
Report To: Inverclyde Integration Joint Board **Date:** 13 May 2024

Report By: Craig Given
Head of Finance, Planning and Resources
Inverclyde Health & Social Care Partnership **Report No:** IJB/17/2024/CG

Contact Officer: Scott Bryan, Service Manager, Strategic Services **Contact No:**

Subject: Inverclyde HSCP Strategic Commissioning Plan 2024-2027

1.0 PURPOSE AND SUMMARY

- 1.1 For Decision For Information/Noting
- 1.2 The purpose of this report is to present the new three-year IJB Strategic Commissioning Plan and seek approval from IJB for publication and implementation over the next three-year period. This plan succeeds the previous Inverclyde Strategic Commissioning Plan (2019-24).
- 1.3 This new plan sets out, the IJB's strategic direction for delivering Health and Social Care Services and improving the health and wellbeing of local people. The plan identifies four strategic Priorities for delivery:
- Provide Early Help and Intervention
 - Improve Support for Mental Health, Wellbeing and Recovery
 - Support Inclusive, Safe and Resilient Communities
 - Strengthen Support to Families and Carers
- 1.4 This plan has been developed in consultation with local people, HSCP staff, third and independent sector partners and other key stakeholders.

2.0 RECOMMENDATIONS

- 2.1 That the IJB:
1. Approve the Strategic Commissioning Plan 2024-2027 for implementation.
 2. Notes the participation and engagement paper.

Kate Rocks
Chief Officer
Inverclyde Health and Social Care Partnership

3.0 BACKGROUND AND CONTEXT

- 3.1 Inverclyde Integration Joint Board (IJB) is obligated to produce a Strategic Commissioning Plan for health and social care within Inverclyde. The plan must set out how the IJB will commission local services to improve the health and wellbeing of local people and meet the nine national health and wellbeing indicators. This plan must be reviewed every three-years.
- 3.2 The previous Strategic Commissioning Plan was published April 2019 and expired in March 2024. That plan set out the Six Big Actions Inverclyde, which would inform the delivery of health and social care services for the 5-year period.
- 3.3 The Covid-19 pandemic resulted in significant disruptions to the delivery of the 2019 plan. To address this, a two-year transition plan until March 2023 was agreed by IJB. Due to ongoing pressures as a result of pandemic recovery, in March 23, IJB again agreed to extend the transition plan for a further year, affording the HSCP capacity to develop a new strategic commissioning plan.
- 3.4 Driven by the IJB Strategic Planning Group, development of a new Strategic Commissioning Plan began in early 2023 with a number of engagements and consultations with local people and stakeholders. This feedback was consolidated in a development session with the IJB and the Strategic Planning Group in November 2023. This group endorsed a draft set of strategic priorities for further development.
- 3.5 Further development of the plan took place from November 23 to April 24, involving further public consultation and engagement with HSCP service areas and other key stakeholders.
- 3.6 A new three-year Strategic Commissioning Plan (2024-27) has now been developed and will succeed the previous 2019-24 plan. The new plan identifies four Strategic Priorities that will replace the six Big Actions

4.0 STRATEGIC PLAN

- 4.1 The Strategic Commissioning Plan (2024-27) replaces the previous Strategic Plan which expired in March 2024. Following a period of engagement and development, the new plan identifies four strategic priorities for delivery. As such, the previous six-big actions will be retired.
- 4.2 The new plan has been written as a partnership plan, reflecting the close working relationships the HSCP has with local third and independent sector partners. Working together, we hope to achieve our vision that:
'Inverclyde is a compassionate community, working together to ensure people live active, healthy, and fulfilling lives'
- 4.3 To support this vision the plan identifies four new strategic priorities that will shape and inform our service delivery and commissioning intentions over the next three years. Through delivering these priorities and their associated actions, we aim to ensure people are more confident in addressing health and wellbeing concerns and can access the services and support that is right for them, at the right time.
- 4.4 These priorities are, that over the life of this plan, we will:
 - Provide Early Help and Intervention
 - Improve Support for Mental Health, Wellbeing and Recovery
 - Support Inclusive, Safe and Resilient Communities
 - Strengthen Support to Families and Carers

- 4.5 Underpinning the plan is the need for the HSCP and partners to address the significant inequalities in Inverclyde, recognising the impact the high levels of local deprivation has on the health and wellbeing outcomes of the people of Inverclyde.
Going forward, the plan highlights the importance of ensuring that we are investing our resources in the areas and communities that need them the most.
- 4.6 Learning from local information and our Joint Strategic Needs Assessment, the plan sets out some of the key challenges facing the health and wellbeing of the people of Inverclyde. It also outlines the key national and local policies that must be considered and which may compliment or impact on our implementation.
- 4.7 In support of the strategic priorities, the plan identifies the key enablers within the HSCP and Partners, including our financial plan, our workforce, our commissioning plan, and service redesign intentions.
- 4.8 Following implementation, the new plan will be the basis for future updates and performance reports to IJB, the Strategic Planning Group and other relevant groups and agencies.

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

Annually Recurring Costs/ (Savings)

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

5.3 Legal/Risk

By publishing this Strategic Commissioning Plan we remain compliant with our obligations under the Public Bodies (Joint Working) (Scotland) Act 2014.

5.4 Human Resources

None.

5.5 Strategic Plan Priorities

As highlighted in section 4.4, the new Strategic Commissioning Plan 2024-27 sets out four strategic priorities for the IJB/HSCP to progress over the next three years. These four priorities are:

- Provide Early Help and Intervention
- Improve Support for Mental Health, Wellbeing and Recovery
- Support Inclusive, Safe and Resilient Communities
- Strengthen Support to Families and Carers

These four priorities will succeed the previous six big actions identified in the previous plan (2019-24). A final report on the previous strategic plan and the Six-Big Actions will be presented to IJB in due course.

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. The Equality Impact Assessment for the refreshed Strategic Plan can be accessed here. HSCP Equality Impact Assessments (EIA) - 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?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	The plan has a focus on improving accessibility and improving experience for vulnerable groups.
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	The plan has a focus on building safe resilient communities that challenge stigma.
People with protected characteristics feel safe within their communities.	The plan has a focus on building safe resilient

	communities that challenge stigma.
People with protected characteristics feel included in the planning and developing of services.	The plan has a strong focus on engaging with local people and learning from those with lived experience.
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	The plan has a strong focus on engaging with local people and learning from those with lived experience.
Opportunities to support Learning Disability service users experiencing gender-based violence are maximised.	-
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	The plan was a focus on inclusive communities.

(c) Fairer Scotland Duty

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

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

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

(d) **Children and Young People**

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

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

5.7 **Clinical or Care Governance**

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.	The focus of the new the strategic priorities is to support

	individuals and communities with their health and wellbeing
People, including those with disabilities or long-term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	The focus of the new the strategic priorities is to support people to live independently.
People who use health and social care services have positive experiences of those services, and have their dignity respected.	The focus of the new the strategic priorities is to support delivery person centred effective evidence-based services
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	The focus of the new the strategic priorities is to support delivery person centred effective evidence-based services
Health and social care services contribute to reducing health inequalities.	The focus of the new the strategic priorities is to work to reduce and mitigate 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.	One of the new strategic priorities has a specific focus to support carers in the role they undertake.
People using health and social care services are safe from harm.	The plan provides a wide focus on keeping people safe from harm. This is present across all strategic priorities
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.	The plan sets out our intentions to work differently and further empowering staff to support and care for local people.
Resources are used effectively in the provision of health and social care services.	The plan sets out our intentions to work differently with local people and use resources more effectively.

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 development of the Strategic Commissioning Plan was informed by a lengthy engagement with local people, services and stakeholders. A full report detailing the engagement and consultation process can be found on-line here:

https://www.inverclyde.gov.uk/assets/attach/17087/Strategic-Plan_2024_participation-and-engagement-paper.pdf

7.2 Our engagement had four key elements:

- 1) Obtaining views on the understanding and effectiveness of the previous Strategic Plan 2019-2024, highlighting the *(September – November 2023)*
- 2) Obtaining views on what the main challenges are for the HSCP, to help inform our themes for development and improvement. *(September 2023 – February 2024)*
- 3) Obtaining views on the needs of our people from our communities, our IJB, SPG and workforce (alongside the needs assessment) *(September 2023 – February 2024)*
- 4) Obtaining views on the draft HSCP Strategic Priorities *(January-February 2024)*

7.3 Through consultation on the four strategic priorities, there was broad endorsement for all. For each priority over 90% of responses were either Strongly Agree, or Agree.

8.0 BACKGROUND PAPERS

8.1 Appendix 1 - Strategic Commissioning Plan 2024-27
Appendix 2 – Participation and Engagement Paper



Front cover image to be decided.

People and Partnerships, Making a Difference

INVERCLYDE HEALTH AND SOCIAL CARE PARTNERSHIP

Strategic Partnership Plan (2024-27)

Draft Subject to Inverclyde Integration Joint Board Approval – May 2024



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 formie audio.

Punjabi

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

Soraini

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

Tigrinya

እዚ ሰነድ እዚ ብኸልእ ቋንቋታት: ብዓቢ ፊደላትን ብድምጺ ቅርጽን ምስ ዝኸተት ክቐርብ ይኸእል።

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 (Health and Social Care Partnership), Clyde Square, Greenock, PA15 1NB

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Foreword

Welcome to our new Inverclyde Health and Social Care Partnership (HSCP) Strategic Commissioning Plan (2024-2027). This is our third Strategic Commissioning plan produced on behalf of the Inverclyde Integration Joint Board (IJB) and has been developed by our Strategic Planning Group (SPG) through engagement and consultation with our staff, services, and the people of Inverclyde.

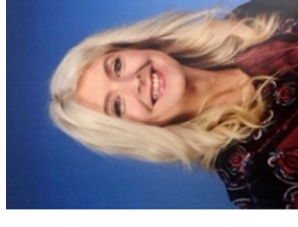
The past few years has been a particularly challenging time for our community and for the HSCP. We are still recovering from the impact of the COVID-19 Pandemic and have all felt the pressure of the national cost-of-living crisis. The outcome of these factors has made a significant negative impact and legacy for the people of Inverclyde. We have seen that the physical and mental health of our community has been adversely impacted, and alongside the national cost-of-living crisis has deepened the longstanding inequalities in Inverclyde. Despite this, we are proud here in Inverclyde that we have made positive achievements in supporting the health and wellbeing of local people. Over the past five years, our previous plan has guided us with the focus being on our Six-Big Actions to improve health and wellbeing in Inverclyde. We are not in the same place as we were before the pandemic and as such our strategic approach must change.

To meet the on-going and future challenges, this plan identifies our new strategic priorities guide us as we seek to improve the health and wellbeing of the people of Inverclyde. Underpinning the priorities is the need to address the stark inequalities that exist in Inverclyde, and which lead to differences in the health outcomes experienced by local people. Going forward, we will focus on providing early help to respond to health and social care needs, improving local mental health and embedding recovery focussed services, supporting the development of stronger communities, and strengthening the support we provide to families and carers.

Partnership is at the forefront of how we will achieve our vision for Inverclyde, collaborating closely with our communities, staff, statutory partners and the third sector. We recognise the importance of the voices of our people and their views were critical in the development this plan. Involving and empowering local people in our planning processes is fundamental in developing the services for the future, we must have a strong emphasis on co-production and hearing the voices of those with lived experience. The community have told us about the impact the past few years has had on them, but in recognising the assets and resilience in our communities we will be equal partners in delivering on the improvements and achieving improved local health and wellbeing outcomes.



Councillor Robert Moran
Chair of Inverclyde
Integration Joint Board



Kate Rocks
Chief Officer of Inverclyde
HSCP and Chair of Inverclyde
Strategic Planning Group

Our Plan on a Page

OUR VISION	“Inverclyde is a compassionate community, working together to ensure people live active, healthy, and fulfilling lives”		
OUR APPROACH	Focussing resources where most needed	Person Centred/Trauma Informed	Empowering Communities
	Working in Partnership		
Our Strategic Priorities and what we will do (summarised actions)			
Provide Early Help and Intervention	Improve Support for Mental Health, Wellbeing and Recovery	Support Inclusive, Safe and Resilient Communities	Strengthen Support to Families and Carers
<p>Improve early and timely access to our services.</p> <p>People with complex health conditions are supported to remain independent with good health and wellbeing.</p> <p>Help divert people away from harmful behaviours that impact on their health and wellbeing.</p> <p>Improve services for the community that build on the individual’s family and community strengths and assets whilst focussing on the impact of trauma and recovery focussed provision.</p> <p>We will build capacity in our workforce to build intervention approaches for our people and families.</p>	<p>Support people to identify the signs of wellbeing concerns and how to address them.</p> <p>We will ensure that we will improve how we deliver person-centred support for people, focussing on transitions.</p> <p>Work with partners to improve mental health and wellbeing support for those experiencing inter-generational trauma, homelessness, care experienced and the justice system.</p> <p>Continue to strengthen inter and intra relationships with all HSCP services.</p> <p>Through reviewing our commissioning strategy, we will strengthen our intentions to focus on people who have more complex needs.</p>	<p>Our children and young people will be provided with the effective care and support to keep them safe in their communities.</p> <p>Continue to welcome people new to Scotland.</p> <p>We will support people with less positive outcomes to live healthy, constructive, and purposeful lives within their community.</p> <p>We will work with our community to challenge the impact of stigma for people who have mental health and addictions.</p> <p>We will develop closer working relationships with local employability providers to improve access to work.</p>	<p>People will be at the heart of all decisions.</p> <p>In partnership we will provide services that support families and carers to keep family members at home.</p> <p>We will support the families and carers of people with less positive outcomes to live healthy, constructive, and purposeful lives within their community.</p> <p>We will provide support to people who can no longer remain in the family home helping them to avoid homelessness.</p> <p>We will implement the outcome of the respite review to deliver different models of care.</p> <p>Our workforce will be trained in evidence-based models that help strengthen the capacity of families and carers.</p> <p>Building on the assets of families, we will identify supports that are underpinned by the principles of the Self-directed Support (SDS) options.</p>
OUR ENABLERS	Service Redesign	Local People and Communities	Local Partners
	Our Workforce	Our Financial Plan	Equality Outcomes Plan
	Local Outcomes Framework	Commissioning Plan	Housing Contribution Statement
OUR PERFORMANCE	Local Performance Measures	National Integration Indicators	LGBF Indicators
	Local Outcomes Framework	MSG Indicators	

Introduction

Welcome to the Inverclyde Health and Social Care Partnership (HSCP), Strategic Partnership Plan for 2024 to 2027. This plan will set out our key vision, priorities, and approaches as we continue, with our local partners, to improve the health, wellbeing, and life chances of the people of Inverclyde. The plan recognises the unique challenges that Inverclyde faces and has faced for many years, in particular the prominent levels of deprivation, poverty, and health challenges, compared to other parts of Scotland.

This plan succeeds our previous five-year Strategic Commissioning Plan that was published in 2019. Since that time, we have worked to deliver the Six Big Actions it detailed. How we progressed towards those actions and what we have achieved over the life of that plan can be found in our Annual Performance Reports (APR) available on our website here, [Strategies, Policies and Plans - Inverclyde Council](#)

This plan sets out four new strategic priorities, which will be our key focus over the next three years. These priorities will help guide how we work as an organisation and with our partners, as we continue to bring health and social care services to local people at the right time and in the right place. We will focus on providing local people with support at the earliest stage possible; improving the wellbeing of local people by addressing mental health concerns, harm from alcohol and drug use, and other factors; building on the assets and strengths in our communities; and strengthening support to families, carers, and households across Inverclyde. Focussing on these areas, our goal is that all people in Inverclyde have the knowledge, resources, and capacity to care for themselves more confidently and those around them now and in the future.

Underpinning this Strategic Partnership Plan is the need to address the significant inequalities that are present in Inverclyde. Inverclyde contains the most deprived data-zone in Scotland and over 40% of local people live in areas that are among the 20% most deprived in Scotland. This deprivation is not evenly spread throughout Inverclyde, but often focussed within specific communities. People living in these areas are more likely to experience less positive social, health and wellbeing, and economic outcomes than those from more affluent areas.

Through delivering on our new priorities and focussing our services where they are most needed, we aim to improve the health and wellbeing outcomes of all local people and reduce the impact of inequalities in our community. We understand making a significant impact and achieving a true change in our community's long-term wellbeing is likely to take time, certainly longer than the life of this plan. Improving the health and wellbeing of the people of Inverclyde is our long-term goal and the actions we take now will set us on the right course for the future.

This plan has been developed in collaboration with our key stakeholders, including local people, service users, our staff, and partner organisations.

Our Partnership

In Inverclyde, we are proud of the strong working relationships we have with local partners. We recognise that we cannot achieve our goal of improving the health and wellbeing of the people of Inverclyde alone. Instead, by working together with our partners in the third and independent sector, we can deliver improved care services and support for local people.

This plan is our partnership plan. Throughout this document, ‘We’ refers to our partnership between the HSCP and our local partners.

Inverclyde HSCP

Inverclyde HSCP is an integrated body, pooling together services from Inverclyde Council (Social Work and Social Care) and NHS Greater Glasgow and Clyde (Primary Care Services). A list of all the services delegated for delivery by the HSCP can be found in [Appendix B](#).

Our delegated services are delivered through our four service areas:

Children, Families and Justice

Health and Community Care

Mental Health, Addictions
and Homelessness

Finance, Planning and
Resources

It is the role of the HSCP to help improve and maintain the health and wellbeing of all people in Inverclyde. In undertaking this duty, we endeavour to work towards the Nine National Health and Wellbeing Outcomes set out by the Scottish Government. These outcomes are detailed in [Appendix C](#).

Partnership Working

The HSCP, recognises that it is not always best placed to provide local people with the care and support they need. This support is often better provided by Third or Independent sector organisations. As such, we are proud of the strong, embedded working relationships we have with our local partners in the Third and Independent sectors. These organisations have the skills and experience to provide meaningful support and care to local people at home or in a local community setting.

Over the life of this plan, we will continue to work with as a partnership to deliver safe and effective care services, build on the strengths and assets in our communities and address any gaps in services through effective joint commissioning. More information on our local partners can be found in our Key Enablers section, [here](#).

Defining Strategic Commissioning

This Strategic Partnership Plan is, in effect, our Strategic Commissioning Plan. Strategic commissioning is the process by which public sector organisations identify key goals and set out how they will achieve them. In setting a strategic commissioning plan, organisations consider the needs of the people they support and identify the priority areas for action. From this, organisations can set goals, develop plans, and align resources to address local priorities.

For Inverclyde HSCP, commissioning means ensuring services are in place and appropriate to meet the needs of local people and support them to achieve positive health and wellbeing outcomes. In many cases this will mean redesigning our own HSCP services to improve support to local people, in other cases this will mean procuring services from third and independent sector partners. Through this Strategic Commissioning Plan, the Inverclyde Integration Joint Board (IJB) will endeavour to shape local health and social care services to better address local priorities and improve the long-term health and wellbeing outcomes of local people. This plan will also allow us to meet the Principles of Integration, as set out in the Public Bodies (Joint Working) (Scotland) Act. These principles are detailed in [Appendix D](#).

IJB Governance

The image below shows the governance structure of Inverclyde IJB, highlighting its relationship with the parent organisations of Inverclyde Council and NHS Greater Glasgow and Clyde and identifies some of the key governance and strategic groups that support it.

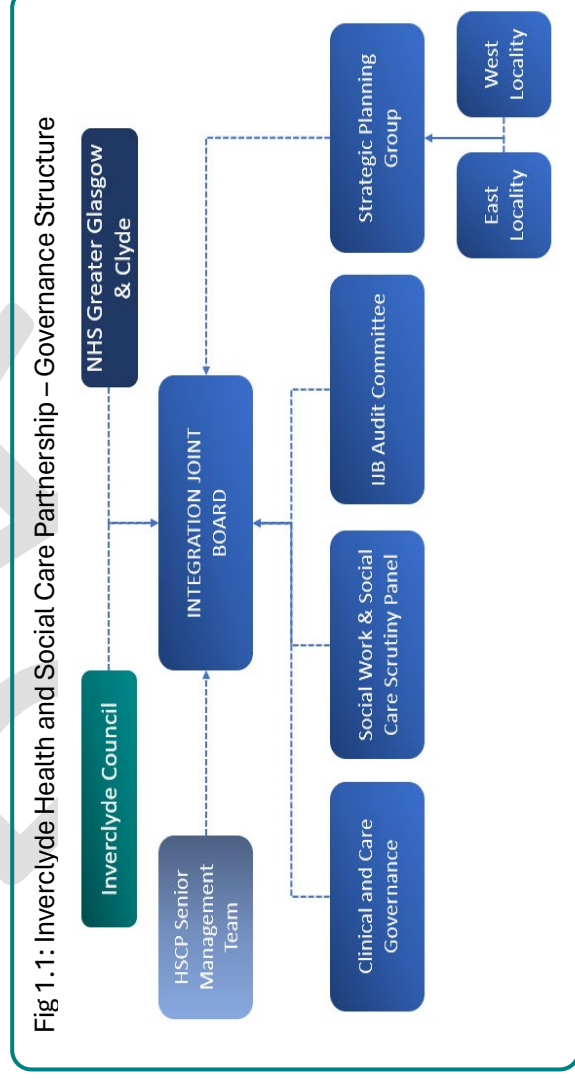


Fig 1.1: Inverclyde Health and Social Care Partnership – Governance Structure

Our Vision, Ambitions and Priorities

Through our services, our support and local collaboration we hope that all people in Inverclyde, can live a full, healthy life and face no barriers to accessing opportunities or achieving positive outcomes. This is captured in our Partnership Vision, which is:

Inverclyde is a compassionate community, working together to ensure people live active, healthy, and fulfilling lives.

We recognise that local challenges and barriers exist that may prevent people from realising this vision. The [Inverclyde Adult Health and Wellbeing Survey \(Feb 2024\)](#) produced by NHS Greater Glasgow and Clyde, has highlighted that post pandemic the local inequalities in Inverclyde has increased. These inequalities must be addressed if we are to improve the health, wellbeing, and life chances of local people.

We are ambitious for our people in Inverclyde and recognise our responsibilities to improving health and social care outcomes.

The challenges will not be overcome by continuing to do things the same way they have always been done. We will work differently, together, along with other key partners, to improve services, improve health and wellbeing outcomes and focus on reducing inequalities. This will contribute to our vision that Inverclyde is a caring and compassionate community working together to address inequalities and assist people to live active, healthy, and fulfilling lives.

Our ambitions

Our ambitions are that:

- We will listen and learn from our people, staff, and communities to ensure that they access and receive the right service at the right time, in the right place when needed the most.
- We will target our resources and services in the communities where they are needed the most.
- We will build on our delivery of providing safe and effective care in a timely manner.
- We will ensure that our services are trauma informed whilst focussing on improvement and recovery.
- We will co-design our health and social care services in partnership with our local people.

- We work with local partners in the third and independent sector to support people with complex health conditions to live full and independent lives.
- We will provide families and carers with advice and support in order that they continue in their caring role.
- Our workforce is empowered to work differently in strengthening our response to individuals, families, and communities.
- People who require our services, who have complex needs are supported through key transitions in life.
- We will take a system wide approach to ensure future care planning is prioritised as an essential part of our response to people.
- Everyone in Inverclyde who needs palliative and end-of-life care receives high-quality, compassionate care that respects their needs and wishes, wherever they choose to be cared for and that the system provides support from the initial diagnosis through to end-of-life care.

Our Priorities

We are ambitious for the health and wellbeing of the people of Inverclyde. Despite the challenges the local area faces, we believe that all local people can live their lives in good physical and mental health and achieve their full potential. Through our development of this plan, we have identified four strategic priorities that will replace the six-big actions from our previous plan. In working towards our vision, we shall seek to:

Provide Early Help and
Intervention

Improve Support for
Mental Health,
Wellbeing and Recovery

Support Inclusive, Safe
and Resilient
Communities

Strengthen Support to
Families and Carers

What our priorities mean and how we will work towards them over the life of this plan, are set out in the following sections.

PROVIDE EARLY HELP AND INTERVENTION

What this means: To help improve the health and wellbeing of local people, we need to work differently. We must focus on supporting people at an earlier stage and minimising the impact of health and wellbeing concerns as they arise.

Through the life of this plan, we will seek to improve our early help and intervention approaches. Through working with our local partners, we can identify, develop, and commission local community-based programmes that focus on the health and social care needs of local communities, supporting local people to make healthier choices and more effectively manage any health or wellbeing concerns they have.

From an HSCP perspective, we will improve how people access our services. We will redesign our ‘front door’ ensuring that when people need our support, and regardless of where or how they contact us, we will ensure they are directed to the right service for them.

Why this is a priority: By supporting people at the earliest possible stage, we improve the likelihood of preventing concerns growing into much more complex issues that require greater, and often longer-term, interventions from statutory services. This is true across all aspects of health and social care, including those with health or wellbeing concerns and for those with complex social issues.

By working differently and through closer collaboration with local partners, we will ensure people get the right service at the right time and make local health and wellbeing services more sustainable in the long-term.

What this means for you: You will have a greater range of accessible local health and wellbeing support options available in your community. Through these supports, you will have improved access to advice and support to help address any concerns you have as soon as they arise. When you need to access HSCP services, you will be guided quickly to the right service for you.

What we will do to deliver this priority:

No.	Strategic Actions	Desired Outcome
1.1	We will develop our earlier intervention approaches, with partners, which build on the strengths of families to give their children the best start in life and to provide the right support to families who need it, at the right time.	Families and children are supported earlier and effectively to achieve positive outcomes
1.2	We will deliver to people and stakeholders a series of workshops that promote self-help and recovery for people who experience mental health and wellbeing concerns.	People are aware of what to do to support their own mental health and wellbeing of those around them.

Classification - No Classification

1.3	We will streamline the HSCPs 'front door' pathways, supporting people to get to the service they need as soon as possible.	Local people are supported to access the services that are right for them.
1.4	We will ensure people with complex health conditions or disabilities are supported proactively to ensure they remain independent and maintain good health.	People are provided with the right timely support and live independently in their own community.
1.5	We will develop with our partners an outreach strategy for those experiencing harm from alcohol and drug use improving pathways for treatment.	We will continue to improve accessibility and pathways to treatment for people experiencing harm from alcohol and drug use.
1.6	We will review our local commissioning arrangements to ensure there is an appropriate breadth of available local support for those experiencing harm from alcohol and drugs.	There is a range of available support options for people experiencing harm from alcohol and drug use in their recovery.
1.7	Work with partners to deliver early intervention approaches which help divert people away from involvement in offending.	People are supported to move away from offending at the earliest opportunity.
1.8	We will undertake a future needs assessment to ensure that we are able to provide a range of housing supports that reduces homelessness.	More people in Inverclyde are supported to avoid homelessness.

IMPROVE SUPPORT FOR MENTAL HEALTH, WELLBEING AND RECOVERY

What this means: Many people in Inverclyde are living with wellbeing concerns because of mental health conditions or experiencing harm from alcohol or drug use. Some people will have more complex concerns than others and as such, support needed will vary from person to person.

Many low-level wellbeing concerns can be effectively managed at home or in the community with the right local support and advice, while more complex conditions and addictions will require medical intervention and on-going support throughout an individual's recovery. We will also support people to recognise and value the strengths and assets in their life that can support their recovery, including a caring family and positive social networks.

Through the life of this plan, we will help people to access the right service for them and ensure they have the right support throughout their recovery journey.

Why this is a priority: The number of people with mental ill health concerns has continued to grow over the past few years and Inverclyde is consistently one of the highest areas experiencing harm from alcohol and drug use. These concerns are felt across our communities and impact people of all ages. Our needs assessment and feedback from our communities tells us that addressing mental health and harm from substance use is a key priority.

The current challenges we face in terms of the recovery from the pandemic, the cost-of-living crisis, and other concerns, are likely to have impacted on the overall wellbeing of local people, resulting in even higher levels of mental health concerns and those experiencing harm from alcohol and drug use.

More needs to be done to support people with wellbeing concerns, and this begins with helping people to improve their understanding of the early signs and symptoms and knowing what steps they can take to address these.

What this means for you: We will ensure there is the right support available for you to address your wellbeing concerns and support you in your recovery from severe mental illness or addiction. In supporting you to recover from the challenges you face, we will consider the wider aspects of your life, ensuring we provide a holistic approach in your recovery and help you to recognise the support networks you have in your own family and community.

What we will do to deliver this priority:

No.	Strategic Actions	Desired Outcome
2.1	We will improve ways for access to mental health and emotional wellbeing services for children, young people, and their families.	Children and young people get the right support at the right time and right place.
2.2	We will work with partners to improve access to mental health and wellbeing support.	People will receive timely support from the most appropriate service.
2.3	We will support our people to self-manage the impact that mental ill health has on their life.	People will be able to self-manage their mental ill health.
2.4	We will review processes to support people with mental ill health care plans in a person-centred, strengths and rights-based way.	People with complex mental health conditions are fully involved in the design and delivery of their own care plans.
2.5	We will develop processes for capturing information about the outcomes of people living with mental illness and their unpaid carers.	We will use this information to support the development of services and improve outcomes.
2.6	We will deliver tiered suicide prevention training across the HSCP and partners, through local delivery of the Creating Hope Together Strategy.	Our workforce and partners are more informed when supporting those at risk of suicide.
2.7	We will deliver a test of change to improve the interface between Alcohol and Drugs Recovery Services (ADRS) and emergency mental health services.	People with urgent care needs relating to mental health and substance use have improved support with the right care at the right time.
2.8	We will work with partners to review and improve our pathways to residential rehabilitation, for those experiencing harm from alcohol and drug use.	People who need residential rehabilitation for treatment for alcohol and drug use have timeous access to this service.
2.9	We will support the mental health and wellbeing of those experiencing homelessness by improving access to both statutory and third sector services.	People experiencing homelessness have access to effective mental health and wellbeing supports.

SUPPORT INCLUSIVE, SAFE AND RESILIENT COMMUNITIES

What this means: Our communities are essential in supporting us to live safe, healthy, and active lives. Community based resources and networks should be the first port of call whenever we have a health or wellbeing concern. We hope to build on the assets in our communities to ensure that local people have the local resources they need to thrive and become the expert navigators of their own lives.

Inverclyde is home to many groups who often feel isolated from their own community. These groups may include cared-for young people, isolated older people, people new to Scotland, those with substance use concerns, people with experience of the justice system and homeless people. As a caring and inclusive partnership, we will work with partners to provide support to ensure that all residents, particularly the most vulnerable are able to become valued and included members of their community. As part of this, we will support communities to address stigma that often surrounds specific groups or communities.

By doing so, we make our communities more inclusive and welcoming places for all.

Why this is a priority: Inverclyde is home to many strong and resilient communities with residents who are proud of their areas. We understand that people in many our communities have faced significant challenges over the past few years, with those in our more deprived areas experiencing challenges more than those in more affluent areas. Feelings of social isolation, a sense of belonging and safety are higher in our more deprived areas. In these areas, levels of trust are lower, people are less likely to value friendships or be part of local groups or clubs. These aspects can negatively impact the wellbeing and behaviour of local people.

We will support people to feel valued members of their community and encourage positive behaviours through meaningful social interactions and service provision.

What this means for you: We will ensure your community has the resources needed to support you, and those around you, to live a good and healthy life. In addition, by supporting isolated groups to become a greater part of their communities, Inverclyde will become a stronger, more welcoming, caring, and supportive place.

What we will do to deliver this priority:

No.	Strategic Actions	Desired Outcome
3.1	We will ensure more children and young people who are looked after away from home are able to remain in Inverclyde	Children are more connected to supportive, local communities

3.2	We will work with partners to challenge stigma within services and communities across Inverclyde.	People are kinder to each other, and the harmful impact of stigma is reduced.
3.3	We will deliver awareness sessions across Inverclyde communities that informs people of self-management and self-care and helps them to feel connected.	People feel more confident, connected, and safe in their local communities.
3.4	We will create content and campaigns across a range of different platforms (both face to face and online) across the partnership to improve awareness of supports available within our community.	People have greater access to information on health and wellbeing services and are more informed on available supports.
3.5	We will work in partnership with people with lived and living experience of harmful alcohol and drug, to ensure they are involved in future service development.	The views of people with lived or lived experience of alcohol and drug harms are valued and used to inform improvements in local services.
3.6	We will support more people completing unpaid work to benefit the local area as part of their community sentences.	Our community will recognise the benefit of unpaid work in improving their local environment.
3.7	We will ensure our communities have improved opportunities in sustainable employment, education, or volunteering opportunities.	We have improved opportunities for people to access meaningful education, employment of volunteering opportunities.

STRENGTHEN SUPPORT TO FAMILIES AND CARERS

What this means: Living in a nurturing and caring household has a positive impact on a person’s life chances and outcomes. Our family networks often become our carers at different life stages, ensuring we are supported and nurtured; it is therefore important to ensure families and carers are supported to provide nurturing care for their loved ones. Families can experience challenges for many reasons, and a range of supports can enable them to build on their strengths and capacity to give their children the best start in life, manage the impact of complex health conditions and support carers who provide long-term care to loved ones.

Why this is a priority: Families and carers in Inverclyde may face significant challenges that place additional stress on a household, including financial worries, mental health, impact of addictions, and long-term complex health conditions. These factors can have a greater impact on people living in communities with higher levels of deprivation and poverty. Effective, proportionate support, that builds on the strengths of families and carers by working closely with them to navigate these challenges, can provide them with the right support at the right time. Building this scaffolding of support with families and carers can also help to reduce the need for formal social work or health interventions.

What this means for you: There is support for you as a parent, a carer, a brother, a sister, a relative, or a neighbour to help you in your role as you care for your family and loved ones.

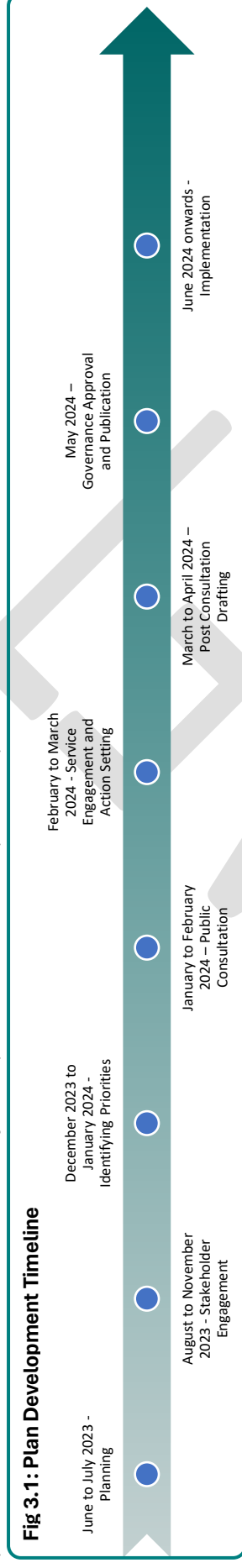
What we will do to deliver this priority:

No.	Strategic Actions	Desired Outcome
4.1	We will, in partnership, develop whole family models of support to strengthen family capacity and provide early help/support.	More families accessing community-based early help and support services.
4.2	We will develop ways of working that build and support the capacity of families.	We have supported families with to increase their confidence in their caring role.
4.3	We will ensure people’s plans include the view of families and carers.	Families and carers feel more involved in the decision making and care planning for the cared for.
4.4	We will consult and develop our Inverclyde Carers Strategy for adults and young carers	There is wider awareness of the supports available to carers including respite and short breaks.
4.5	We will ensure all families and people who provide care and support to a loved one will have access to a carers assessment.	Families and carers who undertake the caring task will be offered a carers assessment.

4.6	We will ensure our staff are confident in the principles and practice of self-directed support, to maximise choice and control for people and unpaid carers.	More people access the wider range of SDS options following positive and supportive conversations with our workforce.
4.7	We will support families to help avoid homelessness.	People who must leave their family home will be supported in finding another tenancy option.
4.8	We will develop ways of working that build and support the capacity of families.	We have supported families with to increase their confidence in there caring role.
4.9	We will work with partner agencies to ensure families of people involved with offending are effectively supported.	Families of people involved with offending experience improved support.
4.10	We will support families to help avoid homelessness.	People who must leave their family home will be supported in finding another tenancy option.

Developing the plan

This plan has been the culmination of months of development as we have collaborated with colleagues, stakeholders, and local people. This plan should be meaningful to the people of Inverclyde, and particularly those who use or rely on the services we, the HSCP and our local partners, provide. The timeline below shows our journey as we have developed this plan.



Our development approach was approved by our Strategic Planning Group in July 2023. It set out our key steps, including prioritising engagement with local people and stakeholders, reviewing the Six Big Actions identified in the previous Strategic Plan, considering the findings from our Strategic Needs Assessment (SNA), and undertaking a review of relevant local and national policies and plans. More detailed information on how we developed this plan can be found in our Participation and Engagement report, which can be found here:

https://www.inverclyde.gov.uk/assets/attach/17087/Strategic-Plan_2024_participation-and-engagement-paper.pdf

Local Engagement

As highlighted, we prioritised local engagement as a key aspect to developing this plan. We considered it essential that those who receive or deliver health and social care services in Inverclyde had an opportunity to input their ideas to the plan. Our engagement approach was delivered under the direction of our SPG and overseen local conversations with a range of service users, patients, carers, staff, and service providers.

Between August and November 2023, we undertook the following engagement activity alongside local partners:

- CVS Inverclyde facilitated four workshops with local third sector organisations.
- Hosted four virtual sessions with HSCP staff.
- Joint IJB/HSCP Stakeholder Session held in November 2023, hosted by Inverclyde Community Learning and Development (CLD).

- Your Voice Inverclyde delivered several engagement activities including:
 - Four drop-in sessions and six public engagement sessions.
 - Achieving 14,366 online impressions through social media with 155 responses to online surveys
 - Focused engagement on Primary Care Services with 181 survey responses.
 - Attracting 257 survey responses from local carers, following working with Inverclyde Carers Centre.

Feedback from these engagements helped us to formulate our revised vision, and our four new strategic priorities. In addition, other helpful feedback included:

“The big actions are too wordy – they need to be more meaningful to the people of Inverclyde.”

“Tell us how you are going to make change in our communities, how do we address gaps in services?”

“Accessing services should not be so challenging; it should be smoother.”

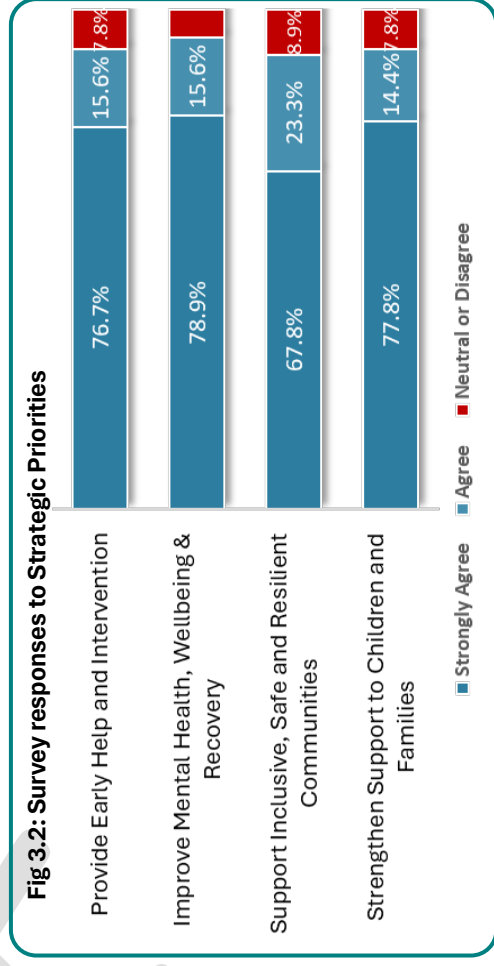


Consulting on our Priorities

From 19th January to 17th February 2024, we undertook a further consultation asking local people and stakeholders to comment on the proposed strategic priorities. In total, **90** people responded to this consultation, with the majority in favour of the new priorities, as evidenced in figure 3.2.

The HSCP will now progress these priorities through this plan.

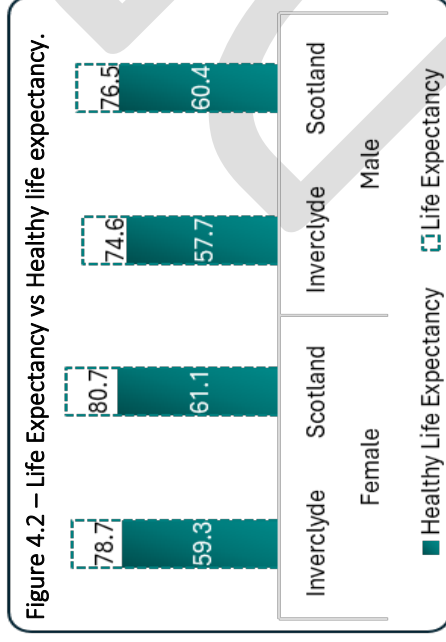
Following this feedback, a series of engagements were held with each HSCP service area to identify appropriate actions to progress against each priority. These will make up the main action plan within the overall Strategic Commissioning Plan and set out what we hope to achieve over the life of this plan.



Our challenge and Approach

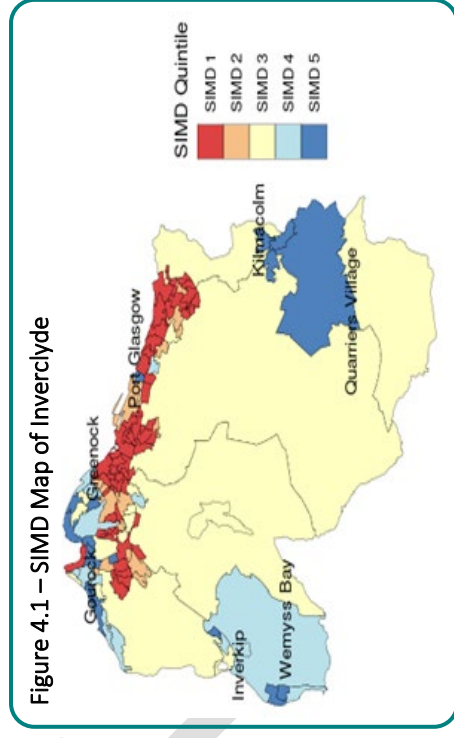
The level of poverty and inequality in Inverclyde is stark. According to the Scottish Index of Multiple Deprivation (SIMD), the levels of poverty and deprivation in Inverclyde are, proportionately amongst the highest in Scotland. It reports that **43%** of local people live in areas that are among the most deprived in the country (SIMD 1). This is second only to Glasgow, where 44% of the population live in SIMD 1 areas.

People living in those areas are more at risk of the negative impacts of poverty and deprivation. As a result, they are more likely to experience several adverse outcomes, including physical health challenges, complex long-term medical conditions, negative mental health and wellbeing, social exclusion, and food insecurity.



An example of the impact of the high-level of poverty in Inverclyde is the life and healthy life expectancy for local people. Over the past few years, the life expectancy for people has fallen. As demonstrated in figure 1.2, in the most recent reporting period, life expectancy for women in Inverclyde was 78.7 years, for men it was 74.6 years. These are both two years lower than the Scottish average. In terms of the healthy life expectancy, again women can expect to live only 59.3 years of their life in good health, and men 57.7 years. Again, these are lower than the Scottish average.

While levels of poverty and deprivation are high in Inverclyde, they are not spread evenly among the population. As figure 1.1 shows, areas of high deprivation are not dispersed across Inverclyde, instead high deprivation areas are clustered across specific communities, particularly in Port Glasgow and the East End of Greenock.



As a result, levels of inequality in Inverclyde are high with many people and communities experiencing significantly less positive social, economic and health and wellbeing outcomes than residents in least deprived areas.

For example, the latest SIMD publication highlights that there are significantly more observed deaths in Inverclyde's most deprived data-zone (Greenock Town Centre and East Central – 02), compared to the Inverclyde average. Counter to this, there are significantly less deaths in the least deprived data-zone (Kilmacolm, Quarriers, Greenock Upper East/Central – 03).

As highlighted, highly deprived data-zones do not stand in isolation but are often part of a wider community cluster of low-ranking data-zones. As an example, the community of upper Port Glasgow contains 13 data-zones, nine of which are in SIMD quintile one. A review of available health and social care information has highlighted that in upper Port Glasgow, people experience significantly more health and wellbeing concerns than Inverclyde's more affluent areas.

To really have an impact and improve the health and wellbeing and life chances of the people of Inverclyde, we must consider all our actions through an inequality's lens. It is essential that going forward, as we re-shape our services, we focus our resources into the right places, ensuring that all local people can get the right service, in the right place at the right time.

Our Approach

To improve local health and wellbeing outcomes for the people of Inverclyde, as a partnership, we must do things differently. We must ensure that our services are available in the right place at the right time. We understand that a people across Inverclyde face barriers to accessing the services they need, this could include transport issues, uncertainty around what services they should access, perceived stigma around support needs or even unavailability of appropriate services.

Going forward, working with our partners, the HSCP will endeavour to focus resources and commissioned services in areas of great need.

Addressing Inequalities

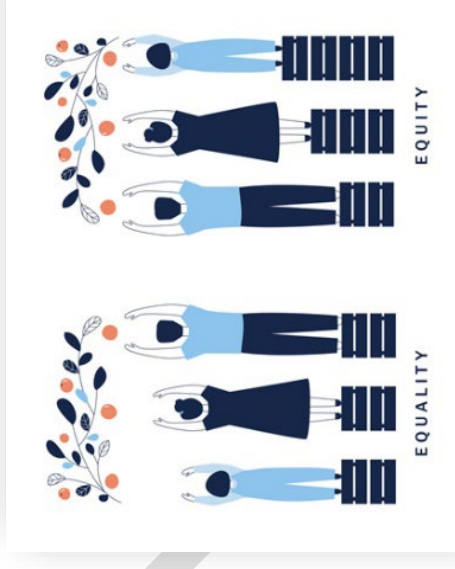
Through delivery of our strategic priorities, we aim to address the high levels of inequalities across Inverclyde. We recognise that in general, people share the same goals and desired outcomes in respect to their health, wellbeing, and aspirations. We also know that not everyone has the same access to positive opportunities, and many face additional challenges and barriers that negatively impact their life chances.

To help reduce inequalities and ensure all people in Inverclyde have the same opportunities to live healthy and active lives, we must focus our resources to those who need them most. We must be mindful that in Inverclyde, we are all part of the same community, with similar goals, we simply have different paths to achieving them. As demonstrated in the pictorial below, we will all require different supports to reach the same outcome.

In the case of the health and wellbeing of the people of Inverclyde, our universal goals are alluded to in our vision. We hope to:

- o Live our lives with good physical and mental health.
- o Be free from harm, abuse, and neglect.
- o Live a fulfilling life, free from the effects of poverty, inequality, and crime.

Over the life of this plan, we will develop our approaches to addressing inequalities and seek to support those most in need to achieve our universal goals. We will work to ensure our resources are distributed equitably to improve positive outcomes for those most in need.



Person Centred and Trauma Informed

As a partnership, we understand that everyone is different and that no one's experience is truly the same as anyone else's. As a result, everyone's needs are different. To provide effective care, we must ensure people are at the heart of the care-planning journey. The process should be focused around the individual and any care plans should be developed through co-production with individuals, their families and carers, and staff. We will continue to upskill our staff to deliver our person-centred approaches that ensure the wishes, opinions and concerns of people are considered throughout their care journey.

We also recognise the importance of supporting people to effectively take part in this planning process, as such we will aim to improve the knowledge and confidence of local people to help them be active participants in their care planning journey.

In addition to being person-centred, we will ensure that Inverclyde HSCP is a Trauma Informed organisation. Trauma can be caused by several factors and can affect any of us at any time. Unfortunately, the prevalence of trauma is higher in areas with prominent levels of inequalities and is likely to have been enhanced over the past few years due to the Covid-19 pandemic. People who have experienced trauma may be more likely to experience health and wellbeing challenges or concerns, and may be mistrusting of support services.

As a workforce, we will employ trauma informed approaches across all staff groups, ensuring that when people access our services, they feel supported, respected, and safe. By building positive relationships, we can support people work through their trauma and help improve and maintain their health and wellbeing in the long-term.

Empowering Communities Through Partnership Working

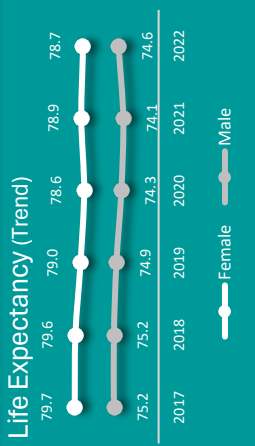
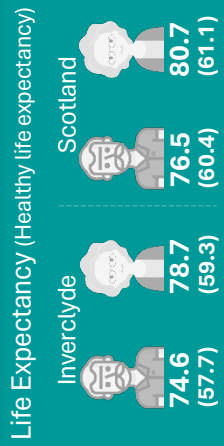
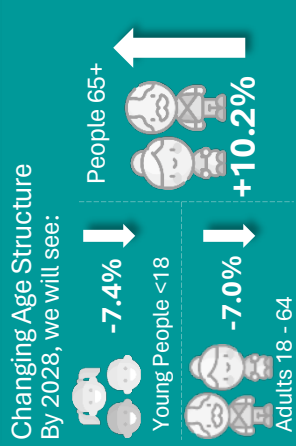
Our path for people to live healthier lives rests within our local communities. Our homes and local networks are our key assets to staying well and achieving positive outcomes. As identified above, the high levels of inequalities in Inverclyde means that many communities in Inverclyde are not well equipped to provide effective support to residents.

The Inverclyde Adult Health and Wellbeing Survey (2024) highlighted that social capital (*the network of supportive and trusting relationships among people in communities*) in our most deprived areas is lower compared to more affluent communities. The survey highlighted that in deprived communities, people have fewer positive views of trust, less likely to value friendships or social support and are less likely to be involved in local clubs or groups. In addition, those in more deprived areas are more likely to experience feelings of social isolation and are less likely to feel part of their community.

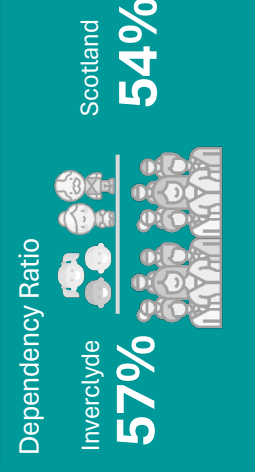
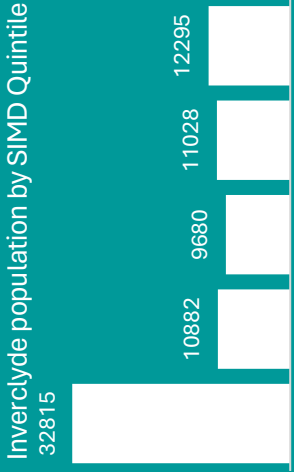
We believe all people should have a positive opinion of their communities and recognise it for the asset that it is. Going forward, we will work with our local partners to help empower local communities. As part of this, we will seek to focus our resources where they are most needed and deliver more community-based care services. Also, through regular engagement activities, we will improve health and wellbeing literacy in our communities, supporting people to confidently identify concerns as they arise and understand the best course of action to address them.

Inverclyde Today – Key findings from our Strategic Needs Assessment and other local information

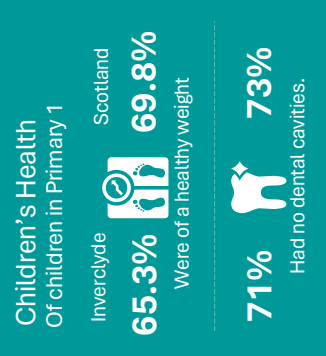
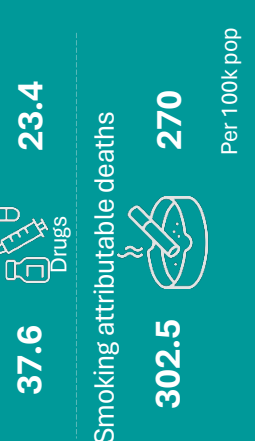
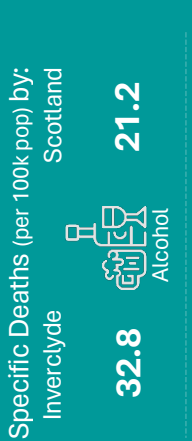
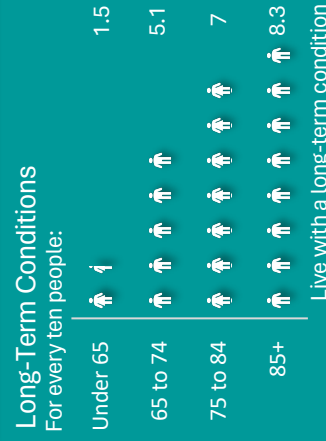
Demographic Challenges



Local Deprivation



Health and Care Challenges



Related Plans and Policies

In developing this plan, we have been mindful of the wider national and local policy landscape. It is essential that our plan is informed by relevant national strategies and complements other local delivery plans. A sample of the strategies and plans that impact how we operate are set out below.

National and Local Statutory Plans

The Independent Review of Adult Social Care and the National Care Service



The Independent Review of Adult Social Care in Scotland was published in 2021 and was supported by an Advisory Panel comprising Scottish and International experts. The core remit of the review was to “recommend improvements to adult social care in Scotland.”

The report describes social care as a “springboard, not a safety net.” Inverclyde HSCP strives to focus on that springboard, lifting people up and supporting empowered, independent people and communities. “Everyone in Scotland will get the social care support they need to live their lives as they choose and to be active citizens. We will all work together to promote and ensure human rights, wellbeing, independent living, and equity.”

The full report can be found here <https://www.gov.scot/publications/independent-review-adult-social-care-scotland/documents/>

Recommendations from the review informed the development of the National Care Service (NCS) Scotland Bill which was submitted to Scottish Parliament in June 2022. The Scottish Government’s emerging plan on the creation of a NCS continues to develop, engagement work continues and at this time the extent of change is undetermined, however it is likely to have significant implications for HSCPs.

This Strategic Commissioning Plan has been developed based on what is currently known to us at this time. Any significant changes in the national landscape, will be considered locally in terms of its potential impact on our ability to deliver this plan. As the NCS bill develops, we will endeavour to contribute to national consultations and engagement opportunities.

National Carers Strategy

The Scottish Government published its [National Carers Strategy](#) in December 2022. It underlines the value that carers across Scotland bring to the health and social care sector and highlights the importance to support them in their caring role. The strategy details the challenges that carers face, including the ongoing impact of Covid-19, the cost-of-living crisis, and the personal health and wellbeing impacts they can experience. The key themes of the strategy intend to put the individual carer at the centre and focus on five distinct aspects of unpaid carer support are:

- Living with Covid-19
- Recognising, valuing, and involving carers
- Health and Social Care Support
- Social and Financial Inclusion
- Young Carers



In Inverclyde, the National Strategy will guide us as we seek to improve supports to local carers.

National Drugs Mission

In 2021, the Scottish Government announced its national mission to reduce drug related harms and deaths. Its key approaches involved, faster access to support services, improved front line drug services, holistic support throughout the recovery journey, and greater capacity for residential rehabilitation. The Mission allocated £50m per year that is distributed across Alcohol and Drug Partnership areas. The mission will seek to reduce deaths and harms through key approaches, including:

- Emergency life-saving interventions (naloxone, safe consumption, targeting those at risk)
- Implementation of Medication-Assisted Treatment (MAT) Standards
- Aligning the wider policy landscape on poverty, deprivation, trauma, and adverse childhood events to support drug prevention.
- Supporting the wider complex needs of people with addictions, including mental health, homelessness and contact with the justice system.
- Improved support to affected children and families.

More information on the national drugs mission can be found here: <https://www.gov.scot/policies/alcohol-and-drugs/national-mission/>.

Inverclyde Alliance Outcomes Plan (2023-33)

In 2023, the Inverclyde Alliance published their local outcome improvement plan. This plan sets out a wider vision for Inverclyde to achieve, 'Success for all – getting it right for every child, citizen and community.' The plan identified five themes of the people of Inverclyde:

- Empowered People
- Health People and Places
- A Thriving Place
- Working People
- A Supportive Place

As a member of the Inverclyde Alliance partnership, the HSCP has a key role to play in supporting the identified themes. We believe the Alliance's Vision and themes are closely aligned to our own vision for the people of Inverclyde and our new strategic priorities.

Inverclyde Children's Services Plan 2023-2026



Inverclyde Children's Service Partnership has produced an Integrated Children's Services Strategic Plan for 2023-26 which includes an improvement plan focussed around the four key outcomes they hope to realise for children, young people, and families by working together.

The vision for children and their families within Inverclyde remains as follows: 'A Nurturing Inverclyde will give our Children and Young People the Best Start in Life' 'Nurturing Inverclyde' was developed by our Community Planning Partnership (CPP) the Inverclyde Alliance in 2012.

This Children's Services Plan is very much a continuation of the previous Children's Services Plan (2020-23), building upon what has worked well and what can be improved further. Through the lifetime of this plan the key focus will continue to be progressing the delivery of more integrated services wherever possible and working together to support children and their families in Inverclyde.

<https://www.inverclyde.gov.uk/assets/attach/16822/07-Inverclyde-Children-s-Services-Plan-1-003-DDA-Compliant.pdf>

Inverclyde Community Justice Outcomes Improvement Plan

The [Community Justice \(Scotland\) Act 2016](#) requires partners to publish a Community Justice Outcomes Improvement Plan (CJOIP) for each local authority area, outlining how they intend to reduce offending. The CJOIP outlines five strategic aims, four of which reflect the identified aims of the National Strategy for Community Justice (*Scottish Government 2022*) and a locally determined outcome. The five aims are:

- Optimise the use of diversion and intervention at the earliest opportunity (national).
- Ensure that robust and high-quality community interventions and public protection arrangements are consistently available (national).
- Ensure that services are accessible and available to address the needs of individuals accused or convicted of an offence (national).
- Strengthen the leadership, engagement, and partnership working of local and national community justice partners (national).
- Improve housing and homelessness outcomes for individuals in the justice system (local aim).

Within Inverclyde, the CJPIP its associated documents and annual plan requirements will be submitted to Community Justice Scotland and published at www.inverclyde.go.uk/communityjustice

Inverclyde JIB Equality Outcomes Plan

Inverclyde is a diverse community and is home to people from many divergent backgrounds and experiences, this includes people with protected characteristics or vulnerabilities. Often, these characteristics can negatively impact on an individual's personal outcomes or ability to access service. The Inverclyde JIB Equality Outcome plan will underlines our commitment to adopting human rights approaches within our services. These basic rights are based on shared values such as dignity, fairness, equality, respect, and independence. In addition, as part of our equality considerations, we will be mindful to ensure the United Nations Charter for the Rights of the Child (UNCRC) are considered when we consider services for children and young people.

Our equality outcomes plan will help ensure that we consider the needs of people with protected characteristics or vulnerabilities as part of our day-to-day business. This includes people who live in our communities as well as the people who work for the HSCP. Through implementation of this plan, we will help further ensure that Inverclyde HSCP is an organisation that values diversity.

Through the implementation of this plan, we will help:

- reduce discrimination.
- promote equal opportunities and,
- promote good relations between communities with protected characteristics and those who do not.

Our Equality Outcomes Plan can be found here [Include link.](#)

Local Policies and Approaches

Primary Care Improvement Plan

Primary care is often the first point of contact with the HSCP and NHS services, the Covid-19 pandemic significantly impacted the workload of GP practices and the way they need to interact with the people of Inverclyde into the future, it was therefore necessary for Primary care to transform their services. The partnership between community services, secondary care, primary care, GP practices, patients and local communities needed to be refreshed with a new dialogue about how primary care operates in the context of the whole health and social care system. Patients continue to look to their GP as the “gatekeeper” for their care and support, and we have a collective challenge to re-frame that perspective where the people of Inverclyde can access the right support from the right person at the right time. Through our Primary Care Improvement Plan (PCIP) and related activity we have been expanding primary care teams with new staffing roles to support more people in the community. This has included the development of:

- Advanced Nurse Practitioners (ANP)
- Advanced Practice Physiotherapist (APP)
- Community Link Workers (CLW)
- Community Treatment and Care Services (CTAC)
- Pharmacotherapy services
-

The Vaccination Transformation Programme (VTP) has also in the main been diverted away from general practice and delivered by the HSCP and NHSGGC Board. All of this should support local GPs to spend more time clinically managing patients in Inverclyde with their complex care needs.

More information can be found on our [Transforming Our Services](#), [Transforming Primary Care - Inverclyde Council](#).

Moving Forward Together

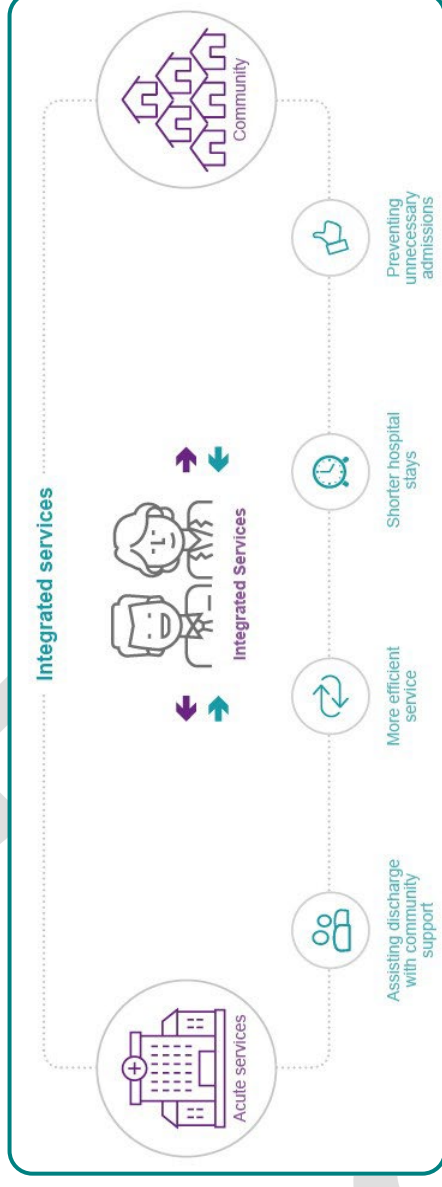
The way that health and social care services in NHS Greater Glasgow and Clyde are provided is changing. NHS GGCs Moving Forward Together (MFT) Transformation in Practice strategy provides a clear plan for change and compliments direction of this Strategic Partnership Plan. Delivery of the Programme will see improvements in care and outcomes for everyone, MFT describes a tiered model of services where people receive care as near to their home as possible, travelling to specialist centres only when expertise in specific areas is required and promotes greater use of digital technology and maximising the

utilisation of all resources, with a drive to ensure all practitioners are working to the top of their professional abilities. It recommends supported self-care and improved links between primary and secondary care.

This new system of care will be organised in the most effective way to provide safe, effective, person-centred, and sustainable care to meet the current and future needs of our population.

More information can be found on these pages

[Moving Forward together - NHSGGC](#)



Mental Health Strategy 2023-2028 (NHS Greater Glasgow and Clyde)

The NHS GGC Mental Health strategy refresh is part of the Moving Forward Together (MFT) programme. Strategies for Mental Health Services in GGC are aligned to the Scottish Government's Mental Health and Wellbeing Strategy [Scotland's Mental Health and Wellbeing: Strategy \(www.gov.scot\)](#) and the NHSGGC 'Healthy Minds' report [Healthy Minds Resource - NHSGGC](#).

The new NHS GGC strategy 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 five years. The Strategy refresh approach to implementation will include:



Classification - No Classification

- Promoting prevention options to improve wellbeing.
- A commitment to more established points of access and clear referral pathways.
- No wrong door approaches, with referrals to secondary specialist mental health services, not being sent back to Primary Care Services, but instead discussed and progressed between secondary specialists' services.
- Greater co-production with people with lived and living experience, and families and carers.
- A focus on inequalities including people with protected characteristics and those affected negatively by the socio-economic determinants of health and wellbeing.
- Improved faster access for those in mental health crisis.
- Self-management resources for people with long term mental health issues.

Greater Glasgow and Clyde: Alcohol Recovery Pathway:

In response to the increase in alcohol related harm and to ensure safe, effective delivery of practice, the Alcohol Recovery Pathway was developed to standardise quality alcohol care and treatment in Alcohol and Drugs Recovery Service (ADRS) across Greater Glasgow and Clyde (GGC).

The guideline is aimed at all staff involved in the care and treatment of individuals who use alcohol on its own or combined with other substances. The guidance recommends ten principles for the provision of care and treatment of adults with harmful, hazardous, and dependent alcohol use across GGC ADRS. These are:

1. "No wrong door" access to services.	2. Equality of treatment.
3. People have timely access.	4. Services are psychologically and trauma informed.
5. Access to mental health assessment and treatment at point of delivery.	6. Chronic disease management approach.
7. Informed choice of alcohol interventions.	8. Support to remain in treatment.
9. Clear pathways into other health, care, and recovery services	10. People have the option to have components of their treatment shared with primary care.

The pathway guidance will be used to inform the implementation of local alcohol service delivery in Inverclyde.

Inverclyde Arts and Creativity Action Plan (2024-29)

The Inverclyde Arts and Creativity Action Plan illustrates how participation in cultural activities can lead to improved health and wellbeing for local people. Informed by the success of the Inverclyde Culture Collective, and coordinated through the Inverclyde Cultural Partnership, the plan brings forward meaningful cultural activities that give voice to groups and individuals in communities, building on progress already made in addressing inequality of access to arts opportunities that can support overall health and wellbeing.

The plan recognises the value of the arts to overall population health and wellbeing, pursuing outcomes that include reducing anxiety, stress and depression; patient length of stay in hospitals; use of medications; tackling loneliness and social isolation; increasing personal and group motivation to dream of new horizons; having a positive impact on identity and the way we think and feel about recovery. Through close partnership working, there is immense potential to continue to reduce health inequalities and consolidate an approach of person-centred care through culture and arts. The existing strategy can be accessed [here](#): and the new Inverclyde Arts and Creativity Action Plan (2024-29) will be published at the end of 2024.

Our Key Enablers

To deliver on our priorities and work towards our vision, we will rely on the following enablers.

Children and Families Redesign

Following a launch day in February 2024, Inverclyde Children and Families Service will undertake a significant service redesign. This redesign will take place over the life of this plan and will aim to significantly change how we deliver services to keep children and young people in Inverclyde, safe, healthy, and able to achieve positive outcomes as they grow up. Overall, this approach will recognise the capacity of families to change, within the context of strong local communities, which continues to balance the risks, needs and aspirations of children and young people. In doing so, the focus of Children and Families services will include:

- Shifting the balance of care by reducing the need for external residential placements and develop more supports for children and young people to remain in Inverclyde or return to the local area.
- Earlier intervention approaches that enable family capacity to be strengthened
- Developing the skills of our workforce.
- Creating a tiered support model, ensuring all children and families receive the support that is right for them.
- Using evidence-based approaches that build on and support family capacity to provide safe care for children.

Relational practice will be integral to a model of tiered and targeted interventions, where the focus will be on strengthening relationships within families where children and young people are sustained in their families, homes, and communities.

Strategic Commissioning and Market Facilitation

When service users and local people are accessing services that are right for them. Inverclyde HSCP provides services and commission provision from both national and local providers from the third sector and the independent sector.

Our Market Facilitation and Commissioning Plan represents the communication with service providers, people who use services, carers, and other stakeholders about the future shape of our local Health and Social Care market. By implementing the plan, we ensure that we are responsive to the changing needs of Inverclyde service users. The Market Facilitation- and Commissioning Plan aims to identify what the future demand for care and support might look like and thereby help support and shape the market to meet our future needs.

We are committed to ensuring Inverclyde service users are well cared for and that people who need help to stay safe and well can exercise choice and control over their support. To deliver on this commitment we will work together in partnership with providers, people who use services and their family/carers. By working collaboratively, we help to increase choice, improve quality, strength and sustainability in locally commissioned Health and Social Care services.

In addition, Fair Work practices are embedded across all our commissioned services, ensuring people who are employed by the HSCP, or our commissioned partners have fair pay and positive working conditions. By embedding these fair work approaches, we ensure our whole workforce can provide safe, quality, and dignified care to people who use our services.

In addition, our Care at Home services are recognised within Unison's Ethical Care Charter, this ensures the quality of our services are continually monitored and that quality of care is valued more than anything else.

People and localities

We believe people are one of the most important assets in Inverclyde, by working closely with you and learning from your experience, we can more effectively support your health and wellbeing and improve how we deliver our services.

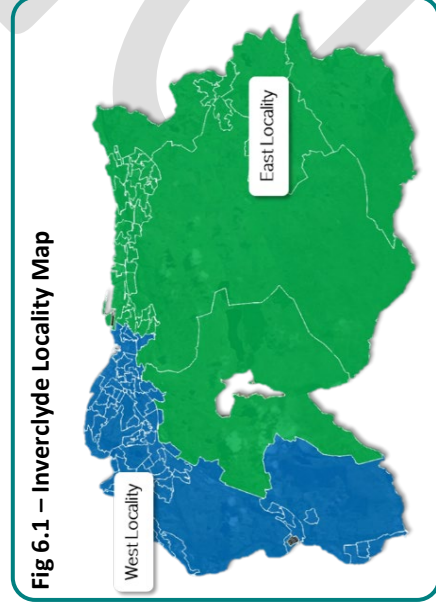


Fig 6.1 – Inverclyde Locality Map

We will continue to deliver our two locality planning groups, having focused conversations in our communities about what matters most to you.

Our East locality covers the communities of Kilmacolm, Port Glasgow and East Greenock.

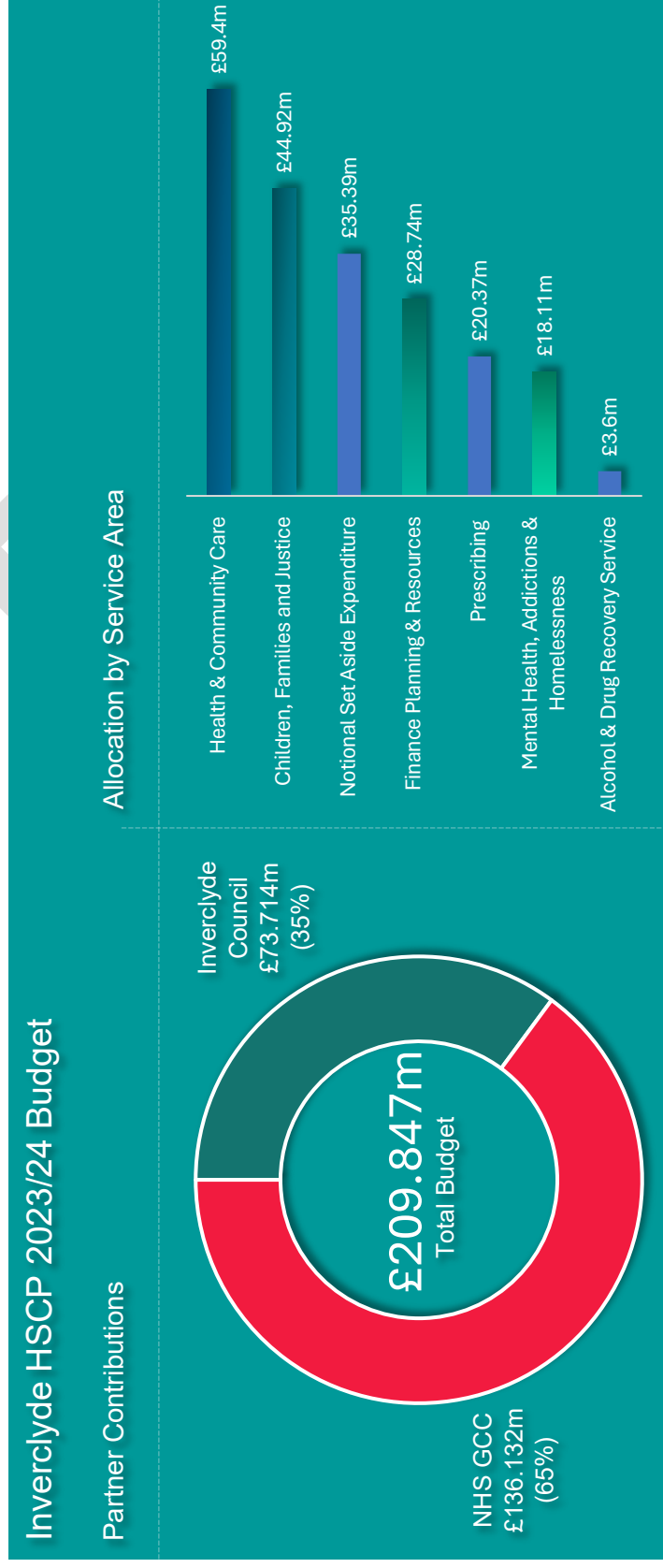
Our West locality covers Greenock Central, Greenock West, Gourrock, Inverkip and Wemyss Bay.

Information on how you can participate in our locality discussions can be found on our website. [HSCP Locality Planning Groups \(LPGs\) - Inverclyde Council](#)

We will also continue to collaborate with our staff and partners to ensure services users and local people are regularly engaged and listened to.

2024/26 Budget

On 25th March 2024, the IJB approved a two-year budget including £5.2m of planned savings and efficiencies over the budget years 2024/25 and 2025/26, along with the use of £0.7m of reserves in 2024/25 to meet the remaining budget gap for the year. How this budget has been funded and allocated is demonstrated in the image below:



Medium Term Financial Plan

The two-year budget paper also included a medium-term financial statement update, indicating that based on current assumptions in relation to demand pressures and partner funding, there is a potential budget gap of £6.869m by 2028/29. Further work will be required to address the medium-term financial gap.

HSCP Workforce

Another of the most important assets for Inverclyde HSCP is our staff, the people who work with us and help deliver health and social care services to local people every day. Across all our service areas, the HSCP has a workforce of approximately 1,700 people. We recognise that if local people are to achieve the outcomes that matter to them, then they need to have access to a confident and skilled workforce.

Our Workforce Plan (2022-25) [Strategies, Policies and Plans - Inverclyde Council](#) sets out our key workforce strengths and challenges under the current financial pressures and how we will develop to meet the changing health and social care needs of local people. We want our staff to feel that their wellbeing needs are being met, that they know their work is meaningful and they are valued and supported to carry out their role. This plan follows the five pillars of workforce planning, Plan, Attract, Employ, Train, and Nurture, as set out by the National Workforce Strategy for Health and Social Care in Scotland.



Grow your Own Scheme

In response to the local and national Social Worker recruitment challenge Inverclyde HSCP has developed a local “Grow our Own” scheme, as a long-term plan to support recruitment and retention of Social Work staff across the HSCP. This work is being led by the HSCP Training Board and builds on earlier initiatives which have included funding for final year MSc Social Work students and the offer of financial assistance to four staff who had, through their own initiative, already embarked on their Social Work qualifications. The scheme provides an opportunity to further professionalise the workforce by targeting our paraprofessional workforce. It is a crucial step towards our ambition of having a talent pipeline that will ensure we have the skilled workforce needed to work with the people of Inverclyde now and in the future.

Year One of the scheme will provide for up to six candidates to undertake the Social Work qualification whilst providing a good practice learning experience within Inverclyde HSCP. At the conclusion of study, candidates will be eligible to apply for Social Work vacancies within the HSCP and agree to remain in their posts for a minimum of three years. The first group of candidates will commence their studies in September 2024, with their experiences informing the further development of the scheme in year two and beyond. This represents a key offer in showcasing Inverclyde HSCP as an employer of choice for Social Workers.

Health and care (Staffing) Scotland Act

Inverclyde HSCP are working towards the implementation of the Health and Care (Staffing) Scotland Act (HCSSA) from 1st April 2024. The aims of the act are to enable safe and high-quality care and improved outcomes for those experiencing healthcare or care services through the provision of appropriate staffing. This means: **Having the right people, in the right place, with the right skills at the right time.**

Partnership Working

We have built strong relationships with local partners who regularly support us as we deliver health and social care services to local people. Working effectively with our partners means that we can reach greater numbers of local people and provide improved support to those who need it.

It is recognised that local people have the skills, knowledge, and energy to change their communities for the better. These strengths can be realised when people come together to form a community group or voluntary organisation, resulting in connected communities that are supportive places to live. Collectively, community groups, voluntary organisations, charities, and social enterprises are called the 'third sector.' Inverclyde's vibrant third sector has hundreds of these organisations and groups, which includes both small teams of volunteers and large organisations employing staff.

Policymakers and the public sector recognise the benefits of actively involving communities and third sector organisations in the planning and delivery of services. A collaborative approach offers a more efficient use of precious resources and results in services that are more relevant to communities and deliver more effective support. Working closely with public sector bodies, third sector organisations bring a range of skills, knowledge, and experience to strengthen the response to local priorities. We know that no single agency or sector can create social change in isolation; collaboration across agencies and communities is essential to support the health and wellbeing of the people of Inverclyde. Together we can be that difference.

We will continue to value and strengthen these local partnerships. Some of our local partners include:

- Inverclyde Alliance
- Your Voice
- The Trust
- Community Councils
- CVS Inverclyde
- Inverclyde Carers Centre
- Community Learning and Development
- Housing Partnership

Housing Contribution Statement

Our health and wellbeing can be affected by the home we live in. As integration has progressed, we are able to care for more people at home or in a homely setting in the community.

As such, it is important that local homes are of good quality and meet the needs of all local people.

Building on the Inverclyde Local Housing Strategy (2023 – 28), we have produced a local Housing Contribution Statement (HCS) that identifies how local housing services and the HSCP will work together to support local vulnerable people and service users access to, and retain, appropriate and quality housing.

A copy of our Housing Contribution Statement can be found on our website, here ([insert link](#)).

Measuring Our Performance

It is important that we understand how well we are delivering this plan and achieving our priorities. For this purpose, we will develop a robust performance framework that will allow us to effectively monitor how well we are doing.

Measuring National Performance

Some elements of our performance framework are set out legislation, as such as part of our annual reporting, we must demonstrate how we perform against the nine national health and wellbeing outcomes. These outcomes are:

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

These outcomes are supported by 23 National Integration Indicators (NII). In addition, we are also required to consider a further six integration indicators identified by the Ministerial Strategic Group (MSG). These indicators can be found in [appendix C](#).

We will include these indicators in our local performance framework, ensuring we are progressing actions to make improvements in these areas. Our performance against them will be published in our Annual Performance Report (APR).

Measuring Local Performance

The nationally required indicators are useful to measure performance; however, they do not reflect the full scope of what our services are doing at the local level.

To address this, we will develop a robust performance and outcomes framework using local performance measures and information. This framework will support us in monitoring how well we are performing as an HSCP and how well we are progressing against this Strategic Commissioning Plan. It will be built around our strategic priorities and be reflective of the wide range of work that is taking place across all HSCP service areas.

We have robust internal performance reporting processes and will ensure the Strategic Commissioning Plan performance framework is aligned within these processes' to ensure regular review and consideration.

Reporting our Performance

We have multiple performance reporting commitments that we adhere to, these include:

Internal reporting

- Regular Performance updates to IJB
- Strategic Commissioning Plan Progress reports to the SPG
- Quarterly Service Reviews

External reporting

- Publishing an Annual Performance Report on progress towards the Strategic Commissioning Plan
- Chief Social Work Officer Report
- Equality Mainstreaming and Outcomes Report

Over the life of this plan, we will consolidate our performance information into the Pentana Corporate reporting system. This system supports us in streamlining the large amount of performance information and metrics we have and allow us to effectively demonstrate how we are reporting against each of the plans strategic priorities.

Appendix

Appendix A. Glossary of Abbreviations

ABBREVIATION	DEFINITION
ADRS	Alcohol and Drugs Recovery Service
ANP	Advanced Nurse Practitioner
APP	Advanced Practice Physiotherapist
APR	Annual Performance Report
CAMHS	Children and Adults Mental Health Services
CJOIP	Community Justice Outcomes Improvement Plan
CLD	Community Learning and Development
CLW	Community Link Worker
CPP	Community Planning Partnership
CTAC	Community Treatment and Care Services
EHRC	Equality and Human Rights Commission
GGC	Greater Glasgow and Clyde
HCS	Housing Contribution Statement
HCSSA	Health and social care (Staffing) Scotland Act
HSCP	Health and Social Care Partnership
IJB	Integration Joint Board
LAAC	Looked After and Accommodated Children
LD	Learning Disability
LOIP	Local Outcomes Improvement Plan
LPG	Locality Planning Group
MAPPA	Multi Agency Public Protection Arrangements
MAT	Medicated Assistant Treatment
MFT	Moving Forward Together
MSG	Ministerial Strategic Group
NCS	National Care Service
NHS	National Health Services
NII	National Integration Indicators
PCIP	Primary Care Implementation Plan
PSED	Public Sector Equality Duty
RES	Rehabilitative Enablement Services
SDS	Self-Directed Support
SIMD	Scottish Index of Multiple Deprivation
SLT	Speech and Language Therapy
SNA	Strategic Needs Assessment
SPG	Strategic Planning Group
UNCRC	United Nations Charter for the Rights of the Child
VTP	Vaccination Transformation Programme

Appendix B - Delegated Services

The following is a list of all services delegated from NHS Greater Glasgow and Clyde and Inverclyde Council to the Inverclyde Integration Joint Board.

Delegated from NHS:

- Accident and Emergency services provided in a hospital.
- Inpatient hospital services relating to the following branches of medicine: -
 - Geriatric medicine.
 - Rehabilitation medicine (age 65+).
 - Respiratory medicine (age 65+); and
 - Psychiatry of learning disability (all ages).
- Children and Adults Mental Health Services (CAMHS)
- Community Children's services
- Community Learning Disability (LD) services.
- Community based Continence services.
- District Nursing services
- General Dental services
- Health Visiting
- Mental health services provided in a hospital, except secure forensic mental health services.
- Services provided by allied health professionals in an outpatient department, clinic, or in the community.
- Community based mental health services.
- Ophthalmic services
- Community based Palliative care services provided out with a hospital.
- Pharmaceutical services
- Primary care services provided under a general medical service contract.
- Rehabilitative Enablement Services (RES) provided in the community.
- School Nursing
- Services provided by health professionals that aim to promote public health.
- Services provided in a hospital in relation to an addiction or dependence on any substance.
- Services provided out with a hospital in relation to geriatric medicine.
- Services providing primary medical services to patients during the out-of-hours period.
- Specialist Health Improvement
- Speech and Language Therapy (SLT)
- The public dental service.

Delegated from Inverclyde Council:

- Social work services for adults and older people
- Services and support for adults with physical disabilities and learning disabilities.
- Mental health services
- Drug and alcohol services.
- Adult protection and domestic abuse
- Carers support services
- Community care assessment teams
- Support services.
- Care home services.
- Adult placement services
- Health improvement services
- Aspects of housing support, including aids and adaptations
- Day services
- Local area co-ordination
- Respite provision for adults and young people.
- Occupational therapy services
- Re-ablement services, equipment, and telecare

In addition, Inverclyde Council also delegate:

- Justice Social Work Services
 - Community Sentencing
 - Early Intervention and Prevention
 - Prison and Community Throughcare
 - Public Protection
- Children and Families Social Work Services
 - Child Protection
 - Fieldwork Social Work Services for Children and Families
 - Residential Childcare including Children's Homes
 - Looked After and Accommodated Children (LAAC)
 - Adoption and Fostering
 - Kinship Care
 - Services for Children with Additional Needs
 - Throughcare
 - Youth Support / Youth Justice
 - Young Carers
- Services for People affected by Homelessness.
- Advice Services
- Strategic and Support Services
 - Health Improvement and Inequalities
 - Quality and Development (including training and practise development, contract monitoring and strategic planning)
 - Business Support

Appendix C. National Health and Wellbeing Outcomes

The Public Bodies (Scotland) Act 2014 defines a complete set of principles for the implementation of health and social care services in Scotland. These are the principles against which integrated services should be delivered and the quality of those services should be evaluated. The Act also defines the national outcomes and the health and wellbeing outcomes that integration is looking to achieve. These are as follows:

Survey Based Outcome Indicators

1. Percentage of adults able to look after their health very well or quite well.
2. Percentage of adults supported at home who agree that they are supported to live as independently as possible.
3. Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided.
4. Percentage of adults supported at home who agree that their health and social care services are well co-ordinated.
5. Percentage of adults receiving any care or support who rate it as excellent or good.
6. Percentage of people with positive experience of care at their GP practice.
7. Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life.
8. Percentage of carers who feel supported to continue in their caring role.
9. Percentage of adults supported at home who agree they felt safe.
10. Percentage of staff who say they would recommend their workplace as a good place to work. *

Data Driven Indicators

11. Premature mortality rate.
12. Rate of emergency admissions for adults. *
13. Rate of emergency bed days for adults. *
14. Readmissions to hospital within 28 days of discharge. *
15. Proportion of last 6 months of life spent at home or in community setting.
16. Falls rate per 1,000 population in over 65s. *
17. Proportion of care services graded 'good' (4) or better in Care Inspectorate Inspections.
18. Percentage of adults with intensive needs receiving care at home.
19. Number of days people spend in hospital when they are ready to be discharged.
20. Percentage of total health and social care spend on hospital stays where the patient was admitted in an emergency.
21. Percentage of people admitted from home to hospital during the year, who are discharged to a care home. *
22. Percentage of people who are discharged from hospital within 72 hours of being ready. *
23. Expenditure on end-of-life care. *

*Indicator under development

Ministerial Strategic Group (MSG) Indicators

- Unplanned admissions
- Occupied bed days for unscheduled care
- Emergency Department attendances
- Delayed Discharge bed days
- Last 6 months of life
- Balance of Care for people 65 and over

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Appendix D. Principles of Integration

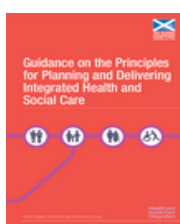
Set out in Section 32 of the Public Bodies (Joint Working) (Scotland) Act, the Principles of Integration set out the standards and goals integrated bodies should work to achieve through closer working. The integration delivery principles must be considered in the preparation of a strategic plan and in the carrying out of functions included in integration arrangements.

The integration delivery principles are:

- that the main purpose of services which are provided in pursuance of integration functions is to improve the wellbeing of service-users,
- that, as far as consistent with the main purpose, those services should be provided in a way which, as far as possible:
 - is integrated from the point of view of service-users.
 - takes account of the particular needs of different service-users
 - takes account of the particular needs of service-users in different parts of the area in which the service is being provided.
 - takes account of the particular characteristics and circumstances of different service-users
 - respects the rights of service-users.
 - takes account of the dignity of service-users
 - takes account of the participation by service-users in the community in which service-users live.
 - protects and improves the safety of service-users.
 - improves the quality of the service.
 - is planned and led locally in a way which is engaged with the community (including service-users, those who look after service-users and those who are involved in the provision of health or social care)
 - best anticipates needs and prevents them arising.
 - makes the best use of the available facilities, people, and other resources.

Participation and Engagement

Inverclyde Health and Social Care Partnership (HSCP) principal objective is to deliver the national health and wellbeing outcomes [National Health and Wellbeing Outcomes: A framework for improving the planning and delivery of integrated health and social care services \(www.gov.scot\)](#), we are required to produce a Strategic Plan that sets out how we intend to achieve, or contribute to achieving this.



Strategic Plans should have regard to the National Integration Delivery Principles - [Guidance on the Principles for Planning and Delivering Integrated Health and Social Care \(www.gov.scot\)](#). Strategic Plans should consider how to best meet the population needs of their areas and set out their plans for localising services into smaller communities and / or localities.

Inverclyde HSCP is committed to delivering high quality health and social care services that meet the needs of our people and communities. We consulted with local people, communities and partners as part of the process of developing our new Strategic Commissioning Plan. Following an initial engagement and development period last year, we identified the HSCP Vision and four Strategic (key) Priorities to progress over the next three years.

Engaging and listening to communities, staff and partners was key in determining the HSCP's strategic priorities. Our engagement with service users and carers, our people, local networks and forums is a continuous process, ensuring views from all sectors of our community are captured and shared to support and inform local decisions making.

Mechanisms for capturing this will include:

- Proactive feedback from the people of Inverclyde via face-to-face contact with practitioners and officers of HSCP, advisory networks, user groups, independent, third and voluntary sectors; surveys; and national experience surveys.
- Responsive feedback in the form of complaints, care opinion feedback and reported incidents.
- The contributions of our Strategic Planning Group (SPG), Locality Planning Groups (LPGs), Advisory Networks, user and carer groups to ensure that service user experience is at the centre of the HSCP's work.
- Regular stakeholder and community engagement events and exercises.

The process of consultation supporting the preparation of the Inverclyde HSCP Strategic Commissioning Plan 2024-2027 has been in four main parts.

- 1) Obtaining views on the understanding and effectiveness of the previous Strategic Plan 2019-2024, highlighting the (*September – November 2023*)

- 2) Obtaining views on what the main challenges are for the HSCP, to help inform our themes for development and improvement. (*September 2023 – February 2024*)
- 3) Obtaining views on the needs of our people from our communities, our IJB, SPG and workforce (alongside the needs assessment) (*September 2023 – February 2024*)
- 4) Obtaining views on the draft HSCP Strategic Priorities (*January-February 2024*)

Review of the refreshed Strategic Plan

Before beginning the preparation of our Strategic Commissioning Plan 2024-2027, it was important to consider how effectively our previous plan performed, what improvements and developments were implemented, if the strategic priorities and measures were a success and gauge what the expectations and priorities were for our new plan.



To do this, the HSCP, CVS Inverclyde and Your Voice co-produced a survey. HSCP officers engaged with the workforce, CVS engaged across the third sector and Your Voice engaged with local communities and networks. This was done by distributing the survey digitally via teams forms to our workforce, and both digitally and in paper format to our third sector and communities. In addition to the survey, in partnership we hosted in person engagement sessions, and focus groups were facilitated to explore the community and third sector's expectations and priorities for the new strategic plan. These sessions and groups were widely attended and provided some rich and meaningful conversations. Initially we focused around five key words: *choice, early help, healthy communities, safe and workforce* the outcome of these discussions would help build our new priorities (full engagement feedback is available on request).

The results and themes from this engagement process were shared with our IJB and SPG at a joint development session in November 2023. This event took an informal round table discussion approach, allowing participants to discuss in three small groups with key questions (below) to understand the journey we are on.

Conversation Café 1: COVID19 and Findings from our engagement process

- Agree the top three hitters that impacted our services during COVID?
- What matters now post-COVID?
- Findings: What our people say is important to them now.
- From findings: What resonates with people.

Conversation Café 2 – Our Big Actions and Our priorities

- What are our Strategic priorities?
- What does our now Strategic Priorities look like? (previously big actions)
- What should our plan look like?
- How will we know we are doing 'well'?
- How can we do better?

From this event and subsequent discussions with our SPG we drafted our new priorities for 2024-2027 on which we would consult.

- Provide early help and intervention.
- Improving mental health and wellbeing.
- Support inclusive, safe and independent communities.
- Strengthen support to families and carers.

Consultation on our Strategic Priorities

There was broad support for the areas of challenge identified and for the proposed priority areas. 90 people responded to our online survey, with the East locality having a higher representation of 11.7 per 10,000 population than the West locality at 9.8 per 10,000 population. 92% strongly agreed or agreed with the areas of challenge and the development themes identified. 3.8% of respondents strongly disagreed or disagreed with the priorities that were proposed with the remainder voting neutral (*full breakdown for each priority on pages 4 and 5*). For each of the priorities we



- a) Provided an overview of each priority and what this means.
- b) Asked why they provided the rating they did.
- c) Asked what our people thought could be done locally to help progress each priority.



Comments tended to focus on the actions that would sit beneath the priorities and how the plan should operate to achieve our shared vision and priorities, there was also a focus on our Mental Health Services and access to GPs with an identified need for improvement. Our respondents were clear that the priorities can only be achieved working in partnership, they cannot be delivered by the HSCP alone.

Following an analysis of our respondents feedback we established that their feedback was centred around the following themes which links to the strategic priorities.

Carers	Communities	Families
Mental Health & Wellbeing	People	Support

There was discussion across a range of HSCP governance and representative groups, including:

- The Integration Joint Board (IJB)
- The Strategic Planning Group (SPG inc. representation from Staff Partnership Forum (SPF) and Human Resources)

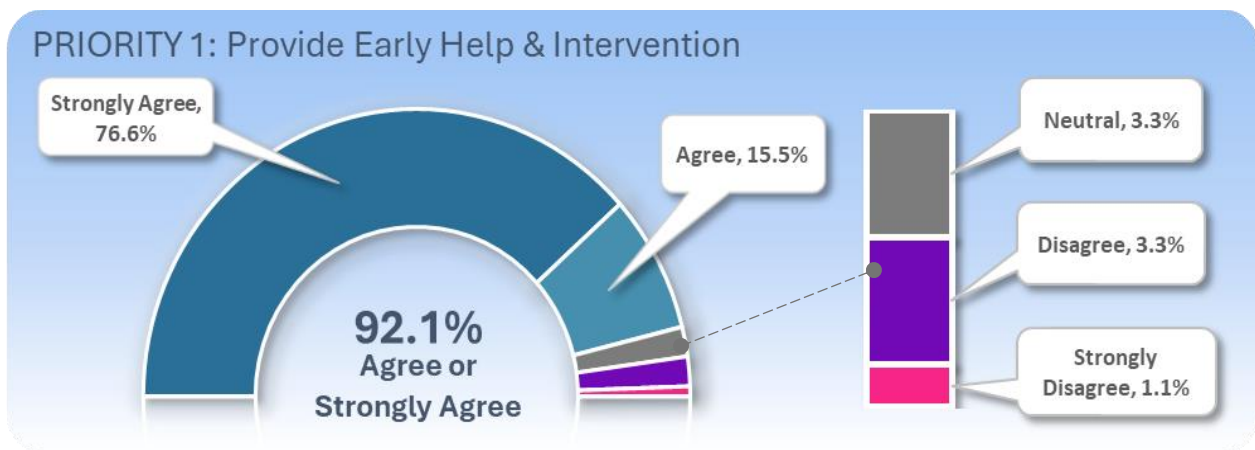
- Locality Planning Groups (LPGs)
- The Senior Management Team (SMT)
- Service Manager meetings (with each head of service)

Across these groups, there was broad consensus that the challenges, improvement themes and enablers identified provided a positive framework for the new Strategic Commissioning Plan. All engagement phases generated a great deal of comment and feedback that then informed the context that will support these improvement priorities in the final document.

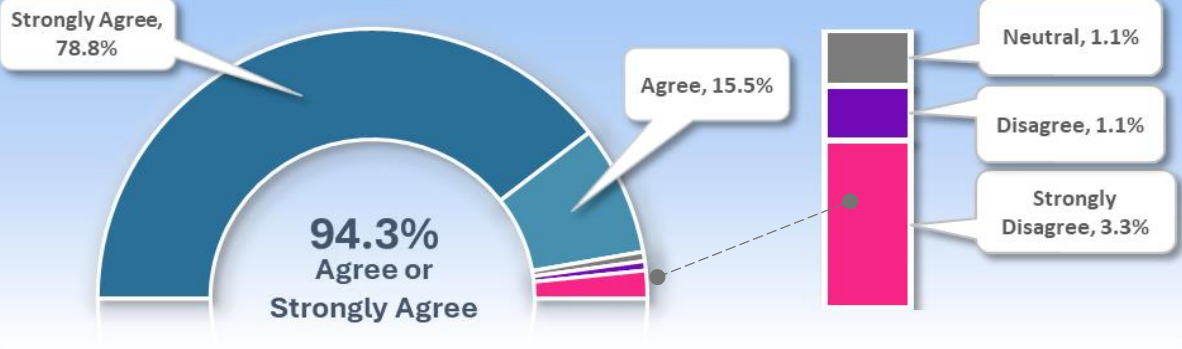
Strengths identified

The Strategic Plan is based upon comprehensive Strategic Needs Assessments.
The Strategic Priorities are aligned well to national outcomes.
The Strategic Priorities were developed through extensive community consultation.
There is opportunity for strengthening our partnership working with our third, voluntary and independent sector.
There is opportunity for reviewing and strengthening the current processes, waiting times and response times.
With current financial pressures and demand on services there is an opportunity to deliver services differently.
Post COVID there is an opportunity to reconnect our services and strengthen integration.

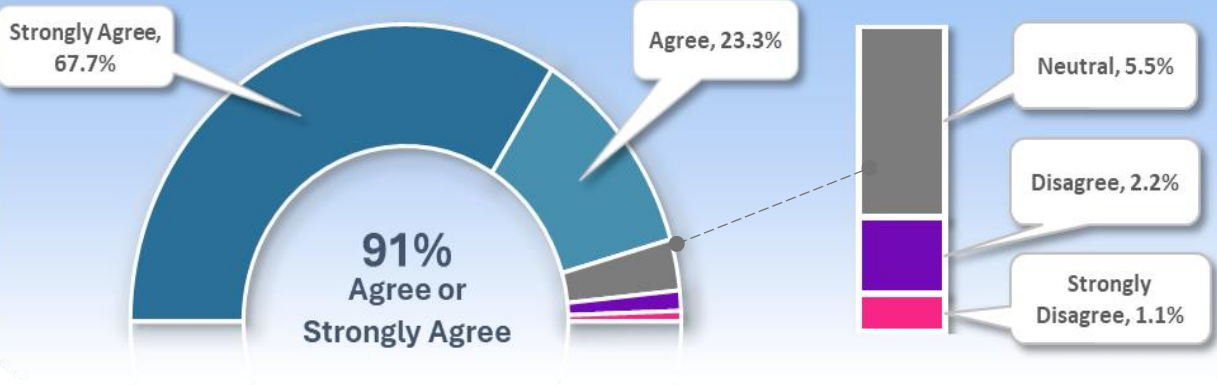
Engagement Feedback Charts



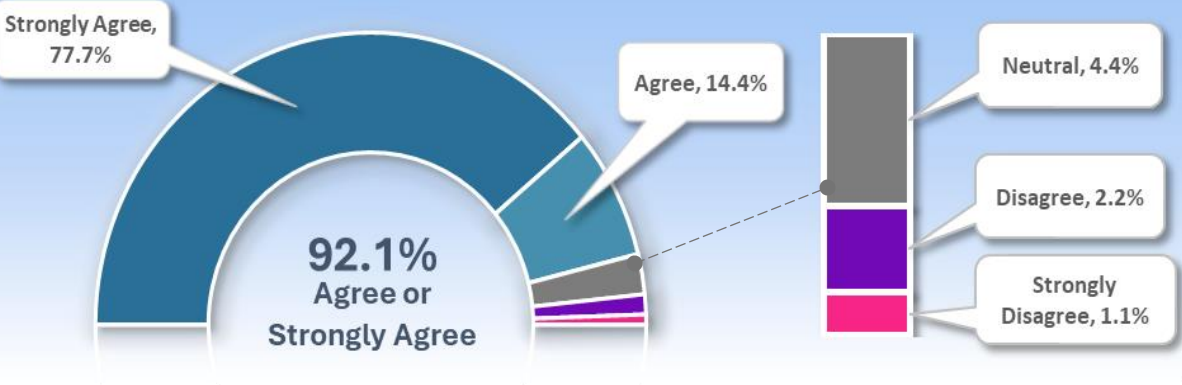
PRIORITY 2: Improve Mental Health & Wellbeing



PRIORITY 3: Support inclusive, safe and independent communities.



PRIORITY 4: Strengthen Support to Families and Carers



Feedback and suggestions relating to service matters and service improvement included:

Health and social care services are often difficult to access when in crisis. Too many doors.
Invest to reduce waiting times across HSCP services.
Need to review response times to urgent referrals (i.e. crisis team).
Preventative care – there was advantages to health clinics, men’s health clinics, local baby clinics.
Our crime rate is often linked to mental health, poverty, alcohol and drugs and users of the services are batted around services.
Regular medication reviews are required to reduce repeat prescriptions. Signpost to community help where appropriate.
Explore ways our local housing policy can support mental health and wellbeing outcomes.
Explore the barriers to living and eating well (cost associated) analyse data and target areas in more need.
Consensus and understanding that providing earlier intervention will help maintain optimum health at home and prevent unnecessary hospital admissions.
Maximising Independence project has been a good start - we need to build on this and ask relevant questions at first point of contact, take a more comprehensive integrated approach.
Empower communities to access resources, finances and build on the community-based activities and hubs. HSCP investment in Community hubs.
GPs writing fit notes for mental health issues without seeing the patient. Effectively ‘kicking the can down the road.’
Better use of technology / digital, consider blended approaches to TEC, a focus on maximising digital and technological may risk excluding people, particularly older, vulnerable people and people with cognitive issues.
The homeless issue in Inverclyde should be framed from a Mental health and addiction perspective, people have more specialist requirements above their housing needs
Improve referral pathways and quality of referral (professional to professional)
More community centres and hubs need to be involved – that is where communities feel safe, and this will help reduce isolation.
There is a need for motivational healthy living campaigns.
People must take ownership of their own health and wellbeing - people genuinely do not know how to fix it for themselves and therefore rely on services and GPs to ‘fix it.’ There should be a communication strategy and educational programme for improving access to information – people do not know what they do not know!
Front line staff should be Trauma Informed Trained and be aware of HSCP wide services and signpost – no wrong door.

Prevent poor mental health by promoting healthy alternatives. Continually share positive stories and lived experience stories.
Targeted media campaigns – education on what people can do to help themselves.
Support third and voluntary sector with community grants and support them to help run groups efficiently and effectively
Make it a positive place to live and work – media does not help with negative press.
Solutions should be co-designed and co-produced with partners and communities.
Support for carers is crucial before it becomes a crisis with carer breakdown in stress.
More support and recognition for our young carers.

Equalities findings

Inverclyde HSCP cannot look at equality in isolation we must plan and provide services in a way which, takes account of the needs, characteristics and circumstances of our service-users. We must collaborate with people to design services that are accessible, culturally appropriate and that support equality of access and outcomes for all.



Given the different asset bases of our increasing diverse communities, and the need to address health inequalities, we should consider how we will allocate resources in ways that will enable Inverclyde to achieve equitable outcomes. As part of our survey, we included several equalities questions and will use this as our benchmark moving forward to ensure we are engaging with the people who face the greatest barriers. We identified a need for future targeted engagement with our younger people, young carers, our New Scots and the men in Inverclyde.

We must consider the following.

How can the HSCP demonstrate we are applying our principles to all groups, particularly those at greater risk of experiencing poorer health and wellbeing?
What community supports do people already have and how do we strengthen this support?
How will we evidence that we have reduced barriers?
In what ways have we used equality impact assessments to promote people 's equality rights and address health inequalities? Can we evidence good practice?
How can we evidence, that we are reducing health inequalities?