Municipal Buildings, Greenock PA15 1LY

Ref: DS

Date: 30 August 2024

A meeting of the Inverclyde Integration Joint Board Audit Committee will be held on Monday 9 September 2024 at 1pm within the Municipal Buildings, Greenock.

Members may attend the meeting in person or via remote online access. Webex joining details have been sent to Members and Officers. Members are requested to notify Committee Services by 12 noon on Friday 6 September 2024 how they intend to access the meeting.

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

Please note that this meeting will be recorded and made available for viewing on the Council's YouTube channel with the exception of any business which is treated as exempt in terms of the Local Government (Scotland) Act 1973 as amended.

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

LYNSEY BROWN
Head of Legal, Democratic, Digital & Customer Services

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4.	**Internal Audit Annual Strategy and Plan 2024-2025** Report by Chief Officer, Inverclyde Health & Social Care Partnership	**p**
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6.	**IJB Risk Register** Report by Chief Officer, Inverclyde Health & Social Care Partnership	**p**

7.	**Inverclyde Integration Joint Board – Directions Update 2024** Report by Chief Officer, Inverclyde Health & Social Care Partnership	**p**
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The reports for this meeting are on the Council's website.

Please note: this meeting may be recorded or live-streamed via You Tube and the Council's internet site, where it will be capable of repeated viewing. At the start of the meeting the Chair will confirm if all or part of the meeting is being recorded or live-streamed.

The Integration Joint Board is a Joint Data Controller with Inverclyde Council and NHS Greater Glasgow & Clyde under UK GDPR and the Data Protection Act 2018 and data collected during any recording or live-streaming will be retained in accordance with Inverclyde Council's Data Protection Policy, including, but not limited to, for the purpose of keeping historical records and making those records available via the Council's Internet site or You Tube. The meeting will be recorded or live-streamed to fulfil our public task obligation to enable members of the public to observe the democratic process.

If you are participating in the meeting, you acknowledge that you may be filmed and that any information pertaining to you contained in the recording or live-stream of the meeting will be used for webcasting or training purposes and for the purpose of keeping historical records and making those records available to the public. If you are asked to speak at the meeting then your submission to the committee will be captured as part of the recording or live-stream.

If you have any queries regarding this and, in particular, if you believe that use and/or storage of any particular information would cause, or be likely to cause, substantial damage or distress to any individual, please contact the Information Governance team at dataprotection@inverclyde.gov.uk

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

Inverclyde Integration Joint Board Audit Committee

Monday 24 June 2024 at 1.00pm

Present:
Voting Members:

David Gould (Chair)	Greater Glasgow & Clyde NHS Board
Alan Cowan	Greater Glasgow & Clyde NHS Board

Non-Voting Members:

Diana McCrone	Staff Representative, Greater Glasgow & Clyde NHS Board
Vicki Cloney	On behalf of Charlene Elliott, Third Sector Representative, CVS Inverclyde

Also present:

Michael Wilkie	KPMG LLP (External Auditors)
Taimoor Alam	KPMG LLP (External Auditors)
Jonathan Hinds	Head of Children & Families and Criminal Justice Services and Chief Social Work Officer, Inverclyde Health & Social Care Partnership
Craig Given	Chief Finance Officer, Inverclyde Health & Social Care Partnership
Anne Sinclair	Legal Services Manager, Inverclyde Council
Alan Best	Interim Head of Health & Community Care, Inverclyde Health & Social Care Partnership
Diane Sweeney	Senior Committee Officer, Inverclyde Council
Colin MacDonald	Senior Committee Officer, Inverclyde Council
Alison Ramsey	Corporate Communications, Inverclyde Council
Anne Cameron-Burns	Greater Glasgow & Clyde NHS Board (IIJB member)
Dr Rebecca Metcalfe	Greater Glasgow & Clyde NHS Board (IIJB member)

Chair: David Gould presided.

The meeting was held at the Municipal Buildings, Greenock, with Ms Cloney attending remotely.

10 Apologies, Substitutions and Declarations of Interest 10

Apologies for absence was intimated on behalf of:

Councillor Lynne Quinn	Inverclyde Council
Councillor Sandra Reynolds	Inverclyde Council
Charlene Elliott	Third Sector Representative, CVS Inverclyde (with Vicki Cloney substituting)

No declarations of interest were intimated.

11 Minute of Meeting of IIJB Audit Committee of 25 March 2024 11

There was submitted the Minute of the Inverclyde Integration Joint Board Audit Committee of 25 March 2024.

The Minute was presented by the Chair and examined for fact, omission, accuracy and clarity.
Decided: that the Minute be agreed.

12 IIJB Audit Committee Rolling Annual Workplan 12

There was submitted a list of rolling actions arising from previous meetings of the IIJB Audit Committee.
Decided: that the Rolling Annual Workplan be noted.

13 Internal Audit Progress Report from 2 March to 1 June 2024 13

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership on the progress made by Internal Audit during the period 2 March to 1 June 2024. The report was presented by Mr Given and being the regular progress report advised of updates since the last meeting.
Referring to 'HSCP Imprests Review (March 2024)' at paragraph 3.6, the Committee asked if it had been a particular location which had been audited, and Mr Given replied that it had been a standard audit looking at a number of locations and that a further report would be brought to the Audit Committee if required.
Referring to the Analysis of Missed Deadlines in section 4 of the report, and the entry for IJB Workforce Planning Arrangements, the Committee asked if this would be completed for the next meeting, and Mr Given assured that it would be.
Decided: that the progress made by Internal Audit for the period 2 March to 1 June 2024 be noted.

14 Status of External Audit Action Plans at 24 June 2024 14

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership on the status of current actions from External Audit Action Plans at 24 June 2024. The report was presented by Ms Given and being the regular progress report advised of updates since the last meeting.
Referring to 'current management actions' and the Risk Management Strategy at section 2 of the appendices, the Committee requested an update on the recommendation made by the external auditors, and Mr Given advised that the Senior Management Team were keeping risks under review. He also reiterated that the HSCP would be working with colleagues in Inverclyde Council in the coming months and developing risk appetite statements.
Decided: that the progress to date in relation to the implementation of external audit actions be noted.

15 External Audit – Annual Audit Plan 2023/24 15

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership presenting the 'Indicative External Audit Plan for the year ended 31 March 2024' produced by KPMG, the IIJB's External Auditors, a copy of which was appended to the report. The report was presented by Mr Wilkie from KPMG who provided an overview of the Plan.
The Committee asked if KPMG were confident that the finalisation of Board accounts would be completed by the 30 September 2024 deadline, as specified in the Plan, and Mr Wilkie advised that he was confident, that it was incumbent upon KPMG to achieve this deadline and that any divergence from this would be reported to officers and the Committee.

Decided: that the Annual Audit Plan 2023/24 be noted.

16 Internal Audit Annual Report and Assurance Statement 2023/24 16

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership appending the Internal Audit Annual Report and Assurance Statement for 2023/24, which forms part of the IIJB's Annual Government Statement. The report was presented by Mr Given.
Referring to section 3 of the Internal Audit Annual Report and Assurance Statement, and the entry '3) Audit Plan Delivery – Percentage of audits completed v planned', with the target figure of 85% and actual completion of 50% (one), the Committee sought assurances that officers were managing this, and Mr Given advised that they were.
Decided: that the contents of the Internal Audit Annual Report and Assurance Statement for 2023/34 be noted.

17 Mr Alan Cowan 17

At the conclusion of business the Chair acknowledged that this was Mr Cowan's last IIJB Audit Committee meeting and thanked him for his service. The Chair extended his personal thanks to Mr Cowan for his counsel and guidance and wished him well for the future.

AGENDA ITEM NO: 3

IIJB Audit Committee Rolling Annual Workplan – 9 September 2024

(Meeting in March, June and September each year)

Date	Reports	Lead Officer
9 September 2024		
	Status of External Audit Action Plans to 31 August 2024	Chief Internal Auditor
	Directions Update	Legal Services Manager (Min ref – IIJB 21/09/2020 86(3))
	Review of IJB Risk Register	Chief Officer (Min ref – IIJBAC 21/06/2021 22(4))
	Internal Audit Annual Strategy and Plan 2024/25	Chief Internal Auditor
	That it be remitted to officers to submit a report on recruitment matters to IIJB Audit Committee specifically around the Alcohol and Drug budgets (Remit from IIJB 13 May 2004) (Min. Ref. 23(9))	Chief Officer
24 March 2025	Internal Audit Progress Report to # February 2024	Chief Internal Auditor
	Status of External Audit Action Plans to # January 2024	Chief Internal Auditor
	Best Value Annual Statement Report	Chief Finance Officer
	Directions Update *(Min.Ref. IIJB 21.09.2020 - 86(3))*	Legal Services Manager (Procurement, Conveyancing & Information Governance)
	Review of Risk Register	Chief Officer (Min ref – IIJBAC 21/06/2021 22(4))
23 June 2025	Internal Audit Progress Report to # June 2025	Chief Internal Auditor
	External Audit Annual Audit Plan 2024-25	External Audit
	Status of External Audit Action Plans to # June 2025	Chief Internal Auditor
	Internal Audit Annual Report and Assurance Statement 2024-25	Chief Internal Auditor

INVERCLYDE HSCP Health and Social Care Partnership

AGENDA ITEM NO: 4

Report To:	**Inverclyde Integrated Joint Board Audit Committee**	**Date:**	**9 September 2024**
Report By:	**Chief Officer Inverclyde Integration Joint Board**	**Report No:**	**IJBAC/11/2024/VP**
Contact Officer:	**Vicky Pollock Legal Services Manager**	**Contact No:**	**01475 712180**
Subject:	**Internal Audit Annual Strategy and Plan 2024-2025**		

1.0 PURPOSE AND SUMMARY

1.1 ☒For Decision ☐For Information/Noting

1.2 The purpose of this report is to present the Internal Audit Annual Strategy and Plan for 2024-2025 for approval.

2.0 RECOMMENDATIONS

2.1 It is recommended that Inverclyde IJB Audit Committee approve the Internal Audit Annual Strategy and Plan for 2024-2025.

Kate Rocks
Chief Officer
Inverclyde Health and Social Care Partnership

3.0 BACKGROUND AND CONTEXT

3.1 Internal Audit is an assurance function that primarily provides an independent and objective opinion to the organisation on the control environment comprising governance, risk management and control by evaluating its effectiveness in achieving the organisation's objectives. It objectively examines, evaluates and reports on the adequacy of the control environment as a contribution to the proper, economic, efficient and effective use of resources.

3.2 As stated in the IRAG (Integrated Resources Advisory Group) Guidance, it is the responsibility of the Inverclyde IJB to establish adequate and proportionate internal audit arrangements for review of the adequacy of the arrangements for risk management, governance and control of the delegated resources.

3.3 The Public Sector Internal Audit Standards include the requirement for the Chief Internal Auditor to prepare a risk-based plan to determine the priorities of the internal audit activity, consistent with the organisation's goals.

3.4 The Chief Internal Auditor will prepare an annual internal audit plan which will be subject to consideration and approval by the Inverclyde IJB Audit Committee.

3.5 The Public Sector Internal Audit Standards require that the annual audit plan should be kept under review to reflect any changing priorities and emerging risks. Any material changes to the audit plan will be presented to the Inverclyde IJB Audit Committee for approval.

4.0 PROPOSALS

4.1 The proposed Internal Audit Annual Strategy and Plan for 2024-2025 is set out at Appendix 1.

4.2 The total budget for the Internal Audit Annual Plan for 2024-2025 has been set at 20 days. The Plan does not contain any contingency provision. Where there are any unforeseen work demand that arise e.g. special investigations or provision of ad hoc advice, this will require to be commissioned as an additional piece of work which will be subject to a separate agreement.

5.0 IMPLICATIONS

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

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

5.2 **Legal/Risk**

The Internal Audit Strategy and Plan has been constructed taking cognisance of risks which have implications for the Inverclyde IJB through discussions with management and review of the Inverclyde IJB risk register.

5.3 **Strategic Plan Priorities**

The establishment of a robust audit plan will assist in assessing whether the Integration Joint Board and Officers have established proper governance and control arrangements which contribute to the achievement of the strategic priorities of the Inverclyde IJB's Strategic Plan.

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 Inverclyde IJB's Chief Financial Officer has been consulted in relation to the proposed annual audit plan coverage for 2024-2025.

7.2 There will be regular ongoing discussion with External Audit to ensure respective audit plans are reviewed as circumstances change in order to minimise duplication of effort and maximise audit coverage for the Inverclyde IJB.

8.0 BACKGROUND PAPERS

8.1 None.

Appendix 1

INTERNAL AUDIT ANNUAL STRATEGY AND PLAN 2024-2025

1. Introduction

1.1 The Public Sector Internal Audit Standards (PSIAS) set out the requirement for the Chief Internal Auditor to prepare a risk-based audit plan to determine the priorities of the internal audit activity, consistent with the organisation's goals.

1.2 The Chief Internal Auditor must review and adjust the plan as necessary in response to changes in the organisation's business, risks, operations and priorities.

1.3 The audit plan must incorporate or be linked to a strategic or high-level statement of how the Internal Audit Service will be delivered and developed in accordance with the Internal Audit Charter and how it links to the organisational objectives and priorities.

1.4 The strategy shall be reviewed on an annual basis as part of the audit planning process.

2. Internal Audit Objectives

2.1 The definition of internal auditing is contained within the PSIAS as follows:

"Internal auditing is an independent, objective assurance and consulting activity designed to add value and improve an organisation's operations. It helps an organisation accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes."

2.2 The primary aim of the internal audit service is to provide assurance services which requires the Chief Internal Auditor to provide an annual internal audit opinion based on an objective assessment of the framework of governance, risk management and control.

2.3 The internal audit service also provides advisory services, generally at the request of the organisation, with the aim of improving governance, risk management and control and contributing to the overall opinion.

2.4 The internal audit service supports the Inverclyde IJB's Chief Financial Officer in his role as Section 95 Officer.

3. Risk Assessment and Audit Planning

3.1 The internal audit approach to annual audit planning is risk-based and aligns to the IJB's strategic planning processes and management's own assessment of risk.

3.2 There will be regular ongoing discussion with External Audit to ensure respective audit plans are reviewed as circumstances change in order to minimise duplication of effort and maximise audit coverage for the Inverclyde Integration Joint Board.

INTERNAL AUDIT ANNUAL STRATEGY AND PLAN 2024-2025

4 Service Delivery

4.1 The provision of the internal audit service is through a directly employed in-house team from Inverclyde Council.

4.2 In relation to the total staff days allocated to the 2024-2025 plan, each member of staff completes a resource allocation spreadsheet for the year which is split between annual leave, public holidays, training days, general administration and operational plan days. This spreadsheet is reviewed and updated each period by each member of staff against time charged to timesheets.

The operational plan is 20 days which will be resourced as follows:

Team Member

Audit Practitioner – 15 days
Chief Internal Auditor – 5 days

The Chief Internal Auditor does not directly carry out the assignments included in the annual audit plan but provides the quality review and delivery oversight of the overall plan. Where there are any resource issues which may impact on delivery of the plan, this will be reported to Audit Committee at the earliest opportunity.

4.3 Given the range and complexity of areas to be reviewed it is important that suitable, qualified, experienced and trained individuals are appointed to internal audit positions. The PSIAS requires that the Chief Internal Auditor must hold a professional qualification such as CMIIA (Chartered Internal Auditor), CCAB or equivalent and be suitably experienced. The internal auditor posts must also be CMIIA/CCAB or equivalent with previous audit experience.

4.4 Internal audit staff members identify training needs as part of an appraisal process and are encouraged to undertake appropriate training, including in-house courses and external seminars as relevant to support their development. All training undertaken is recorded in personal training records for CPD purposes.

4.5 Internal audit staff members require to conform to the Code of Ethics of the professional body of which they are members and to the Code of Ethics included within the PSIAS. An annual declaration is undertaken by staff in relation to specific aspects of the Code.

4.6 Following each review, audit reports are issued in draft format to agree the accuracy of findings and agree risk mitigations. Copies of final audit reports are issued to the IJB Chief Officer, HSCP Head of Service and HSCP Service Manager responsible for implementing the agreed action plan. A copy of each final audit report is also provided to External Audit.

4.7 The overall opinion of each audit report feeds into the Internal Audit Annual Report and Assurance Statement which is presented to the Audit Committee and is used by the Chief Financial Officer in the preparation of the Annual Governance Statement.

Appendix 1

INTERNAL AUDIT ANNUAL STRATEGY AND PLAN 2024-2025

5 Proposed Audit Coverage 2024-2025

5.1 The proposed audit coverage is set out in the table below. The IJB risk register for March 2024 was reviewed for those risk areas/themes rated Very High, High and Medium which may be relevant to internal audit coverage for the IJB.

Risk Area/Theme	Previous Assurance Work	Planned Assurance Work 2024-25	Other Assurance Work 2024-25
IJB Risk 1 – Effective Governance	16/17 – Review of Governance Arrangements 21/22 – Performance Management and Reporting Arrangements	Internal Audit/ External Audit follow up exercises	External Audit Annual Audit Plan 2023/24
IJB Risk 2 – Maintaining Effective Communication and Relationships with Acute Partners During Transformational Change	Inverclyde Council Internal Audit Annual Audit Plans: 18/19 – HSCP Contract and Commissioning arrangements 18/19 - Change Management Arrangements	None	HSCP/Acute interface joint working groups
IJB Risk 3 – Financial Sustainability/ Constraints/ Resource Allocation	17/18 - Strategic Planning and Performance Management Arrangements 18/19 – Financial Planning 19/20 Budgetary Control 22/23 Review of pandemic recovery and response	Budgetary Control Process	External Audit Annual Audit Plan 2023/24
IJB Risk 4/6 – Workforce Sustainability	17/18 – Workforce Planning Arrangements 22/23 – Workforce Plan Implementation	Internal Audit Follow Up Exercises	External Audit Annual Audit Plan 2023/24
IJB Risk 5 – Homecare	Inverclyde Council Internal Audit Annual Plan 2022/23 – Swift Replacement System	None	Inverclyde Council Internal Audit Plan 2024/25 – Delayed Discharges
IJB Risk 7 - Performance Management Information	17/18 – Strategic Planning and Performance Management Arrangements 18/19 – IJB Directions 20/21 – Advisory review on new IJB Directions Policy 21/22 – Implementation of IJB Directions 21/22 – Performance Management and Reporting Arrangements	Internal Audit/ External Audit Follow Up Exercises	External Audit Annual Audit Plan 2023/24
IJB Risk 8 – New Strategic Plan 2024 onwards	New Risk for 2024	None – New Strategic Plan in place.	External Audit Annual Audit Plan 2023/24

Appendix 1

INTERNAL AUDIT ANNUAL STRATEGY AND PLAN 2024-2025

Risk Area/Theme	Previous Assurance Work	Planned Assurance Work 2024-25	Other Assurance Work 2024-25
IJB Risk 9 – National Patient Safety Alert	New Risk for 2024	None	National issue with Staff representation on GGC Working Group
IJB Risk 10 – Availability of RSL housing	New Risk for 2024	None	Management review of Housing Strategy Workstreams

Planned Work		**Days**
Budgetary Control	We will undertake a review of Inverclyde IJB's Budgetary Control arrangements and highlight any areas of improvement to management.	10
CIPFA Audit Committee Guidance October 2022	C/F - We will finalise the review of current Audit Committee arrangements and highlight any areas of improvement to management.	3
Action Plan Follow Up	To monitor the progress of implementation of agreed internal audit action plans by management.	2
Audit Planning and Management	Review and update of the audit universe and attendance at Inverclyde IJB Board Audit Committee.	3
Internal Audit Annual Report 2023-2024	Annual report on 2023-2024 audit activity will be provided to CFO to inform the Annual Governance Statement for the IJB.	2
Total Staff Days		**20**

INTERNAL AUDIT ANNUAL STRATEGY AND PLAN 2024-2025

6 Quality and Performance

6.1 The PSIAS require each internal audit service to maintain an ongoing quality assurance and improvement programme based on an annual self-assessment against the Standards, supplemented at least every five years by a full independent external assessment.

6.2 In addition, the performance of Internal Audit continues to be measured against key service targets focussing on quality, efficiency and effectiveness. For 2024-2025 targets have been set as follows:

Measure	Description	Target
1. Final Report	Percentage of final reports issued within 2 weeks of draft report.	100%
2. Draft Report	Percentage of draft reports issued within 3 weeks of completion of fieldwork.	100%
3. Audit Plan Delivery	Percentage of audits completed v planned.	100%
4. Audit Budget	Percentage of audits completed within budgeted days.	100%
5. Audit Recommendations	Percentage of audit recommendations agreed.	90%
6. Action Plan Follow Up	Percentage of action plans followed up – Internal and External Audit.	100%
7. Customer Feedback	Percentage of respondents who rated the overall quality of internal audit as satisfactory or above.	100%
8. Staff compliance with CPD	Number of training hours undertaken to support CPD	20
9. Management engagement	Number of meetings with Chief Officer and Chief Financial Officer as appropriate	2 per year

6.3 Actual performance against targets will be included in the Internal Audit Annual Assurance Report for 2024-2025.

INVERCLYDE HSCP Health and Social Care Partnership

AGENDA ITEM NO: 5

Report To:	**Inverclyde Integration Joint Board Audit Committee**	**Date:**	**9 September 2024**
Report By:	**Chief Officer Inverclyde Health and Social Care Partnership**	**Report No:**	**IJBAC/06/2024/VP**
Contact Officer:	**Vicky Pollock Legal Services Manager**	**Contact No:**	**01475 712180**
Subject:	**Status of External Audit Action Plans at 31 August 2024**		

1.0 PURPOSE AND SUMMARY

1.1 ☐For Decision ☒For Information/Noting

1.2 The purpose of this report is to advise Inverclyde IJB Audit Committee members of the status of current actions from External Audit Action Plans at 31 August 2024.

2.0 RECOMMENDATIONS

2.1 It is recommended that Inverclyde IJB members note the progress to date in relation to the implementation of external audit actions.

Kate Rocks
Chief Officer
Inverclyde Health and Social Care Partnership

3.0 BACKGROUND AND CONTEXT

3.1 The Chief Internal Auditor co-ordinates follow up reporting on current actions arising from External Audit Action Plans on a monthly basis with regular reporting to the Audit Committee.

3.2 There is 1 action due for completion by 30 September 2024.

3.3 There is 1 external audit action being progressed and completed by officers. The current status report is attached at Appendix 1.

4.0 PROPOSALS

4.1 The Inverclyde IJB Audit Committee is asked to note the progress to date in relation to the implementation of external audit actions.

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**

There is a risk that failure to implement agreed audit actions in a timely manner could result in an inability to provide a reasonable level of assurance over the Inverclyde IJB's system of internal control to those charged with governance.

5.4 **Human Resources**

There are no human resources implications arising from this report.

5.5 **Strategic Plan Priorities**

This report relates to strong corporate governance.

5.6 **Equalities**

(a) Equalities

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

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

(b) Equality Outcomes

How does this report address our Equality Outcomes?

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

(c) Fairer Scotland Duty

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

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

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

(d) **Children and Young People**

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

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

5.7 **Clinical or Care Governance**

This report relates to strong corporate governance.

5.8 **National Wellbeing Outcomes**

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

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	N/A
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	N/A
People who use health and social care services have positive experiences of those services, and have their dignity respected.	N/A
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	N/A
Health and social care services contribute to reducing health inequalities.	N/A
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.	N/A
People using health and social care services are safe from harm.	N/A
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.	N/A
Resources are used effectively in the provision of health and social care services.	N/A

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 Relevant Officers were asked to provide updates to the report as appropriate.

8.0 BACKGROUND PAPERS

8.1 External Audit Reports. Copies available from Chief Internal Auditor.

Appendix 1

INVERCLYDE INTEGRATION JOINT BOARD
INTERNAL AUDIT REPORT TO AUDIT COMMITTEE ON STATUS OF EXTERNAL AUDIT ACTION PLAN POINTS AT 31 AUGUST 2024

Summary:

Section 1 **Summary of Current Management Actions Plans at 31/08/2024**

At 31 August 2024 there are no audit reports delayed.

Section 2 **Current Management Actions at 31/08/2024**

At 31 August 2024 there is 1 current audit action points.

INVERCLYDE COUNCIL INTERNAL AUDIT
REPORT TO AUDIT COMMITTEE ON
STATUS OF EXTERNAL AUDIT ACTION PLAN POINTS

SUMMARY OF CURRENT MANAGEMENT ACTIONS AS AT 31.08.2024

SECTION 1

CURRENT ACTIONS

Month	No of actions
Due for completion September 2024	1
Total Actions	**1**

INVERCLYDE COUNCIL INTEGRATION JOINT BOARD
INTERNAL AUDIT REPORT TO AUDIT COMMITTEE ON
STATUS OF EXTERNAL AUDIT ACTION PLAN POINTS

CURRENT MANAGEMENT ACTIONS AS AT 31.08.2024

SECTION 2

Action	Owner	Expected Date
2021/22 Annual Audit Report (November 2022)		
b/f Integration Scheme Review **Recommendation:** The updated Integration Scheme should be approved and submitted to the Scottish Government as soon as practicable. **Management Response:** The Integration Scheme is currently being reviewed. The IJB are working closely with Legal Services within Inverclyde Council and NHS Greater Glasgow and Clyde to review their current Integration Scheme. This matter has been disclosed the Governance Statement in the IJB's annual accounts. Completion date extended from September 2024. Now expected to be completed by March 2025. The Integration Schemes have not yet been agreed across all partners with further legal advice and discussions ongoing in respect of the wording around Hosted Services.	**Chief Officer**	**31.03.2025**

INVERCLYDE HSCP Health and Social Care Partnership

AGENDA ITEM NO: 6

Report To:	**Inverclyde Integration Joint Board Audit Committee**	**Date:**	**9 September 2024**
Report By:	**Kate Rocks Chief Officer Inverclyde Health & Social Care Partnership**	**Report No:**	**IJBAC/12/2024/CG**
Contact Officer:	**Craig Given Chief Finance Officer Inverclyde Health & Social Care Partnership**	**Contact No:**	**01475 715365**
Subject:	**IJB Risk Register**		

1.0 PURPOSE AND SUMMARY

1.1 ☐For Decision ☒For Information/Noting

1.2 The purpose of this report is to provide an update to the Audit Committee on the status of the IJB Strategic Risk Register.

1.3 The process for reporting risks across the HSCP and IJB has been summarised to highlight what is reported to the IJB and when.

1.4 The IJB Risk Register is fully reviewed at least twice a year by the Inverclyde HSCP Senior Management Team with any recommended changes taken to this Committee for approval.

2.0 RECCOMENDATIONS

2.1 That the IJB:
1. Notes the content of this report.

Kate Rocks
Chief Officer
Inverclyde Health and Social Care Partnership

3.0 BACKGROUND AND CONTEXT

3.1 The Integration Joint Board (IJB) Strategic Risk Register covers the risks specific to the IJB and its operations. In addition the Health and Social Care Partnership (HSCP) has an operational register for Social Care and Health Service operations and a Project Risk Register for the new Greenock Health Centre Capital Project.

3.2 The IJB risk register is formally reviewed by the Inverclyde HSCP Senior Management Team at least twice a year, the last review took place in August 2024. The IJB Risk Register and any changes then come to the IJB Audit Committee twice each year.

4.0 IJB STRATEGIC RISK REGISTER

4.1 The updated IJB Strategic Risk Register is enclosed at Appendix A. Changes since the last report are:

- Homecare was removed from the IJB Risk register due to increased capacity from the award of the new Care at Home tender.
- Risk 3 Financial Sustainability / Constraints / Resource Allocation – The narrative has been updated to reflect the 2 year budget being set and approved by the IJB. Also to show additional controls of the Savings Working Board and sub-groups being set up.
- Risk 5 Workforce Mental Heath – The narrative has been updated to reflect the on going staffing issues in the service and the impacts upon service delivery.
- Risk 6 Performance Management Information – Minor changes in the narrative to reflect requirement to develop an outcomes framework.
- Risk 7 New Strategic Plan – Minor changes to the narrative to reflect the new Strategic Plan being agreed and the requirement to monitor.

5.0 IMPLICATIONS

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

SUBJECT	YES	NO	N/A
Financial			x
Legal/Risk			x
Human Resources			x
Strategic Plan Priorities			x
Equalities			x
Clinical or Care Governance			x
National Wellbeing Outcomes			x
Children & Young People's Rights & Wellbeing			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**

N/A

5.4 **Human Resources**

N/A

5.5 **Strategic Plan Priorities**

N/A

5.6 **Equalities**

(a) Equalities

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

	YES – Assessed as relevant and an EqIA is required. The Equality Impact Assessment for the refreshed Strategic Plan can be accessed here
x	NO – This report does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function or strategy. Therefore, assessed as not relevant and no EqIA is required. Provide any other relevant reasons why an EqIA is not necessary/screening statement.

(b) Equality Outcomes

How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	All protected characteristic groups are considered as part of the risk register.
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	HSCP would act appropriately to any identified issues regarding discrimination

People with protected characteristics feel safe within their communities.	All service ensure that people using the service feel safe.
People with protected characteristics feel included in the planning and developing of services.	Service user consultation is an essential element of all services
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	HSCP complete holistic assessment to ensure individual need is identified.
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	Currently being addressed at the Learning Disability programme Board.
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	Positive attitude is promoted throughout Inverclyde.

5.7 **Clinical or Care Governance**

N/A

5.8 **National Wellbeing Outcomes**

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

National Wellbeing Outcome	**Implications**
People are able to look after and improve their own health and wellbeing and live in good health for longer.	None
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	Our continue focus on Home 1st approach ensure frail and elderly people can remain at home longer.
People who use health and social care services have positive experiences of those services, and have their dignity respected.	None
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	None
Health and social care services contribute to reducing health inequalities.	None
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	None
People using health and social care services are safe from harm.	Provider substantiality payments ensure our most vulnerable service users receive support

	during the pandemic.
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	None
Resources are used effectively in the provision of health and social care services.	None

5.9 **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.

5.10 **Environmental/Sustainability**

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

Has a Strategic Environmental Assessment been carried out?

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

5.11 **Data Protection**

Has a Data Protection Impact Assessment been carried out?

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

6.0 DIRECTIONS

6.1

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

7.0 CONSULTATION

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

8.0 BACKGROUND PAPERS

8.1 N/A

Appendix 1

IJB RISK REGISTER

Organisation	Inverclyde Integration Joint Board
Date Last Reviewed by IJB/Audit Committee	20/03/2024
Date Last Reviewed by Officers	16/08/2024

Risk No	*Description of RISK Concern (x,y,z)	Current Controls	IMPACT Rating (A)	L'HOOD Rating (B)	Risk Score	Change in Score	Additional Controls/Mitigating Actions & Time Frames with End Dates	Who is Responsible? (name or title)
	Governance							
1	**Effective Governance** Risk through partner organisational restructures causing additional governance complexity, not having the right skills mix on the IJB, lack of clarity of role & ability to make decisions, lack of effective horizon scanning, inability to review the performance of Board, poor communications, or perceived lack of accountability by the public. Potential Consequences: Poor decision making, lack of critical skills lead to 'blind spots' or unanticipated risks, partners disengage from the IJB, dysfunctional behaviours, fail to deliver the strategic plan.	1. IJB themed development sessions carried out throughout the year to update members on key issues 2. Code of Conduct for members 3. Standards Officer appointed 4. Chief Officer is a member of both Partner CMTs & has the opportunity to influence any further governance mechanism changes 5. Regularly planning/liaison meetings between Chief Officer and Chair/Vice Chair 6. Internal and External Audit reviews of governance arrangements 7. IJB Self Assessment 8. Clinical and Care Governance arrangements and staffing 9. Development/induction programme in place for IJB members	3	3	9	0	No additional controls required. This risk is continuously monitored.	Chief Officer
2	**Maintaining Effective Communication and Relationships with Acute Partners During Transformational Change** During winter pressure period there is a risk due to partnership breakdown caused by different priorities & pressures resulting from transformational change agenda leading to loss of trust or effective communication. Potential Consequences: relationship breakdown, dysfunctional working relationships, cannot affect or influence change or priorities, resources skewed towards acute care away from preventative, unable to deliver strategic plan.	1. HSCP/Acute interface joint working groups - regular interface meetings looking at risks, lessons learned, joint problem solving 2. CO on HB CMT along with Acute Colleagues 3. Daily delayed discharge meetings lead by CO across GGC and departmental winter pressure meetings reacting real time to service pressures 4. Market Facilitation Statement -Developing commissioning plans in partnership with Acute colleagues 5. Early referral system and clear planning in place for each service user/patient - Weekly Delay meetings across NHSGGC. 6. Local UCC care group established looking at ACP, Frailty, Hospital at Home, Hospital Front door and falls. UCC strategic plan presented to IJB and HSCC.	3	3	9	0	All controls are current. The approach to winter planning is reviewed at the end of each winter(April) and at the beginning of each new winter cycle (November). This review activity allows us to make adjustments to our developing approach to winter planning with particular focus this year on avoiding admission.	Head of Health and Community Care
Risk No	*Description of RISK Concern (x,y,z)	Current Controls	IMPACT Rating	L'HOOD Rating	Risk Score		Additional Controls/Mitigating Actions & Time Frames with End Dates	Who is Responsible? (name or title)
	Resources & Performance							

<table>
<tr><td>3</td><td>Financial Sustainability / Constraints / Resource Allocation
Risk due to increased demand for services, potentially not aligning budget to priorities, and/or anticipated future funding cuts from our funding partners which leave the IJB with insufficient resources to meet national & local outcomes & to deliver Strategic Plan Objectives. Risk of overspending on MH Budget due to high agency costs as a result of difficulties recruiting to specialist roles.
Risk of financial sustainability due potential budget reductions from both Social Care and Health.
Potential Consequences: IJB unable to deliver Strategic Plan objectives, reputational damage, dispute with Partners, needs not met, risk of overspend on Integrated Budget.</td><td>Resources/Finance
1. Strategic Plan
2. Due Diligence work
3. Close working with Council & Health when preparing budget plans
4. Regular budget monitoring reporting to the IJB
5. Regular budget reports and meetings with budget holders
6. Regular Heads of Service Finance meetings
7. Close working with other local Authority and GG&C Finance colleagues and HSCP CFOs to deliver a whole system approach to financial planning and delivery
8. Medium to Long Term Finance Plan</td><td>4</td><td>3</td><td>12</td><td>0</td><td>The IJB has a 2 year budget with clear savings plans aggreed by the IJB. Work has already commenced on these savings plans and we remain confident these will be delivered. The additional controls of the savings working Board and the various sub groups add additional mitigation to this risk.</td><td>Chief Finance Officer</td></tr>
<tr><td>4</td><td>Workforce Sustainability and Implementation of the Workforce Plan
Risk in not delivering the Workforce Plan objectives. Risks within specific operational service areas of recruitment gaps for suitably qualified staff leading to inability of the IJB to deliver its Strategic Objectives

Potential Consequences: Don't attract or retain the right people, don't have an engaged & resilient workforce, service user needs not met, strategic plan not delivered, & reputational damage.</td><td>Resources/Workforce
1. Workforce Plan and quarterly progress reporting
2. EKSF, TURAs monitoring
3. Training budgets
4. Workforce Planning
5. Succession Planning for NHS & Local Authority Staff
6. Staff Governance Group & reports
7. Update papers to IJB on specific issues in mental health, review of roles within MDT being undertaken.</td><td>3</td><td>3</td><td>9</td><td>0</td><td>Our Workforce plan and the workforce plan review group adds additional mitigations here to this risk. This meets on a regular basis and regular feedback reports are given to the IJB.</td><td>Chief Officer</td></tr>
<tr><td>Risk No</td><td>*Description of RISK Concern (x,y,z)</td><td>Current Controls</td><td>IMPACT Rating (A)</td><td>L'HOOD Rating (B)</td><td>Risk Score (A*B)</td><td></td><td>Additional Controls/Mitigating Actions & Time Frames with End Dates</td><td>Who is Responsible? (name or title)</td></tr>
<tr><td>5</td><td>Workforce Mental Health In patients: Mental Health Medical Staffing: Risk of failure to maintain workforce model and service. Ongoing consultant psychiatrist vacancies across both Adult and Older People mental health have resulted in inability to provide full service function.
There is a reduction in bed availability due to lack of consultant cover and a financial risk due to increased costs associated with medical and locum agency medical staffing.
Despite use of locum and agency medical staffing we continue to have gaps in the service which are impacting on community waiting times</td><td>1.Vacancies advertised timeously.
2.Prioritisation of key tasks and patients presenting with higher risk factors
3.Reduction in acute admission beds
4.Consideration of alternative medial grades to fill gaps in service</td><td>4</td><td>3</td><td>12</td><td>0</td><td>We continue to monitor on an ongoing basis and prioritise patients at high risk
Ongoing discussions with nhs board deputy medical director and wide system to review any additional support and actions required to sustain a level of service across inpatients and community
Ongoing recruitment process</td><td>Interim Head of Mental Health, ADRS and Homelessness</td></tr>
</table>

6	**Performance Management Information** Risk due to lack of quality, timeous performance information systems to inform strategic & operational planning & decision making. Potential Consequences: Misallocate resources to non-priority areas, lack of focus, decisions based on anecdotal thinking or biased perspectives, & community needs not met.	Performance 1. Performance management infrastructure and reporting cycle 2. Regular financial monitoring reports showing performance against budget and projected outturns 3. Locality planning arrangements - developed. 4. Robust budget planning processes 5. Quarterly Performance Reviews - being developed. 6. Data repository regularly updated 7. Quality strategy and self evaluation processes 8. Regular review of Performance reporting frameworks	3	3	9	0	Annual Performance Report (APR) and 6 monthly reviews to IJB as a new control. HSCP commissioned a new PMS system - Pentana , there has been a delay in implementing Pentana (original deadline September 2023) This will now be prioritised in line with the new Strategic plan. A new outcomes framework will be developed in conjunction with the strategic plan. This will be used to monitor performance going forward. It is also anticipated that pentane will also be used for reporting against other HSCP plans and strategies.	Chief Finance Officer
	Strategy							
7	**New Strategic Plan 2024 onwards** New Strategic Plan to be in place from May 2024. Risk of failure to develop and implement a new Strategic Plan which meets the requirement to deliver on the 9 National Health and wellbeing Outcomes.	1.Development session for Strategic Planning Group and IJB held on 6th November 2. Timeline for development and engagement developed 3. Engagement with communities integral to developing key priorities 4. Statutory guidance received from SG 5. Progress update to IJB in March 2024, to be provide in CO Report 6. Consultation timeline identified 7. Approval date for IJB May 2024	3	3	9		Strategic Planning Group (SPG) will oversee development of the plan. The new Strategic Plan was approved by the IJB in May 2024 and will be monitored through the year with a new outcomes framework.	Chief Officer
8	**National Patient Safety Alert** In August 2023 a National Patient Safety Alert was issued regarding Medical beds, trolleys, bed rails, bed grab handles and lateral turning devices: risk of death from entrapment or falls alongside updated guidance from MHRA. We have approximately 3,000 patients in the community with these pieces of equipment. Work is underway to develop a risk assessment that meets MHRA sign off across GGC. The guidance is for a professional written risk assessment for each patient. We do not have the staff capacity to carry out retrospective assessments. (Impact on Occupational Therapy, Physiotherapy and District Nursing and acute referrers.	1.Staff representation at GGC working group 4 weekly 2.Board guidance/risk assessment testing underway 3.Patient leaflets being developed. 4. Community Risk assessments, flow charts fro escalation and staff along with staff training modules developed (to be approved through GGC Board Governance) prior to implementation. 5. Prescribing staff fully aware that as an interim solution all staff should continue to use agreed process with documentation in notes fo clinical reasoning. 6. Process for acute assessment being finalis3d alongside refresh of the inpatient bed safety rail assessment. 7. Draft policy written for feedback late summer. 8. Risk assessment to be tested on the appropriate decision platform	3	3	9		UK wide issue , working up risk management process going forward. This risk has been reduced after service review.	Head of Health & community Care
9	**Availability of RSL housing at time of need** Risk of homelessness across all population groups e.g. those with positive asylum decisions, older people which is increasing delayed discharges and those with specific bail conditions.	1. Hotels & Airbnb's used at point of homelessness 2. Homelessness service to provide drop in support at Holiday inn Express to aid prevention	4	3	12		Longer term approaches require to be part of the new housing strategy workstreams	Head of Health & community Care

Key: see diagram

Requires active management.

High impact/high likelihood: risk requires active management to manage down and maintain exposure at an acceptable level.

Contingency plans.
A robust contingency plan may suffice together with early warning mechanisms to detect any deviation from plan.

Good Housekeeping.
May require some risk mitigation to reduce likelihood if this can be done cost effectively, but good housekeeping to ensure the impact remains low should be adequate. Reassess frequently to ensure conditions remain the same.

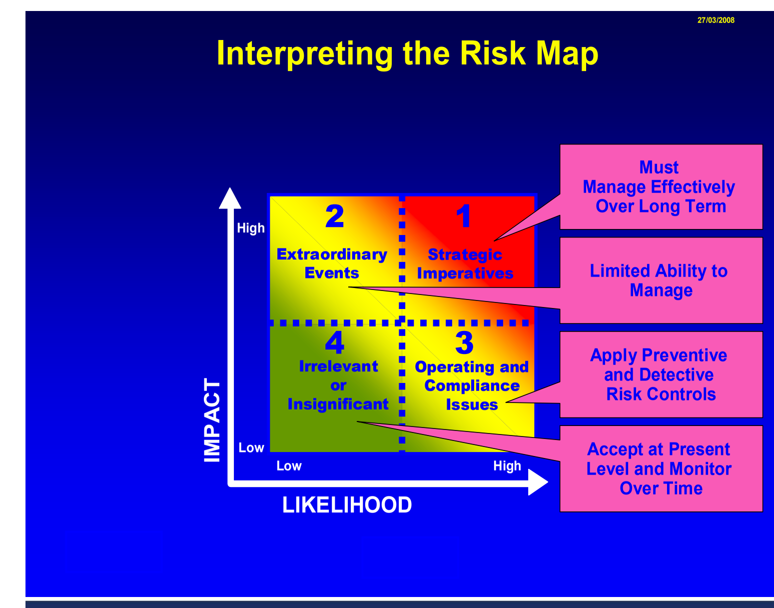
Review periodically.
Risks are unlikely to require mitigating actions but status should be reviewed frequently to ensure conditions have not changed.

Very High (16-25)

High (10-15)

Medium (5-9)

Low (1-4)



Risk Impact

	1 **Insignificant**	2 **Minor**	3 **Moderate**	4 **Major**	5 **Catastrophic**
Financial	<£100k	£100k-£250k	£250k-£500k	£500k-£1,000k	£1,000k>
Reputation	Individual negative perception	Local negative perception	Intra industry or regional negative perception	National negative perception	Sustained national negative perception
Legal and Regulatory	Minor regulatory or contractual breach resulting in no compensation or loss	Breach of legislation or code resulting in a compensation award	Regulatory censure or action, significant contractual breach	Breach of regulation or legislation with severe costs/fine	Public fines and censure, regulatory veto on projects/ withdrawal of funding. Major adverse corporate litigation
Opertional/ Continuity	An individual service or process failure	Minor problems in specific areas of service delivery	Impact on specific customer group or process	Widespread problems in business operations	Major service of process failure impacting majority or major customer groups

Likelihood

	1 **Rare**	2 **Unlikely**	3 **Possible**	4 **Probable**	5 **Almost Certain**
Definition	Not likely to happen in the next 3 years	Unlikely to happen in the next 3 years	Possible to occur in the next 3 years	Likely to occur in the next year	Very likely to occur in the next 6 months

INVERCLYDE HSCP Health and Social Care Partnership

AGENDA ITEM NO: 7

Report To:	**Inverclyde Integration Joint Board Audit Committee**	**Date:**	**9 September 2024**
Report By:	**Kate Rocks** **Chief Officer, Inverclyde Health & Social Care Partnership**	**Report No:**	**VP/LS/59/24**
Contact Officer:	**Vicky Pollock**	**Contact No:**	**01475 712180**
Subject:	**Inverclyde Integration Joint Board – Directions Update August 2024**		

1.0 PURPOSE AND SUMMARY

1.1 ☐For Decision ☒For Information/Noting

1.2 The purpose of this report is to provide the Inverclyde Integration Joint Board Audit Committee (IJB Audit) a summary of the Directions issued by Inverclyde Integration Joint Board (IJB) to Inverclyde Council and NHS Greater Glasgow and Clyde in the period March 2024 to August 2024.

1.3 A revised IJB Directions Policy and Procedure was approved by the IJB in September 2020. As part of the agreed procedure, IJB Audit has assumed responsibility for maintaining an overview of progress with the implementation of Directions, requesting a mid-year progress report and escalating key delivery issues to the IJB. This is the eighth such report and covers the period from March 2024 to August 2024.

2.0 RECOMMENDATIONS

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

Kate Rocks
Chief Officer
Inverclyde Health and Social Care Partnership

3.0 BACKGROUND AND CONTEXT

3.1 Directions are the means by which the IJB tells the Health Board and the Council what is to be delivered using the integrated budget, and for Inverclyde IJB to improve the quality and sustainability of care, as outlined in its Strategic Plan and in support of transformational change. A direction must be given in respect of every function that has been delegated to the IJB. Directions are a legal mechanism, the use of directions is not optional for IJBs, Health Boards or Local Authorities, it is obligatory.

3.2 A revised IJB Directions Policy and Procedure was approved by the IJB in September 2020. As part of the agreed procedure, IJB Audit has assumed responsibility for maintaining an overview of progress with the implementation of Directions, requesting a mid-year progress report and escalating key delivery issues to the IJB. This is the seventh such report and covers the period from March 2024 to August 2024.

3.3 This report outlines a summary of the Directions issued by the IJB during the period in scope. The report does not provide detail of the Directions' content or commentary on their impacts, as it is considered that this level of oversight is facilitated through the normal performance scrutiny arrangements of the IJB and Inverclyde Health and Social Care Partnership.

4.0 SUMMARY OF DIRECTIONS

4.1 A Directions log has been established and will continue to be maintained and updated by the Council's Legal Services.

4.2 Between March 2024 and August 2024 (inclusive):

- the IJB has issued 3 Directions;
- 2 of these were Directions to both the Council and Health Board; and
- 1 was a Direction to the Council only.

4.3 Of the 3 Directions issued by the IJB:

- all 3 remain open (current)

4.4 The list of Directions issued by the IJB to Inverclyde Council and NHS Greater Glasgow and Clyde is set out at Appendix 1 of this report. The list is split into financial years – 2020/21, 2021/22, 2022/23, 2023/24 and 2024/25.

4.5 As requested by the IJB Audit Committee at its meeting on 26 September 2022, Directions noted as completed or superseded in the previous financial years 2020/21, 2021/22, 2022/23 and 2023/24 have been removed from the Directions log.

4.6 As part of their review of the IJB Directions Policy, Internal Audit have recommended that the IJB is provided with an annual report on the IJB's Directions. The fourth annual report will be presented to the IJB at its meeting in September 2024.

5.0 PROPOSALS

5.1 It is proposed that the IJB Audit Committee notes the content of report and the summary of Directions issued by the IJB between March 2024 and August 2024.

6.0 IMPLICATIONS

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

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

6.2 **Finance**

There are no financial implications arising from this report.

One off Costs

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

Annually Recurring Costs/ (Savings)

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

6.3 **Legal/Risk**

The IJB is, in terms of Sections 26 to 28 of the Public Bodies (Joint Working) (Scotland) Act 2014, required to direct Inverclyde Council and NHS Greater Glasgow and Clyde to deliver services to support the delivery of the Strategic Plan.

6.4 **Human Resources**

There are no Human Resource implications arising from this report.

6.5 **Strategic Plan Priorities**

This report helps support the delivery of the key vision, priorities and approaches set out in the 2024-2027 Strategic Partnership Plan.

6.6 **Equalities**

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

(a) Equalities

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

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

(b) Equality Outcomes

How does this report address our Equality Outcomes?

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

(c) Fairer Scotland Duty

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

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

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

(d) **Children and Young People**

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

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

6.7 **Clinical or Care Governance**

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

6.8 **National Wellbeing Outcomes**

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

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

6.9 **Environmental/Sustainability**

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

Has a Strategic Environmental Assessment been carried out?

	YES – assessed as relevant and a Strategic Environmental Assessment is required.
X	NO – This report does not propose or seek approval for a plan, policy, programme, strategy or document which is like to have significant environmental effects, if implemented.

6.10 **Data Protection**

Has a Data Protection Impact Assessment been carried out?

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

7.0 DIRECTIONS

7.1

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

8.0 CONSULTATION

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

9.0 BACKGROUND PAPERS

9.1 None.

Appendix 1

INVERCLYDE INTEGRATION JOINT BOARD
DIRECTIONS LOG 2020-21

Ref. no.	Report Title	Direction to	Full Text	Functions Covered by Direction	Budget Allocated by IJB to carry out direction(s)	Date Issued	With Effect From	Review Date	Status	Does this supersede, revise or revoke a previous Direction	Direction Reference superseded, revised or revoked	Link to IJB paper	Responsible Officer	Service Area	Most Recent Review (Date)
17.03.2020 IJB/17/2020/AH	Inverclyde Alcohol and Drug Recovery Development Update	Both Council and Health Board	Recruitment to a recovery post for 12 months to support the establishment of a recovery approach including commissioned services within Inverclyde and support development of recovery concepts within communities.	Alcohol & Drug Recovery Services	£825k over 3 years from Transformation Fund if future funding from Scot Govt to ADP is not confirmed	17-Mar-20	17-Mar-20		Current	No	N/A	Inverclyde Alcohol and Drug Recovery Development Update	Head of MH, Addictions and Homelessness	Alcohol & Drug Recovery	
17.03.2020 IJB/17/2020/AH	Inverclyde Alcohol and Drug Recovery Development Update	Both Council and Health Board	allocation of £825k across 3 years from the transformation fund to support the development of a commissioned community recovery hub, if future funding from the Scottish Government to Inverclyde Alcohol and Drug partnership is not confirmed.	Alcohol & Drug Recovery Services	£825k over 3 years from Transformation Fund if future funding from Scot Govt to ADP is not confirmed	17-Mar-20	17-Mar-20		Current	No	N/A	Inverclyde Alcohol and Drug Recovery Development Update	Head of MH, Addictions and Homelessness	Alcohol & Drug Recovery	
17.03.2020 IJB/32/2020/AS	Social Care Case Management - Mini Competition	Both Council and Health Board	Inverclyde Council to oversee the procurement of a replacement Social Work Information system, subject to the Council approving £600,000 Capital funding, on top of the £243,000 agred by the IJB through Prudential Borrowing	HSCP	£243k through IJB prudential borrowing	17-Mar-20	17-Mar-20	Updates will be brought back to the IJB regularlly as the project proceeds	Current	No	N/A	Private report	Head of Strategy & Support Services	Performance & Information	Direction will be superseded by in year subsequent update reports in year
23.06.2020 IJB/44/2020/LL	Unscheduled Care Commissioning Plan	Both Council and Health Board	Note the requirement to implement the Unscheduled Care Commissioning Plan once finalised	HSCP	N/A	23-Jun-20	23-Jun-20	Updates will be brought back to the IJB regularlly as the project proceeds	Current	No	N/A	Unscheduled Care Commissioning Plan	Head of Strategy & Support Services	Commissioning	Direction will be superseded by subsequent update reports
21.09.2020 IJB/68/2020/LA	HSCP Digital Strategy 2020/21	Both Council and Health Board	Inverclyde Council and NHS GG&C jointly are directed to deliver the actions within the digital investment plan for 2020/21 as outlined in the report and Appendix A. (Includes SWIFT replacement).	All functions outlined in Appendix A of the report.	As outlined in Appendix A.	21-Sep-20	21-Sep-20	Sep-21	Current	No	N/A	HSCP Digital Strategy 2020/21	Head of Strategy & Support Services	HSCP	Direction will be superseded by in year subsequent Financial Monitoring reports

INVERCLYDE INTEGRATION JOINT BOARD
DIRECTIONS LOG 2021-22

Ref. no.	Report Title	Direction to	Full Text	Functions Covered by Direction	Budget Allocated by IJB to carry out direction(s)	Date Issued	With Effect From	Review Date	Status	Does this supersede, revise or revoke a previous Direction	Direction Reference superseded, revised or revoked	Link to IJB paper	Responsible Officer	Service Area	Most Recent Review (Date)
01.11.2021 IJB/50/2021/AM	Advanced Clinical Practice Proposal	Health Board only	The Health Board is directed to implement a team of 6 Advanced Nurse Practitioners to work across mental health services as outlined in the report.	Mental Health Services Adult and Older Adult Inpatient Community Services	As detailed in the report. Funded from Mental Health Transformation Fund and Medical Staffing Budget	01-Nov-21	01-Nov-21	Nov-22	Current	No	N/A	Private Report	Head of MH, ADRS and Homelessness	Mental Health	
01.11.2021 IJB/49/2021/AM	Homeless Service - Development of Rapid Rehouing Support Provision September 2021	Council only	The Council is directed to implement the Rapid Rehousing Support Service, including the creation of an Integrated Homeless Team, with 10 additional posts, as outlined in the report in order to provide intensive, wraparound support to those with the most complex needs, often caught up in a cycle of repeat, prolonged periods of homelessness.	Homelessness Service	As detailed in the report. Funded within existing budgets including from ADP, ADRS and Rapid Rehousing Transition Plan	01-Nov-21	01-Nov-21	Nov-22	Current	No	N/A	Private Report	Head of MH, ADRS and Homelessness	Homelessness	

INVERCLYDE INTEGRATION JOINT BOARD
DIRECTIONS LOG 2022-23

Ref. no.	Report Title	Direction to	Full Text	Functions Covered by Direction	Budget Allocated by IJB to carry out direction(s)	Date Issued	With Effect From	Review Date	Status	Does this supersede, revise or revoke a previous Direction	Direction Reference superseded, revised or revoked	Link to IJB paper	Responsible Officer	Service Area	Most Recent Review (Date)
27.06.2022 IJB/31/2022/CG	Proposed Use of IDEAS Project Surplus Funds	Council only	Inverclyde Council is directed to invest the £0.297m surplus funds provided by the IJB to: (a) support the appointment of 2 additional Money Advice posts for HSCP Advice Services; and (b) provide support to Financial Inclusion Partners to be agreed by the Financial Inclusion Partnership all as detailed in the report.	Advice Services	£0.297m as detailed in the report.	27-Jun-22	27-Jun-22	Jun-23	Current	No	N/A	IDEAS Project Surplus Funds	Head of Finance, Planning and Resources	Finance, Planning and Resources	
27.06/22 IJB/27/2022/AM	Mental Health and Wellbeing Service	Health Board only	NHS Greater Glasgow and Clyde is directed to develop and implement the Inverclyde Mental Health and Well-being Service (MHWS) all as detailed in the report, including the appointment of the proposed 13 additional posts as set out in paragraph 6.3.	Primary Care Services Mental Health Services - Young People, Adult and Older Adult	As detailed in the report. Indicative allocation from the Scottish Government: 2022/23 - £156,876.54 2023/24 - £313,263.86 2024/25 - £631,746.06	27-Jun-22	27-Jun-22	Jun-23	Current	No	N/A	Mental Health and Wellbeing Report	Head of MH, ADRS and Homelessness	Mental Health	
20/07/22 IJB/34/2022/CG	Inverclyde Learning Disability Community Hub	Council only	Inverclyde Council is directed to proceed with the approved project on the basis of the alternative design set out in the report and through the intended procurement route via hub West Scotland with additional funding support of £1.117million from the IJB.	Learning Disability Day Services	£1.117million, through a combination of prudential borrowing and use of existing reserves.	20-Jul-22	20-Jul-22	26th June 2023	Current	No	N/A	Inverclyde Learning Disability Community Hub	Head of Finance, Planning and Resources Head of Health and Community Care	Learning Disabilities	
07.11.22 IJB/51/2022/CG	HSCP Workforce Plan - 2022-2025	Both Council and Health Board	Inverclyde Council and NHS GG&C jointly are directed to implement the requirements of the Workforce Plan attached as Appendix A to the report and within the associated budget outlined in the report.	All functions outlined within the report and Appendix A.	As outlined in Appendix A.	07-Nov-22	07-Nov-22	May-23	Current	Yes Supersede	24.08.2020 IJB/54/2020/LA 21.06.2021 IJB/26/2021/AM	HSCP Workforce Plan 2022-2025	Head of Finance, Planning and Resources	Finance, Planning and Resources	
28.11.22 IJB/54/2022/CG	Cost of Living Initiatives	Council only	Inverclyde Council is directed to: 1. Extend access to Section 12 Social Work (Scotland) Act 1968 and Section 22 Children (Scotland) Act 1995 budgets to Health staff employed in Health Visiting, Family Nurse Partnership, Advice Services, Community Mental Health and Occupational Therapy in the allocation of cost of living payments to Inverclyde service users assessed as in need and in line with the Standard Operating Procedure (to be developed) to a maximum value of £0.300m. This direction does not affect access to Section 12 and Section 22 funding for staff with existing access. 2. Offer and provide an initial 500 warm boxes to service users receiving a Care at Home package from HSCP and commissioned providers through the Care at	Advice Services	£0.430m as detailed in the report	28-Nov-22	28-Nov-22	May-23	Current	No		Cost of Living Proposals	Head of Finance, Planning and Resources	Finance, Planning and Resources	

23.01.23 IJB/08/2023/AS	Proposal to Fund Final Year MSc Social Work Students to Commit to Work for Inverclyde HSCP for 3 Years	Council only	Inverclyde Council is directed to provide financial support to self funding MSc students by paying set fees for the final year of their education in order to attract new registered social workers to employment in Inverclyde HSCP for 3 years.	Children & Families Adult Services	£150,000 as detailed in the report	23-Jan-23	23-Jan-23	Jan-24	Current	No		MSc Student Funding	Chief Social Work Officer	Children & Families Community Care	

INVERCLYDE INTEGRATION JOINT BOARD
DIRECTIONS LOG 2023-24

Ref. no.	Report Title	Direction to	Full Text	Functions Covered by Direction	Budget Allocated by IJB to carry out direction(s)	Date Issued	With Effect From	Review Date	Status	Does this supersede, revise or revoke a previous Direction	Direction Reference superseded, revised or revoked	Link to IJB paper	Responsible Officer	Service Area	Most Recent Review (Date)
26/06/2023 IJB/33/2023/AB	The Future of Care and Support at Home	Council only	Inverclyde Council is directed to implement the redesign of the Care at Home Support Service as set out in the report and within the associated budget outlined in the report, including the increase from grade 3 to grade 4 for Social Care Workers and the realignment of supervisor posts (Senior Social Care Workers).	Care at Home	As outlined in Paragraph 7.2 and Appendix 2	26-Jun-23	26-Jun-23	Jun-24	Current	No	N/A	The Future of Care and Support at Home	Head of Health and Community Care	Health and Community Care	

INVERCLYDE INTEGRATION JOINT BOARD
DIRECTIONS LOG 2024-25

Ref. no.	Report Title	Direction to	Full Text	Functions Covered by Direction	Budget Allocated by IJB to carry out direction(s)	Date Issued	With Effect From	Review Date	Status	Does this supersede, revise or revoke a previous Direction	Direction Reference superseded, revised or revoked	Link to IJB paper	Responsible Officer	Service Area	Most Recent Review (Date)
25.03.2024 IJB/12/2024/CG	Inverclyde IJB Budget 2024/2026	Both Council and Health Board	Inverclyde Council is directed to spend the delegated net budget of £73.714m for 2024/25 in line with the Strategic Plan and the budget outlined within the report. NHS Greater Glasgow and Clyde is directed to spend the delegated net budget of £135.566m for 2024/25 in line with the Strategic Plan and the budget outlined within the report.	Budget 2024/2026	The budget delegated to Inverclyde Council is £73.714m for 2024/25 and NHS Greater Glasgow and Clyde is £135.566m for 2024/25 as per the report.	25-Mar-24	25-Mar-24	May-24	Current	No	N/A	Inverclyde IJB Budget 2024/26	Chief Financial Officer	Finance	
13.05.2024 IJB/13/2024/CG	Financial Monitoring Report 2023/24 - Period to 29 February 2024 - Period 11	Both Council and Health Board	Inverclyde Council and NHS GG&C jointly are directed to deliver services in line with the IJB's Strategic Plan and within the associated budget outlined in Appendix 5	All functions outlined in Appendix 5 of the report.	As outlined in Appendix 5.	13-May-24	13-May-24	Sep-24	Current	Yes Supersede	25/03/2024 IJB/10/2024/CG	Financial Budget Monitoring Report 2023/24 - Period 11	Chief Financial Officer	Finance	
24.06.2024 IJB/26/2024/KR	HSCP Senior Management Team Structure	Council only	Inverclyde Council is directed to implement the proposed enhanced management structure for the HSCP through: a. the realignment of the statutory role of Chief Social Work Officer through the creation of a new post of Chief Social Work Officer; b. recruitment to the operational post of Head of Service for Children & Families and Justice; and c. the creation of a dedicated service manager post for mental health (strategy) and complex care all as detailed in the report.	Functions as detailed in the report.	As detailed in paragraph 5.2 of the report.	24-Jun-24	24-Jun-24	Mar-24	Current	No	N/A	Private Report	Chief Officer	HSCP Management Team	

INVERCLYDE HSCP Health and Social Care Partnership

AGENDA ITEM NO: 8

Report To:	**Inverclyde Integration Joint Board Audit Committee**	**Date:**	**9 September 2024**
Report By:	**Kate Rocks** **Chief Officer, Inverclyde HSCP**	**Report No:**	**IJBAC/13/2024/JH**
Contact Officer:	**Jonathan Hinds** **Chief Social Work Officer**	**Contact No:**	**01475 715282**
Subject:	**Improvement Action Plan: Joint Inspection of Adult Services**		

1.0 PURPOSE AND SUMMARY

1.1 ☒For Decision ☐For Information/Noting

1.2 The purpose of this report is to advise IJB Audit Committee members of the improvement action plan developed by the HSCP since the publication of the report by the Care Inspectorate and Healthcare Improvement Scotland on the joint inspection of adult services: integration and outcomes – focus on people living with mental illness on 7 May 2024.

1.3 The inspection was undertaken using the Joint Inspection of Adult Services Integration and Outcomes Quality Improvement Framework and structured around the following inspection question: 'how effectively is the partnership working together, strategically and operationally, to deliver seamless services that achieve good health and wellbeing outcomes for adults?'

1.4 A number of improvement actions were already underway within adult services, however the improvement action plan (Appendix 1) is based on the priority areas for improvement within the report.

1.5 Following approval by the IJB Audit Committee, the plan will be submitted to the Care Inspectorate which will guide further improvement activity.

2.0 RECOMMENDATIONS

2.1 It is recommended that members of the IJB Audit Committee:

(i) note the proposed improvement action plan;

(ii) approve submission of the plan to the Care Inspectorate to enable ongoing monitoring of improvement activity.

Kate Rocks
Chief Officer, Inverclyde HSCP

3.0 BACKGROUND AND CONTEXT

3.1 In October 2023, the Care Inspectorate and Healthcare Improvement Scotland notified the HSCP of their intention to undertake an inspection of health and social care services for adults. Inspection activity commenced on Monday 23 October 2023.

3.2 The inspection considered the following question: '"How effectively is the partnership working together, strategically and operationally, to deliver seamless services that achieve good health and wellbeing outcomes for adults?" and did so by examining the provision of services for and lived experience of adults living with mental illness and their unpaid carers.

3.3 The inspection team primarily looked at people's experiences and outcomes over the preceding two-year period which encompassed part of the period of the coronavirus pandemic.

3.4 The report was published on 7 May 2024 and can be found at Joint Inspection of adult services in Inverclyde (2).pdf (careinspectorate.com).

3.5 Inspectors highlighted the following key strengths:

- Most people living with mental illness in Inverclyde had positive experiences of health and social care services that contributed to good outcomes for their health, wellbeing and quality of life.

- The partnership's vision focused on inclusion and compassion. It was committed to investing in community-based early intervention and prevention initiatives to support whole population mental health and wellbeing.

- Leaders promoted a collaborative culture, which was broadly understood by staff and communities. Longstanding integrated and co-located services provided a good basis for the provision of seamless services.

- The partnership had robust contract commissioning processes and there were good relationships with providers.

3.6 The report also praised HSCP staff for 'delivering positive health and wellbeing outcomes for people experiencing mental illness' and highlighted that the partnership was above the national average for positive responses to the national integration indicators relating to living independently, improved quality of life and feeling safe.

3.7 Inspectors provided feedback on areas for improvement within the service, including ensuring better outcomes for unpaid carers of people experiencing mental illness. Other areas for improvement identified were: looking at better integration and co-location of services to maximise opportunities for seamless support for service users; strengthening of oversight and governance procedures; and enhancing how progress is monitored.

3.8 The following evaluations were applied to the key areas inspected, using a six-point scale applied by the Care Inspectorate (the six points ranging from unsatisfactory to excellent):

Key area	Quality Indicator	Evaluation
1: Key performance outcomes	1.2 People and carers have good health and wellbeing outcomes	Good
2: Experience of people who use our services	2.1 People and carers have good experiences of integrated and person-centred health and social care	Good
	2.2 People's and carers' experience of prevention and early intervention	
	2.3 People's and carers' experience of information and decision-making in health and social care services	
5: Delivery of key processes	5.1 Processes are in place to support early intervention and prevention	Adequate
	5.2 Processes are in place for integrated assessment, planning and delivering health and care	
	5.4 Involvement of people and carers in making decisions about their health and social care support	
6: Strategic planning, policy, quality and improvement	6.5 Commissioning arrangements	Good
9: Leadership and direction	9.3 Leadership of people across the partnership	Adequate
	9.4 Leadership of change and improvement	

3.9 Inspectors concluded their report by stating that 'given the partnership's key strengths and its early response to the findings of the inspection, we have a good level of confidence that it will be able to make the improvements required. This will contribute to more consistent and sustainable positive health and wellbeing outcomes for adults living with mental illness and their unpaid carers.'

4.0 PROPOSALS

4.1 Following publication, managers developed an improvement plan based on the findings within the inspection report (Appendix 1).

4.2 Following approval by IJB Audit Committee members, the action plan will be submitted to the Care Inspectorate. Progress to achieve improvement actions will be reported to the HSCP Clinical and Care Governance Forum and further reports on progress will be provided to the HSCP Audit Committee for monitoring.

4.3 Furthermore, a development session for IJB members is being planned, to provide the opportunity for a fuller examination of the inspection findings, as well as the partnership improvement plan and context of the service overall.

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**

5.4 **Human Resources**

5.5 **Strategic Plan Priorities**

The improvement action plan will support the progression of the HSCP's strategic objectives.

5.6 **Equalities**

(a) Equalities

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

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

(b) Equality Outcomes

How does this report address our Equality Outcomes?

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

(c) Fairer Scotland Duty

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

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

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

(d) **Children and Young People**

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

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

5.7 **Clinical or Care Governance**

The improvement action plan will be reported to the HSCP Clinical and Care Governance Forum to provide oversight of progress for integrated health and care services.

5.8 **National Wellbeing Outcomes**

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

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	Improvement activity will support the strategic commitment for individuals and communities to improve 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	Improvement activity will support strategic priorities for people to live independently.
People who use health and social care services have positive experiences of those services, and have their dignity respected.	Improvement activity will support delivery of 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.	Improvement activity will support delivery of person-centred, effective, evidence based services.
Health and social care services contribute to reducing health inequalities.	Improvement activity will support 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.	Improvement activity will support a strategic focus on supporting carers in the role they undertake.
People using health and social care services are safe from harm.	Improvement activity will support public protection activity which keeps people safe from harm.
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	Improvement activity supports staff to improve services for local people.
Resources are used effectively in the provision of health and social care services.	Effective use of resources and improved processes to deliver services 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 Members of the Integration Joint Board and senior leaders were briefed in advance of the report's publication on 7 May 2024. A communications strategy was also developed.

8.0 BACKGROUND PAPERS

8.1 Joint Inspection of adult services in Inverclyde (2).pdf (careinspectorate.com).

care inspectorate

Healthcare Improvement Scotland

Appendix 1

Joint inspection of adult services

Integration and outcomes – focus on people living with mental illness.

Inverclyde Health and Social Care Partnership

May 2024

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PART 1 – About our inspection

Background

The Care Inspectorate and Healthcare Improvement Scotland share a common aim that the people of Scotland should experience the best quality health and social care. We work together to deliver programmes of scrutiny and assurance activity that look at the quality of integrated health and social care services and how well those services are delivered. We provide assurance that gives people confidence in services. Where we find that improvement is needed, we support services to make positive changes.

Legislative Context

The Public Services Reform (Scotland) Act 2010 places a duty on a range of scrutiny bodies to cooperate and coordinate their activities, and to work together to improve the efficiency, effectiveness and economy of their scrutiny of public services in Scotland. Healthcare Improvement Scotland and the Care Inspectorate have been working in partnership under the direction of Scottish Ministers to deliver joint inspections of services for adults since 2013.

The Public Bodies (Joint Working) (Scotland) Act 2014 sets the legislative framework for integrating adult health and social care. The aim of integration is to ensure that people and carers have access to good quality health and care services that are delivered seamlessly and contribute to good outcomes. This is particularly important for the increasing numbers of people with multiple, complex and long-term conditions. The Care Inspectorate and Healthcare Improvement Scotland have joint statutory responsibility to inspect and support improvement in the strategic planning and delivery of health and social care services by integration authorities under Sections 54 and 55 of the Act.

Ministerial Strategic Group Report

In February 2019, following a review of progress with integration, the Ministerial Strategic Group (MSG) for Health and Community Care made proposals for improvement. In relation to scrutiny activity, the MSG proposed that joint inspections should better reflect integration, and specifically, that the Care Inspectorate and Healthcare Improvement Scotland should ensure that:

- Strategic inspections are fundamentally focused on what integrated arrangements are achieving in terms of outcomes for people.

- Joint strategic inspections examine the performance of the whole partnership – the health board, local authority and integration joint board (IJB), and the contribution of non-statutory partners to integrated arrangements, individually and as a partnership.

Inspection Focus

In response to the MSG recommendations, the Care Inspectorate and Healthcare Improvement Scotland have set out our planned approach to joint inspections. Our inspections seek to address the following question:

> "How effectively is the partnership working together, strategically and operationally, to deliver seamless services that achieve good health and wellbeing outcomes for adults?"

In order to address the question over the broad spectrum of adult health and social care services, we are conducting a rolling programme of themed inspections. These look at how integration of services positively supports people's experiences and outcomes. These thematic inspections do not consider the quality of specialist care for the specific care group. They are simply a means of identifying groups of people with similar or shared experiences through which to understand if health and social care integration arrangements are resulting in good outcomes. We will examine integration through the lens of different care groups which, taken together, will allow us to build a picture of what is happening more broadly in health and social care integration and how this supports good experiences and outcomes for people.

The inspection in the Inverclyde Health and Social Care Partnership was the fourth in the series of inspections, and the first to consider the inspection question through the lens of people living with mental illness. We are using the definition of mental illness from the National Mental Health and Wellbeing Strategy, 2023:

"Mental illness is a health condition that affects emotions, thinking and behaviour, which substantially interferes with or limits our life. If left untreated, mental illnesses can significantly impact daily living, including our ability to work, care for family, and relate and interact with others.

Mental illness is a term used to cover several conditions (e.g. depression, post-traumatic stress disorder, schizophrenia) with different symptoms and impacts for varying lengths of time for each person. Mental illnesses can range from mild through to severe illnesses that can be lifelong".

National issues and context

The Scottish Government's priorities for improvement in mental health services are set out in the Mental Health Strategy 2017-27 and the Mental Health and Wellbeing Strategy 2023.

Health and social care partnerships across the country, including Inverclyde, are currently facing a number of challenges. These challenges affect the planning and provision of the range of health and care services, including mental health services.

Many areas are still in recovery from the Covid-19 pandemic. Impacts may include a reduction in the number and type of services available and a backlog of health concerns that were not dealt with during the pandemic. The long-term impact of long covid is not yet fully understood but requires a response from services.

Several reports[1,2,3,4] and our own recent inspections have further highlighted that across the country:

- Demand for health and social care is increasing.
- The health and social care sector faces ongoing challenges with recruitment and retention. This puts the capacity, sustainability and quality of care services at considerable risk.

Developing systems which support staff to work in a more integrated way is another area of national challenge. This includes sharing information across and between agencies. The issue has been highlighted and addressed in Scotland's digital health and care strategy[5] which was refreshed by the Scottish Government and COSLA in October 2021.

Explanation of terms used in this report.

When we refer to **people**, we mean adults between 18 and 64 years old who are living with mental illness.

When we refer to **carers**, we mean the friends and family members who provide care for people and are not paid for providing that care.

When we refer to **the health and social care partnership,** or **the partnership**, or **the Inverclyde partnership**, we mean Inverclyde Health and Social Care Partnership who are responsible for planning and delivering health and social care services to adults who live in Inverclyde.

When we refer to **staff** or **workers**, we mean the people who are employed in health and social care services in Inverclyde, who may work for the council, the NHS board, or for third sector or independent sector organisations.

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[1] Audit Scotland, Social Care Briefing, January 2022 (https://www.audit-scotland.gov.uk/publications/social-care-briefing)

[2] Audit Scotland, NHS in Scotland 2021, February 2022 (https://www.audit-scotland.gov.uk/publications/nhs-in-scotland-2021)

[3] Social Care Benchmarking Report 2022. July 2023. University of Strathclyde, CCPS, HR Voluntary Sector Forum (https://www.ccpscotland.org/ccps-news/media-release-report-reveals-reality-of-staffing-crisis-in-social-care-with-more-than-half-of-those-moving-jobs-last-year-leaving-the-sector-2/)

[4] Health, Social Care and Sport Committee's scrutiny of the NHS at 75 – what are some of the key issues in 2023? June 2023, The Scottish Parliament (https://spice-spotlight.scot/2023/06/29/health-social-care-and-sport-committees-scrutiny-of-the-nhs-at-75-what-are-some-of-the-key-issues-in-2023/)

[5] https://www.gov.scot/publications/scotlands-digital-health-care-strategy/

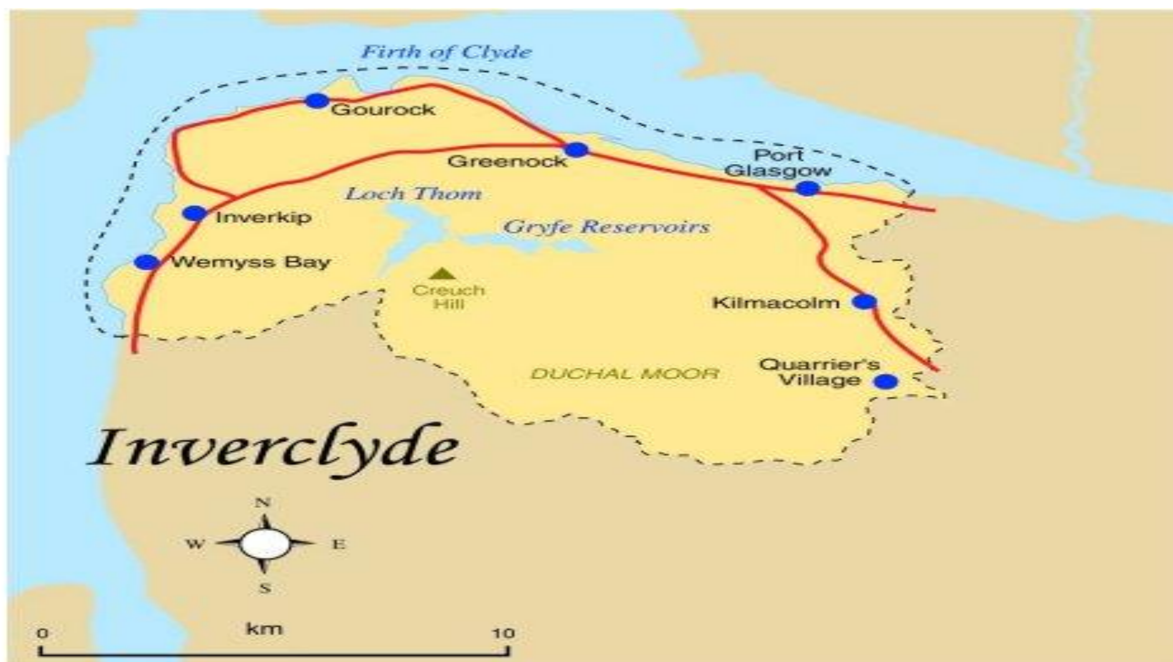
When we refer to **leaders,** or **the leadership team,** we mean the most senior managers who are ultimately responsible for the operation of the health and social care partnership.

There is an explanation of other terms used in this report at Appendix 2.

PART 2 – A summary of our inspection

The Partnership Area

Inverclyde is situated on the south bank of the Clyde estuary. Its main towns are in the north part of Inverclyde and along the coast: Greenock, Gourock, Port Glasgow, Inverkip and Wemyss Bay:



In 2023, the health and social care partnership changed its locality planning structure from six to two localities, West Inverclyde and East Inverclyde.

Unlike most council areas, Inverclyde's population has been getting smaller over the past 20 years. It had an estimated population of 76,700 at 30 June 2021, the fifth smallest in Scotland.

Life expectancy for people within Inverclyde is 74.3 years for men and 78.6 years for women. This is below the Scottish average (men 76.8, women 81). Healthy life expectancy is also lower in Inverclyde at 58.4 years for men and 59.7 years for women (compared with the Scottish average of 61.9 years for women and 61.7 for men). Much of the population of Inverclyde are white Scottish (93.8%, at 2011 census).

Approximately 43% of the population of Inverclyde (33,948 people) live in the top 20% most deprived data zones in Scotland. The rest of the population are relatively evenly spread across the other deciles. Deprivation is a major contributor to inequalities in health and has a significant impact on many of the issues that Inverclyde addresses in its strategic plan.

GP registers in Inverclyde show consistently high rates of diagnosed mental illness, at 1.26 per 100 people, compared with the national average of 0.94. The number of people admitted to hospital for psychiatric reasons is counted over a three-year period. This figure is also significantly higher in Inverclyde than in the rest of Scotland, at 409.4 per 100,000 people, compared with 242.8. More people in Inverclyde are also prescribed drugs to treat anxiety, depression and/or psychosis: 24.09% of the population compared with the national average of 19.29%.

Inverclyde has a longstanding history of integration with one of the earliest partnership arrangements in Scotland. A Community Health and Care Partnership was formed in 2012 with teams co-located and merged to support positive outcomes for citizens. Inverclyde Health and Social Care Partnership (HSCP) was formed in 2014, in line with the Public Bodies (Joint Working) (Scotland) Act 2014.

Inverclyde was severely impacted by the Covid-19 pandemic, with one of the highest death rates in Scotland. Leaders in the health and social care partnership identified that the area was still very much in recovery. They were working on a new strategic commissioning plan that would take account of this and support them with ongoing recovery and improvement. The partnership had recognised the significant impact of the pandemic on unpaid carers and had identified this as a priority area for development.

Summary of our Inspection Findings

The inspection of Inverclyde Health and Social Care Partnership took place between October 2023 and March 2024.

In our discussions with people and carers, we received 32 completed surveys, spoke to 41 people and 12 carers and undertook two focus groups.

In our discussions with staff in the health and social care partnership, we received 149 completed staff surveys, spoke to 95 members of staff and undertook four professional discussion sessions with the leadership team.

We reviewed evidence provided by the partnership to understand their vision, aims, strategic planning and improvement activities.

Key Strengths

- Most people living with mental illness in Inverclyde had positive experiences of health and social care services that contributed to good outcomes for their health, wellbeing and quality of life.

- The partnership's vision focused on inclusion and compassion. It was committed to investing in community-based early intervention and prevention initiatives to support whole population mental health and wellbeing.

- Leaders promoted a collaborative culture, which was broadly understood by staff and communities. Longstanding integrated and co-located services provided a good basis for the provision of seamless services.

- The partnership had robust contract commissioning processes and there were good relationships with providers.

Priority areas for improvement

1. The partnership should develop processes for capturing information about the outcomes of people living with mental illness and their unpaid carers. This should include meaningful opportunities for people to feed back about their experience of services. The partnership should use this information to support plans for improving outcomes.

2. The partnership should support staff in mental health services to identify and respond to the needs of unpaid carers of people living with mental illness. It should monitor the impact of its approach.

3. The partnership should review the effectiveness of its arrangements for integrated and co-located teams, with a view to maximising opportunities for delivering seamless services for people living with mental illness.

4. The partnership should ensure that all staff working in mental health services are confident in the principles and practice of self-directed support, to maximise choice and control for people and unpaid carers.

5. The partnership should strengthen its oversight and governance of social work practice, with particular reference to the statutory functions of mental health officers.

6. The partnership should agree and implement its approach to identifying and addressing priorities for improving mental health services. This should include agreement on how it will monitor the progress and impact of improvement activities.

Evaluations

The following evaluations have been applied to the key areas inspected. Further information on the six-point scale used to evaluate the key areas can be found in Appendix 3.

Key Quality Indicators Inspected		
Key Area	**Quality Indicator**	**Evaluation**
1 - Key performance outcomes	1.2 People and carers have good health and wellbeing outcomes	**Good**
2 - Experience of people who use our services	2.1 People and carers have good experiences of integrated and person-centred health and social care	**Good**
	2.2 People's and carers' experience of prevention and early intervention	
	2.3 People's and carers' experience of information and decision-making in health and social care services	
5 - Delivery of key processes	5.1 Processes are in place to support early intervention and prevention	**Adequate**
	5.2 Processes are in place for integrated assessment, planning and delivering health and care	
	5.4 Involvement of people and carers in making decisions about their health and social care support	
6 - Strategic planning, policy, quality and improvement	6.5 Commissioning arrangements	**Good**
9 - Leadership and direction	9.3 Leadership of people across the partnership	**Adequate**
	9.4 Leadership of change and improvement	

PART 3 – What we found during our inspection

Key Area 1 - Key performance outcomes

What key outcomes have integrated services achieved for people living with mental illness and their unpaid carers in Inverclyde?

Key Messages

- The partnership was delivering positive health and wellbeing outcomes for people experiencing mental illness.
- The partnership was above the national average for positive responses to the national integration indicators relating to living independently, improved quality of life and feeling safe.
- Outcomes for unpaid carers of people experiencing mental illness were less positive than those for the people themselves.

People and carers supported by integrated health and social care have good health and wellbeing outcomes.

Public Health Scotland publishes annual integration performance indicators for every health and social care partnership in Scotland. The indicators describe what people can expect from integrated health and social care. They measure progress for the whole population of the area around the national health and wellbeing outcomes set out in legislation. The Inverclyde partnership was performing above the Scottish average in just under half of the integration indicators.

The Inverclyde partnership did not have a system for recording or collating information about outcomes for people living with mental illness, or for their unpaid carers. This meant that the partnership did not conclusively know how health and social care services contributed to people's wellbeing and outcome data could not be used to inform improvements in mental health services.

There were some opportunities to gather information about outcomes, but these had not been fully implemented. For example: primary care mental health services used the Core Net 10 outcomes measurement tool but did not analyse or use the data it provided to inform service improvement. Some reviews used an outcomes-based review template which included the option to complete outcomes web, but the staff did not use the web. The community mental health team (CMHT) had tested the use of Outcomes Star methodology to measure outcomes but found it too complicated for regular use in a busy service.

From conversations with people and carers engaged with mental health services, and from reviewing their records, we found that:

National health and wellbeing outcome	Inspection Finding
1	Most people were supported to look after their health and wellbeing as much as possible.
2	Almost all people were supported to live as independently as possible.
3	Most people living with mental illness felt they were treated with dignity and respect.
4	Most people had a better quality of life because of the health and social care services they received.
6	Outcomes relating to unpaid carers feeling supported to continue in their caring role and to look after their own health were less consistent than outcomes for people.
7	Most people living with mental illness were kept safe from harm.

Outcome 1: People are able to look after and improve their own health and wellbeing and live in good health for longer.

Most people living with mental illness experienced positive outcomes due to receiving the treatment and support they needed from health and care services. Good outcomes experienced by people often resulted from single agency input rather than from integrated working. People did not always receive the right level of help at the right time or in the right place. Wider community and third sector services had a positive impact on people by supporting them to look after their own health and wellbeing.

Inverclyde's integration indicator for people being able to look after their health very well or quite well was slightly below the Scottish average.

Outcome 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.

Almost all people living with mental illness were supported to live independently. A range of services provided effective support that helped them to become and remain connected with their community, family and friends. A few people described feeling lonely and isolated.

There was limited opportunity for people to choose the services which best fit their needs and wishes in the community. Both statutory and third sector services were experiencing challenges with recruitment and retention which impacted on capacity to deliver services. This, coupled with increasing demand for mental health services, also led to some delays in people accessing the services they needed.

Inverclyde's integration indicator for people feeling they were supported to live as independently as possible was above the Scottish average.

Outcome 3: People who use health and social care services have positive experiences of those services, and have their dignity respected.

Most people felt that health and social care staff respected their rights, treated them with dignity and kindness and valued their opinions. People were particularly positive about care and support received from the third sector.

Inverclyde's integration indicator for people rating their care and support as excellent or good was above the Scottish average.

Some people found it very difficult to make contact with their GP practice and felt unhappy that they could not always see a GP when they wanted to. This led to reports of negative experiences with GP practices.

Inverclyde's integration indicator for people with positive experiences of the care provided by their GP practice was below the Scottish average.

Outcome 4: Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

Integrated health and social care services supported an improved quality of life for people living with mental illness. People experienced improved physical and mental health, improved relationships, more engagement with their communities, and better housing outcomes. There were examples of collaborative working with third sector services that had successfully improved outcomes. A few people found it difficult to access mental health services when they experienced co-existing substance misuse or homelessness. This was contributing to a poorer quality of life for some people.

Inverclyde's integration indicator for people agreeing that services had an impact on maintaining or improving their quality of life was above the Scottish average.

Outcome 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 wellbeing.

Unpaid carers of people living with mental illness were not routinely supported to look after their own wellbeing or to manage their caring role. A few carers had their own health concerns and were particularly vulnerable to carer stress. Some carers could have experienced improved outcomes through an early referral to the carers' centre or the offer of an adult carer support plan or young carer's statement.

Inverclyde's integration indicator for carers feeling supported to continue in their caring role was below the Scottish average.

Outcome 7: People who use health and social care services are safe from harm.

Most people experiencing mental illness felt safer in their homes and in the community due to the health and care support they accessed. People took fewer risks with their safety and had improved their independent living skills.

Inverclyde's integration indicator for people supported at home feeling safe was above the Scottish average.

Evaluation

Good

Key Area 2 - Experience of people and carers

What impact have integrated service approaches had on the lives of people living with mental illness in Inverclyde?

Key Messages

- Most people had positive experiences of health and social care services which enhanced their quality of life.
- Most people experienced good relationships with staff who knew them well.
- Most people felt that they were listened to and involved in planning and reviewing their treatment and care.
- Some people felt they would have benefitted from earlier treatment and support.
- Some people felt their choices were limited and wanted more information about their options for treatment and care.

People and carers have good experiences of integrated and person-centred health and social care.

Most people living with mental illness in Inverclyde experienced an improved quality of life through health and social care services that helped them to improve and maintain their health and wellbeing. This included improvements in physical and mental health, housing circumstances, relationships, social life and work skills and reduced alcohol and drug use.

In general, people supported by the community mental health team (CMHT) felt they had good access to the advice, support, treatment and care they needed, both from the CMHT and third sector providers. People described the CMHT as responsive, providing assistance when they needed it, even when their own workers were not available.

"They picked me up and carried me through it. I'm so grateful to them".

Most people felt they were listened to by staff in health and social care services and that their views were valued. Some people had been supported by the same staff for many years. They appreciated warm and positive relationships with workers who knew them well. However, not all people felt they were treated with dignity and respect. Some people's poorer experiences were linked to restrictions imposed by statutory orders. A few people felt they were treated impatiently or unkindly or were ignored by the staff teams making decisions about their care and treatment.

Almost all people experienced positive changes in their lives due to the health and care services they received. This was often through the support of single agencies and staff teams. Many people living with mental illness needed support with other areas of their lives and were supported by more than one service. These could include the CMHT, the alcohol and drug recovery service, assessment and care management teams, the rapid rehousing and support team, children and families

social work, justice social work and third sector care and support providers. Where this was the case, people had mixed experiences of 'joined-up' working. Some clearly had very good outcomes from different teams and professionals working together to help them achieve what they wanted in terms of housing, treatment, care and lifestyle. Yet this was not always the case. Some people were supported by different services working to different plans and holding separate reviews. Whilst single agency information might be shared across services, people experienced separate relationships with different teams and workers. Most people with learning disabilities and mental ill-health and their unpaid carers felt that care and treatment was well coordinated through the community learning disability team.

Unpaid carers' experiences of health and social care services were mixed. About half of people providing unpaid care to people who were living with mental illness thought that their role was recognised. They felt involved in decisions about the person's care and treatment. Some said that support from the carers' centre was helpful, and a few had accessed short breaks which helped them to continue in their caring role. Others found it hard to get information and felt their opinions and needs were not considered, even at key points such as discharge from hospital. Some unpaid carers did not know that they were entitled to support and information under the provisions of the Carers (Scotland) Act 2016.

Some carers lived with the person they cared for and provided practical support, while others lived in their own homes but had regular contact with the person, keeping an eye on their wellbeing. Caring for people who had a mental illness was particularly emotionally demanding for unpaid carers, and they experienced high levels of worry and stress. Several carers felt a significant reduction in stress when they knew that the person they cared for was safe and receiving appropriate treatment and care:

> 'She is now a transformed person, living her best ever life. My life is transformed...from constant panic calls, to being able to rest easy.'

People's and carers' experience of prevention and early intervention

Inverclyde had a wide range of low threshold and community-based initiatives to support positive mental health and wellbeing in its general population. However, people did not always get the help they needed at the right time, at the right level or in the right place.

Some people who needed help with their mental health for the first time, or for the first time in a while, felt that help was not available until they reached crisis point. They felt that help at an earlier stage would have prevented them from reaching that crisis. Some said they were passed between the community and primary care mental health teams. Some people who were feeling suicidal or had made a suicide attempt and were not currently supported by the CMHT, described having to travel alone to mental health assessment units in Glasgow City and being sent home without support.

Many people had difficulty with access to primary care, with long waits on the telephone and uncertainty over the right time to call. Some people were unclear about the new arrangements in primary care and did not understand why their appointments were with advanced nurse practitioners rather than GPs. Some people, newly referred to the CMHT, experienced delays in referrals being actioned. There were also some delays with care packages being put in place.

In contrast, most of the people who were already receiving services from the CMHT had good experiences of timely support and treatment. They found that services provided through the CMHT were responsive when their needs changed. People were supported with coping and self-care skills, managing their own medication, living healthy lifestyles and reducing risk-taking behaviours. They were offered annual physical health checks at the CMHT physical health clinic. All of this helped people to improve their own health and wellbeing and to maintain it for as long as possible.

People generally felt that health and social care services helped them to live as independently as they could, and to become and remain connected to their families, friends and communities. They attended community cafes and groups and went on days out and shopping trips. They experienced less reliance on family and greater confidence in making decisions and living independently. This had a corresponding positive impact on the quality of life of unpaid carers.

Some people were not confident about what their future held. People were not routinely supported to consider their future care needs and how they wanted these to be met. Neither were they encouraged to plan for potential future challenges such as unpaid carers no longer being able to provide care or their own mental or physical health getting worse. The chance to discuss and plan for circumstances such as these might have alleviated some of their concerns. Some carers felt that their lives would have been easier had they been referred to the carers' centre at an earlier stage.

People's and Carers' experience of information and decision-making in health and social care services.

People living with mental illness in Inverclyde were generally supported to express their views and make meaningful decisions about their care and treatment. However, they had different opinions about access to good quality, accessible information. Most relied on the workers who supported them to provide the information they needed. In these circumstances, information was tailored to their needs and people felt it helped them to make good decisions. People had good access to interpreting and translating services. More generally, some people and unpaid carers had found it difficult to access information about health and social care services and about their rights. Some unpaid carers needed better information about guardianship and power of attorney roles. Some people did not understand information provided in standard written formats.

Most people were supported to attend reviews where they could share their views about the support they needed and received. Some did not experience reviews taking place regularly. Reviews were not always accessible or comfortable for the people who were the subject of them, and some people highlighted that they preferred staff to attend on their behalf. They expressed confidence that their workers knew and would express their point of view at the review.

Overall, most people, including those subject to statutory orders, felt that their views were listened to and valued and that they were helped to shape their care and treatment in the way they wanted. A few felt that their care was too restrictive and would prefer to have more independence.

People were not always able to make the choices they wanted to because there was a limited range of options available to them. There were few choices of care and support provider, and with limited availability, people sometimes experienced delays and felt resigned to taking the service that had space. The choice of residential services was particularly limited. This meant that some people who needed a residential placement had to wait a long time. A few had to move away from Inverclyde to access a service, for example, specialised provision for people with alcohol related brain damage.

Some people were supported by advocacy services to understand and exercise their rights. Despite the availability of advocacy, very few people living with mental illness, or their unpaid carers were aware of their rights to make choices about care services through self-directed support. Few knew that they could have the opportunity to influence future care and treatment through the use of advance statements or future care plans.

Whilst people were regularly asked to provide feedback to third sector providers people and unpaid carers did not generally feel they had an opportunity to provide feedback on the overall effectiveness of the services that supported them. Neither people nor unpaid carers were aware of any opportunities to provide structured feedback to the partnership. Some people did not know how to complain about the services they received, although a few people had been supported to make complaints.

Evaluation

Good

Key Area 5 - Delivery of key processes

How far is the delivery of integrated processes in the Inverclyde partnership effective in supporting positive outcomes for people living with mental illness?

Key Messages

- There was a range of community-based, early intervention and prevention initiatives to support people's mental wellbeing.
- The community mental health team was fully integrated. However, there were some challenges in information sharing and joint working across service/location boundaries.
- Procedures, policies and systems were not consistently understood and applied.
- Self-directed support was not routinely implemented in mental health services.
- Unpaid carers were not routinely identified and supported.

Processes to support early intervention and prevention.

The Inverclyde partnership was committed to a whole-system approach to positive mental health and wellbeing for everyone in Inverclyde. It supported a wide range of community and third sector mental wellbeing initiatives and was developing a trauma-informed workforce.

The Primary Care Mental Health Team supported people with lower-level mental health needs. People could self-refer to the team. The team had strong links with community link workers and with a range of voluntary and community initiatives that could support good mental health. The partnership had invested in the delivery of distress brief interventions and seen a 139% increase in referrals during 2022/3.

The community mental health team (CMHT) provided treatment and care for people living with serious and complex mental illness. A number of third sector providers offered one-to-one support to people supported by the CMHT, helping them to live independently in the community. This included befriending, independent living skills, assistance with education and employment activities, shopping and leisure pursuits. Many people living with mental illness benefitted from such activities to maintain and improve their wellbeing. Some people had less positive outcomes when this support was not in place.

At the time of the inspection, Inverclyde CMHT was experiencing significant capacity challenges due to staff vacancies and demand pressure. There was provision for urgent referrals to be seen within 72 hours and referrals were screened daily. For routine referrals, people often waited for up to eight weeks for a full assessment (against a target of four weeks), and even longer for allocation of a keyworker. This meant that opportunities for treatment and support at the earliest stage were lost. There were also some delays in accessing support services, particularly residential placements.

Some people were supported to improve their own wellbeing with self-management techniques, such as sleep routine, mood management, medication management, falls avoidance, weight management, tenancy support. Where such interventions were in place, they were generally effective in improving outcomes.

The CMHT hosted a physical health clinic to carry out annual health checks for people using its service. At the time of the inspection, the clinic was not fully staffed and there was a backlog of referrals. In addition, around half of people failed to attend their appointments. The service recognised that the physical health clinic was not maximising its potential to support people's physical health and was considering ways to address this.

The partnership did not have a process in place to ensure that staying well plans, future care plans or advance statements were completed with people who would benefit from them. This meant that opportunities to identify and address deteriorating health at an early stage were missed. The partnership did not know how many of the people supported by mental health services had plans in place, or what the impact of the plans was in maintaining positive health and wellbeing.

Processes are in place for integrated assessment, planning and delivering health and care.

There was a coherent and integrated structure for the delivery of mental health services in Inverclyde and the wider NHS Greater Glasgow and Clyde area. This included local social and community supports and specialist mental health resources hosted by Glasgow City Health and Social Care Partnership. The location of some services outwith Inverclyde created barriers to accessing treatment for some people. This particularly applied when people in mental health crisis had to travel to mental health assessment units in other parts of the NHS Greater Glasgow and Clyde area.

Glasgow City Health and Social Care Partnership hosted mental health services for NHS Greater Glasgow and Clyde. It had led on the development of integrated policy and operational documents to support consistency in mental health services across the health board area, including Inverclyde. This work was undertaken through a collaborative approach between the board and its six associated health and social care partnerships, under the umbrella of the 'Moving Forward Together' programme. The shared documents included: adult mental health and addictions services guidance, protocol for learning disability and mental health interface working, CMHT interface guidance, physical healthcare policy, care programme approach guidance, CMHT operational framework and policy. Each partnership was expected to 'localise' the documents to take their own circumstances into account.

In Inverclyde, most documents were not in routine use and had not been adapted to reflect the Inverclyde context. The Inverclyde CMHT operational framework had not been updated since 2013. This meant that people living with mental illness in Inverclyde may not have experienced integrated services in the way that was intended or expected in the broader Greater Glasgow and Clyde area.

The Inverclyde CMHT was fully integrated and locality assessment and care management teams were co-located. These working arrangements had the potential to underpin excellent collaborative working. However, the partnership had not evaluated whether it was achieving maximum benefit from its working arrangements and there were some challenges to joint working.

Some people and their families were supported by other teams as well as the CMHT, for example: assessment and care management teams, children and families or justice social work, or the rapid rehousing and support team. Where this was the case, the partnership did not have an expectation that one service would lead on the person's care, support and treatment. Different teams and providers used different processes for assessments (including risk assessments), plans and reviews, reflecting the different requirements of their roles. Although assessments, plans and reviews were sometimes shared between services, this was not always the case. This meant that individual workers did not always have a full picture of a person's circumstances. They did not always know what issues other services were supporting the person with or what outcomes they were working towards. There was potential for services to be working separately on some of the same issues or to focus on different priorities that were not compatible with each other. Very few people were supported using the care programme approach, even when complex needs suggested that this would have been helpful in improving their outcomes. In these circumstances, health and care services for people living with mental illness were not delivered seamlessly. Services could not support people to think about the overall outcomes they wanted from treatment, care and support. Some people experienced poorer outcomes as a result.

As a whole, Inverclyde Health and Social Care Partnership had a clear commitment and well-developed approach to addressing health and social inequalities. For example, during the period of the inspection, it started a targeted piece of work to respond to inequalities in a neighbourhood of Port Glasgow. The partnership recognised that many people living with mental illness were at risk of poorer outcomes due to co-existing issues. These might include, for example, homelessness, long-term physical health conditions, and alcohol and drug use. The partnership did not have processes in place to ensure a collaborative approach between the services supporting people with these issues; this was a missed opportunity to address inequalities.

People with learning disabilities who were living with mental illness were supported by the integrated community learning disability team (CLDT). In most cases, where people with learning disabilities needed treatment or support with mental illness or other issues, services were co-ordinated through key workers in the CLDT. Where this was the case, it meant that one service had an overview of the person's circumstances. The keyworker could ensure that all health and care services were delivered in line with the person's needs, preferences and desired outcomes. This led to positive outcomes for most people with learning disabilities who were experiencing mental illness.

The Inverclyde CMHT was a fully integrated team of health, social work and social care professionals. It allocated and maintained oversight of cases through a single point of access (SPOA), supported by two multi-disciplinary team meetings each week. The primary care mental health team participated in the SPOA meetings to agree appropriate allocation of cases, based on level and complexity of need. This collaborative approach was an effective way to prioritise the allocation of resources where they were most needed.

Within the CMHT, keyworkers and care managers were allocated via the multi-disciplinary team meetings. These roles were generic and were confidently undertaken by nursing, occupational therapy or social work staff. There was evidence of effective clinical oversight of NHS staff who managed core clinical functions. For some other staff, service pressures meant that there was limited opportunity to exercise their individual professional skills. As a result, people using the service did not fully benefit from the full range of professional expertise within the integrated team. For example, better use of occupational therapists' skills could have provided a greater focus on rehabilitation. This could have promoted independent living and reduced reliance on the CMHT. Social work expertise could have enhanced outcomes-focused and asset-based practice and ensured that people's rights to choice and control under self-directed support legislation were maximised.

All staff within the CMHT used the EMIS web electronic patient record system hosted by NHS Greater Glasgow and Clyde. This led to very effective information sharing between the services that used EMIS web, as all professionals had access to all records. This included staff in the community learning disability team and the alcohol and drug recovery service. However, there were barriers in information sharing with teams who did not have access to EMIS web, for example, assessment and care management teams and GPs. The primary care mental health team duplicated their recording on EMIS web and EMIS PCS so that both CMHT staff and GPs could see the information. There were particular challenges in relation to social work mental health officer (MHO) records. Mental health officers used EMIS web which most social work staff could not access. It was concerning that senior managers with responsibility for governance and oversight of statutory social work functions did not have access to EMIS web.

The partnership did not have an agreed shared approach to supporting people who provided unpaid care to friends or relatives living with mental illness. There was a lack of clarity across staff groups about what constituted an unpaid carer, which meant that the carer role was not always recognised. This was more likely to be the case when unpaid carers did not live with the person they cared for, or when people did not give permission for carers to be given information about their care and treatment. The role of young carers for parents living with mental illness was also not always identified. There were few referrals to the carers' centre or offers of an adult carer support plan or young carer's statement.

Involvement of people and carers in making decisions about their health and social care support.

The partnership's strong culture of inclusion and valuing people was visible in warm relationships between people living with mental illness and the workers who supported them. Many people had been receiving care and treatment for many years and staff knew them well. This was key in supporting positive outcomes and experiences for people. It meant that people mostly experienced person-centred support, were treated with respect and were supported to make choices and decisions that were right for them. Yet this was not always the case, partly because standard processes and templates for assessment, planning and review in the CMHT were not designed to support an outcomes-focused or asset-based approach.

Where people were subject to statutory orders, there was evidence in most cases that services worked together to make sure that the person's views were considered, and their rights were respected. People were offered advocacy services and some people clearly benefitted from advocacy support. However, oversight and governance of social work practice within the CMHT was not robust. There was a risk that lack of oversight of the MHO team could lead to people's legal rights being compromised. We did not always see full MHO records in files where we expected to see them. Inverclyde had a very low completion rate for social circumstances reports to support short-term detention certificates, which meant that decisions to restrict people's liberty were potentially made without a full understanding of their circumstances. The health and social care partnership had recognised the need to strengthen social work governance. They had reorganised the MHO team and were moving to recruit a new social work service manager for mental health services to work alongside the existing NHS service manager.

The partnership provided general information about mental health and wellbeing through leaflets and websites. This included details of services that could support positive mental health. Staff in statutory, third sector and community-based organisations, including the carers centre, provided more personalised information when people needed it.

Mental health staff did not routinely provide people with information about their rights to self-directed support (SDS). There was a perception among staff that SDS was not suitable for people living with mental illness. This meant that most people were not fully aware of their right to choice and control in relation to their care and support. The partnership had made a significant investment in training staff to have meaningful discussions about SDS. This was having a positive impact on other areas of work. The partnership recognised the need to target training and support to staff working in mental health services.

In some cases, the choice of care for people living with mental illness was limited by the range and availability of services to meet their needs. More consistent use of advance statements and future care planning would have further enhanced choice and control. Nevertheless, where appropriate, most people were provided with advice and support to encourage self-management of their condition. This gave them an opportunity to exercise control over their own wellbeing.

Unpaid carers of people living with mental illness were not routinely made aware of their rights to information, involvement and support under the Carers (Scotland) Act 2016. Where the person gave their permission to share information with their unpaid carer, they were involved and provided with relevant information in most cases. Yet we saw very few examples where unpaid carers were offered support to improve or maintain their own wellbeing.

There was limited opportunity for people to feed back their views to the partnership about the services they received. The partnership subscribed to Care Opinion, and this was beginning to produce meaningful feedback in some areas of activity, although it was not used by people living with mental illness. In some cases, people were supported to provide meaningful feedback at their reviews, but some reviews were completed without the person being involved. The primary care mental health team and in-patient services had processes in place for gathering patient feedback. Neither were currently in a position to analyse and act on it.

Evaluation

Adequate

Key Area 6 – Strategic planning, policy, quality and improvement

How effectively do integrated commissioning arrangements in the Inverclyde partnership support positive outcomes for people living with mental illness?

Key Messages

- The integration joint board was in the process of preparing a new strategic plan. This would come into effect from 2024.
- The partnership had a market facilitation and commissioning plan (2019-24) and was in the process of renewing this.
- The partnership had robust contract commissioning processes and there were good relationships with providers.
- The partnership had a commissioning focus on initiatives that supported positive mental wellbeing across its whole population.
- The partnership was still to develop its future commissioning intentions for supporting people living with mental illness.

Commissioning arrangements

The commissioning of mental health services in Inverclyde, as part of the NHS Greater Glasgow and Clyde board area, benefitted from the board's strategic approach to mental health. In August 2023, the board had approved their refreshed strategy for mental health services, 2023-28. Glasgow City Health and Social Care Partnership hosted mental health services for the board. A range of workstreams, with membership from all six partnerships in the board area, ensured a collaborative approach to implementing the strategy. The board-wide Mental Health Programme Board had responsibility for implementing the strategy at board level.

The Inverclyde Health and Social Care Partnership had a comprehensive strategic plan for 2019-24. The plan took a whole population approach, with a clear commitment to maximising opportunities for early intervention and prevention. It was built around six 'big actions' or themes, rather than around distinct client groups and had been regularly refreshed to reflect updated priorities due to the pandemic. It was supported by an outcomes framework, developed in 2023-4, that explicitly linked local priorities with the national health and wellbeing outcomes. At the point of the inspection, a new plan was under development, building on information from a joint strategic needs assessment that had been completed in 2022. It was proposed that the new plan would be structured around four themes, one of which was mental health and wellbeing. This supported the partnership's focus on a whole-system approach.

In line with its current plan, the partnership had worked hard to develop a range of integrated approaches to support the mental health and wellbeing of all its citizens. The mental health and wellbeing fund, supported by the health improvement team, allocated ring-fenced funds to local community groups. This mechanism for distributing funding was widely considered to be effective. The partnership had successfully invested in scaling up their distress brief intervention programme. It also participated in "Inverclyde Cares." This was a strategic network of public, private and third sector organisations that supported the community-led "Compassionate

Inverclyde" movement. Compassionate Inverclyde was evaluated in 2023 as producing a range of positive outcomes for individuals and communities.

The partnership was committed to including the third and independent sector as partners in strategic planning and service delivery. Council for Voluntary Sector (CVS) Inverclyde was fully involved in the development of the new strategic plan and had a clear understanding of the partnership's vision. A dedicated post had been created within the organisation to promote understanding of the partnership's strategic ambitions across the third sector. Despite this, some providers still felt that the partnership's approach to co-production could be improved.

The partnership had a market facilitation and commissioning plan (2019-24). The plan described how the partnership would work collaboratively with relevant stakeholders to shape the health and social care market in Inverclyde. There was a focus on collaboration and early intervention, reflecting the priorities of the wider strategic plan. The market facilitation group, which included third sector representation, was key to driving implementation of the plan. The group considered information from relevant stakeholders to support the development of commissioning plans for different client groups. For example, an event was held in November 2023 to consult with unpaid carers about the priorities for the new carers' strategy 2024-29.

The partnership intended that locality planning groups would also influence commissioning plans. It realigned locality planning groups in 2023, reducing their number from six to two. The partnership identified that having fewer localities would provide a more meaningful opportunity for communities, providers and people to input into service planning. This reorganisation was relatively recent and it was too early to evaluate its effectiveness in informing commissioning activities.

Third and independent sector providers reported very good relations with the contract management team and there were robust processes in place for monitoring contracts. This included consideration of people's outcomes, although the partnership did not have a standard approach to outcomes-based commissioning.

Despite a generally well-developed approach to commissioning health and social care services, the partnership did not have current commissioning plans for the particular health and care needs of people living with mental illness. Its pre-covid priority for this group was to embed a recovery focus into mental health services. Priorities understandably shifted with the pandemic to supporting the operation and development of key services. However, the partnership did not routinely collate evidence about the effectiveness of commissioned services in improving outcomes for people living with mental illness. It did not have a planned approach to gathering the views of people who used the services and their unpaid carers. There was no robust data about type or level of need (or unmet need). This meant that there was a lack of evidence to support the formulation of a commissioning plan for this group of people.

The partnership commissioned services from a range of providers to support people living with mental illness in the community. There was a monthly mental health integrated resource allocation group meeting, attended by partnership staff and providers. The meeting considered the allocation and management of individual care packages. It had a focus on both responding to need and managing budgets. The fact that both health and social work staff could access third sector resources supported the integration principle that keyworkers could be allocated from any discipline within the CMHT. Staff could monitor the activity of some third sector support services through weekly spreadsheets that providers completed and returned, detailing their activity. This enabled keyworkers to respond quickly if people’s level of need changed. Financial pressures and challenges with staff retention among providers meant that support and care was not always available at the time or intensity that people needed it. There was a shortage of residential provision for people with complex needs, which was a contributing factor to some people being in hospital longer than they needed to be. It was positive that staff reported no barriers to accessing support services, other than availability.

The partnership was aware that it needed to focus attention on service responses to people living with mental illness. They expected their new strategic plan to have a focus on providing more support to people in their own communities. In line with this intention, they hoped to commission services that could provide a higher degree of community support for people living with mental illness. There was a suggestion that the Inverclyde Mental Health Programme Board would work together with the commissioning team to identify and progress commissioning requirements in relation to mental illness, but this process was not yet established. It was too early for us to evaluate the effectiveness of the partnership's future plans for commissioning their mental health services.

Evaluation

Good

Good Practice Example

Women's Supported Living Service

Staff in the community learning disability team identified a gap in provision for vulnerable women. There were challenges in supporting women who wanted to live independently, but needed a high level of support and were at risk of exploitation in the community.

The partnership worked with a local registered social landlord and a third sector support provider to develop a service response. The resulting housing support service, operational in August 2021, provided a resource across two service areas: learning disability and mental health. It enabled seven women with learning disabilities and/or mental ill health to live in their own tenancies, with flexible and responsive support. Robust telecare arrangements offered tenants the reassurance of being able to call for help at any time. The service was provided as an addition to an existing service that had been developed collaboratively between Inverclyde and Renfrewshire health and social care partnerships.

The service worked in an integrated way, with staff from the support and housing providers and the partnership working together to provide personalised responses to each tenant.

The partnership identified a range of positive outcomes for the women supported by the service, including:

- Being able to live more independently than previously
- Improved mental health and reduced mental health in-patient admissions
- Being more involved in their local community
- Improved family relationships
- Feeling and being safer.

Key Area 9 – Leadership and direction

How has leadership in the Inverclyde partnership contributed to good outcomes for people living with mental illness and their unpaid carers?

Key findings

- Leaders promoted a shared culture of collaboration, compassion and inclusion, which was broadly understood by staff and communities.
- There was an integrated approach to workforce management.
- Leaders had a clear commitment to promoting good mental health and wellbeing for all the people of Inverclyde. There was less focus on the specific needs of people living with mental illness.
- There had been a significant turnover of leadership and management staff in the two-year period prior to our inspection. This had adversely affected consistent leadership of mental health services.
- Clinical care and governance systems were effective, but the professional governance of social work functions needed to be strengthened.
- Leaders did not have good evidence about the effectiveness of mental health services in Inverclyde that could support them to identify and set priorities for change and improvement.

Leadership of people across the partnership

The Inverclyde Health and Social Care Partnership had a relatively new senior leadership team. They were committed to a collaborative culture, underpinned by a shared vision and values. They actively encouraged a whole-system, compassionate and person-centred approach that recognised the impacts of poverty, inequality and trauma on the wellbeing of their citizens. Senior leaders were confident that collaborative working was strong because they had adopted integrated and co-located working and integrated management structures at an early stage. These arrangements clearly supported collaborative working, but closer attention to processes and systems could have further improved both its quality and extent. The partnership faced significant challenges. Many senior officers had been in post for less than 12 months prior to the start of the inspection. Inverclyde had been severely impacted by the Covid-19 pandemic and was still in recovery. Financial pressures, geographical issues and challenges with recruitment and retention all impacted on the partnership's capacity to fully implement their vision.

Positively, senior leaders demonstrated that they valued their staff. The partnership had a three-year integrated workforce plan (2022 – 2025), which included the third and independent sector workforce. Progress had been made on the plan, with a range of creative measures underway to recruit and support staff. This included reviewing social care job profiles to ensure pay parity with healthcare assistants and a 'grow your own' initiative to support staff undertaking social work qualifications.

Staff across all sectors were largely confident in the leadership and direction provided by the senior leadership team and believed that their managers supported joint working. This was consistent with the results of the partnership's iMatter survey which highlighted that staff felt well informed, appropriately trained and developed and treated fairly. They felt that leaders promoted the health and wellbeing of staff.

The partnership had a well-embedded clinical and care governance framework. Clinical and care governance groups at service level linked into both the HSCP and NHS Greater Glasgow and Clyde clinical and care governance forums. The clinical and care governance group for mental health, recovery and homelessness considered matters reported through mental health services and escalated these as required. This included information from the integrated incident review group shared with the alcohol and drug recovery service. This was an effective process for escalating concerns and sharing learning to inform improvement across all six NHS Greater Glasgow and Clyde partnerships.

There was evidence of good single agency quality assurance processes for NHS staff working in mental health services. The nursing core care assurance audit tool for mental health inpatient & community services was used effectively. Analysis of data from the audit had resulted in funding for a practice development nurse to lead on the implementation of identified improvements.

However, staff in mental health services were not always clear about policies, systems and processes. There was no routine governance or quality assurance of social work practice within the community mental health team, including the statutory functions of mental health officers (MHOs). There was no self-evaluation across the range of mental health services. This meant that the partnership did not know if staff and people were getting the maximum benefit from its integrated service arrangements.

Leadership of change and improvement

The partnership's overall commitment to improving the mental health and wellbeing of Inverclyde's people was evident. In line with national and partnership strategic priorities, early intervention and prevention was a key focus for change and improvement. In contrast, there was a limited focus on improving targeted health and social care services for people living with mental illness.

The partnership's strategic priorities were organised by six 'big actions' or themes. Operationally, activities were structured in four service areas. Support and treatment for people living with mental illness was managed through the mental health, recovery and homelessness service. This service had been impacted by several changes in senior leadership in the two-year period of our inspection scope.

NHS Greater Glasgow and Clyde's clinical governance arrangements provided a level of assurance for mental health services during the leadership transitions. Operational services benefitted from committed staff working in line with long-established custom and practice. Nevertheless, the partnership's overall governance and leadership of integrated mental health services in Inverclyde was adversely affected. At the point of our inspection, senior leaders did not have access to meaningful data about the performance, quality or impact of their mental health services. This meant that they could not be confident about the effectiveness of integrated processes and commissioning arrangements in delivering seamless services and good health and wellbeing outcomes for adults living with mental illness. They were therefore not able to identify current priorities for change and improvement.

There was evidence that, prior to the two-year period of our inspection scope, the partnership had initiated a range of improvement work in mental health services. A mental health and wellbeing needs assessment had been completed in 2019, and an internal review of the CMHT service in 2020. Challenges presented by the pandemic, coupled with the number of changes in the leadership team, meant that there had been a lack of continuity to drive forward identified improvement priorities. In the case of the CMHT review, momentum had been lost completely and progress had stalled. The MHO team carried out a service redesign following an external review of the service in 2021. This included the appointment of two additional MHOs and investment in a dedicated team leader post. There was also an ongoing current review of the primary care mental health team. The MHO and PCMHT reviews reported through the mental health programme board, which had both service user and carer representation. The reviews themselves would have been strengthened by including the perspectives of people living with mental illness and their unpaid carers.

Senior leaders recognised the need to strengthen the leadership and governance of integrated mental health services in Inverclyde and took steps to do so during the inspection. Further recruitment was underway to appoint a social work service manager for the CMHT to strengthen the professional governance of social work functions. This would support the establishment of a senior management team for mental health services.

The partnership had recently developed a draft terms of reference for the integrated Inverclyde mental health programme board (MHPB). It stated that the purpose of the board was "to provide leadership to the range of mental health service improvement programmes in Inverclyde." It would report to the integration joint board. The partnership was still considering how the MHPB would support a coherent approach to local planning and commissioning of mental health services, taking account of both locally identified priorities and the ambitions of the NHS Greater Glasgow and Clyde strategy.

Evaluation

Adequate

Conclusions

The people of Inverclyde experience high levels of deprivation and health and social inequalities. The prevalence of mental illness in Inverclyde is higher than for Scotland as a whole. The health and social care partnership was committed to tackling inequality. It benefitted from a long history of integrated and co-located services and championed values of compassion and inclusion. It had significantly invested in low threshold, community-based initiatives that would support the mental health and wellbeing of its whole population.

The partnership had been less focused on health and social care services for people who were experiencing mental illness, and who needed treatment and targeted social care support. Inverclyde was badly affected by the Covid-19 pandemic and was still in a period of recovery at the time of our inspection. There had been a high turnover in management and leadership staff with responsibility for mental health services in the two years prior to our inspection. This combination of factors meant that the partnership had not had the capacity to progress previously identified improvements and did not have a clear picture of the current effectiveness of its services.

Most people living with mental illness still experienced positive outcomes from the treatment and care they received. These positive outcomes were supported by warm relationships between staff and people, custom and practice in operational services and the partnership's values of collaboration, compassion and inclusion.

People's outcomes were not always as good as they could be. Systems and processes needed to be updated and used to underpin consistent, person-centred and rights-based practice. Oversight and governance of information sharing, and the quality and performance of integrated services needed to be strengthened. People and unpaid carers needed a way to provide feedback about the effectiveness of mental health services in helping them to achieve the outcomes they wanted, and to be confident that their views would be taken into account. The partnership needed to develop a comprehensive plan for the future of health and social care services for people living with mental illness.

The partnership was aware that it needed to focus attention on its mental health services and had already taken some steps to do so. New staff had been appointed. A new strategic plan was under development. The recently refreshed NHS Greater Glasgow and Clyde strategy for mental health services, and the implementation processes supported by Glasgow City Health and Social Care Partnership, provided a timely opportunity to support improvement.

The partnership needs to work collaboratively to develop robust improvement and commissioning plans for its mental health services. It needs to put in place suitable structures and processes to support implementation of its plans. Given the partnership's key strengths and its early response to the findings of the inspection, we have a good level of confidence that it will be able to make the improvements required. This will contribute to more consistent and sustainable positive health and wellbeing outcomes for adults living with mental illness and their unpaid carers.

Appendix 1

Inspection Methodology

The inspection methodology included the key stages of:

Information gathering
Scoping
Scrutiny
Reporting

During these stages, key information was collected and analysed through:

Discussions with service users and their carers
Staff survey
Evidence submitted from partnership
Reviewing records
Discussions with staff and other stakeholders
Professional discussions with partnership.

The underpinning Quality Improvement Framework was updated to reflect the shift in focus from strategic planning and commissioning to focus on people's experiences and outcomes.

Quality Improvement Framework and Engagement Framework

Our quality improvement framework describes the Care Inspectorate and Healthcare Improvement Scotland's expectations of the quality of integrated services. The framework is built on the following:

The National Health and Wellbeing Outcomes Framework. These outcomes are specified by the Public Bodies (Joint Working) Scotland Act 2014 to describe what integrated health and social care should achieve. They aim to improve the quality and consistency of outcomes across Scotland and to enable service users and carers to have a clear understanding of what they can expect.

The Integration Planning and Delivery Principles. These are also specified by the Public Bodies (Joint Working) Scotland Act 2014 to describe how integrated services should be planned and delivered.

Health and Social Care Standards. These seek to improve services by ensuring that the people who use them are treated with respect and dignity and that their human rights are respected and promoted. They apply to all health and social care services whether they are delivered by the NHS, Councils or third and independent sector organisations.

The quality improvement framework also takes account of the Ministerial Strategic Group's proposals in relation to collaborative leadership, working with the third and independent sector, strategic planning and commissioning, clinical governance and engaging people, carers and the wider public.

Quality Indicators

We have selected a set number of quality indicators from our full quality improvement framework. The indicators relating to people and carers' outcomes and experiences are central to the framework. Other indicators consider the outcomes and experiences that integrated health and social care achieve.

The framework sets out key factors for each indicator and describes how they can be demonstrated. It also provides quality illustrations of good and weak performance. The indicators that will be inspected against are:

1.2	People and carers have good health and wellbeing outcomes
2.1	People and carers have good experiences of integrated and person-centred health and social care
2.2	People's and carers' experience of prevention and early intervention
2.3	People's and carers' experience of information and decision-making in health and social care services
5.1	Processes are in place to support early intervention and prevention
5.2	Processes are in place for integrated assessment, planning and delivering health and care
5.4	Involvement of people and carers in making decisions about their health and social care support
6.5	Commissioning arrangements
9.3	Leadership of people across the partnership
9.4	Leadership of change and improvement

Engagement framework

Our engagement framework underpins how the Care Inspectorate and Healthcare Improvement Scotland will undertake and report on engagement with people using services and their carers.

The framework consists of 12 personal “I” statements, which focus on the experience and outcomes of people using services and their carers.

The 12 statements are:

1. From the point of first needing support from health and social care services, I have been given the right information at the right time, in a format I can understand.
2. I am supported to share my views, about what I need and what matters to me, and my views are always valued and respected.
3. People working with me focus on what I can do for myself, and on the things I can or could do to improve my own life and wellbeing.
4. I am always fully involved in planning and reviewing my health and social care and support in a way that makes me feel that my views are important.
5. Professionals support me to make my own decisions about my health and social care and support, and always respect the decisions that I make.
6. I get the advice, support, treatment and care that I need, when I need it, which helps me to become and stay as well as possible for as long as possible.
7. The health and social care and support that I receive, help me to connect or remain connected with my local community and other social networks.
8. Health and social care staff understand and acknowledge the role of my family and friends in providing me with care and support. Services work together to ensure that as far as possible, my family and friends are able to provide support at a level that feels right for them.
9. People working with me always treat me with dignity, respect my rights and show me care and kindness.
10. My carers and I can easily and meaningfully be involved in how health and care services are planned and delivered in our area, including a chance to say what is and isn’t working, and how things could be better.
11. I’m confident that all the people supporting me work with me as a team. We all know what the plan is and work together to get the best outcomes for me.
12. The health and social care and support I receive makes life better for me.

Appendix 2

Term	Meaning
Adult carer support plan	Under the Carers (Scotland) Act, every carer has a right to a personal plan that identifies what is important to them and how they can be supported to continue caring and look after their own health. This is called an adult carer support plan. (The equivalent for a young carer is called a young carer's statement). Adult carer support plans are required to include plans for how the cared for person's needs will be met in the future, including when the carer is no longer able to provide support.
Advance statement	This is a written statement, drawn up and signed when the person is well, which sets out how they would prefer to be treated (or not treated) if they were to become ill in the future. It must be witnessed and dated.
Anticipatory care plan	See Future Care Plan
Alcohol and Drug Recovery Service (ADRS)	The ADRS is a joint health and social work team that offers support to people with alcohol or drug problems. The service includes addiction workers and addiction nurses who are supported by other professionals including doctors, psychology, and occupational therapists.
Capacity	Capacity is the maximum amount of care, support or treatment that day service or individual member of staff can provide.
Care and clinical governance	The process that health and social care services follow to make sure they are providing safe, effective and person-centred care, support and treatment.
Care opinion	A UK-wide online platform that allows people to share their experiences of health and social care services. It also allows services to respond to people's posts.
Care programme approach	A multi-agency approach to providing effective co-ordinated care to people with severe and enduring mental illness or learning disability, who have complex health and social care needs.
Carers' centre	Carers' centres are independent charities that provide information and practical support to unpaid carers. These are

	people who, without payment, provide help and support to a relative, friend or neighbour who can't manage without that help. Carers' centres are sometimes funded by health and social care partnerships to provide support.
Commissioning	Commissioning is the process by which health and social care services are planned, put in place, paid for and monitored to ensure they are delivering what they are expected to.
Community Mental Health Team (CMHT)	The CMHT is a community-based mental health service. The service includes a range of mental health experts who work together to provide assessment and treatment for people with suspected or diagnosed moderate to severe mental illness/ mental disorder.
Complex needs	People have complex needs if they require a high level of support with many aspects of their daily lives and rely on a range of health and social care services.
Compulsory Treatment Orders (CTOs)	Under the Mental Health (Care and Treatment) (Scotland) Act 2003. A compulsory treatment order (CTO) allows for a person to be treated for their mental illness. The CTO may set out a number of conditions that the person will need to comply with. These conditions will depend on whether the person has to stay in hospital or in the community.
Contract Management	Contract management is the process that local councils and the NHS use to ensure that services they purchase from other organisations are of a good standard and are delivering at the expected level.
Coordination	Organising different practitioners or services to work together effectively to meet all of a person's needs.
Core suite of integration indicators	These are indicators, published by Public Health Scotland to measure what health and social care integration is delivering.
Crisis response Team (CRT)	Community mental health service providing emergency mental health support
Community link workers	Community Link Workers are practitioners who work within GP practices providing non-medical support with personal, social, emotional and financial issues.

Day services	Care and support services offered within a building such as a care home or day centre or in the community. They help people who need care and support, company or friendship. They can also offer the opportunity to participate in a range of activities.
Direct payments	Payments from health and social care partnerships to people who have been assessed as needing social care, who would like to arrange and pay for their own care and support services.
Early intervention	Early intervention is about doing something that aims to stop the development of a problem or difficulty that is beginning to emerge before it gets worse.
Eligibility criteria	Eligibility criteria are used by social work to determine whether a person has needs that require a social care service to be provided.
Emergency planning	These are plans that set out what will be done to maintain the health and wellbeing of people who need support when their normal support cannot be provided because of some kind of emergency, for example if an unpaid carer falls ill.
External providers	Independent organisations from which the health and social care partnership purchases care to meet the needs of people who need support.
Future care plan	Unique and personal plans that people prepare together with their doctor, nurse, social worker or care worker about what matters most to them about their future care. This was previously called an anticipatory care plan.
Health and social care integration	Health and social care integration is the Scottish Government's approach to improving care and support for people by making health and social care services work together so that they are seamless from the point of view of the people who use them.
Health and social care partnership	Health and social care partnerships are set up to deliver the integration of health and social care in Scotland. They are made up of integration authorities, local councils, local NHS boards and third and independent sector organisations.
Health promotion	The process of enabling people to improve and increase control over their own health.
Hosted services	An arrangement whereby one health and social care partnership in a health board area takes responsibility for the

	planning and delivery of a particular aspect of health care for all the partnerships in the health board area.
iMatter	A tool to improve the experience of staff who work for NHS Scotland.
Independent sector	Non statutory organisations providing services that may or may not be for profit.
Integrated services	Services that work together in a joined-up way, resulting in a seamless experience for people who use them.
Integration Joint Board (IJB)	A statutory body made up of members of the health board and local authority, along with other designated members. It is responsible for the planning and delivery of health and social care services.
Localities	Agreed sub-areas within a health and social care partnership area. The partnership should make sure it understands and responds to the different needs of people in different localities. Each partnership is required to have at least two localities.
Low threshold services	Easy access services that people do not have to meet set standards or criteria to access, for example drop-in centres or conversation cafes. Low threshold services are often seen as a way of stopping people's health and wellbeing getting worse.
Mental Health Assessment Unit (MHAU)	Mental Health Assessment Units provide emergency mental health assessments in response to people who may be experiencing a mental health crisis.
Mental Health Officer	A Mental health officer (MHO) is a social worker who has the training, education, experience and skills to work with people living with mental illness. Some laws in Scotland require that the local council must appoint an MHO to work with those living with mental illness. Their duties include: • protecting health, safety, welfare, finances and property • safeguarding of rights and freedom • duties to the court • public protection in relation to mentally ill offenders.
National health and wellbeing outcomes	Standards set out in Scottish legislation that explain what people should expect to get from health and social care integration.

National Performance Indicators	Measures that are used to evaluate how well organisations are doing in relation to a particular target or objective. For example, the Scottish Government uses national performance indicators to understand how well health and social care partnerships are achieving good health and wellbeing outcomes for people.
Outcomes	The difference that is made in the end by an activity or action. In health and social care terms, the difference that a service or activity makes to someone's life.
Personal assistant	Somebody who is employed by a person with health and social care needs to help them live the best lives they can. People who need care can ask a health and social care partnership for a direct payment so that they can employ a personal assistant.
Person-centred	This means putting the person at the centre of a situation so that their circumstances and wishes are what determines how they are helped.
Prevention	In health and social care services, prevention is about activities that help to stop people becoming ill or disabled, or to prevent illness or disability becoming worse.
Primary Care Mental Health Team (PCMHT)	The PCMHT is a nurse led service providing assessment and follow up for people who have common mental health problems. For example, depression, anxiety, and adjustment disorders. PCMHTs are usually staffed by mental health nurses, mental health practitioners and psychologists, and have strong links with GP surgeries.
Procurement	The process that health and social care partnerships use to enter into contracts with services to provide care or support to people.
Public Health Scotland	A national organisation with responsibility for protecting and improving the health of the people of Scotland.
Quality indicators	Measures that are used to evaluate how good a process is – how efficient and effective a process is in achieving the results that it should.
Rapid Re-housing and Support (RRS)	This is an Inverclyde service which focuses on rehousing people that have experienced homelessness. The service aims to provide people with support and a settled housing option as quickly as possible in order to avoid long stays in temporary accommodation.

Rehabilitation	The process of helping a person to return to good health, or to the best health that they can achieve.
Residential care	Care homes – places where people live and receive 24-hour care.
Respite care	Temporary care that is provided for someone with health and social care needs, usually to provide a break for the person or their carer. Respite care is often provided in a residential setting but can also be provided via short breaks for the person and/or their unpaid carers.
Single point of access (SPOA)	To help people get support at the right time. A single point of access ensures that people needing health and social care support only need to contact one service. That service will ensure they are matched with the most appropriate response, depending on their needs at the time.
Seamless services	Services that are smooth, consistent and streamlined, without gaps or delays.
Self-directed support	A way of providing social care that empowers the person to make choices about how they will receive support to meet their desired outcomes.
Service providers	Organisations that provide services, such as residential care, care at home, day services or activities.
Short breaks	Opportunities for people who need care and support and/or their unpaid carers to have a break. Its main purpose is to give the unpaid carer a rest from the routine of caring.
Short term detention certificates (STDC)	An order made by a psychiatrist with the consent of a mental health officer. A STDC may be granted if a person has a mental disorder, is at risk and/or poses a risk to others, and their decision-making ability is impaired. It allows for a person to be detained in hospital for up to 28 days in order to provide treatment.
Strategic needs assessment	A process to assess the current and future health, care and wellbeing needs of the community in order to inform planning and decision-making.
Supported living	Housing with attached support or care services. Supported living is designed to help people to remain living as independently as possible in the community.
Telecare	Telecare is the use of technology to provide health and social care to people in their own homes. It can include

	communication systems, alarms and monitoring of health status and symptoms.
Third sector	Organisations providing services that are not private or statutory. The term is often used to refer to voluntary organisations but can also refer to community organisations or social enterprise organisations
Workforce plan	A plan that sets out the current and future needs for staff in the organisation, and how those needs will be met.

Appendix 3

Six-Point Evaluation Scale

The six-point scale is used when evaluating the quality of performance across quality indicators.

Excellent	Outstanding or sector leading
Very Good	Major strengths
Good	Important strengths, with some areas for improvement
Adequate	Strengths just outweigh weaknesses
Weak	Important weaknesses – priority action required
Unsatisfactory	Major weaknesses – urgent remedial action required

An evaluation of **excellent** describes performance which is sector leading and supports experiences and outcomes for people which are of outstandingly high quality. There is a demonstrable track record of innovative, effective practice and/or very high quality performance across a wide range of its activities and from which others could learn. We can be confident that excellent performance is sustainable and that it will be maintained.

An evaluation of **very good** will apply to performance that demonstrates major strengths in supporting positive outcomes for people. There are very few areas for improvement. Those that do exist will have minimal adverse impact on people's experiences and outcomes. Whilst opportunities are taken to strive for excellence within a culture of continuous improvement, performance evaluated as very good does not require significant adjustment.

An evaluation of **good** applies to performance where there is a number of important strengths which, taken together, clearly outweigh areas for improvement. The strengths will have a significant positive impact on people's experiences and outcomes. However, improvements are required to maximise wellbeing and ensure that people consistently have experiences and outcomes which are as positive as possible.

An evaluation of **adequate** applies where there are some strengths, but these just outweigh weaknesses. Strengths may still have a positive impact but the likelihood of achieving positive experiences and outcomes for people is reduced significantly because key areas of performance need to improve. Performance, which is evaluated as adequate, may be tolerable in particular circumstances, such as where a service or partnership is not yet fully established, or in the midst of major transition. However, continued performance at adequate level is not acceptable. Improvements

must be made by building on strengths whilst addressing those elements that are not contributing to positive experiences and outcomes for people.

An evaluation of **weak** will apply to performance in which strengths can be identified but these are outweighed or compromised by significant weaknesses. The weaknesses, either individually or when added together, substantially affect peoples' experiences or outcomes. Without improvement as a matter of priority, the welfare or safety of people may be compromised, or their critical needs not met. Weak performance requires action in the form of structured and planned improvement by the provider or partnership with a mechanism to demonstrate clearly that sustainable improvements have been made.

An evaluation of **unsatisfactory** will apply when there are major weaknesses in critical aspects of performance which require immediate remedial action to improve experiences and outcomes for people. It is likely that people's welfare or safety will be compromised by risks which cannot be tolerated. Those accountable for carrying out the necessary actions for improvement must do so as a matter of urgency, to ensure that people are protected, and their wellbeing improves without delay.

Appendix 4

The National Health & Wellbeing Outcomes

Outcome 1: People are able to look after and improve their own health and wellbeing and live in good health for longer.

Outcome 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.

Outcome 3. People who use health and social care services have positive experiences of those services, and have their dignity respected.

Outcome 4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

Outcome 5. Health and social care services contribute to reducing health inequalities.

Outcome 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 wellbeing.

Outcome 7. People using health and social care services are safe from harm.

Outcome 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.

Outcome 9. Resources are used effectively and efficiently in the provision of health and social care services.

Appendix 2

INVERCLYDE HSCP Health and Social Care Partnership

Joint Inspection of Adult Services: Integration and Outcomes – Focus on People Living with Mental Illness
Priority Areas for Improvement

Area for Improvement	Local Actions	How will we measure this?	Responsible Officer/s	Target Date	RAG status
1. The partnership should develop processes for capturing information about the outcomes of people living with mental illness and their unpaid carers. This should include meaningful opportunities for people to feed back about their experience of services. The partnership should use this information to support plans for improving outcomes.	Develop suite of outcome measures that capture our processes to deliver outcomes. Mental health commissioning group established.	Quarterly reporting to HSCP Clinical and Care Governance Group	Head of Mental Health and ADRS	October 2024	
	Commissioning framework to be developed that captures qualitative and quantitative data whilst measuring impact.	Quarterly reporting to Mental Health Commissioning Group	Head of Finance and Commissioning	December 2024	
	Audit clinical and professional tools that strengthen carers' voices to better understand and improve our support.	Audit report to be presented to Clinical and Care Governance Group	Service Manager, Mental Health and Complex Care	December 2024	
		Audit report to be presented to Carers Strategy Board	Service Manager, Mental Health and Complex Care	December 2024	

Area for Improvement	Local Actions	How will we measure this?	Responsible Officer/s	Target Date	RAG status
	Develop digital solutions that are accessible and user-friendly to capture feedback from our service users and unpaid carers.	Report findings and recommendations to HSCP Digital Strategy Group	Service Manager, Strategic Planning and Performance	December 2024	
	Review existing feedback e.g.: from Care Opinion to ensure that we target to people experiencing mental health illness, and their carers.	Clinical and Care Governance reports	Chief Nurse	September 2024	
2. The partnership should support staff in mental health services to identify and respond to the needs of unpaid carers of people living with mental illness. It should monitor the impact of its approach.	Staff awareness sessions that explore our statutory duties to unpaid carers to contribute to improvement.	Evaluation of improved staff awareness that demonstrates that the voice of the carer is reflected in planning.	Commissioning and Learning & Development Manager	October 2024	
	Build on what is working well for peer support across the HSCP and develop a consistent, recovery-focussed approach.	Increased number of people participating in recovery-focussed groups, in our communities.	Head of Health and Community Care	February 2025	
	Ensure that carers get the right support at the right time.	Increase the number of assessments for carers of people living with mental health.	Head of Health and Community Care	December 2024	

Area for Improvement	Local Actions	How will we measure this?	Responsible Officer/s	Target Date	RAG status
3. The partnership should review the effectiveness of its arrangements for integrated and co-located teams, with a view to maximising opportunities for delivering seamless services for people living with mental illness.	We are currently carrying out a review of all our integrated front doors to simplify access to integrated services.	Report to Inverclyde Integration Joint Board will be produced as part of our commitment to wider redesign.	Head of Finance and Commissioning	November 2024	
	Refresh our guidance for health and social work practitioners to ensure that people receive good quality assessment and planning.	Development of outcome-focussed assessment and planning guidance.	Head of Adult Social Work	March 2025	
4. The partnership should ensure that all staff working in mental health services are confident in the principles and practice of self-directed support, to maximise choice and control for people and unpaid carers.	Relaunch our strategy for person-centred assessment and planning and ensure that self-directed supports are primarily the delivery model to maximise choice and control for people and their unpaid carers.	Develop online training module that improves staff skill base and enhances professional confidence.	Commissioning and Learning & Development Manager	December 2024	
		Develop public awareness campaign that promotes self-directed supports across the HSCP.	Service Manager, Strategic Planning & Performance	October 2025	
5. The partnership should strengthen its oversight and governance of social work practice, with particular reference to the statutory functions of mental health officers.	Improve quality assurance, governance and professional oversight of statutory social work practice.	Develop enhanced CSWO role as part of SMT.	Chief Officer	September 2024	
	Review social work assessment and planning framework.	Present findings and action plan to CSWO at social work performance and assurance board.	Head of Mental Health and ADRS	March 2025	

	Agree external governance and oversight arrangements.	For IJB Audit and Scrutiny Board to review progress of the actions, and for any directions to be progressed by the MH Clinical and Care Governance Group.	Chief Officer and IJB Audit Committee	IJB Audit Committee September 2024	
Area for Improvement	**Local Actions**	**How will we measure this?**	**Responsible Officer/s**	**Target Date**	**RAG status**
	Review of MHO service, operational model, capacity etc.	Demand analysis for statutory mental health work to inform model for future practice as part of wider adult social work capacity.	Head of Mental Health and ADRS/CSWO	March 2025	
	Standardise recording and information-sharing practice across the partnership.	Improved, integrated and co-ordinated approaches to information sharing and recording.	Service Manager, Strategic Planning & Performance	March 2025	
6. The partnership should agree and implement its approach to identifying and addressing priorities for improving mental health services. This should include agreement on how it will monitor the progress and impact of improvement activities.	Strengthen management and professional leadership of mental health services.	Improved governance and oversight by CSWO performance & assurance board and clinical & care governance group.	Head of Mental Health and ADRS/CSWO	March 2025	
	Robust governance and oversight arrangements to support and monitor service improvement.	Improved quality assurance, quantitative and impact measures track service improvement actions.	Service Manager, Mental Health and Complex Care	March 2025	

Review date: **December 2024**

INVERCLYDE HSCP Health and Social Care Partnership

AGENDA ITEM NO: 9

Report To:	**Inverclyde Integration Joint Board Audit Committee**	**Date:**	**9 September 2024**
Report By:	**Kate Rocks Chief Officer Inverclyde Health and Social Care Partnership**	**Report No:**	**IJBAC/09/2024/KP**
Contact Officer:	**Katrina Phillips Head of Service**	**Contact No:**	**01475 558000**
Subject:	**Inverclyde Alcohol and Drug Recovery Services**		

1.0 PURPOSE AND SUMMARY

1.1 ☐For Decision ☒For Information/Noting

1.2 This is a briefing paper to provide information on ongoing budgetary spend within Inverclyde Alcohol and Drug Recovery Services

1.3 Inverclyde ADRS funding consists of core budgets, Scottish Government MIST funding associated with delivery of Medication Assisted Treatment (MAT) standards and Alcohol and Drug Partnership funding. MIST and ADP funding is considered non-recurring and therefore all posts associated with these funding streams are fixed term and all funding is fully committed and have staff in post.

2.0 RECOMMENDATIONS

2.1 It is recommended that the IJB Audit Committee note the contents of this report

Kate Rocks
Chief Officer
Inverclyde HSCP

3.0 BACKGROUND AND CONTEXT

3.1 **Core Budgets**

3.2 ADRS available core budget is £2,127.5K and is broken down as follows:-

Pay £2,046.4k

Non Pay £81.1k

3.3 **Services provided within ADRS**

3.4 Current services and their funding provided within ADRS include

- ADRS core service – Core Budget
- Day Services – Core Budget and MIST funding
- Addiction Liaison Services – Core Budget, ADP and MIST funding
- Hep C Service - Core budget and funding from Public Health
- Medical Staffing – Core Budget

3.5 **Current Position at Month 4**

3.6 There is an underspend within core budget of £95.6k at month 4. Projected year end position is an underspend of £131k. This is wholly attributable to staff vacancies.

3.7 **Inverclyde Alcohol and Drug Recovery Service (ADRS) Vacancies August 2024**

3.8 From January 2024 a new NHS vacancy authorisation process, which is part of NHS Greater Glasgow and Clyde's Sustainability and Value programme, has been implemented. This means all fixed term posts are subject to further restrictions at board level from which means that the automatic approval of fixed term contract posts covering maternity, or secondments will cease.

	Vacancy	Budget	Plan	Implications
ADRS	(Band 8a Operational Manager) Band 7 Lead Nurse Support	ADRS Fix term 18 months	Vacant since January 2024. Post is not being recruited to as a band 8a due to review of the current management structure and removal of Homelessness Services from the current portfolio. It has been agreed with senior management to recruit to a band 7 Lead Nurse Support (LNS) post for fix term of 18 months.	Slippage of £6.4k per month. Post has been vacant since January 2024 – underspend on post 23/24 £19.2k, underspend on post to date 24/25 £25.6k. Anticipate further slippage of £32k – August – Dec as anticipate post will be filled 3 months from interview date. Total slippage on this post - £19.2k 23/24, £57.6k 24/25.
Day Service	Band 7 nurse team lead	MIST funding for 2 years.	Temporary funding from the Scottish Government to support- the implementation and	

			delivery of Medication Assisted Treatment (MAT) Standards. Previous post holder retired in June 2024. Prior notice of retirement was provided to the service therefore adequate time was given (15 weeks prior to retirement date) to allow for the recruitment of a new nurse team lead to commence in the post June 2024.	
Day Service	Band 5 addiction nurse	ADRS	The substantive post holder has been on secondment to a promoted post within ADRS. A New Qualified Nurse (NQN) was recruited to back fill the post on a fix term basis in September 2023. The post became vacant again when the NQN vacated the post into a permanent post in ADRS in 2024.	Post was backfilled until 12 Feb 24. Slippage 23/24 from this secondment was £5k. Slippage per month on this vacant post is £3.3k. Underspend on post to date 24/25 is £13.2k. Anticipate further slippage of at least a further 3 months - £9.9k, total anticipated slippage 24/25 of £23.1k.
Core Service	Band 6 addiction nurse	ADRS	Vacant from the 3rd June 2024 when two members of staff reduced their hours to cover one 37-hour post.	Total slippage on this post 24/25 of £8.8k.
Addiction Liaison Assertive Outreach Team	Band 6	ADRS	Post currently vacant as substantive post holder commenced secondment into promoted post in ADRS on 5th August 2024.	Slippage per month on this seconded post is £4.2k. If post is not recruited to then this would result in slippage over the 2 year secondment of £100.8k.
Addiction Liaison Assertive Outreach Team	Band 6	MIST funding	Previous post holder attained a substantive promoted post in ADRS. Post vacant as preferred candidate currently on maternity leave at time	

			of interview. Post holder is not previously employed in ADRS so we are not paying for her maternity leave. Start date following maternity leave September 2024. Interviewed and offered post February 2024.	

3.9 While we make every effort to fill vacancies as soon as we are aware staff members are moving on, the reality is that recruitment process can often take around 4-6 months between vacancy forms being submitted and the new person being in post.

There is currently increased scrutiny at health board level on fixed term contracts which can further delay the process while approval is sought to progress vacancy to recruitment and we are no longer able to backfill for maternity leave. This delay contributes significantly to the position of underspend with posts often vacant and accruing unspent budget for potentially 6 months.

In addition, the Board recently moved to a new pharmacy system and we are validating the accuracy of our current medication costs coming through, as it seems low in comparison to previous months.

ADRS continues to proactively follow recruitment processes to ensure timeous filling of vacant posts. ADRS continues to provide the appropriate level of services, even during gaps in staffing and can utilise bank staff if required.

In addition, ADRS is continuing to proactively review fixed term funding costs associated with ADP and MIST and to plan for future services by working with Scottish Government concerning the future of MIST funding beyond 2027.

4.0 IMPLICATIONS

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

SUBJECT	YES	NO
Financial		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

4.2 **Finance**

One off Costs – N/A

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

Annually Recurring Costs/ (Savings) – N/A

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

4.3 **Legal/Risk**

N/A

4.4 **Human Resources**

N/A

4.5 **Strategic Plan Priorities**

N/A

4.6 **Equalities**

(a) Equalities

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

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

(b) Equality Outcomes

How does this report address our Equality Outcomes?

N/A

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	Improving and maintaining access to specialist alcohol and drug recovery services
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	nil

People with protected characteristics feel safe within their communities.	Maintaining safer communities by supporting people with vulnerabilities
People with protected characteristics feel included in the planning and developing of services.	n/a
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	n/a
Opportunities to support Learning Disability service users experiencing gender-based violence are maximised.	Nil
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	Nil

(c) Fairer Scotland Duty

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

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

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

4.7 **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.

4.8 **Clinical or Care Governance**

N/A

4.9 **National Wellbeing Outcomes**

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

National Wellbeing Outcome	**Implications**
People are able to look after and improve their own health and wellbeing and live in good health for longer.	Supports access to wider range of specialist care
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	Supports right care at right time in right place

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

5.0 DIRECTIONS

5.1

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	

6.0 CONSULTATION

6.1 N/A

7.0 BACKGROUND PAPERS

7.1 N/A