This initiative will see the creation of infrastructure to support the delivery of three city-based projects in Scotland. These projects will enable members of the public to anonymously submit drug samples for forensic analysis, and subsequently receive individualized feedback of the results together with appropriate harm reduction information. Glasgow will be one of the three cities to participate in this project.

In 2017 NHSGGC and Glasgow City Council submitted proposals to develop a co-located Heroin Assisted Treatment Service and Safer Drug Consumption Facility (SDCF). Whilst the proposal for the heroin assisted treatment service could be progressed without any alteration to current legislation, and the EDTS was opened in November 2019, the Lord Advocate did not feel that the SDCF proposals could, at that time, be progressed. Following recent discussions with Scottish Government, Crown Office and Procurator Fiscal Service and Police colleagues, a new SDCF proposal has been submitted to the Lord Advocate, seeking to work within the current legislative framework. The SDCF will provide an opportunity for staff to engage with service users, who may otherwise have no or little contact with treatment services, and offer harm reduction advice, whilst also highlighting pathways into treatment, including EDTS.

The Renfrewshire Recovery Hub (CIRCLE) is a newly established recovery service within Renfrewshire, offering unique recovery support to people with mental health and substance misuse difficulties. Its primary focus is to provide recovery opportunities enabling individuals' authority over their own lives, recognising the many pathways to recovery, building a service that is person centred, focuses on strengths and resilience of individuals, families and communities. The workforce is recovery orientated and service provision is led by individuals with lived and living experience. A comprehensive activity program, offering opportunities for recovery, will include; volunteering, peer support, education and employability, low level psychological support through anxiety management, and other activities. The service will act as a central recovery hub with recovery activity delivered across local communities throughout Renfrewshire.

14. Unscheduled Care

14.1. Recommendations

14.1.1. Community response

1. Integrate crisis, home treatment and OOH models so that they are provided consistently across the Board area.
2. Develop a framework for the operation of a Community Mental Health Acute Care Service (CMHACS)* model across NHSGGC which includes the following:
    a. Home / Community Treatment capacity - with individuals offered treatment safely in a community setting as an alternative to hospital admission.
    b. Management of access to adult inpatient services - with CMHACS taking lead responsibility in collaboration with Bed managers to facilitate admissions to hospital.
    c. Supporting early discharge from hospital – by working to minimise the length of stay in acute inpatient settings by supporting discharge where the clinical risk can be managed within the community.
3. Community services interface with new “distress” pathways as described in (11) below.

Additional 2023 recommendation

4. Where patient groups are not covered, ensure effective links between CMHACS with other community responses.

14.1.2. Emergency Department (ED) and Acute

5. There is a single Liaison service Board-wide, providing cover to EDs 24/7.
6. Liaison will provide one point of access for referrals for each Acute Hospital, with defined response and accessibility criteria for supporting departments such as AMU, IMU & MAU
7. Liaison services to provide input to the EDs, AMU, IMU etc and inpatient wards from 8am to 8pm on weekdays, and 5pm at weekends. A single OOH Liaison team provides cover at other times, coordinated centrally and pooling staff resources where needed with the CMHACS
8. Implement a face to face response time of <1h for referrals from ED, including some prompt productivity changes to support this new target.
9. Secure recurring investment for liaison services transformational posts received and to enhance and develop CMHACS to cover GGC area (currently funded non-recurringly from Scottish Government funding). (This proposal will be considered as part of the financial framework for the implementation plan)
10. Pathways from primary care, police, NHS 24 and self-referral will be clarified.
11. An alternative care pathway is developed, which diverts all assessment and treatment for people with Mental Health problems who do not require medical treatment (or otherwise to be managed by a clinical unit for behavioural reasons) out of the main ED. Those pathways would work with third sector organisations in collaboration with health services to provide a compassionate, therapeutic and safe response without “leading” with diagnosis and risk assessment. This will include planned "tests of change" around e.g Distress Hubs; Crisis cafe models
12. Review the number of acute assessment sites Board-wide, with consideration of the potential to reduce the current number of acute admission sites. (Note: there is an extant plan to reduce from 6 to 4 with the closure of Parkhead Hospital in Spring 2018 and the transfer of the remaining 15 bed acute admission ward from Dykebar to Leverndale Hospital.)

Additional 2023 recommendation

14.1.3. CAMHS

13. To establish CAMHS Unscheduled Care provision planned regionally and integrated with regional adolescent inpatient pathways. And to establish/extend capacity and provision of CAMHS Liaison Services delivered by paediatric acute inpatient and outpatient services.

* Recommendations have been updated to reflect a revised approach, replacing the proposed Crisis Response and Home Treatment service with a Community Mental Health Acute Care model.

14.2. Progress:

Unscheduled care responds to a lot of activity in the Mental Health system. People seeking this kind of help are usually exposed to immediate and serious risks to their health or safety. Unscheduled care services also carry most of the risk associated with Mental Health care. Demand for "unscheduled" can be predicted and a key goal for the Strategy is to match demand to a prompt and effective response consistently across the Board area. While recognising that some flexibility is required to meet local needs, there is scope for a more standardised approach to maximise efficiency and effectiveness.

14.2.1. Community response

Distress Response Services have been established across the HSCPs, mostly commissioned through local mental health associations alongside the national NHS24 Distress Brief Intervention Service which is also commissioned through the Scottish Association for Mental Health (SAMH). Further work to look at options for reducing variation and increasing consistency of response is proposed.

Plans are being developed for a Community Mental Health Acute Care Service (CMHACS) as an alternative to the previously proposed community response home treatment service (CRHT). The CMHACS will be a comprehensive mental health acute care service whose first goal is to provide mental health care, treatment and support as a credible alternative to hospital admission or prolonged inpatient care, promoting emotional strength and reducing the impact of mental health crisis through intervention, education, prevention and community collaboration. Core functions will be to offer short term intensive community based treatment, manage all requests for access to inpatient care and provide assessment of suitability for home treatment as an alternative to admission. The service will also work in collaboration with acute mental health inpatient services to facilitate and support discharge from hospital for individuals that home treatment is deemed to be appropriate for. Medical recruitment is proving to be a challenge and will need to be addressed to support this development.

Reducing the number of points of contact out of hours within each HSCP and across the Health Board and linked more directly with Social Work responses is also proposed.

14.2.2. Emergency Department (ED) and Acute

The COVID-19 pandemic forced considerable change to the delivery of unscheduled care services and accelerated the implementation of Mental Health Assessment Units (MHAUs). These units are being retained as a long term approach.

MHAUs ensure that people experiencing distress and with a Mental Health presentation get the most appropriate and timely care treatment response, diverting people with Mental Health problems who do not require physical / medical treatment from the main Emergency Departments. MHAUs support the principle of joint working and shared responsibility and are directly accessible by 1st responders (Fire, Police Ambulance) and GPs. Originally only for adults, Older People are supported and Child and Adolescent Mental Health Services (CAMHS) staff are now attached to the units out of hours to support young adults and adolescents. These closely link with the Out of Hours G.P service, NHS 24 and the NHS 24 Mental Health Hub, the Flow and Navigation Hub, the Urgent Resource Care Hub (URCH) and the Glasgow City Compassionate Distress Response Service (CDRS). MHAU staff and the Scottish Ambulance Service provide a first responder service for mental health assessment within a patient's home. The digital Consultant Connect system provides support for GP surgeries across NHSGGC to access same day mental health assessment for patients presenting in mental health crisis.

These units were funded 'at risk' and clarity is required on how they will be funded on a sustainable basis.

A single Acute Hospital Liaison service has been established covering all acute hospitals within NHSGGC ensuring cross-cover on all sites with guaranteed response times, including up to 1 hour to Emergency Departments or longer, appropriate to the support required.

Crisis, Liaison and Out of Hours Teams services have been reconfigured to address historical gaps and ensure mental health support is provided 24/7.

14.2.3. CAMHS

An unscheduled/intensive and liaison review was completed in January 2022 and has moved into implementation. The review aimed to meet the requirements of the CAMHS specification and ensure a 24/7 response across unscheduled and liaison pathways and intensive responses to be developed to meet the needs of young people. Work will be developed to deliver the regional approach with regional inpatient services.

15. Forensic Mental Health

15.1. Recommendation

1. Delivery, alongside mental health rehabilitation services, of low secure inpatient accommodation in a dedicated unit which offers safe and secure accommodation for patients whose presenting behaviours cannot be safely treated within an open ward and who require a higher level of security over a longer period of time, expanding the offer available within forensic and mental health rehabilitation services.

15.2. Progress

Implementation proposals to increase low secure rehabilitation and increase integration with general adult psychiatry Intensive psychiatric care, acute admissions and intensive rehabilitation are in development.

Continuing pathway review with general adult and rehab psychiatry pathways and development of the forensic rehabilitation function in parallel with adults & rehabilitation.

16. Shifting the Balance of Care

16.1. Recommendations

1. Short stay acute assessment beds be reduced, alternative capacity in community services to manage the rebalanced system of care. Consideration of the location of proposed bed closures and the implications for hospital sites will be considered as part of the development of an Implementation Plan. It was not anticipated the potential risks of reducing the number of IPCU beds could be mitigated to a level that would result in a ward closure. Review the number of acute adult assessment sites Board-wide, with consideration of the potential to reduce the number of acute admission sites. (Note: the existing plan reduces sites from 6 to 4 with the closure of Parkhead Hospital completed 2018 and to transfer the 15 bed acute admission ward from Dykebar to Leverndale Hospital.)
2. In order to support the bed reductions (set out below), while managing existing and future demand for inpatient care, the recommendation would be for the development and adoption of acute care pathway across all acute inpatient sites, which would allow for clarity about the role and purpose of an acute inpatient service within a redesigned mental health system. This would also allow for greater operational consistency in the implementation of care pathways and reduce variance across sites.
3. An emphasis on quality improvement processes within inpatient care settings and a rollout of SPSP and AIMS across all acute inpatient sites. This would, in conjunction with greater operational consistency in implementation of care pathways and standards, reduce variation across inpatient sites within NHS GG&C.
4. A greater focus on addressing delays in discharge and ensuring a pro-active approach to discharge planning. This would include closer integration with community and social care services to ensure joint prioritisation of resources and smoother patient flow across inpatient and community settings.
5. Ensuring that individuals are appropriately placed within acute inpatient services based on need rather than availability. This would require further work around developing and clarifying interface arrangements across care groups, in line with the newly developed Acute care pathway.
6. A further recommendation would be around the harmonisation of bed management and data collection to ensure dynamic monitoring of inpatient bed availability as well as ensuring a focus on patient flow.

Mental Health Rehabilitation and Hospital Based Complex Clinical Care (HBCCC) Beds

7. Operational consistency across all rehabilitation services via standardised care pathways that are co-ordinated and reviewed on an integrated system wide basis. In this model there would be system wide access to rehabilitation beds across GG&C when necessary, and a system-wide bi-monthly review of admissions, discharges and bed-utilisation. This system-wide review should include social work professionals and overall, a more integrated approach should be taken to co-ordinating the system of care across rehabilitation services and community provision.
8. Admission to dedicated inpatient rehabilitation services needs to be reserved for a subgroup of people with specific complex Mental Health presentations and a profile of need responsive to rehabilitation. There is wide-variation in how rehabilitation beds are used across the system. The proposed changes to rehabilitation services would include system-wide implementation of agreed standards for assessing suitability for rehabilitation, referral guidelines and what is delivered in the care pathway.
9. Inpatient rehabilitation services designated as either “Intensive” or “High Dependency” Rehabilitation & Recovery Services. Intensive wards would reduce prolonged lengths of stay

to promote patient throughput, with high dependency wards equally reducing prolonged lengths of stay.

10. The recommendation is that a non-hospital based unit(s) for service users requiring longer term, 24/7 complex care is commissioned. The implementation plan will consider whether these should remain NHS beds or whether an alternative model should be commissioned.
11. There should be a move to benchmark bed levels proposed by Royal College of Psychiatrists for adult rehabilitation services, equating to a reduction of approximately 50 beds. The detail of this will be developed as part of the implementation plan, including the timescales, recommended locations for residual hospital beds and reinvestment proposals. This work will include the development of a risk management framework to ensure the system of care is able to cope with each phase of the proposed reduction in beds.

16.2. Progress

Changing bed numbers and where they are located is very complex, even when reinvesting funds back into community mental health services.

The complex of Mental Health Services' includes Child and Adolescent Mental Health (CAMHS, Older People's Mental Health (OPMH), Adult Mental Health Care, Mental Health Social Care, Alcohol and Drugs, Learning Disability and Forensic Services. Existing Strategies identified proposals to shift the balance of care to more community options and to deliver increased specialist in-patient care where identified. The various individual plans for each of the mental health services for beds is as follows:

16.2.1. In Patient Beds and Care Home Provision

Continue with the journey on shifting the balance of care, moving away, where appropriate, from institutional, hospital led services towards to investment in local people, neighbourhoods and communities to enable services to be delivered locally and support people in the community.

Analysis confirms that NHSGGC remains a relatively high user of Older People's Mental Health in-patient beds. In addition, day of care and other audit activity has consistently confirmed high numbers of patients who could more appropriately be supported in other settings, including care homes and within the community. As we move forward it is the aim to reduce the overall number of in-patient beds, whilst utilising the best estate.

The following areas have been identified as key to supporting this.

- reinvest in our community services, as indicated across the strategies
- strengthening the responses to patients in crises situations to prevent admission wherever possible
- review the current provision for those patients who can no longer live independently at home.
- Via case note review and audit (in collaboration with info services and clinicians), we will seek to develop a robust understanding of who is using OPMH inpatient beds and their journeys into these beds. This will help inform what sort of alternative care arrangements would be effective.
- Focusing on early intervention to reduce admission to in-patient beds. Options include providing a short period of intensive input at home, supporting patients and their families through period of crisis.
- Continued investment and focus on Care Home Liaison Services to support Care Homes to maintain residents in their Care home environment, and prevent and reduce admissions to in patient settings

- Expanding access to psychological interventions, including non-pharmacological interventions for the management of 'stress and distress'' in dementia.
- Engaging with commissioning colleagues to further develop care settings in the community that are equipped and supported to deliver care to Older People with mental health issues as their condition progresses
- A focus on reducing delays in discharge back to home or an appropriate care setting in line with the persons care needs.

Reducing the total number of beds and wards generates a huge number of options for which inpatient bed services could be delivered and on which sites. Pragmatically therefore implementation proposals will consider the first phase of bed changes within an overall end point. This is so the first step of changes can be pragmatically tested for safety and quality purposes. It means we stay within broad end point principles and the overall direction of the Strategy. It also means initial phased implementation moves do not pre-empt endpoint solutions but also allow an evolving end point based on what we learn in practice due to our experience of change along the way.

Mental Health Inpatient Service	Current Strategy End point Bed Nos.	Refresh End point Bed numbers		Initial Phase Change endpoint	
Child Psychiatry	6	6		6	No change
Adolescent Psychiatry	24	24		24	No change
Adolescent Eating Disorder / Intensive	0	4		4	Increase in beds for adolescents with greater acuity of need and site linked to Adolescent service and Adult Eating disorder service
Eating Disorder (Adult)	4	10		10	Increase in beds to meet identified need and site linked to adolescent eating disorder beds and adult acute beds
Perinatal (Mother & Baby)	6	8		8	Increase in beds to meet identified need
Alcohol and Drugs Recovery	35	25		25	Reduced beds to meet need and maximise expertise
Learning Disability Assessment & Treatment	28	20		20	Reduced beds and move from isolated site to increase support options
Learning Disability Long Stay	8	0		0	Reduced beds to social care community support
Forensic Learning Disability	9	9		9	No change
Forensic Medium Secure Care	74	74		74	No change
Forensic Low Secure Care	44	59		44	Increase in forensic rehabilitation to meet need, repatriation of out of area placements and patient throughput efficiency
Intensive Psychiatric Care Unit	44	44		44	No change – review of secure acute assessment for people from prisons and Courts
Adult Acute Short Stay Assessment & Treatment	285	232		285	No initial phase 1 change due to full capacity. Consideration of possible future distribution of beds.
Adult Rehabilitation and Hospital based Complex Clinical Care including Enhanced Intensive Rehabilitation	128	87		113	One ward reduction to allow testing change in inpatient focus including Enhanced Intensive Rehabilitation beds to facilitate patient throughput efficiency in IPCU & Adult Acute Assessment & Treatment and repatriation of people and funding contribution to community rehab service
Older People Acute Short Stay Assessment & Treatment	205	119		205	One ward reduction to allow testing and funding of Community service and change in inpatient – transfer of resource to community alternatives and consideration of possible future distribution of beds and functional and dementia split
Older People Hospital based Complex Clinical Care	152	60		132	Two ward reduction to allow testing and funding of Community service and change in inpatient – transfer of resource to community alternatives and further options of distribution of beds and functional and dementia split
Total	1052	781		1003	

16.2.2. Overview

Current Mental health beds in NHS GG&C

- 1,052 mental health beds
- distributed across thirteen sites and
- 65 wards

Changing mental health bed numbers and the number of wards on any site affects services on all sites. When reducing or increasing bed numbers and wards a key question is which wards should be placed where and for what purpose.

Start Point Initial Phase Distribution of Mental Health beds across GG&C

Bed Numbers by Location	Addictions	Adolescent	Adult Long Stay	Adult Rehab	Adult Short Stay	Child Psychiatry	Eating Disorders	Elderly Long Stay	Elderly Short Stay	Forensic LD Low*	Forensic Low Secure	Forensic Medium Secure	IPCU	LD Assessment & Treatment	LD Long Stay	Perinatal	**Bed Total**		**Nos. Wards on Site**
Blysthwood														*16*			***16***		***1***
Dumbarton Joint								*12*									***12***		***1***
Dykebar			*12*	*8*	*15*			*42*									***77***		***4***
Gartnavel Royal	*20*		*18*	*12*	*80*			*20*	*45*				*12*	*12*			***219***		***12***
IRH Orchard View, Langhill, Larkfield			*12*		*20*			*30*	*20*				*8*				***90***		***5***
Leverndale			*35*	*11*	*94*				*38*	*9*	*44*		*12*			*6*	***249***		***16***
Netherton															*8*		***8***		***1***
Darnley - G4								28									**28**		**1**
Rowabank Clinic												*74*					***74***		***8***
RAH									*40*								***40***		***2***
Royal Hosp for Children						*6*											***6***		***1***
Stobhill	*15*	*24*	*20*		*76*		*4*	*20*	*44*				*12*				***215***		***12***
Vale of Leven									*18*								***18***		***1***
Total	**35**	**24**	**97**	**31**	**285**	**6**	**4**	**152**	**205**	**9**	**44**	**74**	**44**	**28**	**8**	**6**	**1052**		**65**

** LD – Learning Disability*

Mental Health Services benefit from a collective approach across HSCPs and NHS GG&C. This will include co-ordinating the delivery of all the mental health family inpatient services.

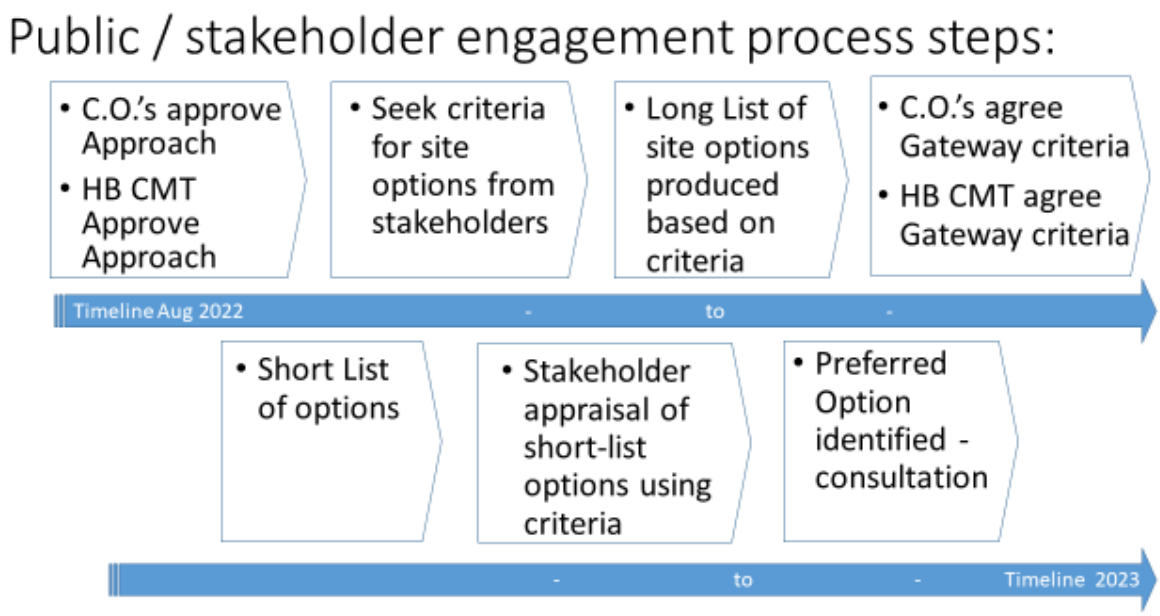
Dependences include that although sites are linked to community services people who need to be admitted can be admitted to any site. Particular wards and sites within NHSGGC/HSCPs do not solely belong to particular localities, but are managed on behalf of the whole system.
Some of the specialist services such as Perinatal Mental Health and the Adult Eating Disorder Service are single wards and also provided to anyone from within the six HSCPs and Health Board-wide area.

- Consultant Psychiatrist on-call cover is for Adult Mental Health, Learning Disability, Alcohol & Drug services, Older People's Mental Health Services is provided out of hours by one rota operating North and one rota operating South of the Clyde. There are single rotas for Forensic and Child and Adolescent Mental Health Services (CAMHS) operating Board-wide.
- Junior doctor out-of-hour rotas are managed system-wide to maintain cover while adhering to the European Working Time Directive.

- In some care groups with smaller critical mass of staff (e.g. clinical psychology in Learning Disability and in Alcohol and Drugs) system wide approach provides cover when required during vacancies, maternity leave and illness.
- During times of challenge ward nursing cross cover is also routine within sites, across sites and across the different mental health complex of specialty inpatient care.

Initial bed rationalisation has been delivered through incremental changes to acute sites (Parkhead), rehabilitation sites (Phoenix House) and also to older peoples hospital based complex clinical care nursing home site accommodation (Rowantree / Rogerpark).

The next step will be agreement to progress site impact engagement as follows:



Engagement on site impact across the range of sites and whole mental health complex of services will be the next main enabler for implementation progression.

17. Service User & Carer Engagement

17.1. Recommendations

1. Ensure staff are aware of their roles and responsibilities in respect of duties and powers of Carers Act for adult (including older adult) carers and young carers.
2. Ensure staff are promoting adult carer support plans and the young carer statement.
3. Supporting delivery and achievement of the Triangle of Care standards
4. Develop performance indicators to evidence impact of the above.
5. Service users' and carers' experience of their care, in line with the national health and wellbeing outcomes, should be regularly monitored and evaluated
6. Ensure that service user and carer networks are a core component of future service planning and implementation

17.2. Progress

Involving service users and their representatives in service planning is a core component of the development of the Service Strategies. Service user involvement and representation has been provided through the Mental Health Network.

Each HSCP commissions Advocacy services to ensure the rights of individuals who are subject to the Adults with incapacity (Scotland) Act (2000); Adult support and ,Protection (Scotland) Act (2007); the Patient Rights (Scotland) Act (2011); Charter of Patient Rights and responsibilities (2012); and the Mental Health (Care and Treatment) (Scotland) Act 2003.

The Advocacy Services are provided via a procurement process and are monitored to ensure they meet the requirements of the agreed specification of service provision.

Service user involvement will remain a core component of the implementation plans that are to be developing.

17.2.1. Carers

Supporting carers is a key priority at a local and national level. To date, we have rolled out 'the Triangle of Care' tool across all mental health services to improve carer engagement and support. The Triangle of Care is a therapeutic alliance between each service user, staff member and carer that promotes safety, supports recovery and sustains wellbeing. HSCPs are working on an on-going basis to support the delivery and achievement of these aims.

Key Messages from Service Users and Carers

- Carers – given the increased emphasis on home treatment particularly when people are ill it is imperative that carers are better supported in order to enable them to continue their vital role in the longer term. Carers should be supported to both be effective in their caring role and enabled to look after their own health.
- Poverty – Scotland's new Mental Health Strategy explicitly recognises the links between poverty and poor Mental Health. Models of support that are to be developed must be able to encompass this work.
- Social isolation – the Scottish Government recognises the damage social isolation causes, future models of "recovery" must encompass the social dimension and help ameliorate the impact of poor mental health.
- Rights –People can sometimes feel disempowered by the mental health system. A rights based approach should mean people enjoy a better relationship with services and a greater say in their care and treatment, leading to greater personalisation of their support.

- Prevention – A large amount of resource is directed at supporting people who have a repeated number of episodes of mental ill-health. A system wide approach that looks at learning from mental health crisis on a personal level and embraces preventative planning could greatly reduce service usage for such individuals.
- Engagement – Early engagement with key stakeholder groups is crucial in order to identify solutions to the issues faced, e.g. people with a lived and living experience and mental health carers as well as 3rd sector groups.

The Mental Health Network (of people and carers, with a lived and living experience of mental health issues) are commissioned within NHSGGC to support service user engagement and also sit on the board-wide Mental Health Strategy Programme Board and support the strategy.

A process to engage with public and staff on what is important to them when considering changes to bed numbers and site impact is in development. Pre-engagement is taking place with heads of services and leads from Third Sector Interface organisations in each HSCP, including leads from groups that represent people with protected characteristics to support co-production of the process itself.

Public and staff engagement on site impact has been delayed by COVID-19 and will continue in more normal times.

The Borderline Personality Development Network have formed a 'BPD Dialogues' group. This is a group of people who have a diagnosis of Borderline Personality Disorder and lived and living experience of using NHS services in Greater Glasgow and Clyde (NHS GG&C). They contribute to the planning and development of better services for people with a diagnosis of personality disorder through:

- Designing information leaflets and resources for people with the diagnosis, and their families and friends
- Contributing to the content and delivery of staff training on BPD
- Providing feedback on any aspect of the BPD implementation plans from the perspective of having lived and living experience

Other work streams are looking to develop similar engagement groups. e.g. CAMHS - An eating disorder reference group has been set up with representation from a member with lived and living experience and a third sector representative.

Performance indicators are to be developed with user and carer input to evidence staff are:

- aware of their roles and responsibilities in respect of duties and powers of Carers Act for adult carers and young carers;
- ensuring staff are promoting adult carer support plans and the young carer statement; and
- supporting delivery and achievement of the Triangle of Care standards

18. Workforce

18.1. Recommendation

1. Future workforce requirements and implications will continue to be assessed as part of the development of the implementation plan. It will be important to ensure on-going professional and staff side representatives have the opportunity to engage fully in this process and for the outputs to dovetail with HSCP Workforce Plans

Additional 2023 recommendation

CAMHS

2. Create dedicated strategic CAMHS pharmacist posts across Tier 3 (specialist multidisciplinary teams) and Tier 4 in line with services across the rest of the UK.

18.2. Progress

Mental Health services face several workforce issues which are relevant to this strategy, and these are summarised below. However, given the nature of the bed reduction changes proposed within this strategy, it should be noted that the following section focus primarily on health staffing issues.

In particular, workforce issues that require to be taken into account include the following:

- An increase in retirements, associated with:
  - An ageing workforce
  - Mental Health Officer Status
  - Changes to NHS pension provision
- Recruitment and retention, an issue for all professions, specialties and localities, but particularly intense in some areas;
- Nursing workforce standards
  - Application of the national workforce and workload planning tool
  - Nursing staffing standards for inpatient care

Specific issues relevant to the main professional groups and services are set out below.

18.2.1. Nursing

Full implementation of the 5 year strategy anticipates a reduction in Mental Health beds across GG&C, which will result in a reduced inpatient nurse staffing compliment. However, given current challenges in filling a number of nurse vacancies and anticipated turnover and retirements, the Programme Board remains confident that a phased approach to the implementation of the strategy will see the successful redeployment of all staff into the future service model. Such change would be managed in partnership with staff-side representatives, and in accordance with organisational change policies.

For those remaining hospital wards, there is a need to ensure that nurse staffing levels continue to meet the needs of the patients. The Royal College of Nursing (RCN) recommends a minimum percentage skill mix of registered to unregistered nurses at a ratio of 65:35. Further local NHSGGC work is equally based on a body of evidence that reports safer and improved outcomes for patients where there are more registered staff working on the wards. Future staffing levels and skill mix will therefore be measured against national workforce planning tools and it is likely this will result in a need to reinvest funding into some wards to improve skill mix.

18.2.2. Medical

Psychiatrists hold an essential role in diagnosing and treating complex and high risk patients and overseeing compulsory treatment under the mental health act. Additionally, medical staff have a clinical leadership role, supporting multidisciplinary mental health teams to work effectively.

NHS GG&C has traditionally been able to recruit to consultant posts, though Speciality And Specialist (SAS) Grade doctor posts were often more challenging. There are likely to be recruitment problems in some specialties in future.

Career-grade doctors typically work to a defined catchment area, and are expected to manage their workload across inpatient, community and specialist teams depending on the needs of the service. Referrals to CMHTs have been increasing by 3% per annum in recent years, and a proportion of this activity has been absorbed by the posts set out above.

As service gaps appear, clinical safety and service viability usually means that locums must be used and this can have disadvantage if it results in changes to clinical leadership and reduced continuity of care, such as occurred during COVID-19. Board-wide locum costs for medical staff across Mental Health, Learning Disability and Addictions services were contained in 2016/17, and were largely generated by vacancies relating to retirement and maternity leave which could not be filled using existing staff. Assertive use of local cover arrangements, GG&C locum bank staff and new arrangements with commercial agencies led to a reduction in costs of about 25%. However, the cost of locum cover is an ongoing challenge to NHSGGC.

Redeploying medical staff in response to the changing requirements of the strategy (for example from inpatient to community work) can often be achieved by negotiation over existing job plans. Any requirement to move consultant posts across localities would require meaningful engagement, time and careful planning and balancing of service need, medic wellbeing and career development to mitigate staff losses to avoid the risk of service gaps needing to be filled by non-NHS locums.

Psychiatrist involvement will always be required for the diagnosis and treatment of complex and high-risk patients, and in relation to mental health act work. With potentially fewer psychiatrists available, there will be an increasing need for medical staff to focus their resources on these groups of patients with role / task sharing with other disciplines in place to manage less complex and lower risk patients.

18.2.3. Psychology

Overall, in recent years, across NHSHHC, there has been a slight increase in clinical psychology staffing however some care groups have seen a reduction.

Some of the main challenges faced in the Clinical Psychology workforce are:

1. The small critical mass of Psychology staff in certain care groups including Learning Disabilities, Alcohol and Drugs and Older Adults.
2. Services have small numbers of clinical psychologists and other psychological therapists meaning they are vulnerable to not being able to provide care as expected when vacancies and forms of leave occur.
3. A significant number of staff have MHO status and can retire within the next five years.

4. Both a national and local analysis of gender and part-time working profile suggests that the Psychology workforce is a largely female profession and that many who join the profession reduce working hours within 3 years post training

The Scottish Government has recognised the importance of evidence based interventions for service users. A key element of this approach has been the development of a strategy to increase access to evidence based psychological therapies for many health conditions.

A major challenge in recent years within NHS GG&C has been achieving and maintaining the HEAT Standard on Access to Psychological Therapies across all Care Groups.

As the Scottish Government's Strategy develops this will continue to be a challenge and it will be a core element of NHS GG&C's Mental Health Strategy. Maintaining and increasing a critical mass of clinical psychology staffing will be an important part of the strategy.

18.2.4. Occupational Therapy

Occupational Therapy continues to have a role to play in the work streams of the GGC 5 year strategy. With its roots in person centred recovery focused practice, occupational therapists play a crucial role in helping people maintain their optimum level of independence within their communities. This is important at all stages of the patient journey from community and hospital to discharge. Shorter admissions will require robust discharge and support packages and planning to begin at the point of admission. Occupational Therapists will continue to make an essential contribution to this part of the pathway in terms of assessment and making recommendations about the level of support required for successful discharge. In addition consideration should be given to the review of such packages over time by an occupational therapist in order that adjustment of resource can be made based on need.

Within mental health services in the board, the majority of the Occupational Therapy workforce remains within secondary care services. There is growing evidence nationally that supports earlier intervention to Occupational Therapy gives better outcomes to patients. By working with people earlier in their journey, it enables occupational therapists to facilitate supported self-management techniques. This has been recognised by some of the HSCPs in GGC and they have included occupational therapy posts as part of their plans for the development of the Mental Well-Being Hubs. A newly developed service in Renfrewshire HSCP has introduced mental health occupational therapists into primary care. This service works alongside GPs and other primary care providing assessment and intervention with the principle of early intervention and supported self-management at the core of service delivery.

Occupational Therapists are experts in vocational rehabilitation. Employment and meaningful occupation/therapeutic activity are important to recovery and maintaining positive mental health. Earlier intervention by Occupational Therapists is likely to impact positively on people sustaining their employment, making reasonable adjustments at an early stage and helping people to find appropriate work which in turn assists with recovery. The recent legislation enabling occupational therapists to sign Fit Notes requires exploration with the development of an agreed governance framework within GGC.

A newer area of development for occupational therapists in mental health relates to neurodevelopmental work. Within Glasgow HSCP occupational therapy staff have been involved in the waiting list initiative, assessing people for ADHD. Specific to the profession has been the development of the occupational therapy SPARKS programme, a bespoke group work programme for people diagnosed via the WLI, with ADHD. This continues to be in the developmental stages and

is being delivered by staffing working additional hours. If a GGC service was to be developed then it will be crucial that occupational therapy is core within its structure.

There is not a standard workforce model in place within the organisation for Occupational Therapy. Within mental health services an occupational therapy data base has been developed which captures detailed and up to date analysis regarding workforce. This system is now being tested across other care groups within Partnerships.

18.2.5. Psychotherapy

Psychotherapy departments across NHSGGC include colleagues with a variety of backgrounds. Psychotherapists and Psychotherapy practitioners offer individual and group psychodynamic psychotherapies. Services include specialist city wide Personality Disorder and Homelessness team (PDHT), working with complex Personality disorder. Psychotherapy is currently exploring the future model of delivery and, similar to other services, have workforce planning issues.

18.2.6. Allied Health Professionals

In addition to Occupational Therapy, other allied health professions can also have a role in supporting a sustainable workforce across Mental Health, whether from within AHP services or from within the mental health team:-

Physiotherapy can deliver improvement in physical health / wellbeing that correlates to a reduction in depression and anxiety and better patient outcomes. Demographic data for Scotland highlights that the prevalence of mental health complaints can directly relate to a reduction in physical health and wellbeing.

Art Therapists can offer equitable access to psychological interventions for those who struggle to engage in talking therapies.

Mental Health Dietitians offer interventions to correct dietary inadequacies, address increased nutritional requirements, address special dietary requirements, to provide health improvement and education and to address where physical or mental health conditions impact on dietary intake or nutritional status.

The efficacy of Podiatry treatment could be enhanced for patients with mental health conditions such as anxiety and depression, which would help improve overall health outcomes for these patients.

Speech and Language Therapy can have a positive impact across several areas. These include: Identifying and ensure appropriate response to speech, language, communication and swallowing needs, providing a differential diagnosis, providing (targeted) training for staff to ensuring the links between speech, language, communication and swallowing needs are addressed, supporting people with Speech , Language & Communication Needs (SLCN) who are neurodiverse during periods of crisis and increasing the understanding of the links between speech, language and literacy and mental ill health and social potential.

18.2.7. CAMHS

Our workforce is key to the delivery of service to Children and Young People. The Pandemic and the MHRR funding has created significant movement in staff, some retiring, some moving to promoted posts and some joining CAMHS at the start of their career. Ensuring our workforce feels welcomed, supported and developed will lead to better sustainability of our services.

Example development: CAMHS Pharmacy trials

A CAMHS pharmacist would bridge a current gap in pharmacy services to the CAMHS teams and bring GGC in line with government strategy in expanding and diversifying the CAMHS workforce to meet service pressures. A trial is beginning where a pharmacist will provide both a clinical service and develop a pharmacy and medication strategy for CAMHS.

18.2.8. OPMH

The workforce supporting patients and families in the community should reflect the wide range of services required to meet their needs. The workforce within Older People Community Mental Health Teams has developed over time with investment in services and staffing resource including Care Home Liaison, Acute Hospital Liaison and intensive / crises support services.

Whilst the framework recognises the need for HSCP's to develop services and teams in a way that best fits their local population and services, it has been agreed that there should be consistency and equity in the roles and skills present. This should also reflect the integrated nature of Health and Social Care Partnerships.

Work is required to revisit and refresh the role, function and skills within the teams, ensuring that as we move forward our teams are fully integrated and include a wide range of health and social care professionals.

In common with many other services there are a number of workforce pressures within the Mental Health System. A number of actions require identifying to alleviate these pressures including considering how we become an "employer of choice", supporting our staff to utilise the full extent of their knowledge, skills and expertise, whilst also develop new roles to address the needs of the population, and offer opportunities for progression for staff. These include:

- Access to a broader range of Allied Health Professionals
- Development of Advanced Practitioner Roles (e.g. Advanced Nurse Practitioners / Allied Health Professionals)
- Addressing vacancies in Consultant Psychiatry Staffing and achieving a sustainable workforce
- Addressing vacancies in the nursing workforce, and considering how we attract newly qualified nurses into the range of mental health services
- Reviewing the current level of Psychology staffing
- Embedding Social Work and Social Care staff in all Community Mental Health Services/Teams

Further engagement is also likely to be required for educational bodies to attract sufficient applicants to fill available training places as well as expand them to meet current and future staffing needs.

18.2.9. ADRS

Similar to the wider workforce, all ADRS teams report increasing levels of staff vacancies. This in turn leads to increased demands on existing staff, with increased caseloads, which in turn is resulting in difficulty to retain staff in post. Issues relating to staff recruitment are experienced at all levels and in all posts within ADRS.

Staff have identified that, due to increasing patient caseloads and during the COVID-19 pandemic, it is increasing difficult / there is a lack of opportunity to undertake development or participate in

existing training programs. The GADRS Review and thematic analysis of SAEs has evidenced that a Training Needs Analysis is required within an implementation of a workforce development plan.

19. Digital and eHealth

Before the pandemic, mental health services were already evolving to make better use of data and digital tools. The importance of these were evidenced through the COVID-19 pandemic which also demanded we move further and faster with our plans. This section, specifically focusing on digital and eHealth, was included in the strategy as a result.

19.1. Recommendations

1. Develop a data Strategy for Mental Health Services
2. Expand and ensure widespread access to Clinical Informatics
3. Continued investment in Mental Health Digital Team to support the progression of digital technologies within mental health services
4. Develop a patient facing application which allows patients to self-refer to services (where appropriate), choose appropriate assessment/treatment appointment slots and be able to complete information relating to equality
5. Continue IT investment in systems that improve delivery and quality such as Hospital Electronic Prescribing Medicines Administration and a full Electronic Paper Record (EPR)
6. Align EPR development with the data strategy to ensure the appropriate clinical and performance measures are captured to support quality improvement
7. Identify clinical 'champions' and develop forums that encourage staff engagement and ownership
8. Continue to engage actively with citizens and patients to inform service improvements
9. Replace paper processes with digital alternatives
10. Modernise and enhance existing systems to be fit for the future
11. Maintain our ability to respond to future challenges such as another pandemic
12. Increase the use of technology to support patient care, including virtual consultations
13. Provide the digital developments that support hybrid / blended working for our staff

19.2. Progress

During the COVID-19 epidemic Strategy recommendations have accelerated the rapid pace of development and the importance of 'digital' in terms of both advances in technology and clinical applications.

19.2.1. Access and Choice for Patients

Virtual Patient Management (VPM) includes telephone consultations and video conferencing. This has become a new way of working within mental health services since the onset of the COVID-19 pandemic. Mental health services implemented these solutions to ensure that where appropriate, consultations could continue while not all being face to face. Supporting guidance was developed for both staff and patients in relation to engaging with remote consultations. Virtual appointments will continue post-pandemic with clinical staff, in partnership with patients, continuing to assess suitability as per clinical guidance, utilising these appropriately.

19.2.2. Virtual Front Door and direct patient access.

Work is currently being undertaken to utilise patient facing applications that support patients within mental health services to receive results and appointments.

19.2.3. Self-Management

Mental Health will be part of a patient-facing Self-Management mega support app being developed in collaboration with four other specialties and the NHS Scotland DHI Right Decision System.

19.2.4. Safe And Secure Clinical Applications And Systems Which Support Patient Care And Information Sharing

The process to migrate from paper to digital records continues. There are four cornerstone applications which form the electronic patient record (EPR) within mental health services, these being; EMIS Web, TrakCare Order Comms, Clinical Portal and HEPMA. Considerable work has been carried out to ensure that each of these applications have had a planned and structured rollout within both inpatient and community services. This work is ongoing with current rollout of HEPMA to all mental health inpatient wards during the summer of 2022 and the further development of inpatient electronic record on EMIS which is due to be completed by summer of 2023.

Digital Champions Forums across community and inpatient services promote the use of digital applications within clinical areas, provide an opportunity to share learning, highlight challenges and input into future developments/functionality within these applications.

19.2.5. Evidence Based Reliable Data Driven Decision Making, Clinical Informatics

The value of high quality accurate clinical data in the ongoing provision of clinical care, operational decisions, future planning and scientific developments needs to be acknowledged and facilitated. Work is required to; improve data quality, improve the consistency of information recorded, support availability of accurate reports on service activity.

19.2.6. Digital Literacy

Digital literacy is defined as, “those capabilities that fit someone for living, learning, working, participating, and thriving in a digital society". These capabilities extend beyond just technical proficiency in using specific clinical systems, but include more conceptual knowledge such as data use, digital safety. It is the broad nature of these capabilities that make digital literacy foundational for all staff working in modern healthcare settings. Knowing which tools to use, and when, can support the delivery of care.

Our vision for digital literacy of the workforce in NHSGGC is to:

- Not assume staff are digitally literate
- Define a framework of recommended core and area specific digital skills for all staff.
- Evaluate the digital literacy of staff to enable a conversation on learning for digital success
- Adopt digital skills in the induction, and the learning and development process for mental health staff
- Provide the tools and technologies required for staff to work at their best digital capacity
- Promote an “I need digital to do…” approach to discovery and curiosity

For service users and carers, there can be both benefits and disadvantages of ‘digital’. These will need to be weighed against each other when deciding on the most appropriate type of appointment. It will be essential to avoid exacerbating or creating inequality among people seeking and accessing health care.

Challenges include the level of digital literacy, access for people experiencing digital barriers and others who may find this type of interaction difficult.

Benefits include where increased use of video consulting could improve access to services for those with barriers related to travel.

The Scottish national strategy, A Changing Nation: How Scotland will Thrive in a Digital World[20], looks to address digital exclusion. Digital mental health services will be developed and delivered with 'no one left behind'.

19.2.7. Telehealth / Telecare and Digital Solutions

In addition to universal/general challenges, the challenges faced by Older People with Mental Health issues and specifically cognitive decline has resulted in limited use and proved to be an additional barrier. As we move forward we need to continue to maximise opportunities for Older People to engage with technology that enables and improves access to a broad range of health, wellbeing and community resources.

19.2.8. CAMHS

Have also embraced a range of digital developments: Near Me, SMS text messaging, Order Comms and winvoice pro. In addition to the digital innovation we are working to extend our relationships with Universities and our Research agenda

[20] A Changing Nation: How Scotland will Thrive in a Digital World

20. Finance

20.1. Recommendation

1. Complete a forward financial framework for GGC to support implementation and delivery of the strategy based on the financial assumptions

20.2. Progress

20.2.1. Financial Context

Mental Health Services currently operates within a budget of £185m across Greater Glasgow and Clyde. This budget is made up of a number of funding streams:-

- Core service budgets
- 'Action 15' funding which was secured from the government's national mental health strategy to increase the workforce, giving greater access to mental health services to A&Es, GPs, the police and prisons.
- The Mental Health Recovery and Renewal Fund (established 2021) focuses on four overarching themes:-
    - Promoting and supporting the conditions for good mental health and wellbeing at a population level.
    - Providing accessible signposting to help, advice and support.
    - Providing a rapid and easily accessible response to those in distress.
    - Ensuring safe, effective treatment and care of people living with mental illness.
- Winter Planning for Health and Social Care (Oct 2021) was initially provided to help protect health and social care services over the winter period and has also been provided on a recurring basis to support longer term improvement in service capacity across our health and social care systems. Within mental health services this has been used to:-
    - Increased capacity OPMH and AMH discharge teams
    - Increased Mental Health Officer capacity
    - Testing an increase in psychological support for commissioned care homes.
    - Complex Care Discharges which require purchasing enhanced packages of care to support discharge from mental health adult and OP wards
    - Commissioned LD and MH purchased placements including Housing First (in Glasgow City)
- Other dedicated funding from Scottish Government which gives guidance in how it is to be utilised. For example, perinatal and infant mental health

The Scottish Government had provided a clear commitment to Mental Health as part of its Programme for Government 2021-22, which commits to "Increase direct mental health investment by at least 25% over this Parliament, ensuring that at least 10% of frontline NHS spend goes towards mental health and 1% goes on child and adolescent services." However, the Scottish Government has also subsequently recognised the challenging fiscal environment which it currently operates within the Resources Spending Review. This document outlines the Scottish Government approach which seeks to hold the total public sector pay bill at the same value as 2022-23, with staffing levels in total terms returning to pre-pandemic levels. It also highlights the need for the delivery of at least 3% savings each year. This context and the impact on funding specifically for Mental Health Services will be required to be considered when developing the financial framework to support delivery of this strategy.

20.2.2. Financial Framework

A new financial framework is being developed to support the implementation of this strategy. As a result of the financial context outlined above, the Mental Health Strategy will require a phased approach to implementation, with implementation being phased as funding becomes available.

The 2018 strategy financial framework identified the potential for a release of funding from disinvestment in services which could be used to further develop community services and deliver on the objectives of the strategy. The COVID-19 Pandemic and currently increased demand for mental health services will impact on the ability to deliver to the level originally planned by the 2018 strategy. A new approach will be required in order to continue supporting the Strategy from 2023 onwards.

In some cases, the change programme required to engineer and deliver a significant shift in the balance of care will need to be enabled by access to transitional funding or bridging finance. It is critical that new alternative services are able to be put in place in advance of any existing services being reduced and before any current mainstream resources can be released.

The financial framework will indicate the priorities, phasing of investment and where funded from existing budgets / funding or requiring new investment. This will help identify from where new investment can be sourced.

Developments will be fully costed as part of future updates to this strategy.

20.2.3. Capital Funding

The extant capital proposals to realign the inpatient estate to the service strategy utilised a mixed approach to sources of funding and was designed as a pragmatic response to enable immediate implementation of the more urgent service imperatives whilst rephrasing implementation of less urgent areas that are to be linked to the projected timing of treasury capital and capital receipts. The phasing of implementation was as follows:

- Phases 1 & 2 – A two stage process to reconfigure mental health services in North Glasgow that saw the withdrawal of the final 2 AMH acute wards from Parkhead Hospital reprovided on the Stobhill site, and 2 wards of Older People Mental Health complex care beds from the Birdston Complex Care facility reprovided on the Stobhill & Gartnavel inpatient sites.
- Phase 3 – The consolidation of Alcohol and Drugs Addiction inpatient services at Gartnavel Royal.
- Phase 4 – The consolidation of acute adult mental health beds for South Glasgow and Renfrewshire on the Leverndale site.

Capital monies are already committed for Phases 1 and 2 outlined above.

More detailed plans for the implementation of phases 3 and 4 above are to be developed through the site impact process as the number of potential location of services in future evolves along with HSCP and NHSGGC capital planning processes. Implementation timescales will depend on the availability of inpatient accommodation, future fixed term revenue costs for some inpatient wards that were not built using one off capital money and existing accommodation that will be retained for future inpatient use. Agreement to engaging on the site impact process now requires HSCP and NHSGGC signoff.

21. Managing Risk

21.1. Recommendation

1. The implementation plan should include the development of a risk management framework to identify, pre-empt and mitigate risks to the system of care to inform each phase of change.

21.1.1. Risk Management Framework

This will aim to provide robust service user and service indicators to inform of how the system of care is responding to the stepped changes in provision as each ward change occurs. The consensus of professional opinion from those involved in developing strategy remains that the scale and timing of the proposed changes to inpatient care, results in a gradation of risk that can be broadly split into three categories;

- delivering the first 1/3 of the inpatient redesign carries a low-to-medium level of risk.
- delivering the second 1/3 of the inpatient redesign carries a medium-to-high risk.
- delivering the last 1/3 represents a stretched target and therefore carries a higher risk.

This gradation of risk is summarised below.

Estimated service risk at different levels of change

Ward Type	**LOW to MEDIUM RISK**		**MEDIUM to HIGH RISK**		**HIGH RISK**
Mental Health Acute Short Stay specialties	Reduction of	1 ward	Reduction of	2 wards	Reduction of 3 wards
Mental Health Rehabilitation & Long Stay specialties	Reduction of 1	to 2 wards	Reduction of	3 wards	Reduction of 4 wards
Other Specialist Mental Health Services	Increase of 1	to 2 wards	Increase of	3 wards	Increase of 4 wards

Therefore, while the strategies demonstrate that it will be possible to make on-going transformational changes with system redesign in the next few years, it also shows the vulnerability of a system that can become destabilised by relatively minor changes in its component parts.

It is proposed that the risk management framework includes a prospective 'dashboard' of potential warning signs to inform each phase of implementation. An example of a suite if indicators to help estimate risk at different stages of change is set out below;

Risk	Early warning signs
Lack of bed availability when needed	• Bed occupancy persistently >95% • Boarding rates persistently >1% • increase in suicide rate • Increased detentions under the Mental Health Act • Increased / unusual rates of readmission
Recruitment and retention problems across the service tiers, both in statutory and non-statutory services	• % shifts covered by agency/locum/bank staff • Number of vacancies unfilled despite advert • Staff turnover • Sickness absence rates
Demand exceeds capacity for community teams and commissioned community services, both statutory and non-statutory services	• Rising waiting lists • Failure Demand • Conditions becoming more chronic and then requiring greater levels of intervention at higher cost • Lack of suitable accommodations or funding to move people through the system of care – people become 'stuck' in the wrong service tier for their needs • Increasing Delayed Discharge rates
Community Care becomes more episodic and fragmented	• A tightening of eligibility criteria • Increases in referrals to crisis services
Adverse impacts for other interdependent services or plans	• 'cost-shunting' or evidence of significant pressure on other parts of the care system • Delays in implementation plan timescales due to lack of co-ordination
Feedback from service users and carers	• Perceived reductions in the quality of care or service experience • Increase in formal complaints

22. Management and Governance

22.1. Recommendations

1. HSCPs and NHSGGC should maintain a whole-system approach to the strategic planning of Mental Health Services.
2. The remit of the Programme Board should be extended to include closer coordination with Older People's Mental Health and other care groups.
3. The implementation of the 5 year Strategy should be aligned with the Moving Forward Together transformational plans set out by NHS GG&C Board.
4. The scope and responsibilities of the whole-system "coordinating" role for adult mental health held by the Chief Officer of Glasgow City HSCP should continue.
5. Consideration is required on the governance and engagement arrangements surrounding the development and progression of an Implementation Plan, following approval of the 5 year strategy.

22.2. Progress

An Adult Mental Health Strategy Programme Board was established to provide overall coordination with membership from HSCP management, professional leadership, staff partners, and representation from the mental health network on behalf of users / carers. Implementation of the mental health strategies continues to be aligned with the Moving Forward Together transformational plans as set out by NHSGGC.

Multiple work streams have been established under the programme board to progress implementation:

- Prevention, Early Intervention and Health Improvement
- Recovery
- Effective and Efficient Community Services
- Commissioning
- Communications and engagement
- Workforce
- Unscheduled Care
- Digital / eHealth
- Rehabilitation
- Inpatients and bed modelling

Strategies have tended to focus on a single system approach to mental health across the board area but less so across services. The remit and membership of the programme board has been expanded to ensure greater connection across the wider mental health complex, including Older People's Mental Health, Adult Mental Health, Learning Disabilities, Child and Adolescent Services and Addictions which will require closer working across the different governance and strategy delivery structures.

Some HSCP Chief Officers hold responsibility for co-ordinating the strategic planning of mental health services on behalf of other HSCPs within NHSGGC (e.g. Adults, OPMH, LD) and this continues to be recognised. NHSGGC-wide professional leaders are in place and have a strong connection with NHSGGC Board responsibilities for governance and public health. These function alongside the collegiate management responsibility across HSCPs and NHSGGC.

A Learning Disability Programme Board, led by the East Renfrewshire Chief Officer, has been established to plan inpatient redesign and increase the resilience of community teams and commissioned services to improve pathways and sustain community placements for services users. This Learning Disability programme board reports into the Mental Health Strategy board and covers two key work streams: Community and Inpatient redesign and multi-agency collaborative commissioning.

Older People's Mental Health services have a board-wide strategy group to ensure a shared approach.

The governance and engagement arrangements surrounding the development and progression of implementation continues to be considered on an on-going basis.

System-wide clinical governance is co-ordinated e.g. by a Mental Health Quality and Care Governance Committee, chaired by the Associate Medical Director for Mental Health, and reported through the Board Quality and Governance Committee to the NHS GG&C Medical Director and ultimately to the NHSGG&C Chief Executive.

Appendix 2

SUPPLEMENT

to

A Refresh of the Strategy for Mental Health Services in Greater Glasgow & Clyde: 2023 – 2028

25 05 2023

Document Version Control

Date	Author	Rationale
25/05/23		

Contents

This supplement adds to the 2017-2023 Adult Mental Health Strategy and the subsequent 2023-2028 Refresh in providing additional or new information on the roles and functions of the wider mental health complex and the additional focus on Digital / eHealth.

1. Introduction

This supplement to the 'Refresh of the Strategy for Mental Health Services in Greater Glasgow & Clyde: 2023 – 2028' provides, or adds to, information on services not included in the original strategy for adult mental health services 2018-2023, reflecting the expanded scope that now takes account of the wider complex of mental health services.

The following table shows how the chapters in the Supplement map across to the Strategy Refresh.

	Section	
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Digital and eHealth	10	19

2. Public Mental Health

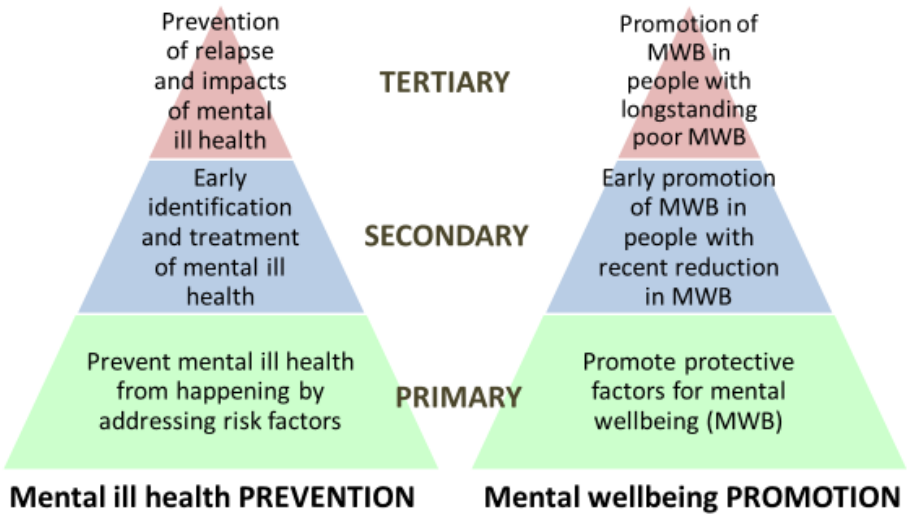
The term 'public mental health' means taking a systematic approach to working towards the best mental health possible for the whole population. This includes addressing both the root causes of poor mental health and strengthening the factors that boost positive mental wellbeing, in active partnership with relevant communities.

It seeks to address the social, environmental and individual determinants of mental health and:

- improves population mental health through the promotion of mental wellbeing, prevention of mental health problems and improving the quality of life of those experiencing mental ill health
- reduces inequalities in mental health
- reduces the health inequalities of those experiencing mental health problems

This should be done using a proportionate universalism approach, which addresses whole population mental wellbeing promotion and provides additional targeted support for high risk groups proportionate to the level of need.

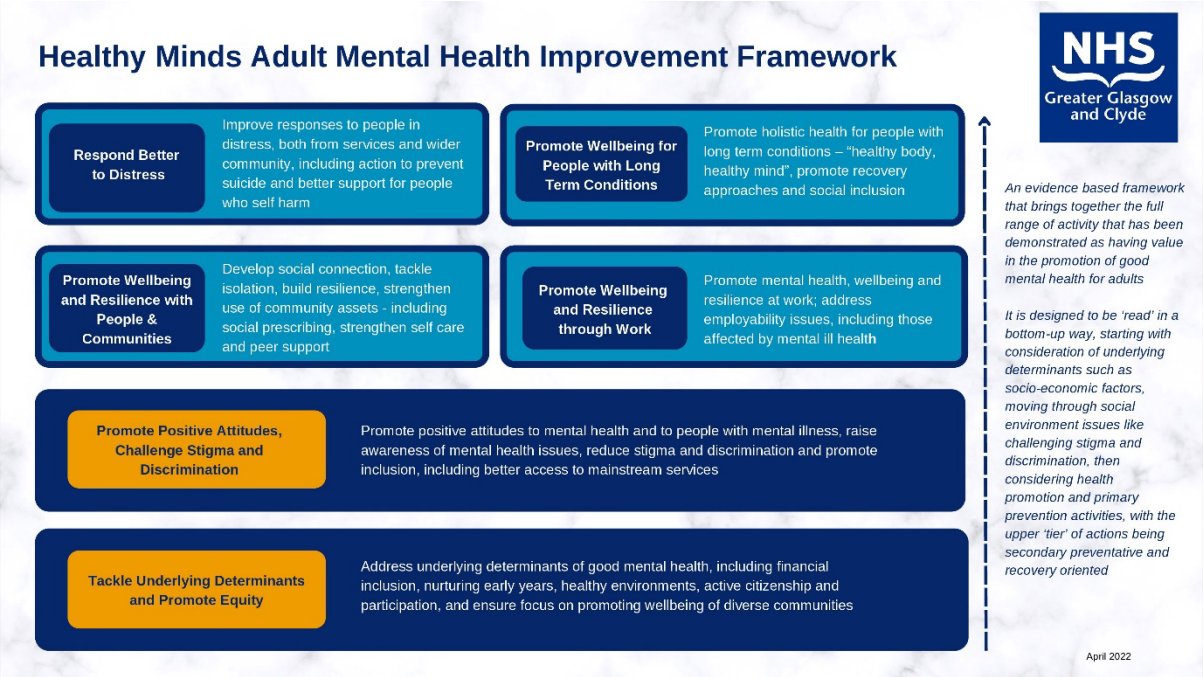
Splitting action into prevention and promotion, including primary, secondary and tertiary, helps to map out existing work and priorities for future focus.

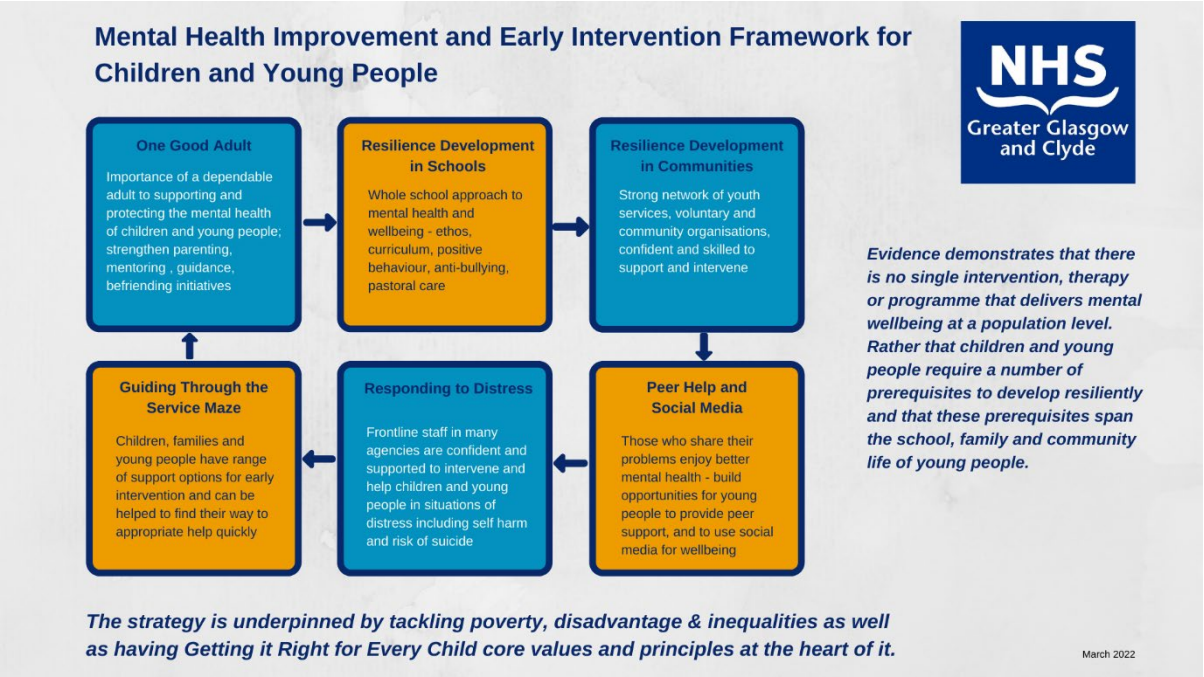


Mental wellbeing promotion and mental ill health prevention are considered and described across the life course, examining the main protective and risk factors at different stages of life and what can bolster or mitigate these factors.

2.1. Frameworks for action

The key elements of a public mental health approach are summarised both for adults and children and young people in separate evidence based strategic frameworks[1,2].





2.2. Children and Young People

The majority of mental health problems will develop before age 24 with 50% of mental health difficulties established by age 14. Mental health and wellbeing is declining in children and young people, with the COVID-19 pandemic having a disproportionately negative impact on this group, especially older young people.

2.3. Inequalities

Mental health is not experienced equally across the population, with higher risk of poor mental health in specific groups. These inequalities are driven by the wider determinants of mental health: poverty, employment, education, housing, social capital etc. Groups who experience stigma and discrimination such as BAME, LGBTQ+ and people with disabilities, are also more likely to experience poor mental health. The pandemic has had a disproportionately negative impact on those who already had higher risk of poor mental health.

2.4. Finding the right help at the right time

There is a wide spectrum of mental health support needed from preventative to acute distress response. Finding and accessing the right support at the right time is imperative to supporting good mental health and early or acute intervention when needed.

2.5. Training

Raising awareness and developing skills within the workforce and wider society around mental health continues to be a priority.

2.6. Partnership Working

Many of the opportunities and mechanisms for action and change sit out-with the NHS's direct control: e.g. in communities, Local Authorities and Third Sector and it is important to influence change through encouraging partners to view and consider issues through a public mental health lens.

3. Older People's Mental Health

Older Peoples Mental Health Services provide services and support to Older People (typically aged over 65), with moderate to severe mental health illness. Support and services are provided in a variety of settings including in the Community, Care Homes, Acute Hospital Liaison Service (Secondary Care) and In Patient Services in specialist Older People's Mental Health Beds.

Service users primarily access services via referral to an Older People's Community Mental Health Team by their General Practitioner. The Older People's Community Mental Health teams are well established multi-disciplinary teams, with a range of health and social professionals within the teams. These include medical, nursing allied health professionals, (for example Psychology/Psychological Therapists and Occupational Therapy), social work and social care colleagues.

Patients may present with a variety of issues including Functional Mental Health which includes support for conditions such as depression, anxiety, psychosis, or Organic Mental Health needs, which would include people with a potential or diagnosed dementia or cognitive impairment.

3.1. In- Patient Beds

In – Patient Beds fall into two categories; Acute Admission and Hospital Based Complex Care Beds and within this to Organic (i.e. for patients with a potential or actual diagnoses of Dementia or Cognitive Impairment) and Functional (i.e. for patients with conditions such as depression, anxiety, psychosis).

3.1.1. Acute Admission

Patients are admitted to an Acute Admission bed when they are in crises and require the full range of support available in a hospital in patient setting. Patients are admitted to these beds when their illness cannot be managed in the community, and where the situation is so severe that specialist care is required in a safe and therapeutic space.

Patients remain in these beds for a short period of time**.** As patients move through their treatment journey, discharge planning will commence and will include an assessment both of their mental health and social care needs.

3.1.2. Hospital Based Complex Clinical Care

The Scottish Government's national guidance for Hospital Based Complex Clinical Care (2015) set out a vision to disinvest from long stay beds by finding alternative strategic commissioning solutions in the community, stating "as far as possible, hospitals should not be places where people live – even for people with on-going clinical needs".

Patients admitted to a Hospital Based Complex Care Bed require care that **cannot be provided in any other setting**, these patients are reviewed every three months and as their care needs change may be discharged from HBCC to another care setting.

3.2. Liaison Services & Support

Our liaison services are aligned with our OPMH Community Teams. There are two different liaison responses; Secondary Care (Acute Hospital Liaison) Care and Care Home Liaison.

3.2.1. Care Home Liaison

The Glasgow City HSCP Care Home Liaison Service offers an effective and time limited response to the challenges associated with increasing demands for complex care beds for residents living with dementia. The service aims to promote a model of person-centred care that takes into account patients' needs, preferences, strengths, drives consistency of service delivery processes; as well as setting out a framework of key performance measures. It also aims to ensure care is delivered in the least restrictive manner. This is achieved through undertaking comprehensive mental health assessments, developing care/interventions plans with the emphasis on preventing and reducing acute admissions to hospitals, and through the reduction of anti-psychotic prescribing. The service also promotes proactive and preventative strategies to managing distressed behaviour through the promotion of non-pharmacological interventions. The service supports care home staff to develop their skills and competencies in mental health and in managing stress & distress behaviour through the delivery of training, which is matched to their skill level of expertise as outlined in the Promoting Excellence Framework. The service is delivered by Community Health Liaison CPNs, Psychiatrists with some resourcing for Clinical Psychology.

3.2.2. People's Mental Health Acute Hospital Liaison Service

The strategic priority of the Older People's Acute Hospital Liaison Service is to improve integration between physical and mental health care in the acute hospital context. A collaborative, multidisciplinary approach is adopted to care and discharge planning with the following aims:

- to improve the overall quality of care;
- reduce barriers to discharge and unnecessary re-admissions;
- to provide smooth transition to appropriate HSCP and third sector services; and
- to increase access to mental health care in underserved groups with high level of need (e.g. older adults with multi-morbidities, long term conditions, cognitive impairment).

Acute Liaison Services have been shown to offer excellent value for money, with improved health outcomes for patients and significant cost-savings for the NHS, namely due to more timely discharges and fewer unnecessary re-admissions, particularly among older patients (see Parsonage and Fossey, 2011).

The Glasgow City HSCP OPMH Acute Hospital Liaison service is a multidisciplinary team comprising of Psychiatry, Clinical Psychology and Nursing staff. Teams are attached to North East, North West Glasgow and Glasgow South localities. Clinical Psychologists within the team provide assessment, formulation & intervention for older people during their admission to acute or rehabilitation hospital wards. They also provide consultation and training to multi-disciplinary colleagues on supporting psychological aspects of patient care (e.g. Psychological interventions in response to Stress and Distress in Dementia and trauma-informed care). The service will assess and treat older people aged 65 years and above who are within an inpatient acute hospital ward; where there is a concern that the individual's mental health needs are impacting their physical health care/treatment or causing a delay to their discharge from hospital.

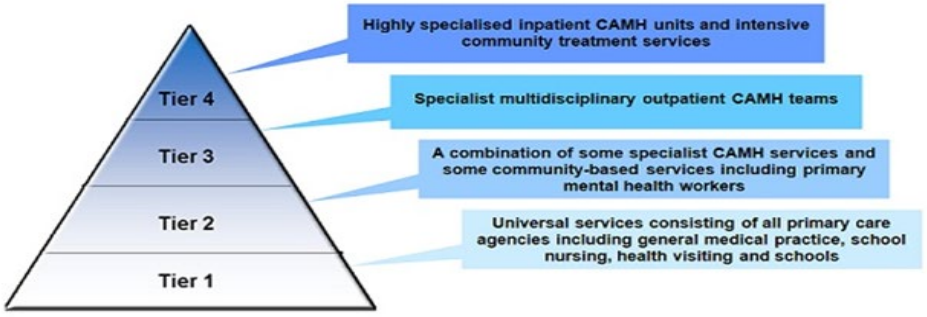
4. Children and Adolescent Mental Health Services

Child and Adolescent Mental Health Services (CAMHS) are multi-disciplinary teams that provide (i) assessment and treatment/interventions in the context of emotional, developmental, environmental and social factors for children and young people experiencing mental health problems, and (ii) training, consultation, advice and support to professionals working with children, young people and their families. CAMHS supports children up to age 18yrs and for targeted group up to age 25yrs.

All children and families should receive support and services that are appropriate to their needs. For many children and young people, such support is likely to be community based, and should be easily and quickly accessible.

Children, young people and their families should also be able to access additional support which targets emotional distress through Community Mental Health and Wellbeing Supports and Services. Community supports and services should work closely with CAMHS and relevant health and social care partners, children's services and educational establishments to ensure that there are clear and streamlined pathways to support where that is more appropriately delivered by these services.

Mental Health supports for Children and Young People are delivered through a Tiered approached



There are eight Tier 3 Community CAMHS teams within NHSGGC spanning the six Health and Social Care Partnerships. These services are supported by a range of Tier 4 Board wide services: Intensive and Unscheduled CAMHS, Forensic CAMHS, Connect Eating Disorders team, and a range of mental health services delivered in to Women and Children's Directorate. GGC hosts the national Child Psychiatry Inpatient unit and the West of Scotland Adolescent Psychiatric inpatient unit.

5. Perinatal Mother and Infant Mental Health

Perinatal refers to the period during pregnancy and up to one year after the baby is born. During this period new and expectant parents (mums, dads, partners) can experience issues with their mental health also known as perinatal mental health problems. This includes mental illness existing before pregnancy, as well as illnesses that develop for the first time, or are greatly exacerbated in the perinatal period. These illnesses can be mild, moderate or severe, requiring different kinds of care or treatment.

Around 1 in 10 women will experience postnatal depression after having a baby. Depression and anxiety are equally as common during pregnancy. Most women recover with help from their GP, health visitor, midwife and with support from family and friends. However severe depression requires additional help from mental health services.

The symptoms of postnatal depression are similar to those in depression at other times. These include low mood, sleep and appetite problems, poor motivation and pessimistic or negative thinking.

Two in 1000 women will experience postpartum psychosis. The symptoms of this illness can come on quite rapidly, often within the first few days or weeks after delivery, and can include high mood (mania), depression, confusion, hallucinations (odd experiences) and delusions (unusual beliefs). Admission to a MBU is advised for most women, accompanied by their baby. Women usually make a full recovery but treatment is urgently necessary if symptoms of postpartum psychosis develop.

5.1. Perinatal Mental Health Service

Scotland's first specialist perinatal mental health inpatient and community service for mothers, babies and their families provides a comprehensive service which consists of:

The West of Scotland Mother and Baby Unit (MBU) is situated in purpose-designed facilities at Leverndale Hospital and is staffed by a multi-disciplinary team of professionals admits women who are experiencing severe mental illness in the later stages of pregnancy or if their baby is under 12 months old. It allows for the joint admission of mothers accompanied by their babies, where the woman requires acute inpatient mental health care and enables mothers to be supported in caring for their baby whilst having care and treatment for a range of mental illnesses including:

- postnatal depression
- postpartum psychosis
- severe anxiety disorders
- eating disorders

The unit offers a wide range of therapies including biological, psychological and psychosocial interventions including interventions to enhance the mother-infant relationship.

The Community Perinatal Mental Health Team (CPMHT) are a specialist multi-disciplinary team service providing care and treatment to women who are pregnant or postnatal and are at risk of, or are affected by, significant mental illness in pregnancy or the postnatal period. They also offer expert advice to women considering pregnancy if they are at risk of a serious mental illness on risk and medication management, and provide a maternity liaison service to all NHSGGC Maternity hospitals.

The service will work in partnership with partners and families, maternity services, primary care (including health visiting and Family Nurse Partnership), adult social services, children & families social services and other agencies, to design, implement and oversee comprehensive packages of health and social care to support people with complex mental health needs.

The Infant Mental Health Service is a specialist community multidisciplinary team who can draw on a range of expertise and experience to offer needs-led support for infants and families. A key aim of the service is to ensure that the voice and experience of the infant is held at the centre of work with families across the health board.

The multi-disciplinary Maternity & Neonatal Psychological Interventions (MNPI) Team will address the common and/or mild to moderate psychological needs of the maternity and neonatal populations by providing in-patient and out-patient assessments and a range of evidence based psychological interventions. The central focus in all of these interventions is to enhance the parent-infant relationship, improve parental and infant mental health and to prevent a range of psychological difficulties (emotional and cognitive) in childhood and later life.

6. Learning Disability

"We believe that people with learning disabilities should be given the right support so that they can live fulfilling lives in the community. This support should always be person centred, preventative, flexible and responsive. People should only be admitted to inpatient assessment and treatment services when there is a clear clinical need which will benefit from hospital based therapeutic intervention. Challenging behaviour, with no identified clinical need, is not an appropriate reason to admit people to inpatient assessment and treatment services."[1]

A learning disability is a significant, lifelong, condition that starts before adulthood. It affects a person's development and means they need help to:

- Understand information
- Learn skills
- Cope independently

Learning difficulties, such as dyslexia, ADHD, dyspraxia and speech & language difficulties are not defined as a learning disability due to the specific nature of their developmental delay.

Policy and practice guidance commonly distinguishes between two reasons why people with learning disabilities may require or be at risk of admission to inpatient assessment and treatment services:

- people who have mental health problems may need assessment and treatment for an acute episode of ill health or, for example, to manage a change in medication under close supervision
- people who have a history of behaviour that challenges (or an unexplained change in behaviour) may need admission for very detailed investigation; sometimes admission is seen as the only option for people who need time away from their usual home

East Renfrewshire is host HSCP for managing specialist inpatient learning disability services with community services directly managed by each HSCP.

7. Alcohol and Drug Recovery Services

The Alcohol and Drug Recovery Service (ADRS) comprises integrated multi-disciplinary teams of health, social care workers, qualified social workers and administrative staff, providing a Recovery Orientated System of Care to adults and young people with drug or alcohol dependency and significant problem substance use.

Services include: alcohol in-patient and community detoxification and supportive medications, opiate replacement therapy, psychosocial support, harm reduction advice and interventions, needle replacement, blood borne virus testing and treatment, access to alcohol and drug Tier 4 services, psychiatry, psychology, occupational therapy, specialist inpatient and outpatient services. ADRS also provides access to a range of commissioned services delivered by third sector partners such as residential, crisis, rehabilitation and stabilization services and community Recovery Hubs, and recovery communities.

[1] Designing an Effective Assessment and Treatment Model, NHS Greater Glasgow and Clyde 2018

ADRS staffing comprises NHS and local authority comprising: health, qualified social worker, social care and admin.

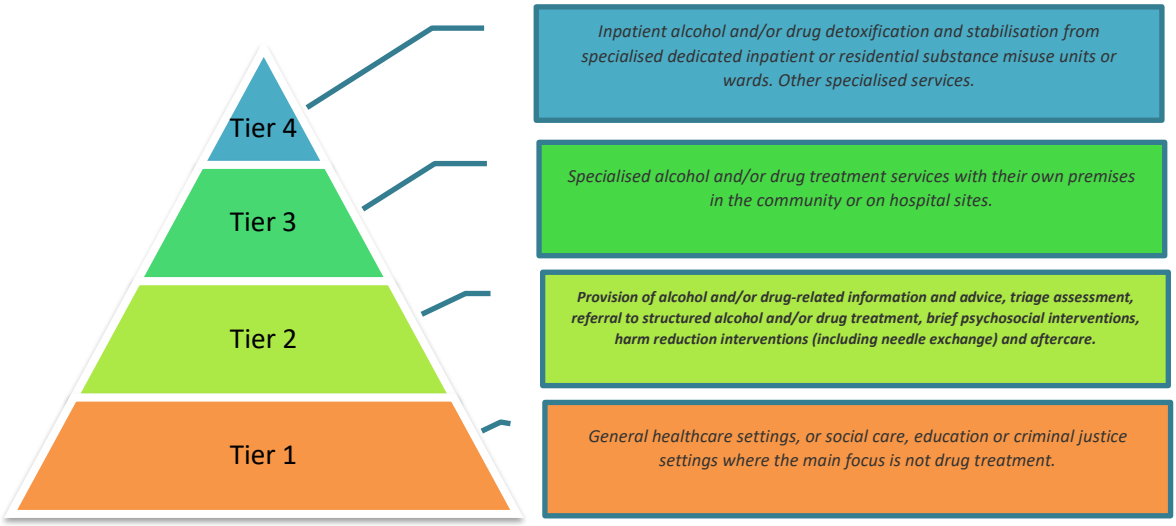


Figure 1 ADRS Tiers

7.1. NHSGGC Service Tiers

7.1.1. Tier 1

Information regarding ADRS services, and pathways into treatment including self-referral, are available from a variety of sources including GP practices and community pharmacies, and in a variety

7.1.2. Tier 2

Injecting Equipment Provision (IEP)

WAND (Wound Care, Assessment of injecting Risk, Naloxone and Dried Blood Spot Testing) Initiative (Glasgow City)

Naloxone Supply - Supply may be made from GP shared care, Police Custody, Acute Addiction Liaison team, Prisons, Scottish Ambulance Service and SFAD in addition to ADRS.

7.1.3. Tier 3

Community alcohol and drug teams are delivered from 16 sites

7.1.4. Tier 4

There are a number of tier 4 services delivered by GGC ADRS: Inpatients, Occupational Therapy, Psychology, Dietetics, Alcohol Related Brain Damage (ARBD) Team, Enhanced Drug Treatment Service (EDTS), Glasgow City Centre Outreach Team, Glasgow Crisis Outreach Service, Acute Addiction Liaison Teams.

Glasgow City hosts board wide ADRS services such as in-patient wards at Stobhill and Gartnavel, however most ADRS services are delivered and managed in each HSCP area. Heads of Service for each locality manage locality multi-disciplinary teams. Board wide systems exist to ensure governance and sharing of best practice and information. Clinical and Care Governance is via the

relevant HSCP and NHS GG&C governance leads and groups. Incidents and complaints are managed through HSCP processes utilising the NHS GG&C Significant Adverse Event Policy.

In addition to the local HSCP specific roles, there are a range of roles with a board wide responsibility e.g. the Associate Medical Director, lead nurse, lead psychologist, and lead pharmacist.

There is a heavy burden of drug harms in GGC. In 2020, there were 444 drug-related deaths in GGC, and the age-standardised rate of drug-related deaths was 30.8 per 100,000 population (95% confidence interval 29.4-32.3), higher than any other large NHS Board area and nearly 50% higher than the rate in Scotland as a whole. Since 2015, there has also been an outbreak of HIV amongst people who inject drugs in GGC, and the estimated prevalence of chronic active hepatitis C infection amongst this population is 19%. Alcohol prevalence data is not readily available, however previous research has demonstrated that the vast majority of dependent drinkers are not engaged in treatment. In recent years alcohol referrals tend to dominate presentations to the ADRS teams**.**

7.2. Alcohol and Drug Partnerships

The ADPs act as the strategic and planning group for alcohol and drugs in their locality. In the six localities, the ADP is hosted by the local authority and involves a range of relevant partners including ADRS.

The ADPs are tasked by the Scottish Government with tackling alcohol and drug issues through partnership working, membership includes health boards, local authorities, police and voluntary agencies. They are responsible for commissioning and developing local strategies for tackling problem alcohol and drug use and promoting recovery, based on an assessment of local needs. The ADPs work to the framework 'Partnership Delivery Framework to Reduce the Use of and Harm from Alcohol and Drugs (2019)'. ADPs also have action plans in relation to the national Drugs Deaths Task Force (DDTF) priorities. The ADPs deliver annual reports and other reports to government as requested. ADP action plans are approved by local IJBs.

8. Forensic Mental Health & Learning Disabilities

Forensic mental health services specialise in the assessment, treatment and risk management of people with a mental disorder who are currently undergoing, or have previously undergone, legal or court proceedings. Some other people are managed by forensic mental health services because they are deemed to be at a high risk of harming others or, rarely, themselves under civil legislation.

The Directorate of Forensic Mental Health and Learning Disabilities provide services to the NHS Greater Glasgow Clyde area (NHSGGC). There are both national and regional services located within the medium secure service at Rowanbank Clinic, which forms a key component of the Scottish Forensic Estate.

Multi-disciplinary forensic teams include, Forensic Psychiatrists, Clinical Psychologists, Occupational Therapists, a Speech and Language therapist, a Dietician, a Pharmacist, and Nursing Staff.

Central to management of forensic patients is the Care Programme Approach and all our patients are subject to enhanced CPA as set out in national guidance for Forensic Services. Risk management is a key feature of the forensic service, and all patients case-managed by the service will have a risk assessment, formulation and risk management plan to inform the individualised care-plan.

8.1. Medium Security

The service provides medium secure care for male mental illness patients from the West of Scotland region (NHSGGC, NHS Lanarkshire, NHS Ayrshire & Arran, NHS Dumfries & Galloway and the "Argyll part of NHS Highland"). Rowanbank Clinic provides a female medium secure service for NHSGGC patients, occasionally taking female patients from across the regions on a case by case basis. It also hosts the National Medium Secure Intellectual Disability service for Scotland.

8.2. Low Security

Low secure in-patient services for NHSGGC are based at Leverndale Hospital serving male mental illness (MMI), male learning disability beds (LD), male pre-discharge beds (MMI & LD) and Low Secure Women Beds.

8.3. Forensic Community Services

There are 2 Forensic Community Mental Health Teams covering NHSGGC. Both teams have a caseload comprising mainly patients subject to compulsory measures. Within NHSGGC all restricted patients are managed within forensic services (with the exception of pre-trial remand patients who may also be managed in IPCUs, depending on the level of offending and presentation). The service does look after some informal patients, particularly complex cases with significant risk issues, but will aim to move patients back to general psychiatry community teams when appropriate.

8.4. Forensic Intellectual Disability Services

There are both medium and low secure Intellectual Disability beds as noted above. The medium secure beds are provided as a National service on a risk share basis through the National Services Division (NSD) of NHS National Services Scotland. Low secure male LD beds are provided for NHSGGC patients, although out of area referrals are accepted if capacity allows. There is no specialist provision for female LD patients. In terms of community forensic Intellectual Disability services, a small team covers the NHS Greater Glasgow & Clyde area for those patients who require ongoing forensic input (including restricted patients) in the community.

8.5. Forensic Liaison Services

8.5.1. Prison

The Forensic Directorate provides consultant forensic psychiatry support 3 prisons and although not managed by forensic services, each prison has a specialist mental health team which includes RMN input and psychology. Prisoners can be referred by the prison GP and may also self-refer. Referrals are assessed by a nurse and may then be seen by the visiting psychiatrist.

8.5.2. Sheriff Court Diversion Schemes

The Forensic Directorate provides 5 day per week cover to one court diversion scheme covering Glasgow Sheriff Court and Clyde Sheriff Courts (Greenock, Paisley and Dumbarton). A Forensic CPN is on call each morning to receive and assess referrals of individuals who are having their first appearance in court. If a psychiatric assessment is required then there is an on-call psychiatrist (specialist trainee), supervised by an on call forensic consultant. There is no additional funding from the court to provide this service.

8.5.3. Forensic Opinion Work

The Directorate frequently receives requests for forensic opinions and risk assessments and attempts to respond as quickly as possible. Requests may be refused because they do not seem appropriate at the outset. It would only be in exceptional circumstances that formalised risk assessment work would be undertaken, often in liaison with the STAR service.

8.5.4. Psychiatric Reports for Procurator Fiscal

Requests for psychiatric reports may be allocated to a trainee under the supervision of a Consultant Forensic Psychiatrist. Consultant Psychiatrists may also provide psychiatric reports for patients known to them, especially if this is integral to their ongoing care however, there is no agreement to provide court reports routinely.

8.6. STAR Service

The Specialist Treatments Addressing Risk (STAR) service accepts referrals from secondary and higher level services. Individuals can be referred to the service if they have a presentation consistent with a major mental disorder, present a risk of harm to others and there appears to be a functional link between the client's mental disorder the risk of harm. In addition to providing consultations, assessments and interventions regarding risk and mental disorder the STAR service also offers specialist assessments regarding and a prescribing service for anti-libidinal medication and a specialist assessment service for autistic patients.

8.7. Forensic Service Governance Structure - Nationally, Regionally and Locally

The core function of the forensic governance groups are to monitor and provide assurance. Groups monitor all aspects of the service and provide regular reporting under the headings of the six dimensions of healthcare quality (Institute of Medicine) proposed in the Healthcare Quality Strategy for NHS Scotland: Person Centred, Safe, Effective, Efficient, Equitable and Timely.

The other main functions of the Groups are to share good practice and to support each NHS Board area in delivering services to a consistent and high quality level.

8.8. Multi-Agency Public Protection Arrangements (MAPPA)

Multi-Agency Public Protection Arrangements (MAPPA) are the way in which legislation is implemented. The approach to implementing MAPPA, supported by National policy and guidance, has been to develop local Implementation Groups, comprising all relevant agencies. MAPPA are organised within the structures and boundaries of Community Justice Scotland and for NHSGGC this involves three Authorities covering nine local authorities, one police force and three NHS Boards. NHSGGC are represented on all steering groups. The Strategic Groups are supported by MAPPA Operational Groups. The MAPPA Strategic Groups report to the Chief Officer's Group which has been established in each local authority area and on which the Health Board's Chief Executive sits. These Chief Officers' Groups regularly receive reports on operational, strategic and performance issues related to MAPPA and other public protection matters such as Adult Support and Protection and Child Protection.

NHSGGC Nurse Director is NHSGGC board lead for MAPPA. This role is strategically and Operationally supported on a day to day basis by the General Manager and Service Manager from the Forensic Service who provide oversight, approval of protocols and procedures so as to ensure the NHS Board fulfils its duty as Responsible Authority in respect to Restricted Patients and its duty to co-operate role with other agencies where any individual comes within the MAPPA process.

In addition the NHSGGC Board has a designated MAPPA manager who is the single point of contact (SPOC) for all communications relating to MAPPA from and to MAPPA Co-ordinators within the Authorities regarding Registered Sex Offenders and MAPPA extension cases in or who are about to be placed in the community.

9. Mental Health Rehabilitation (Service)

The 2018 iteration of the mental health strategy provided a brief description on mental health rehabilitation. This section provides additional information:

In NHSGGC, rehabilitation services specialise in supporting people who typically have a long-term primary diagnosis of schizophrenia, other psychosis (e.g. delusional disorder), or bipolar disorder. However, on a case-by-case basis, it may be that an inpatient rehabilitation need may be justified on an individualised case conceptualisation for people who do not have the above presentations. Typical difficulties may include:

- Ongoing (e.g. positive and negative syndromes) psychotic features (sometimes referred to as "treatment resistant" from a medication perspective, leading to high dose anti-psychotic medications)
- Difficulties or a high likelihood of difficulties sustaining community residence (recent extended duration of hospital admission, high frequency admissions, recent loss of a supported living environment). Low prospect of successful and safe living in the community without specialist rehabilitation.
- Vulnerabilities due to cognitive impairment, difficulties engaging with services, risk of harm to self/others, self-neglect, difficulties with motivation & daily life skills, risk of exploitation, and/or complex physical health problems.
- Experience of severe 'negative' symptoms that impair motivation, organisational skills and ability to manage everyday activities (self-care, shopping, budgeting, cooking etc.) and placing and individual at risk of serious self-neglect.

Most require an extended admission to inpatient rehabilitation services and ongoing support from specialist community rehabilitation services over many years.

Although some users of rehabilitation services may be subject to Mental Health or Incapacity legislation it is imperative to gain consent and work towards mutual goals wherever possible. Consequently matching the goals of an individual with the service best placed to empower them to achieve this is the most important consideration.

Maintaining a positive and therapeutic environment and culture within inpatient rehabilitation units is very important.

The social and individual functioning and engagement of an individual is a key consideration. Significant deficits in functioning and engagement should not be a barrier to accessing rehabilitation care but may influence decisions about when an individual is most likely to benefit or which type of unit is most suitable.

The physical health and intellectual capacity of the individual again may influence their ability to engage in rehabilitation however intellectual disability or physical health should not by itself preclude the opportunity of rehabilitative care.

Diagnosis alone should not be a barrier to accessing rehabilitation services in those with a primary functional mental disorder.

10. Digital and eHealth

Mental health services have a dedicated structure responsible for delivering and implementing IT / eHealth systems across mental health services. This involves close working with corporate eHealth services to deliver on the digital agenda and to manage practice change required with clinical services.

Before the pandemic, mental health services were already evolving to make better use of data and digital tools. COVID-19 demanded that we move further and faster with our plans, by providing the ability for people to connect face-to-face without being in the same room, or to enable clinicians to monitor a patient's health in their own home. These demands created an increasing requirement to deliver more consultations remotely and to have a more agile work force who can meet the increased demand.

Data and digital technologies impact on every element of our lives and this applies to mental health and mental health services, including:

- Existing and emerging people and patient facing technologies, extending beyond virtual consultations (e.g.cCBT)
- The use of digital to support decision making and provide clinical informatics
- Systems development to support electronic patient records for better patient care and information sharing
- By necessity, the need for digital literacy for people to learn and develop alongside digital

A dedicated work stream, directly reporting to the programme board, has been established to ensure the focus that is warranted in order to support the progression of digital technologies within mental health services.

Appendix 3

Glossary

to

A Refresh of the Strategy for Mental Health Services in Greater Glasgow & Clyde: 2023 – 2028

Document Version Control

Date	Author	Rationale
25/05/23		

Glossary

ACE	Adverse Childhood Experience
acute	Sharp / severe / sudden
Acute sector	The hospital sector where patients receive active, short-term treatment for a physical health condition
ADHD	Attention Deficit and Hyperactivity Disorder
ADP	Alcohol Drug Partnership
ADRS	Alcohol and Drugs Recovery Services
ARBD	Alcohol Related Brain Damage
BPD	Borderline Personality Disorder
CAMHS	Child and Adolescent Mental Health Services
CDRS	Compassionate Distress Response Service
chronic	Persisting for a long time or constantly recurring, contrasting with 'acute'
CLW	Community Links Worker
CMHACS	Community Mental Health Acute Care Service
CMHT	Community Mental Health Team
College	an organized body of persons engaged in a common pursuit or having common interests or duties
Collegiate	of, relating to, or comprising a college
CPMHT	Community Perinatal mental Health Team
DDTF	Drugs Deaths Taskforce
Dyspraxia	Difficulty in performing coordinated movements
EDTS	Enhances Drug Treatment Service
GP	General Practice
HSCP	Health and Social Care Partnership
IEP	Injecting Equipment Provision
IPCU	Intensive Psychiatric Care Unit
LD	Learning Disability
LGBTQ	Lesbian, Gay, Bisexual, Transgender and Queer (or questioning)
MAT	Medication Assisted Treatment
MBU	Mother and Baby Inpatient Unit
MDT	Multi-Disciplinary Team
MH	Mental Health
MHO	Mental Health Officer
MHWPCS	Mental Health and Wellbeing in Primary Care Services
MNPI	Maternity & Neonatal Psychological Interventions
NHSGGC	NHS Greater Glasgow and Clyde

Non-statutory Services	Not, or only, partially government funded, supported by the public, and generally registered as a charity
NSD	National Services Division
OPCMHT	Older People Community Mental Health Team
OPMH	Older People Mental Health
PCMHT	Primary Care Community Mental Health Team
PIFU	Patient Initiated Follow Up
PsyCIS	Psychosis Clinical Information System
SAS	Specialty and Specialist Grade (Doctor)
SMI	Severe Mental Illness
Statutory Services	Services paid for through taxation, funded by the government and established in law.
Third Sector	Non-governmental and non-profit-making organizations or associations, including charities, voluntary and community groups, cooperatives, etc.
WAND	Wound Care, Assessment of injecting Risk, Naloxone and Dried Blood Spot Testing Initiative

AGENDA ITEM NO: 7

Report To:	**Inverclyde Integration Joint Board**	**Date:**	**22 January 2024**
Report By:	**Kate Rocks Corporate Director Inverclyde Health & Social Care Partnership**	**Report No:**	**IJB/07/2024/AB**
Contact Officer:	**Alan Best – Head of Health & Community Care, Inverclyde Health & Social Care Partnership**	**Contact No:**	**01475 715212**
Subject:	**Care at Home Inspection**		

1.0 PURPOSE AND SUMMARY

1.1 ☐For Decision ☒For Information/Noting

1.2 This report provides the Integrated Joint Board with an update on the recent Care at Home inspection, carried out by the Care Inspectorate.

1.3 The Care at Home Service had an unannounced inspection on 6 November 2023 which was carried out over 7 working days, completing on site on the 15 November 2023.

The feedback from service users and staff was overwhelming positive, despite the challenges of recruitment and absence within the service.

1.4 The final report was completed and agreed on 19 December 2023. Following this date, the inspection will be available on the Care Inspectorate Website.

The service inspection grades detailed below are a significant achievement for the HSCP and reflects the standard of care being delivered to the vulnerable members of our community, and the value that we place on the recruitment, training, and ongoing supports to our workforce.

How well do we support people's wellbeing?	5 - Very Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good

How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good

2.0 RECOMMENDATIONS

2.1 The Integration Board is asked to note the outcome of this successful inspection.

Kate Rocks
Chief Officer
Inverclyde Health and Social Care Partnership

3.0 BACKGROUND AND CONTEXT

3.1 Care & Support at Home provides several different types of support including care at home, technology enabled care which includes community alarms and other technological assistance. The service is provided by the Inverclyde HSCP Care at Home team including Out of Hours, who work collaboratively with other colleagues within and out with the HSCP.

3.2 The November 2023 inspection consisted of 3 inspectors, who were allocated to the East, West and Central of the service to carry out observations of staff working with service users in the community, discuss the quality of service with service users and to ensure that the appropriate documents were within the service user Care Plan folder. In total the inspection team met with 62 service users, 11 carers and 32 staff members.

3.3 The inspectors met with members of the management team to coordinate the inspection and to view the reporting systems that evidence the performance indicators for the service. The inspection considered integrated working consulting with nursing and AHP colleagues. There was recognition of quality assurance activity and analysis.

3.4 There is an area for improvement within the inspection document with regards to the administration of medication that was carried over from the last inspection and is recorded within this year's inspection as an area for improvement. The service has significantly moved forward in this area however continues working alongside our pharmacy and nursing colleagues to look at making the required improvements.

3.5 Due to the restrictions with the pandemic the service was last inspected in April 2019, when the service maintained grades of 5. Previous years grades detailed below.

Date	Overall Grade
15-Apr-19	5 Very Good
11-May-18	5 Very Good
08-May-17	5 Very Good
12-May-16	5 Very Good
29-May-15	5 Very Good

4.0 IMPLICATIONS

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

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

4.2 **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					

4.3 **Legal/Risk**

There are no identified Legal/Risk issues contained within this report.

4.4 **Human Resources**

There are no identified Human Resource issues contained within this report.

4.5 **Strategic Plan Priorities**

There are no identified Strategic risks contained within this report.

4.6 **Equalities, Fairer Scotland Duty & Children/Young People**

(a) Equalities

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

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

(b) Equality Outcomes

How does this report address our Equality Outcomes?

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

(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.
✓	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.
✓	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.

4.7 **Clinical or Care Governance**

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

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

4.9 **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.
✓	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.

4.10 **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.
✓	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.

5.0 DIRECTIONS

5.1

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	

6.0 CONSULTATION

6.1 No consultation required.

7.0 BACKGROUND PAPERS

7.1 None

AGENDA ITEM NO: 8

Report To:	**Inverclyde Integration Joint Board**	**Date:**	**22 January 2024**
Report By:	**Kate Rocks Chief Officer Inverclyde Health & Social Care Partnership**	**Report No:**	**IJB/02/2024/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 22nd January 2024.

2.0 RECOMMENDATIONS

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

- Call Before You Convey Pilot for Care Homes
- Lens Project
- Joint Inspection of Adult Services
- Homeless Redesign
- Delayed Discharge
- Independent Review of Respite

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 Call Before You Convey Pilot for Care Homes

This pathway is being set up as a pilot to support collaborative decision making via professional-to-professional advice and escalation routes for care homes to support them with care for residents with palliative needs who may be approaching end of life. The Inverclyde HSCP pilot for care home residents is a single point of access telephone line to the community nursing team for advice, support, and information available to care homes. An additional nurse will be on duty with the community team and an Advanced Nurse Practitioner is on call to support any calls or visits as required.

A virtual ward meeting is being held at the end of every week with all relevant staff in attendance and care homes attending as required if they have a resident who they have concerns about. This facilitates a proactive approach, advanced planning, and coordination of care.

The service commenced on 9 December 2023 as a Test of Change utilising a PDSA (Plan Do Study Act) type approach to identify local need and trial this new service for care homes. The test of change will run until 31 March 2024. Work is underway to connect with the Scottish Ambulance Service Macmillan End of Life pilot as part of this work to ensure if ambulances are called and feel that a resident does not require admission, the paramedic crew can contact the service to gain support for the resident and the care home from the local team.

Outcomes of the project will be reported via the Unscheduled Care group locally and GGC wide. Ardgowan Hospice on-call team will provide an additional level of specialist palliative care support as required and will be offering palliative and end of life training to every care home, on site in the individual homes over the winter period. The project is funded via non-recurring slippage monies for the Care Home Collaborative.

4.2 Lens Project

Since the last update to IJB members, our partnership with the Lens Project has progressed with teams completing their participation in structured workshops, designed to support Inverclyde to 'keep the Promise' and ensure children and young people have good childhoods. This led to our Investment Event at the Beacon Arts Centre on 7 December 2023, where practitioners across Children and Families presented the six shortlisted ideas to the investment team comprising Robert Moran (IJB Chair), Alan Cowan (IJB Vice Chair), Kate Rocks (Chief Officer) and Jonathan Hinds (Head of Children's Services)

Four ideas received investment and will be taken forward, with funding support from the HSCP Transformation Board:

- **Throughcare Hub:** flexible, supportive learning space for young people to learn new skills, gain qualifications and grow in confidence at their own pace.
- **Feel Good Fund:** ensuring children and young people in our children's houses have improved, equivalent access to positive experiences, pocket money and recreational opportunities.
- **Home from Home:** dedicated, improved space for family time.

- **The Practice Pad:** space for care experienced young people to learn skills to help them move towards living in their own home.

Two ideas will, in turn, be taken forward as part of the forthcoming redesign of children's services:

- **It takes a Village:** a community-based approach to building relationships with young people to grow in confidence.
- **Connected 2 Care:** challenging stigma through earlier intervention approaches with families.

4.3 **Joint Inspection of Adult Services**

Under section 115 of the Public Services Reform (Scotland) Act 2010, together with regulations made under the 2010 Act, the Care Inspectorate and Healthcare Improvement Scotland formally commenced their joint inspection on Monday 23 October 2023.

The inspection is considering the key question '"How effectively is the partnership working together, strategically and operationally, to deliver seamless services that achieve good health and wellbeing outcomes for adults?" and is examining the provision of services for and lived experience of adults living with mental illness and their unpaid carers.

A number of elements have been completed with the Inspection team are currently considering the partnership's position statement and supporting evidence. Inspectors have undertaken engagement events and conversations with people who live with mental illness and are reviewing findings of the staff survey circulated to all relevant partnership staff, including from the third and independent sector.

Inspectors will conclude their file reading of health and social work records by the end of January 2024 and are scheduled to have conversations with selected individuals and groups of professionals, including some of the people whose records have been reviewed and the staff groups that support them. The final report is expected in late March 2024.

4.4 **Homelessness Redesign**

Work is still underway to determine the future model of service delivery. There is ongoing discussion with Council colleagues and registered social landlords to determine future budgetary requirements and the need to identify potential funding streams for any future accommodation and support options.

4.5 **Delayed Discharge**

Services continue to experience pressures in relation to delays when discharging service users from the Acute system. This increase is being seen across Scotland and is not unique to Inverclyde.

Our main area of pressure remains around availability of capacity for Care at Home Services, which continues to experience a high level of demand.

Delays as a result of Adults with Incapacity legislation remains at a low level compared with other partners across NHS GGC.

Services have been impacted by seasonal respiratory illnesses resulting in a higher level of short-term absence in line with previous yearly trends. This has impacted on Care at Home capacity.

Discharge teams continue to operate at a high level and we are starting to see an uptake of Kincare payment options which will help in the prevention of hospital delays.

4.6 **Independent Review of Respite**

Inverclyde HSCP has commissioned an independent review of adult respite and carers provision. This review will include a consultation on the closure of Inverclyde HSCP's internal respite unit as well as developing a respite/short break strategy for Inverclyde to show a portfolio of options to support Carers and support choice for service users.

This review will consider what a robust, modern, high-quality person led respite care provision would look like. The review will articulate a co-produced vision for Inverclyde and develop an associated high level delivery action plan.

The consultation will look at measuring the existing service against the respite care in other parts of the Scotland.

The completed consultation and strategy will be presented to the Social Work and Social Care Scrutiny Panel in early summer 2024.

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.

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.