Inverclyde Integration Joint Board Monday 22 January 2024 at 2pm

PRESENT:

Voting Members:

Alan Cowan (Chair) Greater Glasgow and Clyde NHS Board

Councillor Francesca Brennan On behalf of Councillor Robert Moran, Inverciyde

Council

Councillor Martin McCluskey Inverclyde Council
Councillor Lynne Quinn Inverclyde Council
Councillor Sandra Reynolds Inverclyde Council

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:

Diana McCrone Staff Representative, NHS Board

Charlene Elliott Third Sector Representative, CVS Inverclyde
Margaret Tait Service User Representative, Inverclyde Health &

Social Care Partnership Advisory Group

Christina Boyd Carer's Representative

Also present:

Marie Keirs

Scott Bryan

Jacqueline Kerr Assistant Chief Officer, Adult Services and North

West Locality, NHS Greater Glasgow & Clyde

Vicky Pollock

Gail Kilbane

Legal Services Manager, Inverclyde Council

Interim Head of Mental Health, Homelessness and

Alcohol & Drug Recovery, Inverciyde Health &

Social Care Partnership

Alan Best Interim Head of Health & Community Care,

Inverclyde Health & Social Care Partnership Interim Head of Public Protection (People)

Audrey Howard Interim Head of Public Protection (People)
Arlene Mailey Service Manager, Quality & Development,
Inverclyde Health & Social Care Partnership

Senior Finance Manager, Inverciyde Council Service Manager, Planning, Performance &

Equalities, Inverclyde Health & Social Care

Partnership

Karen MacVey
Diane Sweeney
Colin MacDonald
PJ Coulter

Legal, Democratic, Digital & Customer Services
Senior Committee Officer, Inverclyde Council
Corporate Communications, Inverclyde Council

Karen Haldane Executive Officer, Your Voice, Inverclyde

Community Care Forum (public business only)

Chair: Alan Cowan presided.

The meeting took place via video-conference.

1 Apologies, Substitutions and Declarations of Interest

Apologies for absence were intimated on behalf of:

Councillor Robert Moran Inverclyde Council (with Councillor Francesca

Brennan substituting)

Dr Hector MacDonald Clinical Director, Inverclyde Health & Social Care

Partnership

Stevie McLachlan Inverclyde Housing Association Representative,

River Clyde Homes

No declarations of interest were intimated, but certain connections were intimated for the purposes of transparency as follows:

Agenda item 9 (Reporting by Exception – Governance of HSCP Commissioned External Organisations) – Ms Boyd

Prior to the commencement of business, the Chair welcomed Ms Kerr and Councillor Brennan to the meeting and advised that agenda item 6 (NHS GGC Mental Health Strategy Refresh) would be swapped with agenda item 5 (Chief Social Work Officers Annual Report 2022-23) in the running order.

2 Minute of Meeting of Inverclyde Integration Joint Board of 14 November 2023

There was submitted the Minute of the Inverclyde Integration Joint Board of 14 November 2023. The Minute was presented by the Chair and checked for fact, omission, accuracy and clarity.

Referring to minute reference 80(3), the Chair requested that, as there was no meeting in April 2024, that the further report reviewing the success of the Kincare scheme be presented to the May 2024 meeting and that the Rolling Action List be updated to reflect this.

Referring to minute reference 84(2), the Chair noted that the Joint Inspection of Adult Services was also detailed in the Chief Officer's Report and requested that the update report, which will follow publication of the Care Inspectorate's report, be presented to the May 2024 meeting and that the Rolling Action List be updated to reflect this.

Decided: that the Minute and the above actions be agreed.

3 Financial Monitoring Report 2023/24 Period 7

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 October 2023. The report was presented by Mr Given.

Referring to the Earmarked Reserves, the Board asked if there would be a return of unspent funding, and Mr Given advised that the previous return was related to Covid funding and that, to date, he had not received any requests for further returns.

Referring to unspent funding for Carers, the Board sought reassurance that this funding would be retained to benefit Carers, and Mr Given advised that the money was earmarked for that purpose. Ms Rocks further added that there was detail on an independent review of adult respite and carers provision in the Chief Officer's Report later in the agenda.

Decided:

(1) that (a) the current Period 7 forecast position for 2023/24, as detailed in the report

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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 draws on reserves, as detailed in the assumed financial position at sections 4 and 5 of the report, be approved;
- (6) that the current Earmarked Reserves position, as detailed at appendix 8 to the report, be noted; and
- (7) that the key assumptions within the forecasts, as detailed at section 10 to the report, be noted.

4 Rolling Action List

There was submitted a Rolling Action List of items arising from previous decisions of the IIJB. The Chair invited Ms Rocks and Mr Best to provide verbal updates on several of the entries.

Proposal for redesign of Homelessness Service to IIJB and Inverclyde Council: Ms Rocks advised that there was also an update on this matter within her Chief Officer's Report later in the agenda, that discussions were ongoing between HSCP and Inverclyde Council regarding affordability and cost, and requested that, as this was currently an operational matter, that it be removed from the Rolling Action List until such time as there was agreement on the model.

Update on Vaccination Transformation Programme: Mr Best advised that NHS GG&C had agreed to accommodate 20 ad-hoc vaccination appointments within local clinics, which should meet the demand for that service, and that going forward this would be monitored. The Board commented that a written update on this matter would also be beneficial. In responding to questions, Mr Best also confirmed that travel vaccinations were not included in this arrangement.

Annual report on Improving Cancer Model Journey – Ms Rocks advised that she was waiting on data from the Health Board and Macmillan Nurses and that it was the intention that this report would be on the agenda for the May meeting.

Decided: that (a) the entry for 'Proposal for redesign of Homelessness Service to IIJB and Inverclyde Council' be removed from the Rolling Action List, and (b) that the list be noted.

5 NHS GGC Mental Health Strategy Refresh

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership (1) providing an update on the Mental Health Strategy refresh, and (2) appending for noting the document 'A Refresh of the Strategy for Mental Health Services in Greater Glasgow & Clyde 2023-2028', which was approved by the NHS GG&C Board in August 2023. The report was introduced by Ms Rocks, who invited Ms Kerr to present it to the Board.

The Board noted that neurodevelopmental disorders were not included in the Strategy and asked how these would be managed. Ms Kerr advised that there would be investment in local community services and that the IIJB would be advised once this had been determined, Ms Kerr acknowledged that there was a significant pressure on existing services.

The Board commented that the proposals in the Strategy required funding and staffing

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and expressed a concern that there might be a bed reduction in Inverciyde. Ms Kerr provided an overview of the measures being taken to recruit staff and the benefits of treatment in a community setting, noting that staffing shortages was a national issue. She also provided reassurance that a whole-system approach could be taken if required, with qualified staff being redirected from Glasgow to ensure safe cover.

Referring to the Finance section of the Strategy document, the Board asked if there was an impact on services from the funding settlement, and Ms Kerr acknowledged there were pressures and that funding had not been finalised.

The Board asked what measures were being taken to reduce the reliance on agency staff, and Ms Kerr advised that agency staffing had reduced by 95% and that bank staff were being used, which reduced costs. She also advised of initiatives such as 'distraction boxes' and the roll-out of a Continuous Intervention Policy.

Decided:

- (1) that the progress made against the existing Mental Health Strategy 2018-2023, as detailed in the proposed Strategy refresh, be noted; and
- (2) that the 'A Refresh of the Strategy for Mental Health Services in Greater Glasgow & Clyde 2023-2028' be noted.

6 Chief Social Work Officers Annual Report 2022-23

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership appending the Chief Social Work Officer Annual Report 2022-2023 for noting. The report was presented by Mr Hinds and was accompanied by a PowerPoint presentation.

Mr Hinds and the Chair thanked HSCP staff, and the Chair reflected on how the report highlighted the breadth and scope of the role of Chief Social Work Officer and the demands on the local workforce.

The Chair requested an update on the programme which funds final year MSc Social Work students in return for their commitment to work for Inverclyde HSCP for three years. Mr Hinds advised that the scheme was successful and provided detail on the participation figures, noting it was the intention to repeat the programme. The Chair requested that an update on the impact of this support and recruitment of Social Workers could be included in a subsequent Chief Officer's Report.

Referring to fostering and adoption, the Board asked (1) how the fostering allowances compared to other authorities, (2) if the ratio of approved adopters to children was average, and (3) if those applying to adopt could be encouraged to foster. Mr Hinds advised that (1) a recommended allowance had now been implemented nationally and that the rest of Scotland was now on an equal footing with Inverclyde, (2) the figures relating to the permanence journey of children changed yearly, and (3) that some potential adopters were dual registered and would foster before going on to adopt. Mr Hinds noted that the review of Children and Family Services should lead to further improvements. Ms Rocks added that the service was looking at adoption support with the placement of children into Inverclyde.

Referring to the figures provided in the Supporting Young People section of the Annual Report, the Board asked why 59 young people who were eligible for Throughcare were not being actively supported. Mr Hinds provided an overview of the service, advising that participation was voluntary, and noted that local figures were very strong and a testament to the work of the team involved.

The Board asked for an update on drug deaths and the challenges faced locally. Ms Kilbane provided an overview of the implementation of Medication Assisted Treatment (MAT) standards and the programmes and projects currently in place. Ms Rocks added that a focus was required on drug use by Care Experienced Young People, commenting on their exceptional and positive relationships with staff and that this would be fundamental in reducing drug death fatalities.

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Decided:

- (1) that the Board notes the content of the Chief Social Work Officer Annual Report 2022-2023 and its submission to the Office of the Chief Social Work Advisor to the Scottish Government; and
- (2) that the thanks and appreciation of the Board be conveyed to all HSCP staff.

7 Care at Home Inspection

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There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership advising the Board on the positive outcome of a recent unannounced seven-day inspection of the Care at Home Service by the Care Inspectorate. The report was presented by Mr Best.

The Chair noted that external inspection can be a stressful time for staff involved and on behalf of the Board thanked all staff involved, and asked that they were made aware of the results of the inspection. Members of the Board provided personal anecdotes praising the Service and Mr Best assured that all staff, families and carers would be made aware of the results of the inspection.

Decided:

- (1) that the outcome of the successful inspection be noted; and
- (2) that the thanks and appreciation of the Board be conveyed to all Care at Home Services staff.

8 Chief Officer's Report

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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) Call Before You Convey Pilot for Care Homes, (2) Lens Project, (3) Joint inspection of Adult Services, (4) Homelessness Redesign, (5) Delayed Discharge, and (6) Independent Review of Respite. The report was presented by Ms Rocks who thanked Mr Best and Ms Moore for their work on the Call Before You Convey Pilot for Care Homes and advised that it was the intention to update the Board on the learning from this at a future meeting. Ms Rocks also advised that the final report on the Joint Inspection of Adult Services would be presented in May 2024, and not March 2024 as detailed in the report.

The Chair noted that both he and Councillor Moran had been impressed by the range of projects seeking support to transform or improve services and the presentations facilitated and coordinated by the Lens Project. Both looked forward to attending a further session on service transformation on 13 June 2024.

Decided: that the updates provided within the report and as advised by Ms Rocks at the meeting 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.

9 Reporting by Exception – Governance of HSCP Commissioned External Organisations

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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 30 September 2023 to 1

December 2023. The report was presented by Mr Given and provided updates on establishments and services within Older People Services, Adult Services and Children's Services, all as detailed in the Private Appendix.

Ms Boyd declared a connection in this item as a Director of Inverclyde Carer's Centre. 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.

Decided:

- (1) that the governance report for the period 30 September 2023 to 1 December 2023 be noted and as detailed in the private appendix; 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.