

Municipal Buildings, Greenock PA15 1LY

Ref: DS

Date: 30 August 2024

A meeting of the Inverciyde Integration Joint Board will be held on Monday 9 September 2024 at 2pm.

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, participants are asked to use the *join by phone* number in the Webex invitation.

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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

#### \*\* to follow

BUSINESS		
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ITEMS FOR	ACTION:	
2.	Minute of Meeting of Inverclyde Integration Joint Board of 24 June 2024	р
3.	Inverclyde Integration Joint Board – NHS Board Voting Membership Update Inverclyde Integration Joint Board Audit Committee – Membership Report by Chief Officer, Inverclyde Health & Social Care Partnership	р
4.	Financial Monitoring Report 2023/24 Period 3 Report by Chief Officer, Inverclyde Health & Social Care Partnership	
5.	Rolling Actions List	р
6.	HSCP Service Manager for Homelessness & Settlement Report by Chief Officer, Inverclyde Health & Social Care Partnership	р

7.	Clinical and Care Governance Annual Report 2023 - 2024	
	Report by Chief Officer, Inverclyde Health & Social Care Partnership	р
8.	IJB Directions Annual Report – 2023/24	
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9.	Annual Performance Report 2023/24	
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10.	Strategic Partnership Plan Outcomes Framework	
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11.	NHS GGC Mental Health Strategy Refresh Public Engagement	
	Report by Chief Officer, Inverclyde Health & Social Care Partnership	р
12.	Chief Officers Report	
	Report by Chief Officer, Inverclyde Health & Social Care Partnership	р
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The papers for this meeting are on the Council's website and can be viewed/downloaded at <a href="https://www.inverclyde.gov.uk/meetings/committees/57">https://www.inverclyde.gov.uk/meetings/committees/57</a>

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Partnership providing

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.

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

# Inverclyde Integration Joint Board Monday 24 June 2024 at 2pm

#### PRESENT:

**Voting Members:** 

Councillor Robert Moran (Chair) Inverclyde Council

Alan Cowan (Vice Chair) Greater Glasgow and Clyde NHS Board

Councillor Martin McCluskey Inverclyde Council

Ann Cameron-Burns Greater Glasgow and Clyde NHS Board David Gould Greater Glasgow and Clyde NHS Board Dr Rebecca Metcalfe Greater Glasgow and Clyde NHS Board

**Non-Voting Professional Advisory Members:** 

Jonathan Hinds Chief Social Work Officer, Inverclyde Health &

Social Care Partnership (and on behalf of Kate Rocks, Chief Officer, Inverslyde Health & Social

Care Partnership)

Craig Given Chief Finance Officer, Inverclyde Health & Social

Care Partnership

Dr Chris Jones Registered Medical Practitioner

Non-Voting Stakeholder Representative Members:

Diana McCrone Staff Representative, NHS Board

Vicki Cloney On behalf of Charlene Elliott, Third Sector

Representative, CVS Inverclyde

Donald McQuade On behalf of Margaret Tait, Service User

Representative, Inverclyde Health & Social Care

Partnership Advisory Group

Heather Davis Carer's Representative

Also present:

Anne Sinclair Legal Services Manager, Inverclyde Council Alan Best Interim Head of Health & Community Care,

Inverclyde Health & Social Care Partnership

Katrina Phillips Interim Head of Mental Health and Alcohol & Drug

Recovery Services, Inverclyde Health & Social Care

Partnership

Joyce Allan Interim Head of Service Adult Social Work,

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

Chair: Councillor Moran presided.

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

## 32 Apologies, Substitutions and Declarations of Interest

Apologies for absence were intimated on behalf of:

Councillor Lynne Quinn Inverclyde Council Councillor Sandra Reynolds Inverclyde Council

Kate Rocks Chief Officer, Inverclyde Health & Social Care

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Partnership Dr Hector MacDonald Clinical Director, Inverclyde Health & Social Care Partnership Laura Moore Chief Nurse, NHS GG&C Third Sector Representative, CVS Inverclyde (with Charlene Elliott Vicki Cloney substituting) Service User Representative, Inverclyde Health & Margaret Tait Social Care Partnership Advisory Group (with Donald McQuade substituting) Stevie McLachlan Inverclyde Housing Association Representative (River Clyde Homes)

Mr Hinds declared an interest in Agenda Item 14 (HSCP Senior Management Team Structure).

Mr Cowan intimated a connection for the purposes of transparency in Agenda Item 7 (ADP Annual Survey)

#### 33 Minute of Meeting of Inverciyde Integration Joint Board of 13 May 2024

There was submitted the Minute of the Inverclyde Integration Joint Board of 13 May 2024. The Minute was presented by the Chair and checked for fact, omission, accuracy and clarity.

**Decided:** that the Minute be agreed.

#### 34 Inverciyde Integration Joint Board – Voting Membership Update

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership advising the Board that, as the current Vice-Chair Alan Cowan is stepping down, Greater Glasgow and Clyde NHS Board has appointed David Gould to be Vice-Chair of the IIJB from 1 July 2024.

**Decided:** that the Board notes the appointment by Greater Glasgow and Clyde NHS Board of David Gould as Vice-Chair.

# 35 2023/24 Draft Annual Accounts

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership (1) setting out the proposed approach for the Board to comply with its statutory requirements in respect of the annual accounts, and (2) presenting the draft 2023/24 Annual Accounts and Annual Governance Statement, a copy of which was appended to the report. The report was presented by Mr Given, who thanked colleagues for their assistance in preparing the Accounts.

#### Decided:

- (1) that the proposed approach to complying with the Local Authority Accounts (Scotland) Regulations 2014 be noted;
- (2) that the Annual Governance Statement included with the Accounts be noted;
- (3) that it be agreed that the unaudited accounts for 2023/24 be submitted to the Auditor; and
- (4) that the transfer to Earmarked Reserves detailed at page 8 and 9 of the Draft Annual Accounts be approved.

# 36 Rolling Action List

There was submitted a Rolling Action List of items arising from previous decisions of the IIJB. The List was presented by Mr Given.

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**Decided:** that the Rolling Action List be noted.

# 37 Inverclyde Integration Joint Board (IIJB) and IIJB Audit Committee – Proposed Dates of Future Meetings

**37** 

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership seeking approval of a timetable of meetings for the Inverclyde Integration Joint Board (IIJB) and the IIJB Audit Committee for 2024/25. The report was presented by Ms Sinclair.

The meeting dates were noted in the report as follows:

IIJB Audit Committee 9 September 2024 at 12 noon (Committee

members and External Auditors only)

IIJB Audit Committee 9 September 2024 at 1pm (usual meeting)

 IIJB
 9 September 2024 at 2pm

 IIJB
 18 November 2024 at 2pm

 IIJB
 27 January 2025 at 2pm

 IIJB Audit Committee
 24 March 2025 at 1pm

 IIJB
 12 May 2025 at 2pm

 IIJB Audit Committee
 23 June 2025 at 1pm

 IIJB
 23 June 2025 at 2pm

 IIJB
 23 June 2025 at 2pm

**Decided:** that the timetable of meetings for the IIJB and IIJB Audit Committee for 2024/25 be approved.

## 38 ADP Annual Survey

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There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership presenting the Alcohol & Drug Partnership Annual Survey response prior to submission to the Scottish Government. The report was presented by Ms Phillips

Mr Cowan declared a connection as an Armed Forces veteran. He also formed the view that the nature of his interest and of the item of business did not preclude his continued presence at the meeting or his participation in the decision making process and was declaring for transparency.

Referring to Question 38 (Which of the following treatment and support services are in place for children and young people affected by a parent's or carer's substance use?) and the nil response for the 'Up to 12 years (early years and primary)' category, the Board sought clarity and reassurance as to whether any services were available for that age group. Ms Phillips and Mr Hinds provided an overview of the services provided and explained the mechanism for accessing them. They further noted that they would amend the form before submission to the Scottish Government to reflect this.

Referring to Question 18 (Which of the following harm reduction interventions is there currently a demand for in your ADP area?), the Board asked if the need for services to be provided within Inverclyde could be highlighted, given the number of drug related deaths, and Ms Phillips advised she would raise this matter with the Chair of the Alcohol and Drugs Partnership (ADP).

Referring to Question 32 (Do you have specific treatment and support services in place for the following groups?), and the 'no' response for veterans, the Board asked if, given the well documented risks, whether the ADP had discussed provision for this group, and Ms Phillips advised that there were services available specifically for veterans in the wider GG&C area, and that there was an intention for Inverclyde to link in with them to provide services locally.

Referring to Question 6 (What is the whole-time equivalent staffing resource routinely dedicated to your ADP Support Team as of 31 March 2024), the Board asked if officers considered that there were adequate staffing levels, and Ms Phillips advised that she

did

**Decided:** that the content of the Survey be noted and approval be given to its submission to the Scottish Government after due consideration to the comments made at the meeting.

# 39 Inverclyde HSCP Savings Programme Board

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There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership presenting the Plan and Terms of Reference for the Savings Programme Board which will oversee the savings proposals coming from the 2024/26 Budget approved on 21 March 2024. The report was presented by Mr Given.

The Board sought reassurance that the IIJB would be included in the governance arrangements for the Savings Programme Board, particularly around decision making, and Mr Given assured that a report would be presented at each meeting and agreed that the words 'when relevant' be removed from the recommendation in the report.

The Board sought clarity on the Pharmacy Review, referred to in paragraph 4.1 of the report, and whether the review would involve medicines or staff, and Mr Given advised primarily medicines but that all aspects of the service would be reviewed.

#### Decided:

- (1) that the Plan and Terms of Reference be noted; and
- (2) that it be noted that an update report will be brought to each IJB meeting.

# Joint Inspection of Adult Services: Integration and Outcomes – Focus on People Living with Mental Illness

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There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership advising of the publication of the report 'Joint Inspection of Adult Services: Integration and Outcomes – Focus on People Living with Mental Illness' by the Care Inspectorate and Healthcare Improvement Scotland, a copy of which was appended to the report. The report was presented by Mr Hinds.

Mr Gould, as Chair of the IIJB Audit Committee, asked when the Improvement Plan would be presented to the IIJB Audit Committee, as detailed at paragraph 4.2 of the report, and Mr Hinds advised that it would be at the next meeting.

The Chair requested that the staff connected with this service be thanked for their dedication and hard work.

#### Decided:

- (1) that the publication of the inspection report and timescales for subsequent activity be noted:
- (2) that the planned Development Session for IIJB members to more fully explore the inspection report and improvement action plan be noted; and
- (3) that thanks be conveyed on behalf of the Board to all staff connected with this service for their dedication and hard work.

# 41 HSCP Workforce Plan 2022-2025 – Progress Report

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There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership providing an update on the HSCP Workforce Action Plan following the annual progress report which was presented in November 2023. The report was presented by Mr Given. Mr Given noted that there was a typographical error in the report, and accordingly within the table at paragraph 3.3 there should be 1 Amber RAG status recorded, and not 2.

The Board expressed disappointment that the report hadn't gone to the Staff Partnership Forum before being considered by the IIJB, and Mr Given apologised and explained that it was a timing matter, as the next IIJB meeting would not be until

September, and further advised that the Forum would have sight of the report at their meeting on Friday (28 June 2024).

#### Decided:

- (1) that the establishment of the Workforce Group which will take forward the current Workforce Action Plan and commence the development of a new Workforce Plan in line with the new Strategic Partnership Plan, be noted;
- (2) that it be noted that the next annual progress report for Year 2 will be presented to the IIJB in November 2024; and
- (3) that the progress since the last update in November 2023, as detailed in paragraph 1.3 of the report, be noted.

## 42 Chief Officer's Report

42

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership providing an update on developments which are not the subject of reports on this agenda. The report was presented by Mr Hinds and provided updates on (1) Delayed Discharge, (2) Review of Policy and Procedures Document, (3) Lens (Adult Services), (4) HSCP Leader of the Year, and (5) Practice Pad Launch.

Mr Hinds provided a verbal update to the report, and advised that the Practice Pad Launch had been delayed for a few weeks, and accordingly did not open on 21 June as detailed in the report at paragraph 4.5.

The Board commented favourably on the previous Lens events and officers provided detail on the new ideas submitted for consideration at the next event.

The Board commented favourably on the Delayed Discharge figures, and asked if good practice was being shared throughout the GG&C area, and Mr Best assured that officers worked daily with GG&C colleagues. The Board asked if officers considered the figures sustainable over the winter period, and Mr Best advised that Winter Planning was considered on a daily basis, and stressed the importance of the vaccination programmes in the planning process.

Although not on the agenda, the Board asked if there were any plans to improve dental services locally, given that no practices were admitting NHS patients, and Mr Best advised that he would respond outwith the meeting.

**Decided:** that the updates provided within the report be noted.

It was agreed in terms of Section 50(A)(4) of the Local Government (Scotland) Act 1973 as amended, that the public and press be excluded from the meeting for the following items on the grounds that the business involved the likely disclosure of exempt information as defined in the respective paragraphs of Part I of Schedule 7(A) of the Act as are set out opposite each item.

Item Paragraph(s)

Reporting by Exception – Governance of HSCP Commissioned 6 & 9 External Organisations

**HSCP Equality Impact Assessment Process – Integrated Front** 12 Doors Redesign

HSCP Senior Management Team Structure

# 43 Reporting by Exception – Governance of HSCP Commissioned External Organisations

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1

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

Partnership on matters relating to the HSCP Governance process for externally commissioned Social Care Services for the reporting period 13 April to 24 May 2024. The report was presented by Mr Given and provided updates on establishments and services within Older People Services, Adult Services and Children's Services.

#### Decided:

- (1) that the governance report for the period 13 April to 24 May 2024 be noted; and
- (2) that members acknowledge that officers regard the control mechanisms in place through the governance meetings and managing poorly performing services guidance within the Contract Management Framework as sufficiently robust to ensure ongoing quality and safety and the fostering of a commissioning culture of continuous improvement.

#### 44 HSCP Equality Impact Assessment Process – Integrated Front Doors Redesign

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership providing an update on the process for developing the Equality Impact Assessment for the Integrated Front Doors efficiencies review. The report was presented by Mr Best.

**Decided:** that the contents of the report be noted, all as detailed in the Private Appendix.

# 45 HSCP Senior Management Team Structure

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership seeking agreement for the development of improved governance and strategic oversight arrangements as part of a revised HSCP senior management team structure. The report was presented by Ms Phillips

Mr Hinds declared an interest in this item as Chief Social Work Officer and left the meeting.

**Decided:** that following a vote the Board agreed the recommendations as detailed in the report, all as detailed in the Private Appendix.

#### 46 Mr Alan Cowan

At the conclusion of business the Chair acknowledged that this was Mr Cowan's last meeting and thanked him for his service over the years, adding that he would be missed, and wished him well with his future plans.

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Min - IIJB 24 06 2024



#### **AGENDA ITEM NO: 3**

Report To: Inverclyde Integration Joint Date: 9 September 2024

**Board** 

Report By: Kate Rocks Report No: VP/LS/061/24

Chief Officer, Inverclyde Health &

**Social Care Partnership** 

Contact Officer: Vicky Pollock Contact No: 01475 712180

Subject: Inverclyde Integration Joint Board - NHS Board Voting Membership

**Update** 

**Inverclyde Integration Joint Board Audit Committee - Membership** 

#### 1.0 PURPOSE AND SUMMARY

1.1		☐ For Information/Noting
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- 1.2 The purpose of this report is to advise the Inverciyde Integration Joint Board (IIJB) of a change in its voting membership arrangements and to agree the appointment of one voting member of the IJB to the Inverciyde Integration Joint Board Audit Committee ("IJB Audit Committee").
- 1.3 Alan Cowan and Ann Cameron-Burns have recently stepped down as members of the IJB. Greater Glasgow and Clyde NHS Board ("the NHS Board") has taken steps to fill these vacancies by appointing two new voting members.
- 1.4 This report sets out the revised membership arrangements for the IJB and the IJB Audit Committee.

#### 2.0 RECOMMENDATIONS

- 2.1 It is recommended that the Inverclyde Integration Joint Board:
  - a) Notes the appointment by Greater Glasgow and Clyde NHS Board of Ms Karen Turner and Dr Paul Ryan as voting members of the Inverclyde Integration Joint Board;
  - b) Appoints Dr Rebecca Metcalfe to serve on the Inverclyde Integration Joint Board Audit Committee; and
  - c) Notes that Jacquie Macintyre is the proxy member for the Carers' Representative, Heather Davis.

Kate Rocks Chief Officer Inverclyde Health and Social Care Partnership

#### 3.0 BACKGROUND AND CONTEXT

- 3.1 The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 ("the Order") sets out the arrangements for the membership of all Integration Joint Boards. As a minimum, this must comprise;
  - voting members appointed by the NHS Board and Inverclyde Council;
  - non-voting members who are holders of key posts within either the NHS Board or Invercive Council; and

representatives of groups who have an interest in the IJB.

#### 5.0 IJB - VOTING MEMBERSHIP

5.1 IJB members will be aware that Alan Cowan and Ann Cameron-Burns stepped down as members of the IJB on 30 June 2024. The NHS Board agreed to nominate Ms Karen Turner and Dr Paul Ryan as voting members of the IJB with effect from 1 July 2024, to replace Mr Cowan and Ms Cameron-Burns. The current membership of the IJB is set out at Appendix 1.

#### 6.0 AUDIT COMMITTEE - VOTING MEMBERSHIP

- 6.1 The current membership of the IJB Audit Committee is set out at Appendix 2.
- 6.2 Membership of the IJB Audit Committee comprises 4 IJB voting members (2 from the NHS Board and 2 from Inverclyde Council), with an additional 2 members drawn from the wider non-voting membership of the IJB.
- 6.3 As a result of Alan Cowan stepping down from the IJB and the NHS Board voting membership change highlighted in paragraph 5 above, it is necessary to change the voting membership of the IJB Audit Committee.
- 6.4 It has been agreed to recommend the appointment of Dr Rebecca Metcalfe as an NHS Board voting member of the IJB Audit Committee.

#### 7.0 PROPOSALS

7.1 It is proposed that the IJB (a) notes the revised IJB voting membership arrangements as set out in Appendix 1 Section A, (b) agrees the appointment of an NHS Board voting member to the IJB Audit Committee and (c) notes that Jacquie Macintyre is Carers' representative proxy member.

#### 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		Х
Legal/Risk	X	
Human Resources		Х
Strategic Plan Priorities		Х
Equalities, Fairer Scotland Duty & Children and Young People		Х
Clinical or Care Governance		Х
National Wellbeing Outcomes		Х
Environmental & Sustainability		Х
Data Protection		Х

#### 5.2 Finance

There are no financial implications arising from this report.

One off Costs

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

Annually Recurring Costs/ (Savings)

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

#### 5.3 Legal/Risk

The membership of the IJB is set out in the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014. Standing Order 13 of the IJB's Standing Orders for Meetings regulates the establishment by the IJB of the IJB Audit Committee.

#### 5.4 Human Resources

There are no Human Resource implications arising from this report.

#### 5.5 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.

#### 5.6 Equalities

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

#### (a) Equalities

Χ

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

YES – Assessed as relevant and an EqIA is required.

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

# (b) Equality Outcomes

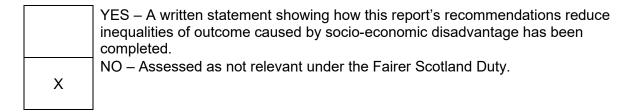
How does this report address our Equality Outcomes?

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



# (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.
Х	NO – Assessed as not relevant as this report does not involve a new policy, function or strategy or recommends a substantive change to an existing policy, function or strategy which will have an impact on children's rights.

#### 5.7 Clinical or Care Governance

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

# 5.8 National Wellbeing Outcomes

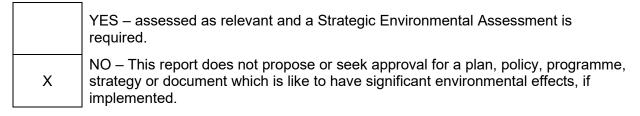
How does this report support delivery of the National Wellbeing Outcomes?

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and	None
live in good health for longer.	
People, including those with disabilities or long term conditions or who are frail	None
are able to live, as far as reasonably practicable, independently and at home	
or in a homely setting in their community	
People who use health and social care services have positive experiences of	None
those services, and have their dignity respected.	
Health and social care services are centred on helping to maintain or improve	None
the quality of life of people who use those services.	
Health and social care services contribute to reducing health inequalities.	None
People who provide unpaid care are supported to look after their own health	None
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.	None
People who work in health and social care services feel engaged with the work	None
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	None
services.	

# 5.9 Environmental/Sustainability

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

Has a Strategic Environmental Assessment been carried out?



#### 5.10 Data Protection

Has a Data Protection Impact Assessment been carried out?

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

# 6.0 DIRECTIONS

6.1

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

# 7.0 CONSULTATION

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

# 8.0 BACKGROUND PAPERS

8.1 None.

# Appendix 1 Inverclyde Integration Joint Board Membership as at 9 September 2024

SECTION A. VOTING MEMB	ERS	
		Proxies (Voting Members)
Inverclyde Council	Councillor Robert Moran (Chair)	Councillor Francesca Brennan
	Councillor Martin McCluskey	Councillor Paul Cassidy
	Councillor Sandra Reynolds	Councillor Elizabeth Robertson
	Councillor Lynne Quinn	Councillor Drew McKenzie
Greater Glasgow and Clyde NHS Board	Mr David Gould (Vice- Chair)	
	Dr Rebecca Metcalfe	
	Ms Karen Turner	
	Dr Paul Ryan	
SECTION B. NON-VOTING F	PROFESSIONAL ADVISORY	MEMBERS
Chief Officer of the IJB	Kate Rocks	
Chief Social Worker of Inverclyde Council	Jonathan Hinds	
Chief Finance Officer	Craig Given	
Registered Medical Practitioner who is a registered GP	Inverclyde Health & Social Care Partnership Clinical Director	
	Dr Hector MacDonald	
Registered Nurse	Chief Nurse	
	Laura Moore	
Registered Medical Practitioner who is not a registered GP	Dr Chris Jones	

SECTION C. NON-VOTING S	STAKEHOLDER REPRESEN	TATIVE MEMBERS						
A staff representative (Council)	Ms Gemma Eardley							
A staff representative (NHS Board)	Ms Diana McCrone							
A third sector representative	Ms Charlene Elliott Chief Executive CVS Inverclyde	Proxy - Ms Vicki Cloney Partnership Facilitator CVS Inverclyde						
A service user	Ms Margaret Tait Inverclyde Health and Social Care Partnership Advisory Group	Proxy – Donald McQuade						
A carer representative	Ms Heather Davis	Proxy – Ms Jacquie Macintyre						
SECTION D. ADDITIONAL NON-VOTING MEMBERS								
Representative of Inverclyde Housing Association Forum	Mr Stevie McLachlan, Head of Customer Services, River Clyde Homes							

# Inverclyde Integration Joint Board Audit Committee Membership – as at 9 September 2024

SECTION A. VOTING MEMBERS						
		Proxies (Voting Members)				
Inverclyde Council	Councillor Lynne Quinn (Vice Chair)	Councillor Drew McKenzie				
	Councillor Sandra Reynolds	Councillor Elizabeth Robertson				
Greater Glasgow and Clyde NHS Board	Mr David Gould (Chair)					
	Dr Rebecca Metcalfe					
SECTION B. NON-VOTING MEMBERS						
A staff representative (NHS Board)	Ms Diana McCrone					
A third sector representative	Ms Charlene Elliott					



#### **AGENDA ITEM NO: 4**

Report To: Inverclyde Integration Joint Date: 9 September 2024

**Board** 

Report By: Kate Rocks Report No: IJB/13/2024/CG

**Chief Officer** 

**Inverclyde Health & Social Care** 

**Partnership** 

Contact Officer: Craig Given Contact No: Internal

**Chief Financial Officer** 

Subject: Financial Monitoring Report 2024/25 Period 3

#### 1.0 PURPOSE AND SUMMARY

1.1 ⊠For Decision □For Information/Noting

- 1.2 The purpose of this report is to advise the Inverciyde Integration Joint Board (IJB) of the Revenue and Capital Budgets projected financial outturn for the year as at 30 June 2024.
- 1.3 The IJB set their revenue budget for 2024/25 on 25 March 2024, which included the use of £0.709m of reserves.
- 1.4 Funding of £73.714m was delegated by Inverclyde Council to the IJB for 2024/25. Subsequent adjustments of £0.182m have been added and are reflected in the Appendices, giving a revised contribution of £73.896m.
- 1.5 At the time of setting the budget, indicative funding of £135.566m was delegated from the Health Board, including £35.398m for Set Aside for Inverclyde's share of large hospital functions and £19.132m of Resource Transfer to social care budgets. Further budgets have been allocated or adjusted up to Period 3 totalling £5.207m, including increased set aside and Scottish Government funding allocations resulting in a revised budget for reporting purposes of £140.998m.
- 1.6 As at 30 June 2024, it is projected that the IJB revenue budget will have an overall overspend of £0.495m: -
  - Social care services are projected to be overspent by £0.216m.
  - Health Services are projected to be overspent by £0.279m.

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

- 1.7 As at 1<sup>st</sup> April 2024 the IJB held a number of Earmarked and General Reserves which are managed in line with the IJB Reserves Policy. The total Earmarked Reserves (EMR) held at the start of the 2024/25 financial year were £19.287m, with £1.561m in General Reserves. Use of General Reserve of £0.709 towards funding the overall revenue budget for the year have been reflected in the figures held in this report and in Appendix 8 (EMR updated). The current projected year end position on reserves is a carry forward of £12.220m, and for the purposes of this report, assumes that the current projected overspend of £0.495m will be funded from reserves held at this stage, as noted at 1.6.
- 1.8 The Social Work capital budget is £9.707m over the life of the projects with £5.447m projected to be spent in 2024/25. Slippage of £0.200m is currently being reported against the Swift Replacement project. Expenditure on all capital projects to 30 June 2024 is £0.012m (0.21% of approved budget, 0.22% revised projection). Appendix 7 details capital budgets and a full update is provided at Section 10.
- 1.9 NHS capital budgets are managed by NHS Greater Glasgow and Clyde and are not reported as part of the IJB's overall position. Officers attend and contribute to the Greater Glasgow and Clyde HSCP Capital Planning Group, which gives oversight of associated projects. A general update is provided in section 10 of this report.

#### 2.0 RECOMMENDATIONS

- 2.1 It is recommended that the Integration Joint Board:
  - 1. Notes the current Period 3 forecast position for 2024/25 as detailed in the report and Appendices 1-3, and the assumption that this will be funded from reserves held.
  - 2. Approves the proposed budget realignments and virement (Appendix 4) and authorises officers to issue revised directions to the Council and/or Health Board as required on the basis of the revised figures enclosed (Appendix 5);
  - 3. Notes the position on the Transformation Fund and approves the transfer of uncommitted funding to the new innovation fund (Appendix 6);
  - 4. Notes the current capital position (Appendix 7);
  - 5. Notes the current Earmarked Reserves position (Appendix 8).
  - 6. Notes the key assumptions within the forecasts detailed at section 10.4.

Kate Rocks Chief Officer Inverclyde Health and Social Care Partnership

#### 3.0 BACKGROUND AND CONTEXT

3.1 From 1 April 2016 the Health Board and Council delegated functions and are making payments to the IJB in respect of those functions as set out in the integration scheme. The Health Board have also "set aside" an amount in respect of large hospital functions covered by the integration scheme.

The IJB Budget for 2024/25 was set on 25 March 2024 based on confirmed Inverciyde Council Funding and indicative NHS GG&C funding. The current total integrated budget is £214.894m, with a projected overspend of £0.495m. The table below summarises the budget and funding from partners, together with the projected operating outturn for the year as at 31 March 2025. It is assumed that the projected overspend will be met from reserves at this stage.

	Revised Budget 2024/25 £000	Projected Outturn £000	Projected Over/(Under) Spend £000	
Social Work Services*	73,896	74,112	216	
Health Services*	103,328	103,607	279	
Set Aside	37,670	37,670	0	
HSCP NET EXPENDITURE	214,894	215,389	495	
FUNDED BY Transfer from / (to) Reserves NHS Contribution to the	-	495	495	
IJB	140,998	140,998		
Council Contribution to the IJB	73,896	73,896		
HSCP FUNDING	214,894	214,894	495	
Planned net Use of Reserves as at Period 3		6,592		
Projected HSCP operating (Surplus)/Deficit		495		
Annual Accounts CIES Projected Position DEFICIT/(SURPLUS)		7,087		

<sup>\*</sup>excluding resource transfer

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

#### 4.0 SOCIAL CARE

- 4.1 Appendix 2 shows the projected position as at Period 3 for Social Care services. It is currently anticipated that Social Care services will overspend by £0.216m in 2024/25.
- 4.2 The following sections will provide an overview of the main projected variances against Social Care delegated functions.

- 4.3 The main areas of overspend within Social Care are as follows: -
  - Children and Families is currently projecting an overall overspend of £4.423m. Client commitments is projected to overspend by £3.959m. A review group will continue to meet regularly to closely monitor these placements throughout the year to ensure a focussed approach on placements and the associated financial implications, with a view to management action bringing down the overall costs. The projected overspend is broken down by service area in the table below:

Children & Families Client Commitments	Projected Overspend £m
External Residential Placements	2.289
Fostering, Adoption & Kinship including Continuing Care	0.665
Supported Living	0.194
Home Care, Respite, Direct Payments, Additional Support	0.811
	3.959

- Within employee costs there is a net projected overspend of £0.456m, which is largely due to temporary posts throughout the service.
- It is currently expected that the overspend in the service can be managed within the
  overall position, however, a smoothing reserve of £0.466m is available for use in relation
  to Children's residential placements if required should an overspend remain at the end of
  the financial year.
- A projected overspend on client commitments of £0.233m, offset by a projected underspend of £0.141m on employee costs in relation to current vacancy levels, are the main reasons for the overall projected overspend for Learning Disability.
   A smoothing reserve is held for Learning Disability client commitments should it be required as the financial year progresses, but it is currently not expected to be drawn.
- The projected overspend of £0.108m against the homelessness service relates mainly to £0.047m security costs for the Inverclyde Centre and £0.060m Agency costs covering vacancies.
- 4.4 The main areas of under spend within Social Care are as follows: -
  - Employee costs for the internal care at home service are currently projected to underspend by £0.179m. This is related to the current level of vacancies held by the service.
  - The external care at home service is projecting an underspend of £0.426m, which is
    related to the commencement of the new framework contract with several new providers
    coming on stream, along with staffing shortages in the sector. Projections will be updated
    as and when hours are allocated to the new framework providers.
  - For residential and nursing placements an underspend of £0.300m is projected, with bed levels at and projected to be at similar levels to those in 2023/24.
  - The underspends noted above are contributing to an overall projected underspend of £0.868m for Older Persons at this stage.

- A smoothing reserve is held for Residential and Nursing placements should it be required as the financial year progresses, but it is currently not expected to be drawn.
- Assessment and Care Management is expected to have a year end underspend of £0.084m is currently anticipated for the service. Current commitments for respite and short breaks indicate a year end underspend of £0.090m is anticipated. This projection is based on current committed use of the service and will be updated as the year progresses.
- Mental Health services Employee costs are projected to underspend by £0.147m. This is related to the current level of vacancies held by the service.
- As at 30 June 2024, an underspend of £0.041m for client packages are currently anticipated for the ADRS service for the year and is the main variance contributing to the overall projections reported.
- Pension monies and progress against the agreed saving are the main reasons for the projected underspend of £3.230m.
- Following the temporary reduction to the employer's superannuation contribution, the HSCP has £3.109m on a non-recurring basis to support the service redesign of Children and Families. This will now be used in full to offset the overspend currently projected.

#### 5.0 HEALTH

- 5.1 Appendix 3 shows the projected position as at Period 3 for Health services. It is currently anticipated that Health services will overspend by £0.279m in 2024/25
- 5.2 The main areas of overspend within Health Services are as follows: -
  - Mental Health In-Patient services is currently forecast to overspend by £0.544m. This is mainly attributable to an overspends on employee costs due to continuing recruitment issues, enhanced observations and increased clinical activity for nursing and medical staff. This is partially offset by underspends of £0.211m in the Mental Health Communities budget.
  - The prescribing budget is currently projecting an overspend of £0.851m. The current projection is based on data provided by NHS Greater Glasgow and Clyde. There continue to be factors affecting prescribing spend which are outwith our control such as the conflict in Ukraine. Inflationary pressures and supply issues where medicines are sourced from Europe. This projection includes the use of £0.563m of smoothing reserves. The prescribing budget has been under pressure for a number of years now and is a national issue. Most drugs have seen significant increases in price over the last few years. To help with this issue there is a Greater Glasgow and Clyde wide savings initiative to help reduce the impact of these price increases. This has included working with our partners who prescribe to look at different ways to help reduce costs. These include the switching to less expensive generic drugs, better waste medicine management and only prescribing clinically necessary drugs. The Great Glasgow and Clyde wide initiatives have a £1.3m target for Inverciyde. We are assuming this will be met in 24/25. In addition to this Invercive HSCP is also developing plans for more local initiatives, working with our GP practices and HSCP prescribing clinicians to make savings in this area. This has an initial target of £0.5m against this.

These are offset by underspends in the following areas: -

• There are underspends throughout services on employee costs in relation to recruitment and retention issues. The main variances arise in the following services; Children and Families £0.0.59m, Health and Community Care £0.111m, Alcohol and Drug Recovery Services £0.131m, Mental Health – Communities £0.211m, Admin and Management £0.140m, Strategy and Support Services £0.118m and Financial Planning £0.333m.

#### 5.3 Set Aside

The Set Aside budget set for 2024/25 is £37.670m. The Set aside arrangement results in a balanced position each year end.

- The Set Aside budget is the amount "set aside" for each IJB's consumption of large hospital services.
- Initial Set Aside base budgets for each IJB were based on their historic use of certain Acute Services including A&E Inpatient and Outpatient, general medicine, Rehab medicine, Respiratory medicine and geriatric medicine.
- Legislation sets out that Integration Authorities are responsible for the strategic planning
  of hospital services most commonly associated with the emergency care pathway along
  with primary and community health care and social care.
- The Set Aside functions and how they are used and managed going forward are heavily tied into the commissioning/market facilitation work that is ongoing

#### 6.0 SAVINGS UPDATE

6.1 In March 2024 the IJB agreed to a 2-year budget which included as number of savings initiatives. These savings have been taken forward as part of an overall Savings Delivery Board and Savings Sub Groups which has representation from all stakeholders. The below table shows the progress made to date against the over savings required for the next 2 years.

			Still to be	2025/2	Achieved at	Still to be
	2024/25	Achieved at	achiev	6	30/06/20	achiev
Saving Title	Target	30/06/2024	ed	Target	24	ed
Redesign of Children's Community Supports	15	0	15	15	0	15
Day Service redesign	239	239	0	0	0	0
Review of Respite Services	257	257	0	0	0	0
Review of commissioning arrangements	250	134	116	250	0	250
Payroll management target - Council	450	450	0	0	0	0
Payroll management target -Health	150	150	0	0	0	0
Review of previous year underspends/budget adjustments	490	490	0	0	0	0
Review of long-term vacancies	250	178	72	0	0	0
Review of Adult Services self- directed supports	500	0	500	500	0	500
Education Placement Support	0	0	0	83	0	83
Review of Community Alarms		0				
Service	0	U	0	72	0	72
Independent Living Service	0	0	0	200	0	200
Supported Living Service	0	0	0	100	0	100
Integrated Front Doors	0	0	0	380	101	279

Residential / Nursing Care Home						
Beds	0	0	0	99	0	99
Review of Strategic Services	0	0	0	231	92	139
Business Support Review	0	0	0	300	258	42
Homemakers	0	0	0	167	0	167
Review of Senior Staff Structure	0	0	0	400	0	400
<u>Totals</u>	<u>2,601</u>	<u>1,898</u>	<u>703</u>	2,797	<u>451</u>	<u>2,346</u>

#### 7.0 RESERVES

The IJB holds a number of Earmarked and General Reserves; these are managed in line with the IJB Reserves Policy. The total Earmarked Reserves (EMR) available at the start of this financial year were £17.726m, with £1.561m in General Reserves, giving a total Reserve of £19.287m. As part of the budget setting process, contributions from general reserves of £0.709m were agreed for the IJB to present a balanced budget for 2024/25 financial year. These contributions are reflected in Appendix 8.

The current projected year-end position on earmarked reserves is a carry forward of £12.220m to allow continuation of current projects and retention of any unused smoothing reserves. This also assume reserves are required to fund the current projected overspend.

The current projected overall position is summarised below: -

	Opening Balance 2023/24	Projected Spend 2023/24	Projected C/fwd to 2024/25
Ear-Marked Reserves	£000s	£000s	£000s
Scottish Government Funding - funding ringfenced for specific initiatives	3,366	1,262	2,104
Existing Projects/Commitments - many of these are for projects that span more than 1 year (incl new specific earmarking)	7,775	2,949	4,826
Transformation Projects - non recurring money to deliver transformational change	2,177	613	1,564
Budget Smoothing - monies held as a contingency for specific volatile budgets such as Residential Services and Prescribing to smooth out in year one off pressures	4,408	563	3,845
TOTAL Ear-Marked Reserves	17,726	5,387	12,339
General Reserves	1,561	709	852
In Year (Surplus)/Deficit going (to)/from reserves		495	(495)
TOTAL Reserves	19,287	6,591	12,696

#### 8.0 VIREMENT AND OTHER BUDGET MOVEMENTS AND DIRECTIONS

Appendix 4 details the virements and other budget movements that the IJB is requested to approve. These changes have been reflected in this report. The Directions which are issued to the Health Board and Council require to be updated in line with these proposed budget changes and updated Directions are shown in Appendix 5. These require to be issued to the Council and

Health Board to ensure that all services are procured and delivered in line with Best Value principles.

#### 9.0 TRANSFORMATION FUND

The Transformation Fund was set up at the end of 2018/19. At the beginning of this financial year, the Fund balance was £1.226m. Spend against the plan was done on a bid's basis through the Transformation Board. Appendix 6 details the agreed commitments against the fund. At present there is £0.479m uncommitted. At the most recent Transformation Board it was agreed that any remaining funding should be transferred to a new innovation fund whereby funding will be awarded to programmes who can present business cases to a new innovation group. This process will mirror recent successful initiatives currently conducted through the Lens initiative.

#### 10.0 2024/25 CAPITAL POSITION

10.1 The Social Work capital budget is £9.707m over the life of the projects with £3.447m projected to be spent in 2024/25. Expenditure on all capital projects to 30 June 2024 is £0.012m (0.35% of approved budget). Appendix 4 details capital budgets.

#### New Community Hub

- Detailed planning approval is in place. Demolition and first stage building warrants are in place with second stage submitted. Engagement continues in respect of the current statutory approvals related to amendments and discharge of pre-commencement planning conditions:
- As previously reported, there has been slippage on the programme due to delays associated
  with the market testing process, re-tender exercise and the discovery of a variety of species
  of nesting birds across the site identified as part of the pre-construction ecological survey;
- Final hub stage 2 report has been issued which informed the update to the May 2024 scrutiny panel and integration joint board meetings with approval to progress the project obtained at the meeting of the Policy and Resources Committee in June 2024;
- The finalisation of the development agreement is on-going with financial close targeted for mid to late August;
- The construction programme is being finalised as part of the process above and site start date to be informed through further ecological survey in early August.

# 10.2 SWIFT replacement

Following agreement by Senior Leadership and OLM, the local implementation of ECLIPSE has been postponed until July 2025. It is anticipated that by this time, OLM will have further developed ECLIPSE into a more complete system for local implementation. Bi-Monthly meetings between OLM and HSCP representatives are now taking place, to ensure we remain in contact and are regularly updated with the ongoing ECLIPSE developments.

#### 10.3 **Health Capital**

Greater Glasgow and Clyde Health Board are responsible for capital spend on Health properties used by the Inverclyde HSCP. The Primary Care Improvement Plan earmarked reserve is being utilised to fund some minor works to assist delivery of the plan. There are also some minor works allocations on a non-recurring basis which are available to fund work on Health properties. Spend is progressing on this allocation for 2024/25 financial year.

#### 10.4 KEY ASSUMPTIONS

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

#### 11.0 IMPLICATIONS

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

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

#### 11.2 Finance

One off Costs

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

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact	Virement From (If Applicabl e)	Other Comments
N/A					Contained in report.

# 11.3 Legal/Risk

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

#### 11.4 Human Resources

There are no human resources implications arising from this report.

# 11.5 Strategic Plan Priorities

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

#### 11.6 Equalities

#### (a) Equalities

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

YES – Assessed as relevant and an EqIA is required.

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

Χ

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.

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

# 11.7 Clinical or Care Governance

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

# 11.8 National Wellbeing Outcomes

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

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and	None
live in good health for longer.	
People, including those with disabilities or long-term conditions or who are frail	None
are able to live, as far as reasonably practicable, independently and at home	
or in a homely setting in their community	
People who use health and social care services have positive experiences of	None
those services, and have their dignity respected.	
Health and social care services are centred on helping to maintain or improve	None
the quality of life of people who use those services.	
Health and social care services contribute to reducing health inequalities.	None
People who provide unpaid care are supported to look after their own health	None
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.	None
People who work in health and social care services feel engaged with the work	None
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	Effective
services.	financial
	monitoring
	processes
	ensure resources are
	used in line with
	the Strategic
	Plan to deliver
	services
	efficiently

# 11.9 Environmental/Sustainability

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

Has a Strategic Environmental Assessment been carried out?

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

#### 11.10 Data Protection

Has a Data Protection Impact Assessment been carried out?

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

#### 12.0 DIRECTIONS

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

#### 13.0 CONSULTATION

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

#### 14.0 BACKGROUND PAPERS

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

# **INVERCLYDE HSCP**

# **REVENUE BUDGET 2024/25 PROJECTED POSITION**

# PERIOD 3: 1 April 2024 - 30 June 2025

SUBJECTIVE ANALYSIS	Budget 2024/25 £000	Revised Budget 2024/25 £000	Projected Out-turn 2024/25 £000	Projected Over/(Under) Spend £000	Percentage Variance
Employee Costs	67,470	67,106	67,141	35	0.1%
Property Costs	1,160	1,058	1,213	155	14.7%
Supplies & Services	6,854	7,229	7,215	(14)	-0.2%
Payments to other bodies	54,956	58,835	59,110	275	0.5%
Family Health Services	28,330	28,564	28,564	0	0.0%
Prescribing	19,781	20,185	21,036	851	4.2%
Resource transfer	19,589	19,706	19,706	0	0.0%
Income	(24,258)	(25,459)	(26,266)	(807)	3.2%
HSCP NET DIRECT EXPENDITURE	173,882	177,224	177,719	495	0.3%
Set Aside	35,398	37,670	37,670	0	0.0%
HSCP NET TOTAL EXPENDITURE	209,280	214,894	215,389	495	0.2%

OBJECTIVE ANALYSIS	Budget 2024/25 £000	Revised Budget 2024/25 £000	Projected Out-turn 2024/25 £000	Projected Over/(Under) Spend £000	Percentage Variance
Strategy & Support Services	3,706	3,571	3,141	(430)	-12.0%
Management & Admin	5,328	8,449	5,079	(3,370)	-39.9%
Older Persons	33,903	31,836	30,968	(868)	-2.7%
Learning Disabilities	11,474	12,069	12,112	43	0.4%
Mental Health - Communities	5,536	5,143	4,796	(347)	-6.7%
Mental Health - Inpatient Services	11,237	11,179	11,723	544	4.9%
Children & Families	16,531	16,129	20,493	4,364	27.1%
Physical & Sensory	3,148	3,460	3,465	5	0.1%
Alcohol & Drug Recovery Service	3,575	3,285	3,118	(167)	-5.1%
Assessment & Care Management / Health & Community Care	10,792	12,940	12,745	(195)	-1.5%
Criminal Justice / Prison Service	19	(110)	(155)	(45)	0.0%
Homelessness	1,203	1,088	1,196	108	9.9%
Family Health Services	28,330	28,564	28,564	0	0.0%
Prescribing	19,968	20,373	21,224	851	4.2%
Resource Transfer	19,132	19,250	19,250	0	0.0%
HSCP NET DIRECT EXPENDITURE	173,882	177,224	177,719	495	0.3%
Set Aside	35,398	37,670	37,670	0	0.0%
HSCP NET TOTAL EXPENDITURE	209,280	214,894	215,389	495	0.2%
FUNDED BY					
NHS Contribution to the IJB	100,168	103,328	103,607	279	0.3%
NHS Contribution for Set Aside	35,398	37,670	37,670	0	0.0%
Council Contribution to the IJB	73,714	73,896	74,112	216	0.3%
HSCP NET INCOME	209,280	214,894	215,389	495	0.2%
HSCP OPERATING (SURPLUS)/DEFICIT			495		
Anticipated movement in reserves *			6,592		
HSCP ANNUAL ACCOUNTS PROJECTED			,		
REPORTING (SURPLUS)/DEFICIT			7,087		

<sup>\*</sup> See Reserves Analysis for full breakdown

# **SOCIAL CARE**

# **REVENUE BUDGET 2024/25 PROJECTED POSITION**

# PERIOD 3: 1 April 2024 - 30 June 2025

SUBJECTIVE ANALYSIS	Budget 2024/25 £000	Revised Budget 2024/25 £000	Projected Out-turn 2024/25 £000	Projected Over/(Under) Spend £000	Percentage Variance
SOCIAL CARE					
Employee Costs	39,111	35,972	36,359	387	1.08%
Property costs	1,154	1,052	1,207	155	14.73%
Supplies and Services	1,144	1,144	1,293	149	13.02%
Transport and Plant	312	325	338	13	4.00%
Administration Costs	775	735	779	44	5.99%
Payments to Other Bodies	54,956	58,835	59,110	275	0.47%
Income	(23,739)	(24,167)	(24,974)	(807)	3.34%
SOCIAL CARE NET EXPENDITURE	73,714	73,896	74,112	216	0.29%

OBJECTIVE ANALYSIS	Budget 2024/25 £000	Revised Budget 2024/25 £000	Projected Out-turn 2024/25 £000	Projected Over/(Under) Spend £000	Percentage Variance
SOCIAL CARE					
Children & Families	13,517	13,129	17,552	4,423	33.69%
Criminal Justice	19	(110)	(155)	(45)	40.91%
Older Persons	33,903	31,836	30,968	(868)	-2.73%
Learning Disabilities	10,803	11,401	11,458	57	0.50%
Physical & Sensory	3,148	3,460	3,465	5	0.14%
Assessment & Care Management	2,749	2,054	1,970	(84)	-4.09%
Mental Health	1,913	1,648	1,512	(136)	-8.25%
Alcohol & Drugs Recovery Service	1,164	885	849	(36)	-4.07%
Homelessness	1,203	1,088	1,196	108	9.93%
Finance, Planning and Resources	2,144	2,082	2,104	22	0.00%
Business Support/Corporate Director	3,151	6,423	3,193	(3,230)	0.00%
SOCIAL CARE NET EXPENDITURE	73,714	73,896	74,112	216	0.29%

COUNCIL CONTRIBUTION TO THE IJB	Budget 2024/25 £000	Revised Budget 2024/25 £000	Projected Out-turn 2024/25 £000	Projected Over/(Under) Spend £000	Percentage Variance
Council Contribution to the IJB	73,714	73,896	74,112	216	0.29%
Projected Transfer (from) / to Reserves				(216)	

# <u>HEALTH</u>

# **REVENUE BUDGET 2024/25 PROJECTED POSITION**

# PERIOD 3: 1 April 2024 - 30 June 2025

SUBJECTIVE ANALYSIS	Budget 2024/25 £000	Revised Budget 2024/25 £000	Projected Out-turn 2024/25 £000	Projected Over/(Under) Spend £000	Percentage Variance
HEALTH					
Employee Costs	28,359	31,134	30,782	(352)	-1.13%
Property	6	6	6	0	0.00%
Supplies & Services	4,622	5,025	4,805	(220)	-4.38%
Family Health Services (net)	28,330	28,564	28,564	0	0.00%
Prescribing (net)	19,781	20,185	21,036	851	4.22%
Resource Transfer	19,589	19,706	19,706	0	0.00%
Income	(519)	(1,292)	(1,292)	0	0.00%
HEALTH NET DIRECT EXPENDITURE	100,168	103,328	103,607	279	0.27%
Set Aside	35,398	37,670	37,670	0	0.00%
HEALTH NET DIRECT EXPENDITURE	135,566	140,998	141,277	279	0.20%

		Revised	Projected	Projected	Percentage
OBJECTIVE ANALYSIS	Budget	Budget	Out-turn	Over/(Under)	Variance
OBJECTIVE ANALTSIS	2024/25	2024/25	2024/25	Spend	
	£000	£000	£000	£000	
HEALTH					
Children & Families	3,014	3,000	2,941	(59)	-1.97%
Health & Community Care	8,043	10,886	10,775	(111)	-1.02%
Management & Admin	2,177	2,026	1,886	(140)	-6.91%
Learning Disabilities	671	668	654	(14)	-2.10%
Alcohol & Drug Recovery Service	2,411	2,400	2,269	(131)	-5.46%
Mental Health - Communities	3,623	3,495	3,284	(211)	-6.04%
Mental Health - Inpatient Services	11,237	11,179	11,723	544	4.87%
Strategy & Support Services	727	757	638	(119)	-15.72%
Family Health Services	28,330	28,564	28,564	0	0.00%
Prescribing	19,968	20,373	21,224	851	4.18%
Financial Planning	835	732	399	(333)	0.00%
Resource Transfer	19,132	19,250	19,250	0	0.00%
HEALTH NET DIRECT EXPENDITURE	100,168	103,328	103,607	279	0.27%
Set Aside	35,398	37,670	37,670	0	0.00%
HEALTH NET DIRECT EXPENDITURE	135,566	140,998	141,277	279	0.20%

HEALTH CONTRIBUTION TO THE IJB		Revised	Projected	Projected	Percentage
	Budget	Budget	Out-turn	Over/(Under)	Variance
	2024/25	2024/25	2024/25	Spend	
	£000	£000	£000	£000	
NHS Contribution to the IJB	135,566	140,998	141,277	279	0.20%
Transfer (from) / to Reserves				(279)	

	Approved Budget		Movements		Transfers (to)/	Revised Budget
Inverclyde HSCP - Service	2024/25	Inflation	Virement	Supplementary Budgets	from Earmarked Reserves	2024/25
	£000	£000	£000	£000	£000	£000
	2000	2000	2000	2000		2000
Children & Families	16,531	0	(715)	313	0	16,129
Criminal Justice	19	0	(129)	0	0	(110)
Older Persons	33,903	0	(2,067)	0	0	31,836
Learning Disabilities	11,474	0	594	0	0	12,068
Physical & Sensory	3,148	0	312	0	0	3,460
Assessment & Care Management/ Health & Community Care	10,792	0	(785)	2,934	0	12,940
Mental Health - Communities	5,536	0	(392)	0	0	5,143
Mental Health - In Patient Services	11,237	0	(58)	(1)	0	11,178
Alcohol & Drug Recovery Service	3,575	0	(290)	Ò	0	3,285
Homelessness	1,203	0	(115)	0	0	1,088
Strategy & Support Services	3,706	0	(138)	2	0	3,570
Management, Admin & Business Support	5,328	0	3,122	0	0	8,450
Family Health Services	28,330	0	234	0	0	28,564
Prescribing	19,968	0	405	0	0	20,373
Resource Transfer	19,132	0	118	0	0	19,250
Set aside	35,398	0	0	2,272	0	37,670
Totals	209,280	0	95	5,520	0	214,894

	Approved Budget		Movements	<b>3</b>	Transfers (to)/	Revised Budget
Social Care - Service	2024/25	Inflation	Virement	Supplementary Budgets	from Earmarked Reserves	2024/25
	£000	£000	£000	£000	£000	£000
Children & Families	13,517		(701)	313		13,129
Criminal Justice	19		(129)			(110)
Older Persons	33,903		(2,067)			31,836
Learning Disabilities	10,803		598			11,401
Physical & Sensory	3,148		312			3,460
Assessment & Care Management	2,749		(695)			2,054
Mental Health - Community	1,913		(265)			1,648
Alcohol & Drug Recovery Service	1,164		(279)			885
Homelessness	1,203		(115)			1,088
Strategy & Support Services	2,144		(62)			2,082
Business Support	3,151		3,272			6,423
Totals	73,714	0	(131)	313	0	73,896

	Approved Budget		Movements		Transfers (to)/	Revised Budget
Health - Service	2024/25	Inflation	Virement	Supplementary Budgets	from Earmarked Reserves	2024/25
	£000	£000	£000	£000	£000	£000
a			(4.4)			
Children & Families	3,014		(14)			3,000
Health & Community Care	8,043		(90)	2,933		10,886
Management & Admin	2,177		(151)			2,026
Learning Disabilities	671		(4)			667
Alcohol & Drug Recovery Service	2,411		(11)			2,400
Mental Health - Communities	3,623		(127)			3,496
Mental Health - Inpatient Services	11,237		(58)			11,179
Strategy & Support Services	727		28	2		757
Family Health Services	28,330		234			28,564
Prescribing	19,968		405			20,373
Financial Planning	835		(103)			732
Resource Transfer	19,132		118			19,250
Set aside	35,398			2,272		37,670
Totals	135,566	0	225	5,207	0	140,998



#### INVERCLYDE INTEGRATION JOINT BOARD

#### **DIRECTION**

# ISSUED UNDER S26-28 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

**THE INVERCLYDE COUNCIL** is hereby directed to deliver for the Inverclyde Integration Joint Board (the IJB), the services noted below in pursuance of the functions noted below and within the associated budget noted below.

Services will be provided in line with the IJB's Strategic Plan and existing operational arrangements pending future directions from the IJB. All services must be procured and delivered in line with Best Value principles.

Services: All services listed in Annex 2, Part 2 of the Inverclyde Health and Social Care Partnership

Integration Scheme.

Functions: All functions listed in Annex 2, Part 1 of the Inverciyde Health and Social Care Partnership

Budget

2024/25

Integration Scheme.

#### Associated Budget:

SUBJECTIVE ANALYSIS

	£000
SOCIAL CARE	
Employee Costs	35,972
Property costs	1,052
Supplies and Services	1,144
Transport and Plant	325
Administration Costs	735
Payments to Other Bodies	58,835
Income (incl Resource Transfer)	(24,167)
SOCIAL CARE NET EXPENDITURE	73,896
Social Care Transfer from EMR	216
Health Transfer from EMR *	279
Total anticipated transfer from EMR at year end	495

	Budget
OBJECTIVE ANALYSIS	2024/25
	£000
SOCIAL CARE	
Children & Families	13,129
Criminal Justice	(110)
Older Persons	31,836
Learning Disabilities	11,401
Physical & Sensory	3,460
Assessment & Care Management	2,054
Mental Health	1,648
Alcohol & Drugs Recovery Service	885
Homelessness	1,088
Finance, Planning and Resources	2,082
Business Support	6,423
SOCIAL CARE NET EXPENDITURE	73,896

<sup>\*</sup> to be funded by reserves held for IJB



Budget

#### INVERCLYDE INTEGRATION JOINT BOARD

#### **DIRECTION**

ISSUED UNDER S26-28 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

GREATER GLASGOW & CLYDE NHS HEALTH BOARD is hereby directed to deliver for the Inverciyde Integration Joint Board (the IJB), the services noted below in pursuance of the functions noted below and within the associated budget noted below.

Services will be provided in line with the IJB's Strategic Plan and existing operational arrangements pending future directions from the IJB. All services must be procured and delivered in line with Best Value principles.

Services: All services listed in Annex 1, Part 2 of the Inverciyde Health and Social Care

Partnership Integration Scheme.

Functions: All functions listed in Annex 1, Part 1 of the Inverclyde Health and Social Care

Partnership Integration Scheme.

#### Associated Budget:

	Budget
SUBJECTIVE ANALYSIS	2024/25
	£000
HEALTH	
Employee Costs	31,134
Property costs	6
Supplies and Services	5,025
Family Health Services (net)	28,564
Prescribing (net)	20,185
Resources Transfer	19,706
Income	(1,292)
HEALTH NET DIRECT EXPENDITURE	103,328
Set Aside	37,670
NET EXPENDITURE INCLUDING SCF	140,998

OBJECTIVE ANALYSIS	2024/25
	£000
HEALTH	
Children & Families	3,000
Health & Community Care	10,886
Management & Admin	2,026
Learning Disabilities	668
Alcohol & Drug Recovery Service	2,400
Mental Health - Communities	3,495
Mental Health - Inpatient Services	11,179
Strategy & Support Services	757
Family Health Services	28,564
Prescribing	20,373
Financial Planning	732
Resource Transfer	19,250
HEALTH NET DIRECT EXPENDITURE	103,328
Set Aside	37,670
NET EXPENDITURE INCLUDING SCF	140,998

Health Transfer from EMR	279
•	

Total Fund Balance ass at 1 April 2024 1,1226,000
Balance committed to date 746,987
Balance still to be committed 479,013
New Requests
Balance if new requests approved 479,013

046 045 043 042 24 037 039 038 Maximising Independence - Make Early Contact Count and Supporting self management Community of Practice. 1wte Band 5 18 months and training. month project.
Learning Academy - newly
qualified social worker
supported year and
practice teaching hub. 2 Ipromise - Mind of my own digital resource to allow young people to access software 24/7 SWIFT replacement project - backfill. 18 Planning & Redesign
Support Officer - will be
responsible for the Locality
Planning and Community
Engagement Work with a
focus also on the Business
Support Review. £131k Phlebotomy post for 1 year, part of the plan to address issues raised by OPMH Clinical Fellows, share of 6wte Clinical Fellows across GG&C to Mental Health address recruitment issues Services year project. Band 3 Inpatient Specialist - 2 year post 1wte Band 7 and 0.2wte Band 3 admin (inc IT within medical staffing. 18-24 month posts. Project Title the Deanery visit. equipment and phone) CAMHS Clinical Nurse over 2 years. Mental Health Services Strategy & Support Services Children's Services ≥ C&F Planning HSCP wide Service Area Katrina Philips Debbie Maloney/Ann Murray Katrina Philips Service Manager Lynn Smith Lesley Ellis Scott Bryan Arlene Mailey Scott Bryan Approved UB/TB ЫB БB 귬 ₽ 귬 큠 В 귬 21/09/22 Date Approved 30/05/22 28/06/23 20/03/23 21/09/22 21/09/22 30/05/22 Social Care/ Health Spend Health Health Health Health Social Care Social Care Health Social Care Requested Funding 497,729 85,060 136,434 58,000 131,000 32,000 53,176 53,690 Agreed Funding (see Funding amendment tab for detail) 497,729 131,000 136,434 85,060 58,000 53,690 53,176 32,000 497,729 131,000 85,060 136,434 58,000 53,176 32,000 53,690 Project Complete 52,200 36,497 22,975 34,832 35,949 97,407 16,369 0 Prior years' spend 2024/25 Spend 10,128 16,047 17,443 4,772 9,486 Balance to spend 58,563 66,791 497,729 16,731 18,858 17,227 17,545 (460) requirement reduced funding Additional. (13,000) 7,500 1,627 Report on goutcomes due by Band 3 admin post started 1/4/23. Band 7 started 4/7/23. Anticipate additional costs due to pay and superan uplifts of around £7.5k. Carol confirmed post was filled 14/8/23. Person now appointed to permanent post within Inpatients from 14/8/24. Anticipate additional costs due to pay and superann upliffs. Lesley advises that as this went through G Cloud there was only the option of 2 year contract rather than the 3 years. Remaining costs will be incurred in year 3. Posts filled September 2022. Anticipate reduced costs due to vacancies, of around £13k. Marie advised recruitment has been delayed, still in discussion phase. Post filled from 10/11/23 Staff in post from 10 January 23. Post filled 12 September 22 until Sep 24 Updates

**APPENDIX 7** 

## **INVERCLYDE HSCP - CAPITAL BUDGET 2024/25**

PERIOD 3: 1 April 2024 - 30 June 2025

			Current year	t year			Future years	years	
Project Name	Est Total Cost	Est Total Actual to Cost 31/03/24	Approved Revised Budget Estimate 2024/25 2024/25	Revised Estimate 2024/25	pproved         Revised         Actual to         Estimate         Estimate         Estimate           2024/25         2024/25         31/06/24         2025/26         2026/27         2027/28	Estimate 2025/26	Estimate 2026/27	Estimate 2027/28	Future Years
	£000	€000	£000	£000	€000	£000	€000	£000	£000
Social Work									
New Community Hub	9,507	655	3,447	3,447	12	5,405	0	0	0
Swift Upgrade	200	0	200	0	0	200	0	0	0
Social Work Total	9,707	655	3,647	3,447	12	5,605	0	0	0

	Balance at 31 March 2024 £000	Projected net spend/ (Additions) 2024/25	Projected balance as at 31 March 2025	Earmark for future years £000s	IIkh (Quire)	CO/Head of Service	Responsible	0
EMR type/source SCOTTISH GOVERNMENT FUNDING - SPECIFIC FUNDS	£000	£000s	£000s	£000S	Health /Council	CO/Head of Service	officer	Comments
Mental Health Action 15	116	0	116	116	Health	Katrina Phillips	Katrina Phillips	Fully committed for fixed term posts Fully committed - remaining balance relates to MIST posts, allowable earmarking for use in 24/25 and CORRA income
Alcohol & Drug Partnerships	502	45	457	457	Health	Katrina Phillips	Katrina Phillips	for Residential Rehab project  A number of initiatives ongoing wtihin these funds e.g. Thrive under 5, Smoking prevention, GP premises
Primary Care Support	671	215	456	456	Health	Alan Best	Pauline Atkinson	improvement.
Community Living Change	101	101	0	-	Health/Council	Alan Best	Laura Porter	Balance is for ongoing committed posts  Fully committed - balance to fund costs of committed posts
Winter planning - MDT	134	81	53	53	Health	Alan Best	Debbi Maloney Laura Moore - Chief	and equipment spend 24/25 and onwards.  Fully committed - balance is for ongoing Band 5 and 6
Winter planning - Health Care Support Worker	331	279	52	52	Health	Laura Moore - Chief Nurse	Nurse	posts commitments  Care and support at home review commitments plus ongoing
Winter pressures - Care at Home	745	340	405	405	Council	Alan Best	Joyce Allan	care at home requirements being progressed.Maximising indep/CM work.  Any unused funds at year end to be earmarked for
Care home oversight	88	49	39	39	Health	Laura Moore - Chief Nurse	Laura Moore - Chief Nurse	continuation of workstreams including Call before you convey
Learning Disability Health Checks	64	0	64	64	Health	Alan Best	Laura Porter	To fund central team work re LD Health checks led by East Renfrewshire
		-						Consultation with carers being carried out to identify most appropriate use of funds.  A range of commitments under way to be incurred in
Carers	254	100	154	154	Council	Alan Best	Alan Best	2024/25 financial year with further developments ongoing.
MH Recovery & Renewal	360	52	308	308	Health	Katrina Phillips	Katrina Phillips	Earmarked for continuation of board-wide facilities improvement and workforce wellbeing initiatives.
Sub-total EXISTING PROJECTS/COMMITMENTS	3,366	1,262	2,104	2,104				
								Fully committed. Ind sector lead costs committed 24/25
Integrated Care Fund	108	108	0	0	Council	Alan Best	Alan Best	and 25/26.
Delayed Discharge	50	50	0	0	Council	Alan Best	Alan Best	Fully committed - to delay long term care bed reductions in 24/25
Welfare	106	106	0	0	Council	Alan Best	Emma Cummings	Fully committed
SWIFT Replacement Project	415	0	415	415	Council	Craig Given	Scott Bryan	For project implementation and contingency. Project on hold to July 2025.
Rapid Rehousing Transition Plan (RRTP)	75	75			Council	Alan Best	Alan Best	Fully committed
LD Estates	500	100	400	400	Council	Alan Best	Laura Porter	Community Hub non capital spend reserve  For continued support for refugees in Inverclyde area. New
Refugee Scheme	3,073	823	2,250	2,250	Council	Alan Best	Emma Cummings	Scots Team, third sector support, interpreting, education support etc. Income received to fund planned spend over 23/24 and next 3 financial years at this stage
Tier 2 Counselling	229	60	169	169	Council	Jonathan Hinds	Lynn Smith	School counselling contract being renewed. Commitment held for future years
IJB Staff L&D Fund	347	210	137	137		Jonathan Hinds	Arlene Mailey	Training board led spend for MSC students, staff support, Grow your own and ongoing Social work Adult/Child protection training.
Whole Family Wellbeing	766	175	591	591	Council	Jonathan Hinds	Molly Coyle/Lesley Ellis	Spending Plan submitted to SG. Will be fully utilised over the period of the funding currently assuming to 2026-27.
CORRA Resident Rehab	87	0	87		Council	Katrina Phillips	Alan Crawford	New Reserve for CORRA Residential Rehab Project. Funds will be utilised over the life of the project in line with the project plan.
Contribution to Partner Capital Projects	1,099	500	599	599	Council	Kate Rocks	Craig Given	Community Hub spend reprofiled. £500k contribution likely to be during current financial year.
	,,,,,							J ,
The Lens Project	132	132	0	0	Council/Health	Jonathan Hinds	Craig Given	Projects identified to take forward  Redesign transition funding. Balance committed for
Homelessness	256	256	0	0	Council	Alan Best	Alan Best	continuation of temp posts in 24/25.  To implement the National and Local Autism strategies with an aim to create an 'Autism Inclusive Inverciyde'.
Autism Friendly Temporary Posts	123 256	60 204			Council	Alan Best	Alan Best	Temporary posts over 24/25
ADRS fixed term posts	103	40	52 63		Council Council	Various Katrina Phillips	Various Katrina Phillips	For continuation of fixed term posts
National Trauma Training	50	50	0	0	Council	Jonathan Hinds	Laurence Reilly	Balance brought forward. Being considered alongside overall trauma training strategy will be utilised in 24/25
Sub-total TRANSFORMATION PROJECTS	7,775	2,949	4,826	4,826				
Transformation Fund	1,226	747	479	479	Shared	Kate Rocks	Various	Remaining funding will redirected to the new Innovation Fund.  Redesign transition funding including Residential Rehab
Addictions Review Mental Health Transformation	272 477	60 100	212 377	212 377	Shared Shared	Katrina Phillips Katrina Phillips	Katrina Phillips Katrina Phillips	costs. Fully committed towards ANP service within MH
			011	011				
IJB Digital Strategy Sub-total	202 2,177	202 1,109	1,068	1,068	Shared	Alan Best	Joyce Allan	Analogue to Digital commitments - spending plan ongoing
BUDGET SMOOTHING Adoption/Fostering/Residential Childcare	466	0		466	Council	Jonathon Hinds	Molly Coyle	
Prescribing	563	563			Health	Alan Best	Alan Best	Full Spent Anticipated
Continuing Care Residential & Nursing Placements	267 432	0	267 432	267 432	Council Council	Jonathon Hinds Alan Best	Molly Coyle Alan Best	
IJB Serverance Contigency Costs	1,492	0	1,492	1,492	Council	Kate Rocks		
LD Client Commitments Client Commitments - general	382 414	0	382 414	382 414	Council Council	Alan Best Kate Rocks	Laura Porter Craig Given	
Pay contingency	392	0	392	392	Council	Craig Given	Craig Given	To address any additional pay award implications for 24/25.
Sub-total Total Earmarked	4,408 17,726	563 5,883	3,845 11,843	3,845 11,843				
UN-EARMARKED RESERVES General	1,561	709	852	852	IJB	Craig Given		£0.709m used to fund budget gap for 2023/24
Un-Earmarked Reserves TOTAL Reserves	1,561 19,287	709 709 6,592	852	852 12,695	100	S. Jing Critish		200 July 101 2020124
	19,287							Projected overspend to be funded from reserves. Allocate
Final projected overspend to be funded from reserves FINAL PROJECTED POSITION	19,287	495 <b>7,087</b>	(495) 12,200	(495) 12,200				at year end

### **Reserves Summary Sheet for Covering Report**

<b>00s</b> 262	£000s
262	0.404
	2,104
949	4,826
109	1,068
563	3,845
883	11,843
709	852
495	(495)
<b>087</b>	12,200
	563 <b>883</b>

## INVERCLYDE INTEGRATION JOINT BOARD ROLLING ACTION LIST 9 SEPTEMBER 2024

Meeting Date and Minute Reference	Action	Responsible Officer	Timescale	Progress/Update/ Outcome	Status	Open/ Closed
14 November 2023	Further report on	Chief Officer	November 2024	Paper to November	Work Ongoing	Open
(Para 81(2))	progress with			2024		
	Workforce Plan					

## Annual Report Schedule and forward planning

September (9 September 2024)	November (18 November 2024)
Clinical & Care Governance	<ul> <li>Audited Annual Accounts</li> </ul>
<ul> <li>Annual Performance Report</li> </ul>	<ul> <li>Workforce Update</li> </ul>
Finance Monitoring	<ul> <li>PCIP update (6 monthly update)</li> </ul>
<ul> <li>Directions Annual Report</li> </ul>	Finance Monitoring
Governance of External Organisations	<ul> <li>Equalities Duty Update</li> </ul>
<ul> <li>Strategic Partnership Outcomes Framework</li> </ul>	<ul> <li>Further report on progress with Workforce Plan</li> </ul>
ADRS report	<ul> <li>Homelessness Redesign</li> </ul>
	<ul> <li>Governance of External Organisations</li> </ul>
	<ul> <li>Digital Strategy</li> </ul>
	<ul> <li>Update on HSCP Savings Programme Board</li> </ul>
January (27 January 2025)	<u>March (24 March 2025)</u>
Finance Monitoring	<ul> <li>Budget Setting 24/25</li> </ul>
Chief Social Work Annual Report	<ul> <li>Finance Monitoring</li> </ul>
Update on Vaccination Programme	<ul> <li>Update on HSCP Savings Programme Board</li> </ul>
<ul> <li>Annual Report on Improving Cancer Journey Model</li> </ul>	
<ul> <li>Governance of External Organisations</li> </ul>	
<ul> <li>Update on HSCP Savings Programme Board</li> </ul>	

<u>May (12 May 2025)</u>	<u>June (23 June 2025)</u>
Finance Monitoring	<ul> <li>Draft Annual Accounts</li> </ul>
Inverclyde HSCP Strategic Plan update	<ul> <li>Proposed Dates of Future Meetings</li> </ul>
<ul> <li>Further progress report on implementing Public</li> </ul>	<ul> <li>Update on Joint Inspection of Adult Services following publication of</li> </ul>
Sector Equality Duty Compliance and Improvement	inspection report
Plan	Workforce Plan Update
<ul> <li>Further report on success and governance of</li> </ul>	<ul> <li>Integration Schemes Update</li> </ul>
Kincare Scheme	<ul> <li>Governance of External Organisations</li> </ul>
<ul> <li>Update on HSCP Savings Programme Board</li> </ul>	<ul> <li>Update on HSCP Savings Programme Board</li> </ul>
Others	
<ul> <li>Publish set of equality outcomes (4 yearly)</li> </ul>	
<ul> <li>Report on progress toward equality outcomes (2 yearly)</li> </ul>	
<ul> <li>Report on mainstreaming of equality into day-to-day</li> </ul>	
operations (2 yearly)	

### REMITS TO IIJB AUDIT COMMITTEE

ACTION	UPDATE
13 May 2024 (Min reference 23(9))	
That it be remitted to officers to submit a report on recruitment	Placed on IIJBAC RAL for September 2024 meeting (date - 9 September
matters to IIJB Audit Committee specifically around the Alcohol and	2024)
Drug budgets	



**AGENDA ITEM NO: 6** 

Report To: Inverclyde Integration Joint Date: 9 September 2024

**Board** 

Report By: Kate Rocks Report No: IJB/32/2024/AB

Chief Officer Inverclyde HSCP

Contact Officer: Alan Best Contact No: 01475 715212

Interim Head of Health &

Community Care, Inverclyde HSCP

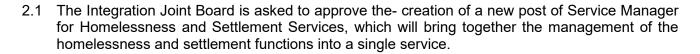
Subject: HSCP Service Manager for Homelessness & Settlement

### 1.0 PURPOSE AND SUMMARY

1.1 ⊠For Decision □For Information/Noting

- 1.2 This proposal outlines the need to integrate the functions of homelessness and asylum/refugee settlement into a single management structure. As a consequence, a service manager post is required to be created to ensure that there is cohesion around strategic planning, service delivery and improve performance that supports the inter-dependant and related activity within these service areas.
- 1.3 Historically, the function of homelessness and addictions has been aligned to a service manager since integration in 2011. Data and service activity within both of these services have demonstrated a considerable capacity issue to ensure that we are delivering effective services that are required in the management of risk for people whilst focusing on improved outcomes.
- 1.4 The demand on the Homelessness service is awaiting a final report from the independent reviewer about the implementation of a new model of support that will be presented to the Integration Joint Board in November 2024.
- 1.5 Inverclyde Health and Social Care Partnership (HSCP) has successfully supported refugee and people seeking asylum alongside strong partnership working with statutory and third sector partners across several National and Scottish Government work streams. The increasing complexity (including the recent support to Ukrainian nationals) and the UK Home office short time notification of the arrival and decision making is presently placing demands and duplication on both the Settlement and the Homelessness service.
- 1.6 The role of the service manager is essential in taking forward the service and providing the governance, strategy and implementation changes within the service to meet the changing support requirements of people who are homeless or requiring resettlement.

### 2.0 RECOMMENDATIONS



Kate Rocks Chief Officer Inverclyde Health and Social Care Partnership

### 3.0 BACKGROUND AND CONTEXT

3.1 For several years Inverclyde HSCP has successfully supported refugee and people seeking asylum alongside strong partnership working with statutory and third sector partners across several National and Scottish Government work streams:

**Syria (Vulnerable Persons Resettlement Scheme) -** From late 2015 – 2024, 42 families, consisting of 152 individuals, have been accommodated in the Inverciyde area. Of those, 40 families (146 individuals) have remained, including 13 children born.

Afghanistan (Afghan Relocations and Assistance Policy, ARAP, and Afghan Citizens Resettlement Scheme, ACRS) - Through multiple strands of the above schemes since 2016, 44 Afghan families, consisting of 237 individuals, have initially resettled in Inverclyde. 23 families (123 individuals) have remained to date, including 9 children born.

### Ukrainian National Support - Scottish Government work stream

243 Ukrainians living within Inverclyde in 85 family groups are being supported by the New Scots settlement team. There are 8 Inverclyde families hosting 16 Ukrainian nationals.

- 3.2 The HSCP New Scots Integration Team provides intensive support to all those arriving via UK resettlement schemes. In addition to procuring, furnishing and equipping tenancies prior to families arriving locally, an allocated worker provides food, clothing and assistance to access state benefits, banking facilities and GP registration immediately upon arrival. This is followed up with local orientation; attention to cultural and religious needs, education and ESOL provision registration, and any other person-centred supports required.
- 3.3 Since 2023 Inverciyde HSCP has been liaising with the UK home office in the support of people seeking asylum in the UK whist residing in a local hotel with the health and social care complexities associated with this group (currently 110 individuals). Late UK Home office notification of arrival and decision making is presently placing demands and duplication on both the Settlement and the Homelessness service.
- 3.4 Currently the Homelessness service supports:
  - 94 individuals in temporary accommodation. Temporary accommodation is currently within the Inverclyde Centre and furnished Accommodation within Inverclyde community.
  - 229 people are being supported to prevent homelessness.
  - 62 people who are now in permanent accommodation either following a period of homelessness or being at risk of homelessness are being supported to maintain their permanent tenancy.

Across Scotland there has been an increase of 13% in homelessness applications (Scotland's Housing Network (SHN), 2022/2023), taking numbers well above pre-pandemic levels. The average time to close a homelessness case has also increased with the Scottish average reported as 223 days.

Inverciyde has seen a reduction of 10% and has maintained the case duration at 23 weeks, well below the Scottish average of 38 weeks. Time taken to assess a case also reduced in Inverciyde from 41 days in 2020/21 to 13 days in 2022/23 a 68% reduction for households waiting on the outcome of an assessment. Households in Inverciyde spent on average 71 days in temporary accommodation compared to the Scottish average of 114 days.

A high level of Service Manager oversight will be required to maintain this positive trajectory and, work through areas of service development.

3.5 The Homelessness and Settlement services have recently been working closer together to anticipate challenges and to create solutions as required. Shared planning and senior oversight has led to a more seamless experience for staff and clients. The vision for the service manager post is to act as a single point of strategic oversight for accommodation needs across the care groups and to be the main HSCP liaison with local and national Registered Social Landlords.

### 4.0 PROPOSALS

- 4.1 It is proposed that a permanent service manager post is developed which will oversee both Homelessness and Settlement and for this to be managed by the Head of Mental Health, Homelessness and ADRS.
- 4.2 The cost of the post at top of Grade 12 including on costs is £90,807. Funding for the post will be from Recurring reduced pension contributions funding.

### 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	Х	
Legal/Risk	Х	
Human Resources	Х	
Strategic Plan Priorities	Х	
Equalities, Fairer Scotland Duty & Children and Young People	Х	
Clinical or Care Governance		Х
National Wellbeing Outcomes		Х
Environmental & Sustainability		Х
Data Protection		Х

### 5.2 Finance

One off Costs

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

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact	Virement From (If Applicable)	Other Comments
Reduced Pension Contribution 1wte			£90,807		

### 5.3 **Legal/Risk**

The new post will build resilience and create capacity within the Homelessness and Settlement functions, therefore reducing risks within the HSCP.

### 5.4 Human Resources

The post will be subject to the Council's job evaluation process and the Council will be directed to progress recruitment to this post.

### 5.5 Strategic Plan Priorities

This proposal supports the HSCP strategic partnership priority to work with partners to improve mental health & wellbeing support for those experiencing inter-generational trauma, homelessness, care experience & the justice system.

### 5.6 Equalities

### (a) Equalities

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

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

Council

NO – This report does not introduce a new policy, function or strategy or recommend

a substantive change to an existing policy, function or strategy or recommend as ubstantive 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,	Positive
can access HSCP services.	impact
Discrimination faced by people covered by the protected characteristics	Positive
across HSCP services is reduced if not eliminated.	impact
People with protected characteristics feel safe within their communities.	Positive
	impact
People with protected characteristics feel included in the planning and	Positive
developing of services.	impact
HSCP staff understand the needs of people with different protected	Positive
characteristic and promote diversity in the work that they do.	impact
Opportunities to support Learning Disability service users experiencing gender	Not specific
based violence are maximised.	
Positive attitudes towards the resettled refugee community in Inverclyde are	Positive
promoted.	Impact

### (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?

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

### 5.7 Clinical or Care Governance

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

### 5.8 National Wellbeing Outcomes

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

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and	Positive
live in good health for longer.	Impact
People, including those with disabilities or long term conditions or who are frail	Positive
are able to live, as far as reasonably practicable, independently and at home	Impact
or in a homely setting in their community	
People who use health and social care services have positive experiences of	Positive
those services, and have their dignity respected.	Impact
Health and social care services are centred on helping to maintain or improve	Positive
the quality of life of people who use those services.	Impact
Health and social care services contribute to reducing health inequalities.	Positive
	Impact
People who provide unpaid care are supported to look after their own health	Positive
and wellbeing, including reducing any negative impact of their caring role on	Impact
their own health and wellbeing.	
People using health and social care services are safe from harm.	Positive
	Impact

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.	Positive Impact

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

### 6.0 DIRECTIONS

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

### 7.0 CONSULTATION

7.1 Corporate & Senior Management Teams. Staff Partnership Forum

### 8.0 BACKGROUND PAPERS

8.1 None.



# INVERCLYDE INTEGRATION JOINT BOARD DIRECTION ISSUED UNDER S26-28 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

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_		מאל בטבול בטרות הייני של הייני
7	Report Title	HSCP Service Manager for Homelessness & Settlement
က	Date direction issued by IJB	09 09 2024
4	Date from which direction takes effect	09 09 2024
2	Direction to:	Inverclyde Council only
9	Does this direction supersede, revise or revoke	No
	a previous direction – if yes, include the reference number(s)	
7	Functions covered by direction	All HSCP Homelessness services & Resettlement Services.
∞	Full text of direction	
		The IJB directs the Council to allocate the identified budget resource to
		create and recruit to an additional Service Manager post covering the areas
		of Homelessness and Resettlement all as detailed in the report
တ	Budget allocated by IJB to carry out direction	Budget of £90, 807 allocated from Reduced Pension Contribution As detailed in
		paragraphs 4.2 and 5.2 of the report.
10	Outcomes	As detailed in paragraphs 5.6 and 5.8 of the report. To take forward service
		improvement, providing the governance, strategy and implementation to meet the
		changing support requirements of people who are homeless or requiring
		resettlement. To act as a single point of strategic oversight for accommodation
		needs across the care groups and to be the main HSCP liaison with local and
		national Registered Social Landlords.

11	Performance monitoring arrangements	In line with the agreed Performance Management Framework of the
		Inverclyde Integration Joint Board and the Inverclyde Health and Social
		Care Partnership. This Direction will be monitored and progress reported bi-
		annually.
12	Date direction will be reviewed	31 March 2025.



**AGENDA ITEM NO: 7** 

Report To: Inverclyde Integration Joint Date: 9 September 2024

**Board** 

Report By: Kate Rocks, Chief Officer Report No: IJB/34/2024/HM

Contact Officer: Dr Hector MacDonald, Clinical Contact No: 01475 724477

Director Inverciyde HSCP

Subject: Clinical and Care Governance Annual Report 2023 – 2024

### 1.0 PURPOSE AND SUMMARY

1.1 □For Decision □For Information/Noting

1.2 This report provides a summary of the yearly activity of the Clinical and Care Governance Group Structures for 2023 -2024. Members of the IJB are asked to note the report. This report will be sent to NHS Greater Glasgow and Clyde as all Health and Social Care Partnerships are requested to provide an Annual Report covering an overview of clinical and care governance.

### 2.0 RECOMMENDATIONS

2.1 Inverclyde HSCP is requested to provide an Annual Report for Clinical and Care Governance which is based on Safe, Effective and Person Centred Care. This report is for information and provides a summary of the main aspects for clinical and care governance for Inverclyde HSCP.

Kate Rocks Chief Officer Inverclyde Health and Social Care Partnership

### 3.0 BACKGROUND AND CONTEXT

3.1 Inverclyde HSP have a clinical and care governance structure that provides assurance to NHS Greater Glasgow and Clyde.

This report provides a summary of the main areas of activity from 31<sup>st</sup> March 2023 to 31<sup>st</sup> March 2024.

### 4.0 PROPOSALS

4.1 The Integration Joint Board are asked to note the Annual Report for Clinical and Care Governance 2023 – 2024 and this report will be sent to NHS Greater Glasgow and Clyde.

### 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		Х
Legal/Risk		Х
Human Resources		Х
Strategic Plan Priorities	Х	
Equalities, Fairer Scotland Duty & Children and Young People		Х
Clinical or Care Governance	Х	
National Wellbeing Outcomes		Х
Environmental & Sustainability		Х
Data Protection		Х

### 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

None

### 5.4 Human Resources

None

### 5.5 Strategic Plan Priorities

The Clinical and Care Governance Strategy and Work Plan Priorities 2019-2024 will be refreshed in 2024 and the relevant updates will be provided to the Strategic Planning Group.

### 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.

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,	N/A
can access HSCP services.	
Discrimination faced by people covered by the protected characteristics	N/A
across HSCP services is reduced if not eliminated.	
People with protected characteristics feel safe within their communities.	N/A
People with protected characteristics feel included in the planning and	N/A
developing of services.	
HSCP staff understand the needs of people with different protected	N/A
characteristic and promote diversity in the work that they do.	
Opportunities to support Learning Disability service users experiencing gender	N/A
based violence are maximised.	
Positive attitudes towards the resettled refugee community in Inverclyde are	N/A
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.
Х	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.
х	NO – Assessed as not relevant as this report does not involve a new policy, function or strategy or recommends a substantive change to an existing policy, function or strategy which will have an impact on children's rights.

### 5.7 Clinical or Care Governance

There are assurance implications to NHS Greater Glasgow and Clyde and the Integration Joint Board which is provided by the Annual Report for Clinical and Care Governance 2023 -2024.

### 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	N/A
live in good health for longer.	
People, including those with disabilities or long term conditions or who are frail	N/A
are able to live, as far as reasonably practicable, independently and at home	
or in a homely setting in their community	
People who use health and social care services have positive experiences of	N/A
those services, and have their dignity respected.	
Health and social care services are centred on helping to maintain or improve	N/A
the quality of life of people who use those services.	
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	N/A
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.	N/A
People who work in health and social care services feel engaged with the work	N/A
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	N/A
services.	

### 5.9 Environmental/Sustainability

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

Has a Strategic Environmental Assessment been carried out?

	YES – assessed as relevant and a Strategic Environmental Assessment is required.
х	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.
Х	NO – Assessed as not relevant as this report does not involve data processing which may result in a high risk to the rights and freedoms of individuals.

### 6.0 DIRECTIONS

6.1		Direction to:	
	Direction Required		Х
	to Council, Health	2. Inverclyde Council	
	Board or Both	3. NHS Greater Glasgow & Clyde (GG&C)	
		4. Inverclyde Council and NHS GG&C	

### 7.0 CONSULTATION

7.1 None

### 8.0 BACKGROUND PAPERS

8.1 Attached

Health and Social Care Partnership



Inverciyde Health and Social Care Partnership
CLINICAL AND CARE GOVERNANCE
ANNUAL REPORT 2023-2024

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

### Arabic

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

### Cantonese

本文件也可應要求,製作成其他語文或特大字體版本,也可製作成錄音帶。

### Gaelic

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

### Hindi

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

### Kurdisch

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

### Mandarin

本文件也可应要求、制作成其它语文或特大字体版本、也可制作成录音带。

### Polish

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

### Punjabi

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

### Soraini

ئهم به لْگهنامهیه ده تو انریت به زمانه کانی تر و چاپی گهوره و فورماتیکی دهنگی لهسهر داواکاری بهردهست بکریت

### Tigrinya

እዚ ሰነድ እዚ ብኻልእ ቋንቋታት፡ ብዓቢ ፊደላትን ብድምጺ ቅርጵን ምስ ዝሕተት ክቐርብ ይኽእል።

### Urdu

### Ukrainian

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

Inverclyde HSCP, Clyde Square, Greenock, PA15 1NB 2 01475 715365

### 1. Executive Summary

The arrangements for Clinical and Care Governance within Inverclyde HSCP have been well established.

The Annual Report 2023 -2024 for Clinical and Care Governance for Inverclyde HSCP sets out the main aspects of safe, effective and person centred care, to provide assurance to NHS Greater Glasgow and Clyde.

These are, historically, the main pillars of clinical and care Governance and how assurance is structured for reports and updates to NHS Greater Glasgow and Clyde.

Inverciyde HSCP note the NHS Greater Glasgow and Clyde Quality Strategy that was presented to NHS Greater Glasgow and Clyde board on 25<sup>th</sup> June 2024. The *Quality Everyone Everywhere* focus is welcomed.

The Clinical and Care Governance Strategy 2019-2024 for Inverclyde HSCP will be refreshed in 2024 and the NHS Greater Glasgow and Clyde Quality Strategy will be referenced in setting the strategic priorities for clinical and care governance for 2025- 2030. The setting of the clinical and care governance strategic priorities 2025 -2030 will be overseen by the HCSP Clinical Director, and supported by the Chief Nurse and Chief Social Work Officer.

The governance structure of Clinical and Care Governance has been strengthened with the Children's Services and Justice Clinical and Care Governance Group being convened July 2024. The assurance previous to this has been by exception reporting to the HSCP Clinical and Care Governance Group by the Head of Service.

The identification and management of pressure ulcers within Inverclyde HSCP has been improved. There is a focus on caseload acquired pressure ulcers and the team has worked on improving the reporting and caseload management in line with the requirements set by NHS Greater Glasgow and Clyde.

Inspection activity has been a major theme for the HSCP for 2023 -2024 and this has been scrutinised though the clinical and care governance structure within the HSCP to provide assurance on progress and share any learning.

There has been significant progress on the Impact of the Primary Care Improvement Plan through improvement activity and the maintenance of services, despite considerable challenges.

The main challenges for the management of the risk for all services is the increased complexity of need for services from service users and informal carers, which is having an impact on waiting lists and an increase of pressure on staff and services. Staff recruitment and vacancy management has been a significant theme for the reporting year. The background of the need to identify financial savings and the impact on services is a concern that is overseen by the Integration Joint Board.

A major risk that has been highlighted was in August 2023 a National Patient Safety Alert was issued regarding Medical beds, trolleys, bed rails, bed grab handles and lateral turning devices. There is a significant Impact on Occupational Therapy, Physiotherapy and District Nursing and acute referrers.

The importance of learning from complaints and feedback is a theme for clinical and care governance. This report will provide examples of the learning that has occurred from the promotion of Care Opinion and applying learning from Significant Adverse Events, Significant Case Reviews, Inspection Reports and Complaints.

### 2. Introduction

Inverciyde Health and Social Care Partnership are required by NHS Greater Glasgow and Clyde to provide an annual report covering the main aspects of clinical and care governance arrangements in place, with the focus on safe, effective and person centred care.

This report is intended to provide an overview of how Invercive HSCP has considered the risks through the clinical and care governance requirement as specified by NHS Greater Glasgow and Clyde and the main challenges identified in providing assurance to the HSCP and to NHS Greater Glasgow and Clyde.

There was work undertaken on the impacts of the Health and Care (Staffing) (Scotland) Act 2019 during 2023 -2024 but the full impacts of this work for clinical and care governance are out with the scope of this report.

The report covers the reporting period 31st March 2023 to 31st March 2024.

### 3. Clinical and Care Governance Structure Inverclyde HSCP

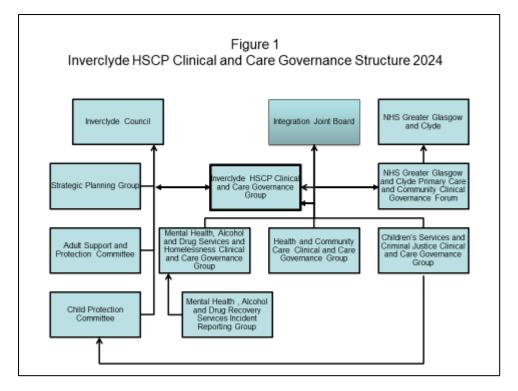
The Clinical and Care Governance structure of Inverclyde HSCP is well established.

The HSCP has a Clinical and Care Governance Group, chaired by the Clinical Director and membership that reflects the Senior Management Team and Staff Side Representatives.

There are two main clinical and care governance groups that have been reporting by exception to the HSCP Clinical and Care Governance Group for 2023-2024. These groups are the Health and Community Care Clinical and Care Governance Group and the Mental Health, Alcohol and Drug Recovery and Homelessness Clinical and Care Governance Group. The Children's Services and Criminal Justice Clinical and Care Governance Group has been reconvened and met on 30<sup>th</sup> June 2024. The work to get this group re-established was achieved in the reporting period. The Mental Health, Alcohol and Drug Recovery Services Incident Reporting Group is a sub group that principally oversees compliance on Datix incidents for the services.

The structure is depicted in Figure 1 and incorporates the current structure. The principal groups that have reporting relationships and influence have been depicted.

Key Message: The clinical and care governance structure now fully represents all services in the HSCP.



The HSCP Clinical and Care Governance Group met on 16<sup>th</sup> May 2023; 26<sup>th</sup> September 2023; 28<sup>th</sup> November 2023 and 5<sup>th</sup> March 2024. The group is chaired by the Clinical Director.

The Mental Health, Alcohol and Drug Recovery and Homelessness Clinical and Care Governance Group met on 5<sup>th</sup> September 2023 and 26<sup>th</sup> February 2024. The group has been chaired by the Interim Head of Service for Mental Health, Alcohol and Drug Recovery Services and Homelessness and Interim Head of Mental Health and Alcohol and Drug Recovery Services respectively.

The Health and Community Care Clinical and Care Governance Group met on the 10<sup>th</sup> May 2023; 13<sup>th</sup> September 2023; 22<sup>nd</sup> November 2023 and 22<sup>nd</sup> February 2024. The group has been chaired by the Service Manager of the Rehabilitation and Enablement Service.

The NHS Greater Glasgow and Clyde Primary Care and Community Clinical Governance Forum meet six times a year and there is an exception report prepared for every meeting from the HSCP and the Clinical Director attends this meeting.

The Strategic Planning Group will receive updates on Clinical and Care Governance Strategy and Priorities as required.

The Adult Protection and Child Protection Committees will also have governance reporting as required depending on investigations and sharing any learning. Main areas of risk will be reported by the Head of Service to the Clinical and Care Governance Group.

### 4. SAFE

### 4.1 Significant Adverse Events

The updated NHS Greater Glasgow and Clyde Policy on the Management of Significant Adverse Events was live from November 2023. The aim to provide high quality care, which is person centred, effective and safe. For most patients requiring healthcare this aim is satisfied but on occasion care does not proceed as planned. From the full range of clinical events

reported in NHS Greater Glasgow and Clyde there is a smaller set of instances where there is a risk of significant harm to patients.

Inverclyde HSCP have a responsibility to ensure these events are appropriately reviewed to minimise the risk of recurrence by applying lessons learned. This opportunity for learning exists at times without a significant adverse outcome for the patient, e.g., a near miss or a lower impact event which exposes potential clinical system weaknesses that could lead to further significant harm. Such events have been traditionally referred to as Significant Adverse Events (SAE). Inverclyde HSCP update progress to the NHS Greater Glasgow and Clyde Primary Community and Clinical Care Governance Forum that meets six times a year.

### 4.2 Open Significant Adverse Events

Inverclyde HSCP have six open Significant Adverse Event incidents that occurred during 2023 -2024 that have yet to close.

Table 1 shows the breakdown of the six by specialty, date of incident, category and the governance group tracking progress to completion.

Table 1: Open SAE breakdown by service, date of incident, category and progress for incidents that occurred 2023 -2024 for Inverclyde HSCP.

Service	Date of Incident	Category	Progress
Addiction Services	2/11/2023	Suicide	The Mental Health and ADRS Incident Reporting Group tracking progress of commissioned SAE
Continuing Care	30/5/2023	Abscondment / Missing	The Mental Health and ADRS Incident Reporting Group tracking progress of commissioned SAE
Older People's Mental Health – Orchard View	4/7/2023	Pressure Ulcer Care	The Mental Health and ADRS Incident Reporting Group tracking progress of commissioned SAE
Older People's Mental Health Orchard View	9/10/2023	Injury – Cause Unknown	The Mental Health and ADRS Incident Reporting Group tracking progress

			of commissioned SAE
Older People's Mental Health  Larkfield	29/12/2023	Slip / Trip / Fall	The Mental Health and ADRS Incident Reporting Group tracking progress of commissioned SAE
Older People's Mental Health Orchard View	29/2/2024	Delay to Treatment	The Mental Health and ADRS Incident Reporting Group tracking progress of commissioned SAE

All of the above commissioned Significant Adverse Events are for Mental Health Services. The Mental Health, Alcohol and Drug Recovery Incident Reporting Group track progress with the review teams. Progress is reported to NHS Greater Glasgow and Clyde Clinical Risk team.

### 4.3 Significant Adverse Event Review Thematic Analysis of Actions

This section will focus on what learning has been identified from completed Significant Adverse Events.

Table 2 provides the actions identified actions from completed SAE's.

There were six completed SAE's for 2023 – 2024. Table 2 shows that there were actions from four. There were two SAE's – one from Community Learning Disability and the other from Mental Health Services Addictions Service that concluded there was appropriate care well planned and delivered and had no actions identified as a result.

Table 2: Four Completed Significant Adverse Event Reviews 2023 -2024 for Inverclyde HSCP where actions were identified

Specialty	Category	Summary	Number of Actions Identified	Actions Overdue
Children and Families School	Child Protection	Children living in long term neglect	14	0
Nursing	Issues			
Children and Families Family Nurse Partnership Team	Child Protection Issues	Baby who experienced significant neglect	10	0

Mental Health	Unexpected	Person in receipt of	6	3
Services -	Death	services and cause		
Alcohol Drug		of death		
and Recovery		investigation		
Service				
Montal Health	Suicide	Darson in receipt of	7	4
Mental Health	Suicide	Person in receipt of	′	I
Services –		services and		
Community		completed Suicide		
Mental Health				
Team				

There are 37 actions identified. The completed SAE's identify recommendations for remedial measures to prevent recurrence as much as possible and to share the learning. Progress is tracked through the Datix system. There are 4 overdue actions, all from Mental Health Services at the time of compiling this report.

Table 3 summarises the two completed SAE's actions that have been completed, by theme.

Table 3 Completed SAE's in 2023 - 2024 by Action Theme for Inverclyde HSCP

Action Theme	Children and Families	Mental Health Services	Total for Action Theme and Percentage of Total
Policy/Guidance/Protocol; includes development, review and implementation	15	3	18 (49%)
Service/Strategic/Managerial; includes service provision and redesign, meeting targets, and culture and leadership	3	4	7 (19%)
Communication; includes within teams and interface between teams	3	2	5 (14%)
Training; includes sourcing external training, development of training packages, and delivering training	2	2	4 (10%)
Workforce management; includes staffing levels, skill	1	2	3 (8%)

mix, workforce planning, and performance management			
Total	24	13	37

The above table shows that the principle theme arising from the actions will be changes and reviews to Policy, Procedures and Protocol. This was 49% of the total.

For the purposes of this report, two illustrative examples have been chosen for Policy, Procedures and Protocol which are representative of the type of work undertaken.

### Case Study 1: Children and Families

Children and Families were asked to develop a process across Police, Health and Social Work when actions are agreed at an Initial Referral Discussion that were changed to ensure that all agencies are aware of the change and the reasons for it.

This resulted in a change of Initial Referral Discussion process and what happens now is an Initial Referral Discussion is reconvened if there is new information or new actions emerge.

This action was identified as a high priority action for the HSCP.

### **Case Study 2: Mental Health Services**

This SAE identified an action that had to be completed at board level as the learning was applicable to all Mental Health Services, and not just the HSCP. The board were asked to review the content of Immediate Discharge Letters. This resulted in improved standards and this has been circulated to all medical staff across NHS Greater Glasgow and Clyde and will be subject to audit across all sites.

Key Message: There has been substantial work in identifying and applying the learning from the completed SAE's for Children and Families and Mental Health Services.

### 4.4 Datix Incident Overview

Table 4 shows the number of overdue Datix by specialty for 2023 - 2024.

Inverclyde HSCP has excellent compliance with regards to processing Datix incidents timeously, and the HSCP is supported in this by the Clinical Risk team from NHS Greater Glasgow and Clyde.

This is completed both through the HSCP Clinical and Care Governance Group and the NHS Greater Glasgow and Clyde Primary Care and Community Clinical Governance Forum.

Compliance for Inverclyde HSCP is supported by the Business Support Manager through monthly emails to Heads of Service and the Senior Management Team.

Table 4: Overdue Datix by Specialty and Month 2023 - 2024

	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024	Total
Health and Community Care	0	0	0	0	0	0	2	0	2
Mental Health Services	1	3	0	1	2	3	2	6	18
Total	1	3	0	1	2	3	4	6	20

This shows the general trend that Mental Health Services will generate the highest amount of Datix incidents. The service is supported through the Mental Health and ADRS Incident Review Group to assure Inverclyde HSCP that incidents are progressed and actioned appropriately.

Table 5 provides a breakdown of all completed Datix incidents by category for 2023 -2024.

Table 5: Completed Datix Incidents by Category 2023 -2024

	Apr 2023	May 2023	Jun 2023	Jul 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024	Total
Communication	0	0	0	0	0	1	0	0	0	0	0	0	1
Discharge or Transfer Problem	0	0	0	0	0	0	0	0	1	0	0	0	1
Health Records - General	0	0	0	0	1	0	0	0	0	0	0	0	1
Medication - Administration	0	0	0	0	0	0	0	0	0	0	1	0	1
Pressure Ulcer Care	0	0	0	1	0	0	0	0	0	0	0	0	1
Slips, Trips and Falls	0	0	0	0	0	1	0	0	0	0	2	0	3
Treatment Problem	0	0	0	1	0	1	0	0	0	1	1	0	4
Violence and Aggression	0	0	0	0	0	0	0	1	1	2	0	3	7
Other Incidents	0	0	0	0	0	0	0	0	0	0	0	3	3
Total	0	0	0	2	1	3	0	1	2	3	4	6	22

Table 5 shows there were 22 completed incidents. Incidents of Violence and Aggression constitute 32% of the total.

Key Message: Inverciyde HSCP are providing assurance to the HSCP and NHS Greater Glasgow and Clyde on effective use of the Datix system. Inverciyde HSCP has good compliance in the processing of Datix incidents. The structure of clinical and care governance and the expertise of the Business Support team ensures that this is the case.

### 4.5 Inspection Activity 2023 -2024

Inverclyde HSCP have had significant Inspection activity and these are summarised below.

### 4.5.1 Care at Home

The Care at Home Service had an announced inspection on 6 November 2023, which completed on 15 November 2023.

The feedback from service users and staff was overwhelmingly positive, despite the challenges of recruitment and absence within the service.

The service inspection grades were as follows:

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How well do we support people's wellbeing					
1.1 People experience compassion, dignity and respect	5 – Very Good				
1.2 People get the most out of life	5 – Very Good				
How good is our leadership					
2.2 Quality Assurance and improvement is led well	5 – Very Good				

The service demonstrated a very good level of care and support, emphasising the following aspects:

### Safe Care Practices

Robust systems were in place for tracking continuity of carers, timing of visits, and incident reporting.

Staff were knowledgeable about raising concerns related to adult support and protection, ensuring the safety of service users.

Incident and accident recording procedures were appropriate, with evidence of escalation when necessary to maintain safety.

### • Effective Service Delivery

Quality assurance activities were comprehensive, focusing on oversight, resource allocation, and performance indicators to enhance service effectiveness.

The service showed a commitment to continuous improvement through a structured improvement plan, emphasising health and wellbeing outcomes for service users.

Medication administration processes were being improved to ensure safe and effective care delivery, aligning with Health and Social Care Standards.

### • Person-Centred Support

Staff were well-trained, committed, and provided support tailored to individual needs, promoting independence and safety.

Service users and their relatives were actively involved in reviews, allowing them to express their views and contribute to service enhancement.

Efforts were made to increase the involvement of service users in various activities and events, fostering a more person-centred approach.

There is an area of improvement with regards to the administration of medication that was carried over from the last inspection of 2019. The service has significantly moved forward in this area, however work is ongoing with pharmacy and nursing colleagues to make the necessary improvements.

### 4.5.2 Inverciyde Alcohol and Drug Recovery Service Medication Assisted Treatment Standards

Inverclyde Alcohol and Drug Recovery Service (ADRS) continue to implement and embed the Medication Assisted Treatment (MAT) Standards ensuring consistent delivery of safe, accessible high-quality care and treatment for people within Inverclyde experiencing harm as the result of drug. The Standards adopt a rights-based approach, ensuring individuals have choice in their treatment and are empowered to access the right support for where they are in their recovery journey.

Inverciyde Alcohol and Drug Partnership (ADP) have continued to monitor and support the implementation of MAT standards across ADRS, and the wider recovery orientated systems as delivered via ADP commissioned third sector organisations. Scottish Government bench marking has indicated inverciyde has achieved the highest scores awarded at this time for implementation and delivery of all MAT standards, green for MAT 1-5 and provisional green for 6 - 10.

Governance for the MAT action plan lies locally with Inverclyde ADP and centrally within NHS Greater Glasgow and Clyde board-wide steering groups. This ensures consistency in implementation of approaches that uphold the human rights of individuals and their families when engaging with substance use support services. This partnership approach to governance and delivery has resulted in positive service improvements in proactive identification of individuals at risk of harm and proactive care planning to reduce risks from complex and co-occurring support needs.

Moving forward it is recommended partners across all health care, social care & justice settings engage with the revision of the Inverclyde MAT Action Plan for reporting period 2024-2025.

Future recommended actions are broadly captured under themes of:

- Improving information sharing protocols (including actions on revision of drug death monitoring and review group membership).
- Optimising service capacity for proactive identification of individuals at risk of harm.
- Optimising access to independent advocacy for vulnerable individuals.
- Trauma-informed & trauma responsive people & services.
- Improving pathways (including targeted operationalisation of the revised Mental Health & ADRS interface document)
- Optimising engagement with primary care

All reporting data and information was successfully submission to Scottish Government for 2023/24 on 14th April 2024. RAG scoring (Red, Amber, Green) for this year's submission is green for MAT 1-5 and provisional green for MAT 6-10 (highest available score). The official Scottish Government Benchmarking document will be released to general public in July 2024.

### 4.5.3 Mental Welfare Commission Visit 2023- 2024

Following the visit to Langhill Clinic on 31st January 2024 the Mental Welfare Commission made six recommendations. Progress on these recommendations is reported to the HSCP Clinical and Care Governance Group.

### **Summary of Recommendations:**

- 1. Managers responsible for Intensive Psychiatric Care Unit should regularly audit care plans across the service to ensure they are person-centred and reviewed regularly.
- 2. Managers should ensure all care plans are consistently and securely stored.
- 3. Managers should ensure review and audit of medication records for individuals requiring T2 and T3 certificates to authorise their treatment under the Mental Health Act is carried out and findings acted upon in a timely way.
- 4. Managers should ensure a reasoned opinion is provided for all restrictions applied to individuals specified under the Mental Health Act.
- 5. Medical staff should review activity and occupational therapy provision for IPCU to ensure individuals are provided with regular therapeutic and recreational activities.
- 6. Managers responsible for Intensive Psychiatric Care Unit should ensure that patient areas both in and outside the ward are welcoming, maintained and provide a suitable recreational space within a safe environment.

### 4.5.4. Joint Inspection of Adult Services: Integration and Outcomes – Focus on People Living with Mental Illness

Inverciyde HSCP received notification on 2nd October 2023 of a planned Joint Inspection. The Care Inspectorate and Healthcare Improvement Scotland jointly inspected health and social care services for adults.

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?"

The report outlined the following key findings:

- 1. 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.
- 2. People were supported to attend reviews where they could share their views about the support they needed and received, however there was limited evidence of consistent WRAP (Wellness Recovery Actions Plans) and Advanced statements.
- 3. 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.
- 4. People were not always able to make the choices they wanted to because there was a limited range of options available to them and 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.
- 5. 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.

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.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 to 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 Adequate across the partnership			
	9.4 Leadership of change and improvement			

The HSCP has an improvement plan based on the findings within the inspection report.

This will be reported to the HSCP Clinical and Care Governance Group and the HSCP Audit Committee for monitoring.

### 4.5.5 Publication of the Significant Case Review for Margaret Fleming

The Significant Case Review for Margaret Fleming was published October 2023. <a href="https://www.inverclyde.gov.uk/news/2023/oct/margaret-fleming-significant-case-review-published">https://www.inverclyde.gov.uk/news/2023/oct/margaret-fleming-significant-case-review-published</a>

The inquiry, known as a Significant Case Review (SCR), was commissioned to examine the role of all the agencies that were involved with Margaret and the circumstances that led to her death.

In Margaret Fleming's case, the SCR was jointly commissioned by the Adult Protection Committee and Child Protection Committee and led by Professor Jean MacLellan OBE.

### The recommendations of the review, entitled 'Remember My Name', includes some key themes:

- There have been significant changes in legislation and practice over the last 20 years, however, there is still learning from the review.
- Information sharing and communication. All agencies require to understand how to share information timeously to ensure vulnerable people are protected.
- Checks and balances should be in place that balance people's rights to privacy with a
  clear need to protect vulnerable people who need to be seen by agencies and this
  includes benefits agencies. Expansion of annual health check for adults with learning
  disabilities should be considered.
- Transition from school to college is difficult for any young person. All colleges and universities should have robust adult protection guidance. An audit through the Further Education Safeguarding Forum should take place across Scotland.
- As a society, everyone has a responsibility to ensure that people with disability are seen and protected. Listening to those with lived experience is important to understand how to improve services. Each local authority should be clear on their mechanism to hear the views of people with learning disabilities and understand the local provision. This should be mapped out and made publicly available.

The final report will be sent to the Care Inspectorate, which evaluates all SCRs and reports publicly on their findings to provide the public with an independent check on the quality of the services that are provided for children, young people and adults.

Key message: Inspection activity has been extensive and assurance and learning has been progressed within 2023 -2024.

### 4.6 Primary Care Improvement Plan 2023 - 2024

The Integration Joint Board received two updates for 2023 – 2024.

The impact of the Primary Care Improvement Plan was reviewed on 15 May 2023.

Progress of the Primary Care Improvement Plan was reviewed on 14 November 2023.

This report will not duplicate the reports referenced above and they provide detail of the work undertaken.

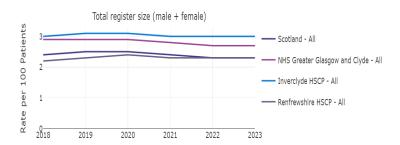
This report will focus on improvement activity that has been undertaken in 2023 -2024 by the team.

### 1. Chronic Obstructive Pulmonary Disease (COPD) Winter Response

Hospital admissions with a diagnosis of COPD are significantly higher for people living in the most deprived areas of Scotland compared to those in the least deprived areas. Within Inverclyde as per 100 patients, we have an average rate across the last 5 years of 3 per 100 patients' hospital admissions.

Inverclyde's rate is above both the NHS Greater Glasgow and Clyde rate and Scotland per 100 patients.

Figure 2 Inverclyde HSCP register size compared to Scotland, NHS Greater Glasgow and Clyde and Renfrewshire HSCP 2018 -2023



The aim of work from December 2023 to end March 2024 was to utilise existing resources and workforce to target the top 20 patients who are admitted to hospital due to COPD within Inverclyde. The aim is to avoid admission of this top cohort to form a preventative approach that can be built into normal practice for COPD care. To utilise existing preventative tools, the focus of this pilot is to re-introduce the remote monitoring system, DOCOBO. This system allows the patients to input daily readings which are checked by a nurse daily to catch any concerns early to prevent a hospital admission. At the beginning of the pilot, there were 13 patients already established on DOCOBO.

The top 20 cohort was reduced to 17 due to 3 patients sadly passing away throughout the duration of the pilot.

The team made their way through the remaining cohort, from which they had 2 confirm interest in the system and a further 7 who would be visited.

The remaining cohort were then lettered with a visit date which they could phone and cancel if they didn't show interest in the system.

### From this cohort:

- 7 patients were established on the system
- 8 patients were excluded from the cohort for not meeting the criteria due to reasons such as visual impairment, assisted living, or brain injury.
- 2 refused to participate

After the Top 20 cohort was assessed for remote monitoring, they were passed onto Pharmacy for a medication review which was carried out as part of the Greater Glasgow and Clyde COPD Pilot which is ongoing. As part of the winter pilot, staff attended several forums including the GP Forum and Practice Nurse Forum to raise awareness of the pilot and to encourage referrals of patients who they feel would meet the criteria and would benefit from the system.

As a result, we saw an increase in referrals through the Access 1st team.

From this pilot, we managed to have **7 of our top 20 cohort established** on the system which has saw **a reduction in COPD Admissions of 80%**.

We have also managed to **reduce 64.3% of bed days** from this cohort **and 81% reduction of A&E attendances without Admission**. 1 Patient has now been removed from the system due to illness and after finding the system too much work.

In addition to these pilots, there was a reintroduction of the rescue medication card. This card was offered to all of the patients in the Top 20 cohort, referred from Access 1<sup>st</sup> and those who attended a Medication review.

The team will now be moving onto referrals from Practice Nurses and a new frequent attendee cohort of 89 patients which we will hopefully establish a large percentage on either remote monitoring, refer them for a medication review or sign them up for a rescue medication card.

A long-term condition Nurse Post is now at recruitment who will support in this work.

### 2. Community Treatment and Care (CTAC)

### Ear Care Pathway

This pathway has been developed to provide a consistent approach to ear care advice across Inverciyde. A Standard Operating Procedure has been developed for both CTAC and Practice reception teams providing clear guidance and information on self-care before referral to CTAC clinics.

### • Diabetic Foot clinic

The CTAC team have been piloting a clinic within Lochview practice over the past 12 months. This has recently been extended to New Surgery Practice, Kilmacolm.

This pilot has extended appointments and includes additional clinical activity. Patients have a diabetic foot check completed by a Health Care Support Worker, answer lifestyle questions, and have other biometrics completed.

The CTAC team have been working in collaboration with the maximising independence team to create a database of services and information that staff can refer to and give to patients during the consultation.

### Blood Pressure Pathway

The Blood Pressure Pathway has been developed to support people to successfully submit their blood pressure readings, saving face-to-face appointments, time away from work, or other responsibilities, while helping them keep their blood pressure at safe levels.

This pathway is aimed mainly within Primary Care for hypertension diagnosis, intervention, treatment and ongoing monitoring.

The pathway promotes self-management and a person-centred approach in effectively supporting and managing those patients who have been diagnosed with hypertension.

CTAC Health Care Support Workers arrange set up for eligible patients within General Practices. Blood Pressure machines are available from the CTAC team.

The CTAC Team Lead has attended various forums to engage with health care professionals and promote implementation of Connect Me.

With 84 patients currently initiated on the platform, we are keen to raise the profile for more patients and Practices to benefit from Remote Monitoring.

Key Message: The PCIP team have been completing improvement work that is evidence based and person centred in its focus.

### 4.6.1 Vaccination Transformation Programme

The Integration Joint Board reviewed an update on 25<sup>th</sup> March 2024 on <u>Progress of the Vaccination Transformation Programme.</u>

This report will not duplicate the report provided but the following summarises the future adult vaccination delivery model.

Vaccination models are under review across NHS Greater Glasgow and Clyde.

Any proposed changes will be shared with Integration Joint Board members and through normal structures including the Adult Vaccination Group, GP & PCIP Oversight Group and Primary Care Programme Board.

Transfer of vaccinations has seen the largest General Practice workload shift, however feasibility in local delivery models needs further scoping as part of a NHS Greater Glasgow and Clyde Board review.

It is to be acknowledged that there is a contingency model in place for delivery of Travel Vaccinations and advice. It is worth noting that current models of delivery and access points are being reviewed as part of future delivery models through the NHS Greater Glasgow and Clyde Travel Vaccination Short Life Working Group. With regards to non-routine vaccinations, this will be incorporated into the wider review of models across the Adult Vaccination Programme.

Key message: The HSCP will continue to contribute to the development and adaption of any existing NHS Greater Glasgow and Clyde future planning models for Vaccination.

### 4.7 Pressure Ulcer Improvement Work

Inverclyde Community Nursing is part of the wider NHS Greater Glasgow and Clyde Pressure Ulcer Prevention group and receives a monthly report indicating each HSCPs data. In 2023 we noted we were an outlier with low reporting of pressure ulcers.

To ensure compliance with NHS Scotland Pressure Ulcer Prevention and Management Standards (Oct 2020), a small project was undertaken to identify the gaps in training and record keeping. To ensure we had a standardised approach to the prevention and management of pressure ulcers across Inverclyde, the Tissue Viability Nurse and the Practice Development Nurse(PDN) delivered training to support patient assessment, DATIX reporting and improve record keeping. Our PDN also created a digital pressure ulcer board, which recently won first prize in a NHS Greater Glasgow and Clyde Tissue Viability competition, to celebrate successes and convey information in relation to pressure ulcers such as our monthly reports and upcoming training dates. The board has improved communication timeously by highlighting any area of care needing particular focus for example the grading of pressure ulcers.

### 4.8 Combined Care Assurance Audit Tool

This audit tool is embedded for the District Nursing service. There will be a corporate CCAAT to be introduced using cross HSCP supports in 2024.

The results for the audit are described below in Table 6.

Table 6: Combined Care Assurance Audit Tool District Nursing 2023 -2024

Red	Amber	Green	Gold
<66%	≥66-79%	80-90%	≥91%

Base	Latest CCAAT Nov 23	Previous CCAAT
Cochrane Team 1&2	Gold	Gold Sept 23
Lochview	Amber	Green Oct 23
Gourock	Gold	Gold Oct 23
Ardgowan	Gold	Gold Oct 23
Station View	Green	Gold Oct 23
Port Glasgow Team 1 &2	Gold	Gold Aug 23
Kilmacolm and Port Team 2	Amber	Amber Sept 23

Those caseloads in amber are large, with more than 100 patients each, and have high Rockwood and complexity scores. An extra District Nursing student is being supported to study this year, and funding dependent, the aim is to split the Lochview caseload in 2024. Additional nurse support has been aligned to Kilmacolm caseload and CTAC will now cover the community based clinic in Kilmacolm, freeing District Nursing resource.

Key message: District Nursing are completing the CCAAT audit and sharing the learning and improvement within their teams and clinical and care governance structures within Inverciyde HSCP.

### 4.9 Support for Care Homes

Two complete rounds of Care Home Assessment Team visits (42 in total) to the older adult, adult and Inverclyde Association for Mental Health (IAMH) care homes took place in Winter 2022/2023 and summer 2023.

All improvements that were suggested by the visiting team were discussed with the care home manager and captured within action plans by the assurance visitors. Many of the homes took immediate action to address areas of concern and fed back once they had reviewed the reports on actions already completed.

Comparison was done between the areas of improvement from early 2022 visits and these two rounds of visits. The majority of the actions for each home were different and new plans have been put in place, which is an improvement from 2022.

The key recurring themes are in relation to –

- Cleaning schedules
- Mandatory training

The HSCP team collates an overarching action plan which contains the areas of improvement for each individual home, and this is monitored locally, including specific focus on the above areas.

No specific training was requested by the HSCP from the Care Home Collaborative after the previous 2022 visits, however support has been put in to homes on an ad hoc basis as requested by the homes themselves or HSCP. There has been a good increase in attended Care Home Collaborative sessions from 69 to 111 across all staff and a wider variety of sessions attended by our local care homes.

Key message: Inverclyde HSCP remains committed to support Care Homes through Nursing and wider Multi-Disciplinary Teams.

### **5 EFFECTIVE**

### **Service Updates**

### 5.1 The Promise

Inverclyde HSCP are committed to keeping The Promise and ensuring children and young people have good childhoods. We continue to focus on 3 priority areas – Good Childhoods, Whole Family Support and Supporting the Workforce. The Lens Project partnered with Inverclyde HSCP including The I Promise Team to develop an Ideas to Action Programme which supports Inverclyde's vision and ambition to deliver The Promise and improve outcomes for our children and young people.

This was a first and new for Inverciyde, the bespoke 2-hour event on 5<sup>th</sup> September 2023 held at the Beacon Arts Centre where the Ideas to Action programme was explained as part of our commitment to The Promise. Key messages were emphasised regarding the Programme as a capacity building and development opportunity for people and their ideas. This was designed to generate creativity and innovative ideas, supporting our commitment to keep The Promise with over 52 ideas being heard and an inspired workforce.

Groups behind shortlisted ideas then took part in a series of structured workshops with the Lens Project. Five 'developing ideas' workshops focused on business storytelling, business model canvas and value proposition, prototyping and securing investment. Opportunities were created to ensure our children, young people and families were included in project design with them being listened to and views being instrumental to the design. The workshops equipped frontline staff with the skills, capabilities and tools to develop and test ideas and presented investment ready proposals to senior managers that have the potential to be replicated and scaled across Inverclyde HSCP.

The workshops culminated in an Investment Event on 7<sup>th</sup> December 2023, when each team pitched their idea to an investment Panel in the hope of securing financial support from the investment fund, and/or organisational support to test and implement their idea.

### The six ideas were:

- It Takes A Village: a community-based approach to provide practical support, life skills and ongoing nurturing, to support our young people as they navigate their own lives.
- **Throughcare Hub:** a person-centred, flexible, and supportive environment for young people to learn new skills, gain qualifications and grow in confidence at their own pace.

- **Connected 2 Care:** earlier, meaningful relationships with our families, bridging the disconnect, building trust, resilience, and support before crisis.
- **Feel Good Fund:** create bespoke experiences in our children's houses by investing in relationships, equipment and activities where anything is possible.
- **Home from Home:** provide improved family time space as a 'home from home' for relationships to thrive in an environment made for families.
- The Practice Pad: provide independent living skills to our young people at an earlier stage and support them to practice living on their own in a safe, supported environment, before they take on a tenancy.

Four ideas received financial investment and all six ideas have the potential to improve the lives of children, young people and families. The 4 teams that secured investment are:

### Practice Pad

To provide independent living skills to our young people at an earlier sage and support them to practice living on their own in a safe, supported environment, before they take on a tenancy of their own.

### Home from Home

Our children, young people, families, and staff tell us regularly that the spaces we use to facilitate Family Time simply do not work. They are unnatural, sterile and carry stigma. We will create a home from home for relationships to thrive in an environment made for families.

### Feel Good Fund

Investing in young people in our children's houses by creating bespoke experiences for them, investing in staff and young people's relationships, equipment and activities. Our kids deserve to have 'normal family' experiences, building a bank of positive memories and achievements, and showing them that anything is possible.

### • Throughcare Hub

A person-centred, flexible, and supportive environment for young people to learn new skills, gain qualifications and grown in confidence at their own pace.

The Ideas to Action Programme also supports the delivery of the Council's strategic priorities including the Inverclyde Alliance Partnership plan 2023/2033, the Council Plan 2023/28 and the Inverclyde Health and Social Care Partnership Strategic Plan Refresh 2023/24 and 4 outcomes relating to Children's Services Planning Partnership.

Key message: Inverciyde HSCP are committed to keeping The Promise and ensuring children and young people have good childhoods.

### 5.2 Mental Health and Substance Use: Improving Our Response in Invercive

Healthcare Improvement Scotland are working in partnership with Inverclyde substance use and mental health services to develop a test of change aimed at improving outcomes and experiences for individuals and their families with urgent care needs who have concurrent,

high level mental health and substance use support needs within Inverclyde. This is funded by the Scottish Government at a national level with local sponsorship from NHS Greater Glasgow and Clyde.

The programme aims to understand current service delivery, the person accessing services and service needs that can be better met by service redesign and improvement. It will work with areas to develop and implement an integrated approach to delivering mental health and substance use services (building on lessons from the Covid 19 response) and will support services to co-design and co-production – to increase opportunities for people with living and lived experience, communities and partners from across the system to be engaged in planning, design and delivery of integrated mental health and substance use services. It will also identify, share, and spread good practice, innovation and learning about "what works" Scotland-wide to drive improvement and change in developing and delivering integrated mental health and substance use services (including informing policy development).

Though case load audit, bench marking and mapping exercises, and development sessions with colleagues across Inverclyde, the Inverclyde Alcohol and Drug Partnership (ADP), and lived experience network priority areas to focus the test of change on have been identified.

Providing the right care, at the right time in the right place.

Identifying urgent care needs at first point of contact.

Improving pathways between community services and inpatient psychiatric unit.

Improving discharge planning.

Improve partnership working across all partners.

Improve staff knowledge.

### **Proposed Test of Change**

- Implement shared care planning between Community Response Service and Alcohol and Drug Recovery Service.
- Implement a screening tool within psychiatric inpatient settings for substance use.
- Enhance discharge planning in collaboration with Community Response Service, Alcohol and Drug Recovery Service and 3rd sector/voluntary organisations.

### Improved Outcomes for People and Services

- Shared care plans can streamline processes that bring in the right care at the right time for the person.
- Communication around changes in a person's situation can allow for faster and more coordinated responses.
- A multi-disciplinary approach will provide a greater pool of knowledge and experience to draw from, resulting in better support across both mental health and substance use needs.
- Decisions about care after the urgent care response will be made jointly and cover a wider range of needs.
- Support continuity of care while in an inpatient setting

- Provide support for people experiencing withdrawal and other symptoms linked to substance use.
- Reduce readmission rates through improved ongoing support.
- Allow Addiction Liaison team to identify additional (substance use related) needs while
  on the ward.
- Provide an opportunity for ward staff to get advice and support about managing substance use needs during their stay.
- People will be provided with targeted mental health support following an inpatient stay that will reduce the need for readmission.
- Provide a basis for longer term person-centred support.
- Joined up conversations focussed on support, rather than discharge management will allow for more holistic support, engaging third sector services, and better follow up care.
- Meet Medication Assisted Treatment Standards 9 and Rapid Review Recommendations.
- Improve staff knowledge and skills around substance use and resources.

Key message: The improvement focus and collaboration with Healthcare Improvement Scotland is welcomed and the results of the test of change will be shared with clinical and care governance groups.

### 5.3 Homelessness Service

Housing Options and Homelessness Advice Service continues to be focused on the key priority objective of preventing homelessness from happening and assisting people in a more planned way. Prevention rates at the end of March 2024 were 73% meaning that only 27% of individuals approaching the service went on to make a homeless presentation. This is a key area of focus for our Assessment and Support Team who also undertake a statutory support needs assessment which is then managed and reviewed by the Rapid Rehousing Support Team (RRST)

The service continues to offer Housing First support to individuals with multiple and complex needs and up to March 2024 the tenancy sustainment rate of our Housing First tenants was 88.9%.

The Homeless Change Programme continues to make progress with raising awareness of homelessness as a shared responsibility and positive links have now been implemented with Inverclyde Women's Aid, Criminal Justice, Children and Families and ADRS to ensure all services are working in partnership to push homelessness prevention further upstream to address some of the systemic issues which result in adults finding themselves in housing crisis.

A Homelessness and Justice Working Group has been formalised with a Terms of Reference and a working action plan to try and plan ahead for individuals completing a justice journey and to ensure Sustainable Housing On Release for Everyone (SHORE) standards by April 2026.

Work is underway for Care Experienced Young People to have the opportunity of achieving a SQA accredited qualification in Tenancy, preparing them for independent living and providing a foundation of SCQF credits as a platform to moving on to further education.

Little Acorns, a project aimed at providing temporary accommodation and support to women and girls who have experienced gender based violence is currently progressing through The Lens' Ideas into Action programme to pitch for seed funding to kick start a partnership approach between the HSCP, Inverclyde Women's Aid and Oaktree Housing Association.

Work continues to ensure all staff are fully trained and given the tools to operate a trauma informed approach to delivery of services but also to ensure safety in the workplace and that each member of staff is equipped to de-escalate incidents and prevent vicarious trauma.

Key message: An independent review of the change programme is underway by an external consultant who will provide a model for progressing objectives for the Rapid Rehousing Transition Plan and a change plan which will include staffing structure and the future of temporary accommodation in Inverciple.

### 5.4 Inverciyde Alcohol and Drug Recovery Service Alcohol Recovery Pathway

In response to the escalation in alcohol related harm and to ensure safe, effective delivery of practice the Alcohol Recovery Pathway was developed. To ensure standardisation of alcohol care and treatment Inverclyde Alcohol and Drug Recovery Service (ADRS) is working in partnership with NHS Greater Glasgow and Clyde ADRS colleagues on an implement plan. Reporting and monitoring of the plan is the responsibility of board wide governance groups.

The guideline is intended for all staff involved in the care and treatment of individuals who use alcohol on its own or combined with other substances. It aims to provide parity of service for individuals suffering from alcohol use disorders in all statutory addiction treatment systems recognising that alcohol use disorders can have equally or more severe consequences for individuals, their families, and communities as other addictions.

The guidance recommends 10 principles for the provision of care and treatment of adults with harmful, hazardous, and dependent alcohol use across NHS Greater Glasgow and Clyde Alcohol and Drugs Recovery Services.

Summary of principles for alcohol care and treatment:

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

Key message: The HSCP welcomes the improvement work for the pathway and the collaboration with NHS Greater Glasgow and Clyde.

### 5.6 Infant Feeding Pathway

Despite all the health benefits associated with breastfeeding for mothers and babies, in Inverciyde approximately 47% choose to breast feed at birth and the number of women continuing to feed past the six-eight week assessment have historically been the lowest in Scotland.

Poverty and an entrenched formula feeding culture were often the reasons stated for this. There is no doubt that throughout Greater Glasgow and Clyde younger women and those from less affluent backgrounds are less likely to breastfeed. However, following a large survey of local women and families it became clear that lack of information both antenatal and support postnatal could also impact.

Therefore funding was secured from the Scottish Government to provide antenatal education to families and intensive postnatal support for all breastfeeding women discharged from hospital. In addition two further projects working with women with long term medical conditions or disabilities and with young women registered with the Family Nurse Partnership also commenced. This additional support has seen an increase of 3% of babies receiving any breastmilk in 2023 at 34% compared to 31% in 2022.

Poverty in relation to formula milk was also reported as an issue nation-wide. The HSCP's response to this was to develop and disseminate a robust Pathway for the Emergency supply of formula in line with the Scottish Government and UNICEF Baby Friendly requirements. In addition funding was secured to purchase and supply breastfeeding pumps to women.

Key message: The support for breastfeeding and the improvement work underway has resulted in a 3% increase of babies receiving any breastmilk.

### 5.7 Medicines and Healthcare products Regulatory Agency alert August 2023

An alert from the Medicines and Healthcare products Regulatory Agency was issued on 30 August 2023 regarding Medical Beds, trolleys, bed rails, bed grab handles and lateral turning devices: Risk of death from entrapment or falls.

This MHRA alert has implications for all HSCP's.

This alert impacts nursing, occupational therapy, physiotherapy and staff that routinely prescribe the equipment across the whole organisation.

The reason for this alert was from 1 January 2018 to 31 December 2022 there were 18 reports of deaths related to bed rails and associated equipment, and 54 reports of serious injuries across the whole of the United Kingdom.

The MHRA report highlighted that the incidents were caused from the following:

- Inadequate risk assessment and / or failure to update a risk assessment following a change of any kind;
- Maintenance / Servicing issues
- Prescription of equipment for children and /or people of small stature
- Inappropriate use or incompatibility with other equipment

For Inverciyde, there has been an estimate (February 2024) that Service User numbers who use bed rails are 4268 and 474 Bed Safety Rails with a total of 4742.

These numbers are subject to regular revision through the data cleansing work underway to update records.

NHS Greater Glasgow and Clyde have convened a short life working group to oversee this work. Professor Angela Wallace is Executive Lead supported by District Nurse Team Lead and Occupational Therapy Professional Lead for Partnerships. Links have been made to care homes through the Care Home Collaborative.

The work to contact service users and update the risk assessments is a considerable task. Given this, the MHRA have recommended that HSCP's need to take a proportionate approach to risk and follow a universal, targeted and specialist approach when undertaking reviews.

Key Message: This work has been identified to the Integration Joint Board as a risk, and the Health and Community Care Clinical and Care Governance Group will be receiving updates on progress and reporting to the HSCP Clinical and Care Governance Group by exception.

### **6. PERSON CENTRED CARE**

### 6.1 Complaints 2023 - 2024

Inverclyde HSCP receive quarterly complaints data through its clinical and care governance fora. The reason for this is to raise issues of compliance and establish if there are any trends.

Figure 4 shows the breakdown of the type of information provided to the clinical and care governance groups.

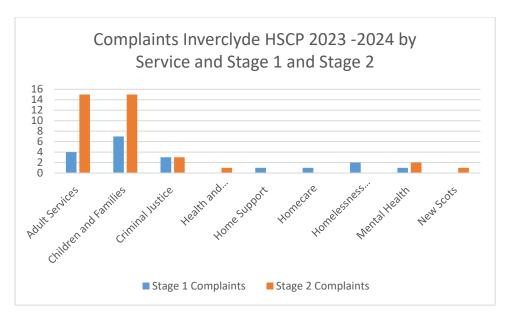
Adult Services and Children and Families had 15 Stage 2 complaints and this will reflect the complex issues that present when a complaint cannot be resolved at Stage 1.

A stage 1 response, also termed Front Line Resolution, is where a complaint can be resolved with minimal investigation – an 'on the spot' resolution with staff.

Stage 2 requires an investigation where the service user is not happy with the initial response or the issue is complex and requires a detailed investigation.

The complaints team will be working on providing more themed information to support the areas of risk and concern reviewed through clinical and care governance for 2024-2025.

Figure 4 Complaints Inverclyde HSCP 2023 -2024 by service and Stage 1 / Stage 2



There is an example of an improvement that has occurred as a result of a complaint provided below.

There was a Stage 2 complaint for Children and Families that concluded investigation in 2023 – 2024. The main themes for the actions that were undertaken to answer the issues raised in the complaint are summarised in Table 7. This has resulted in improvements to pathways, supervision and record keeping.

Table 7: One example of action taken from a complaint Inverclyde HSCP

Action Description	Description	
Design a more streamlined referral pathway from Health Visiting to Nursery Nurse with clear, time agreed reporting points	Minimum standard has been agreed for referrals to support staff for parenting intervention.	
Ensure Nursery Nurse provision is overseen by Team Leads.	Supervision now takes place using a new tool for recording every second month. Work books in place to ensure short interventions completed. Ongoing work to bring nursery nurses into one base and an inbound referral system for allocation of work load.	
At the onset of new Nursery Nurse services, the expected duration of these interventions is defined and documented in the records.	A menu of services and process guide for referrals, which includes the expected duration, has been composed with their participation. A minimum standard has been agreed and was implemented.	
All Nursery Nurses and Health Visitors involved in the delivery of the Universal Pathway to have training from the Paediatric Continence Service in Glasgow for toilet training for children with additional needs	The Paediatric Continence service have given training to the whole team.	

Key message: The complaints team for the HSCP has been re-organised and future reporting for clinical and care governance will focus on the learning that has been gained and how it has been applied.

### 6.2 Care Opinion

Care Opinion is an independent, not-for-profit website, where people can provide anonymous feedback on health and social care services about their experience of care. It is intended to complement existing processes for dealing with feedback and complaints (www.careopinion.org.uk).

Inverciyde HSCP have fully committed to the active promotion of Care Opinion to obtain feedback after identifying this as a priority for the Clinical and Care Governance Strategy 2019-2024.

There is a Care Opinion Implementation Group that is chaired by the Chief Nurse that oversee the work in supporting staff promotion as well as awareness of the people of Inverclyde who use health and social care services.

For the purposes of this report, an overview of the stories that have been received to date and the impact that providing the feedback has had. Staff welcome the feedback and the positive feedback is good for staff morale. Feedback that would appear critical gives the opportunity for individuals and teams to reflect and think about any changes that can be put in place as a result.

### Responses

Table 8 shows the number of stories for 2023 -2024 for Inverclyde HSCP by month. There were 22 stories in total.

Table 8: When Stories were told Inverclyde HSCP by month 2023 -2024

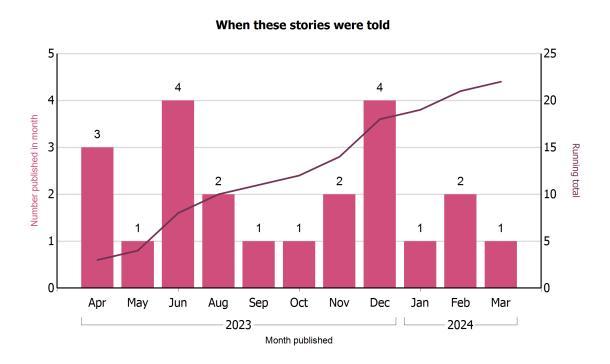


Table 9 shows that the promotion of Care Opinion through the use of Freepost Envelopes has been successful with 45% of total feedback received this way. This has been due to staff distributing the information to assist those who would struggle accessing the website.

Table 9: How Stories were submitted Inverclyde HSCP 2023 - 2024

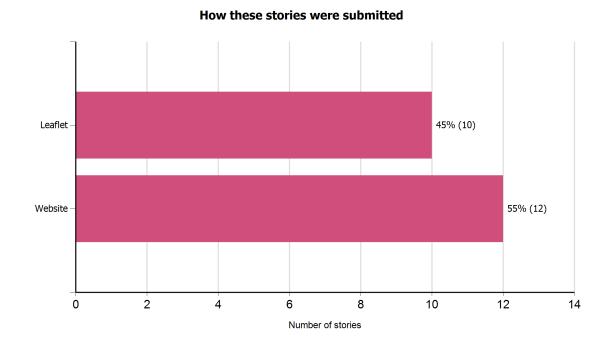
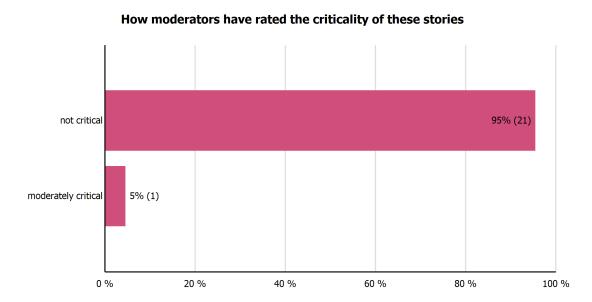


Table 10 shows that 95% of stories were not critical. This provides assurance to the HSCP and a boost for staff that people are appreciative of the service they have received and that constructive feedback can lead to reflection and change.

Criticality is how Care Opinion define stories from non-critical to severely critical. 95% of stories are not critical.

Table 10: Care Opinion ratings of Criticality 2023 -2024



One of the advantages of the use of Care Opinion is that it promotes feedback as a whole health and social care system.

Residents within Inverclyde also use Care Opinion to provide feedback on services they receive from the wider NHS.

Table 11 shows that for 2023 – 2024 there were 122 stories received for NHS Greater Glasgow and Clyde services from residents of Inverclyde.

Table 11: Stories from Inverciyde residents 2023 -2024 by month for NHS Greater Glasgow and Clyde

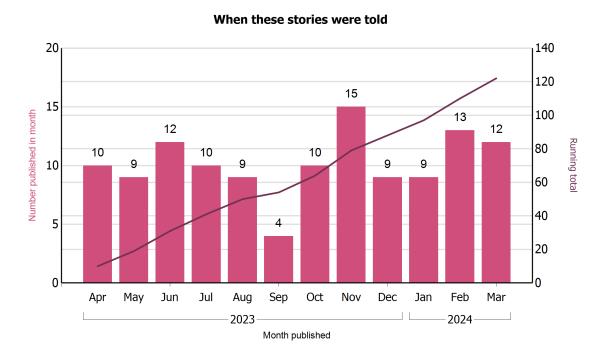


Figure 5 shows the feedback for Inverclyde HSCP for the 22 stories on what was good about your care from Inverclyde HSCP.

The main highlights are helpful, caring and compassionate staff.

Figure 5: What was good about your care from Inverclyde HSCP?



Figure 6 shows how did the experience of care make you feel.

Figure 6: How did experience of care from Inverclyde HSCP make you feel?



### The main highlights are people feel grateful, supported and listened to.

Figure 7 shows the services within Inverclyde HSCP that have still to receive feedback within Care Opinion. Work has been ongoing during 2023 -2024 to increase awareness of staff and the public of Inverclyde to use Care Opinion as a means of not only providing their own feedback but seeing the feedback of others who have received a service.

Figure 7: Services yet to receive a story

# Where are we not hearing stories from?



- Adult Health Services
- - Adult Mental Health Services pediatric nursing)
    Adult Community Mental Health Service Fostering and Adoption
- Adult Social Care Services

- · Care & Support (commissioned prov)
- Care Homes
- Children's Services
- Community Pnarmacy
   Community Treatment & Care (CTAC)
   Dental Services
   Adult Mental Health Services
   Adult Community

  - Adult Community Mental Health Service
     Larkfield Unit Inpatients service
     Older Peoples Mental Health Service
     Primary Care Mental Health Team
     Adult Social Care Services
     Alcohol & Drugs Service
     Criminal Justice Social Work
     Homelessness Service
     Housing Support Service
     Vulnerable Groups Outreach Service
     Fostering and Adoption
     GIRFEC
     Specialist Children & Family
     Services (adhd assessment clinic, CAMHS speech & Language, Children with additional support needs team, Paediatric Dietetic service, Paediatric Occupational Therapy, Paediatric Physiotherapy service, Speech and Language Therapy. The View Care Home Therapy, The View Care Home Service, Throughcare and After Care Services, Young Carers)

The following is a selection of the stories that the HSCP has received this year.

My son has been attending SLT for over a year in Inverclyde. Before he started SLT, he was very delayed in literacy, spelling and of course his speech. With the help of Christina, she helped to build my son's confidence and speech clarity, and he has even jumped 3 reading levels in school! He can blend much better and can now recognise when he isn't being clear enough. Christina really made such a breakthrough with our son and I owe her so much! https://www.careopinion.org.uk/ 1218289

Nurse at the community learning disabilities team took my bloods. The nurse helped me feel safe.

https://www.careopinion.org.uk/1211237

Over the past year of my daughter's first year of life I have had numerous health visitors due to staffing shortages etc. I have not had the best experience with health visitors forgetting about appointments, turning up hours later than previously said, calling my child the wrong name and even causing me to have panic attacks in the early days of recovery for how I was spoken to.

However, Jennifer of the Inverclyde branch of health visitors has been absolutely wonderful for myself and my family. She is very attentive to mine and my daughter's needs, always there to answer any little question I have any time of the day via messages or calls. She's always on time and very professional with her level of care. I speak highly of her to all of my mother friends as she's just been the best I've had the pleasure of knowing.

https://www.careopinion.org.uk/ 1203195

Key message: The promotion of Care Opinion will continue with the future focus of improvement activity not only to increase the number of stories but to emphasise that all HSCP services can use Care Opinion in addition to current ways in receiving and acting on feedback.

### 6.3 What Matters To You

Inverciyde HSCP continues to support the NHS initiative on What Matters to You.

The 'What Matters to You' initiative is a long standing annual publicity campaign from the NHS that encourages to staff to ask patients 'What matters to you'. There is a dedicated website resource for this initiative. https://www.whatmatterstoyou.scot/. All HSCP's are encouraged to have these conversations and can access the dedicated resources and support provided by the NHS for publicity purposes, and the support needed for staff to run the awareness events.

There was a Feedback Friday event held on 1<sup>st</sup> March 2024 supported by the Chief Nurse and the Service Manager for Rehabilitation Services.

The aim was to listen to staff on what matters to them about the services they provide and what is important to them for service improvement.

This initiative is supported by the Senior Management Team and also helps to promote the use of the 'What Matters to You' toolkit to have these conversations with their service users, informal carers and patients.

The Community Learning Disability Team have used this to communicate with their service users and informal carers, and track the actions in a plan that is reviewed by the team.

The Mental Health Staff at Larkfield have also used the tool very well and have produced a video, with support from the Person Centred team at NHS Greater Glasgow and Clyde.

In this <u>video</u>, Andy shares his experience of a What Matters to You conversation and of the impact it had on his life.

By asking this simple yet effective question, Andy felt listened to and empowered, whilst he was a patient within Larkfield at Inverclyde Royal Hospital. Andy's story highlights how important it is to have what matters conversations with people at the heart of our personcentred approach to care.

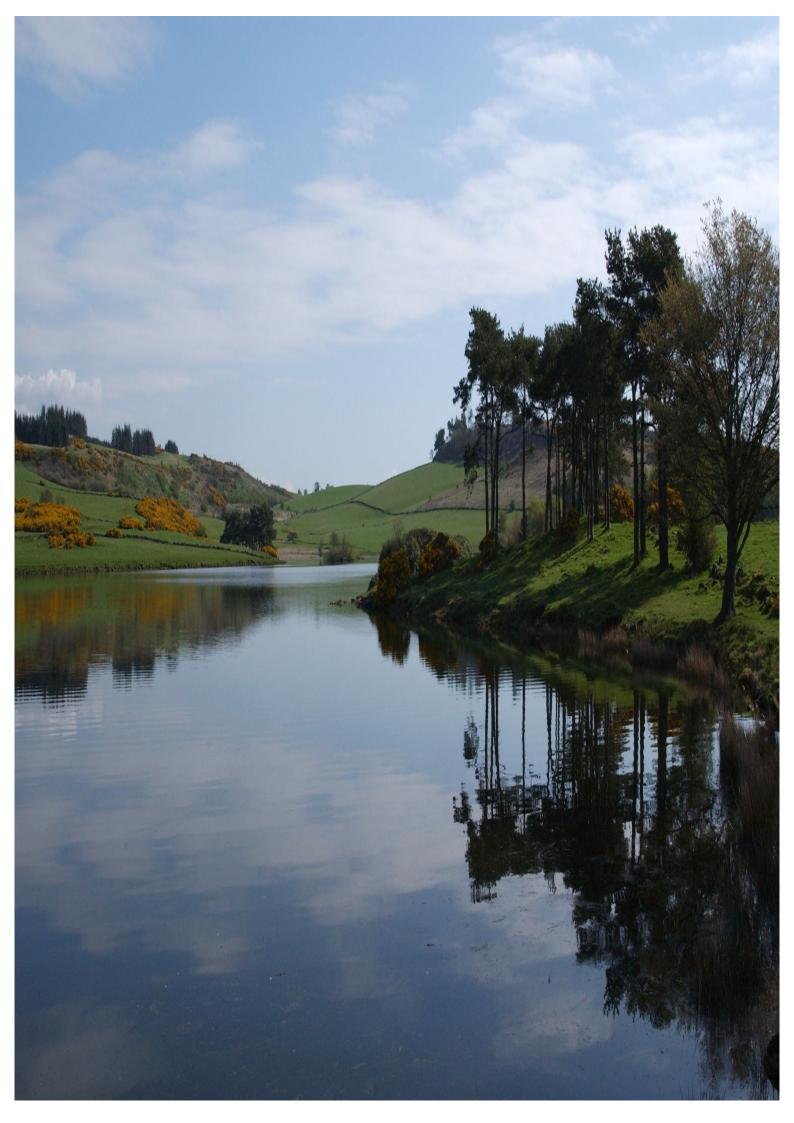
"I am now looking forward to going home to my house and sleeping in my own bed" – Andy.

### 7. Conclusion

Inverclyde HSCP continue to be committed to safe, effective and person centred care through the existing well established clinical and care governance structures detailed in this report.

The HSCP has been experiencing significant pressures on service delivery and this has been reflected in the level of risk scrutinised and the regular updating of service risk registers is a main feature of the function of clinical and care governance.

The main focus for clinical and care governance will be the refreshing of the Clinical and Care Governance Strategic Priorities, referencing the changing and challenging environment and the need to encourage feedback from our staff and service users and informal carers. This work will be completed in 2024 and will be reflected in updates to the Senior Management Team.





**AGENDA ITEM NO: 8** 

Report To: Inverclyde Integration Joint Date: 9 September 2024

**Board** 

Report By: Kate Rocks Report No: VP/LS/060/24

Chief Officer, Inverclyde Health &

**Social Care Partnership** 

Contact Officer: Vicky Pollock Contact No: 01475 712180

Subject: IJB Directions Annual Report – 2023/24

### 1.0 PURPOSE AND SUMMARY

1.1 □For Decision □For Information/Noting

- 1.2 The purpose of this report is to provide the Inverclyde Integration Joint Board (IJB) a summary of the Directions issued by the IJB to Inverclyde Council and NHS Greater Glasgow and Clyde in the period September 2023 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.
- 1.4 As part of their review of the IJB Directions Policy, Internal Audit have recommended that the IJB is provided with an annual report summary on the use of Directions. This is the fourth such annual report to the IJB and covers the period from September 2023 to August 2024.

### 2.0 RECOMMENDATIONS

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

Kate Rocks Chief Officer Inverclyde Health and Social Care Partnership

### 3.0 BACKGROUND AND CONTEXT

- 3.1 Directions are the means by which the IJB tells the Health Board and the Council what is to be delivered using the integrated budget, and for Inverclyde IJB to improve the quality and sustainability of care, as outlined in its Strategic Plan and in support of transformational change. A direction must be given in respect of every function that has been delegated to the IJB. Directions are a legal mechanism, the use of directions is not optional for IJBs, Health Boards or Local Authorities, it is obligatory.
- 3.2 A revised IJB Directions Policy and Procedure was approved by the IJB in <u>September 2020</u>. As part of the agreed procedure, IJB Audit has assumed responsibility for maintaining an overview of progress with the implementation of Directions, requesting a mid-year progress report and escalating key delivery issues to the IJB. IJB Audit have received mid-year reports in March and September since March 2021.
- 3.3 As part of their review of the IJB Directions Policy, Internal Audit have recommended that the IJB is provided with an annual report summary on the use of Directions. This is the fourth such annual report to the IJB and covers the period from September 2023 to August 2024.
- 3.4 This report outlines a summary of the Directions issued by the IJB during the period in scope. The report does not provide detail of the Directions' content or commentary on their impacts, as it is considered that this level of oversight is facilitated through the normal performance scrutiny arrangements of the IJB and Inversight Health and Social Care Partnership.

### 5.0 SUMMARY OF DIRECTIONS

- 5.1 A Directions log has been established and will continue to be maintained and updated by the Council's Legal Services.
- 5.2 Between September 2023 and August 2024 (inclusive):
  - the IJB has issued 7 Directions:
  - 6 of these were Directions to both the Council and Health Board;
  - 1 of these were Directions to the Council only; and
  - 0 of these were Directions to the Health Board only.
- 5.3 Of the 7 Directions issued by the IJB:
  - 3 remain open (current); and
  - 0 are closed and 4 have been superseded
- 5.4 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.
- 5.5 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.

### 6.0 PROPOSALS

6.1 It is proposed that the IJB notes the content of this report and the summary of Directions issued by the IJB in the period September 2023 to August 2024.

### 7.0 IMPLICATIONS

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

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

### 7.2 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

### 7.3 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.

### 7.4 Human Resources

There are no Human Resource implications arising from this report.

### 7.5 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.

### 7.6 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.

NO – This report does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function or strategy. Therefore, assessed as not relevant and no EqIA is required. This is a performance report for noting by the IJB

### (b) Equality Outcomes

How does this report address our Equality Outcomes?

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

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.
Х	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.

### 7.7 Clinical or Care Governance

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

## 7.8 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	None
live in good health for longer.	
People, including those with disabilities or long term conditions or who are frail	None
are able to live, as far as reasonably practicable, independently and at home	
or in a homely setting in their community	
People who use health and social care services have positive experiences of	None
those services, and have their dignity respected.	
Health and social care services are centred on helping to maintain or improve	None
the quality of life of people who use those services.	
Health and social care services contribute to reducing health inequalities.	None
People who provide unpaid care are supported to look after their own health	None
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.	None
People who work in health and social care services feel engaged with the work	None
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	None
services.	

## 7.9 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.
Х	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.

### 7.10 **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.

### 8.0 DIRECTIONS

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

### 8.0 CONSULTATION

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

### 9.0 BACKGROUND PAPERS

9.1 None.

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

					Appendix
Most Recent Review (Date)			Direction will be superseded by in year subsequent update reports in year	Direction will be superseded by subsequent update reports	Direction will be superseded by in year subsequent Financial Monitoring reports
Service Area	Alcohol & Drug Recovery	Alcohol & Drug Recovery	Performance & Information	Commissioning	HSCP
Responsible Officer	Head of MH, Addictions and Homelessness	Head of MH, Addictions and Homelessness	Head of Strategy & Support Services	Head of Strategy & Support Services	Head of Strategy & Support Services
Link to IJB paper	Inverclyde Alcohol and Drug Recovery Development Update	Inverclyde Alcohol and Drug Recovery Development Update	Private report	Unscheduled Care Commissioning Plan	HSCP Digital Strategy 2020/21
Direction Reference superseded, revised or revoked	N/A	N/A	N/A	N/A	N/A
Does this supersede, revise or revoke a previous Direction	O Z	O <sub>N</sub>	O Z	O <sub>N</sub>	O <sub>N</sub>
Status	Current	Current	Current	Current	Sep-21 Current
Review Date			17-Mar-20 Updates will Current be brought back to the IJB regularlly as the project proceeds	23-Jun-20 Updates will Current be brought back to the IJB regularlly as the project proceeds	
With Effect From	17-Mar-20	17-Mar-20	17-Mar-20	23-Jun-2(	21-Sep-20
Date Issued	17-Mar-20	17-Mar-20	17-Mar-20	23-Jun-20	21-Sep-20
Budget Allocated by I	£825k over 3 years from Transformation Fund if future funding from Scot Govt to ADP is not confirmed	£825k over 3 years from Transformation Fund if future funding from Scot Govt to ADP is not confirmed	£243k through IJB prudential borrowing	N/A	As outlined in Appendix A.
Functions Covered by Direction	Alcohol & Drug Recovery Services	Alcohol & Drug Recovery Services	нѕср	НЅСР	All functions outlined in Appendix A of the report.
Full Text	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.	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.	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	Note the requirement to implement the Unscheduled Care Commissioning Plan once finalised	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).
Direction to	Both Council and Health Board	Both Council and Health Board	Both Council and Health Board	Both Council and Health Board	Both Council and Health Board
Report Title	20 Inverciyde Alcohol and Drug Recovery 20 Development Update	20 Inverciyde Alcohol and Drug Recovery 20 Development Update	20 Social Care Case Management - Mini /20 Competition	Unscheduled Care Commissioning Plan	20 HSCP Digital Strategy 2020/21 /20
Ref. no.	17.03.20 20 UB/17/2C 20/AH	17.03.20 20 UB/17/20 20/AH	17.03.20 20 IJB/32/20 20/AS	23.06.20 20 IJB/44/20 20/LL	21.09.20 20 IJB/68/20 20/LA

Ref. no.   Report Title   Direction to Direction   Direction to Direction to Direction to Direction to Direction   Direction to Direction to Direction to Direction   Direction to Direction to Direction to Direction   Direction to Direction to Direction to Direction to Direction   Direction to Directio			
Direction to Full Text   Functions Covered by   Direction   Dire	Most Recent Review (Date)		
Princetion to   Full Text   Functions Covered by   Budget Allocated by   Date Issued   With Effect   Review   Status   Dose-this   Direction   Link to Lilb Baper   From   Date   Date   From   Date   From   Date   Date   From   Date   Date	Service Area	Mental Health	Homelessness
Princetion to   Full Text   Prince	Responsible Officer	Head of MH, ADRS and Homelessness	Head of MH, ADRS and Homelessness
Princetion to   Full Text   Functions Covered by   Budget Allocated by   Date Issued   With Effect   Review   Status   Does this superesde,   Ils to carry out   Il	Link to IJB paper	Private Report	Private Report
Prection to Full Text   Purctions Covered by Date issued With Effect   Review Status	Direction Reference superseded, revised or revoked	N/A	N/A
Pirection to   Full Text   Functions Covered by   Budget Allocated by   Date Issued   With Effect   Review Status	Does this supersede, revise or revoke a previous Direction	O N	ON
Prection to Pull Text   Pull	tatus	urrent	urrent
Prection to Pull Text   Pull	seview S	Nov-22 C	Nov-22 C
Pirection to   Full Text   Functions Covered by	From C		01-Nov-21
Pirection to   Full Text   Functions Covered by	Date Issued	01-Nov-21	01-Nov-21
Ref. no   Report Title   Direction to   Full Text   Full Text   Functions Covered by	Budget Allocated by IJB to carry out direction(s)	As detailed in the report. Funded from Mental Health Transformation Fund and Medical Staffing Budget	As detailed in the report. Funded within existing budgets including from ADP, ADRS and Rapid Rehousing Transition Plan
Ref. no.   Report Title   Direction to   Full Text	Functions Covered by Direction	Mental Health Services Adult and Older Adult Inpatient Community Services	Homelessness Service
Ref. no. Report Title Direction to  01.11.20 Advanced Clinical Health Board 21 Practice Proposal only 118/50/2 021/AM 01.11.20 Homeless Service - Council only 21 Development of 118/49/2 Rapid Rehouing 021/AM Support Provision September 2021	Full Text	The Health Board is directed to implement a team of 6 Advanced Nurse Practitioners to work across mental health services as loutlined in the report.	
Ref. no. Report Title  0.1.11.20 Advanced Clinical 21 18/50/2 021/AM  0.1.11.20 Homeless Service - 21 Development of 118/49/2 Rapid Rehouing 021/AM Support Provision September 2021	Direction to	Health Board only	
Ref. no. 01.11.20 / 21.11.20 / 21.4Mm		Advanced Clinical Practice Proposal	Homeless Service - bevelopment of Rapid Rehouing Support Provision September 2021
	Ref. no.	01.11.20 , 21 F IJB/50/2 021/AM	01.11.20   21.   [   118.49/2   F   021/AM   5   5   5   5   5   5   5   5   5

# INVERCLYDE INTEGRATION JOINT BOARD DIRECTIONS LOG 2022-23

MSc Student Chief Social Work Officer Children &	Funding	Community Care					
Jan-24 Current No							
23-Jan-23							
23-Jan-23							
£150,000 as detailed	in the report						
Children & Families	Adult Services						
23.01.23 Proposal to Fund   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.		
Council only							
.01.23 Proposal to Fund	IJB/08/20 Final Year MSc	23/AS Social Work	Students to Commit	to Work for	Inverclyde HSCP for	3 Years	_

ate)							
Most Recent Review (Date)							
Service Area	Health and Community Care						
Responsible Officer	Head of Health and Community Care						
Link to IJB paper	The Future of Gare   Head of Health and and Support at   Community Care Home						
Does this Direction supersede, Reference revise or superseded, revoke a revised or previous revoked Direction	N/A						
Does this supersede, revise or revoke a previous Direction	ON.						
	Jun-24 Current No						
Review Date							
With Effect From	26-Jun-23						
Date Issued	26-Jun-23						
Budget Allocated by Date Issued With Effect Review Status IJB to carry out from Date direction(s)	As outlined in Paragraph 7.2 and Appendix 2						
Functions Covered by Direction							
Full Text	26/06/20 The Future of Care Council only Inverciyde Council is directed to implement Care at Home 323 and Support at 18/33/2 Home Support and within 18/33/2 Home Support 35-46-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6						
Direction to Full Text	Council only						
Ref. no. Report Title D	26/06/20 The Future of Care C 23 and Support at UB/33/2 Home 023/AB						
Ref. no.	26/06/20 T 23 a luB/33/2 h 023/AB						

Most Recent Review (Date)					
Service Area	Finance	Finance	HSCP Management Team		
Responsible Officer	Chief Financial Officer	Chief Financial Officer	Chief Officer		
Link to IJB paper	Budget 2024/26	Financial Budget Monitoring Report 2023/24 - Period 11	Private Report		
Direction Reference superseded, revised or revoked	۷ / N	25/03/2024 IJB/10/2024/CG	W/A		
Does this supersede, revise or revoke a previous	ON.	Yes Supersede	O		
Status	May-24 Current	Sep-24 Current	Mar-24 Current		
Review Date					
With Effect From	25-Mar-24	13-May-24	24-Jun-24		
Date Issued	25-Mar-24	13-May-24	24-Jun-24		
Budget Allocated by Date Issued IlB to carry out direction(s)	The budget delegated to invercive Council is 12.3.7.4 M of 2024/25 and NHS Greater Glasgow and Clyde is £135.566m (Clyde is £135.566m report.	As outlined in Appendix 5.	As detailed in paragraph 5.2 of the report.		
Functions Covered by Direction	Budget 2024/2026	All functions outlined in Appendix 5 of the report.	Functions as detailed in the report.		
Full Text	Invercyde Council is directed to spend the delegated net budget of F13.714m for 2024/25 in line with the Strategic Plan and the budget cottlined within the report.  NHS Greater Glasgow and Clyde is directed to spend the delegated net budget of E135.566m for 2024/25 in line with the Strategic Plan and the budget outlined within the report.	Inverciyde Council and NHS GG&C jointly are All functions outlined in directed to deliver services in line with the Appendix 5 of the report IJB's Strategic Plan and within the associated budget outlined in Appendix 5	Inverctyde Council is directed to implement the proposed enhanced management structure for the HSC ptrough: a. the realignment of the statutory role of Chief Social Work Officer through the creation of an ew 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.		
Direction to	Both Council and Health Board	Both Council and Health Board	Council only		
Ref. no. Report Title	25.03.20 Inverciyde IJB 24 Budget 2024/2026 18/12/20 24/CG	13.05.20 Financial 24 Monitoring Report 1B/13/20 2023/24 - Period to 24/CG 29 February 2024 -	24.06.20 HSCP Senior 24 Management Team 11B/26/20 Structure 24/KR		
Ref. no.	25.03.20 24 IIB/12/20 24/CG	13.05.20 Financial 24 Monitori 11B/13/20 2023/24 24/CG 29 Februs Period 11	24.06.20 HSCP Sen 24 Manager 1B/26/20 Structure 24/RR		



**AGENDA ITEM NO: 9** 

Report To: Inverclyde Integration Joint Date: 9 September 2024

**Board** 

Report By: Kate Rocks Report No: IJB/36/2024/KR

Chief Officer, Inverclyde Health &

**Social Care Partnership** 

Contact Officer: Scott Bryan Contact No: 01475 715365

Service Manager, Planning, Performance and Equalities

Subject: Annual Performance Report 2023/24

### 1.0 PURPOSE AND SUMMARY

1.1 ⊠For Decision □For Information/Noting

- 1.2 The purpose of this to report is to present Integration Joint Board (IJB) with the Inverclyde HSCP Annual Performance Report (APR) for the service year 2023/24.
- 1.3 The publication of the is an obligation placed on all IJBs by the Public Bodies (Joint Working)(Scotland) Act 2014 (the Act).
- 1.4 In line with national reporting obligations, the Annual Performance Report demonstrates the HSCPs progress against the 9 National Health and Wellbeing Outcomes and the 6 Big Actions set out in the Strategic Plan. Annual Performance Report
- 1.5 In keeping with publication timescales set by the Act, the Annual Performance Report was published in DRAFT on the Inverclyde HSCP website on 31<sup>st</sup> July 2024. It was noted that this publication was subject to IJB approval

### 2.0 RECOMMENDATIONS

2.1 IJB notes the 2023/24 Annual Performance Report and approves for submission to Scottish Government and publication on the Inverclyde HSCP website.

Kate Rocks Chief Officer Inverclyde Health and Social Care Partnership

### 3.0 BACKGROUND AND CONTEXT

- 3.1 The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) requires that an Annual Performance Report is produced and presented to Integration Joint Boards (IJB). The report should detail performance against the 9 National Wellbeing Outcomes, and an update on progress against priorities set out in the Integration Joint Boards strategic plan.
- 3.2 The report is structured as follows:
  - **Section 1**: Provides and introduction to Inverclyde HSCP and the local area. It highlights our strategic direction and includes high level demographic information, and local challenges.
  - **Section 2**: Provides an overview and summary of the HSCPs key performance information, including the National Integration Indicators (NII), Ministerial Strategic Group (MSG) Indicators, Local Government Benchmarking Framework (LGBF) indicators and the key indicators from the HSCPs Strategic Plan Outcomes Framework.
  - **Section 3**: Provides an update on many of the key activities that have been undertaken in the past year to improve services and support the health and wellbeing of local people. This section is structured by the 6 Big Actions.
  - Section 4: Provides an update on our financial performance
  - **Section 5**: Provides an overview of how the HSCP has effectively engaged with local communities and sought to include their views and opinions as we seek to improve our services.
  - **Appendix**: Includes further contextual and supporting information.
- 3.3 The report contains several Scorecards showing progress against a number of key performance indicators. Each demonstrates (where available) comparison to previous year; comparison to Scottish data and a 5-year spark line trend.
- 3.4 There are two datasets that report against the 9 National Health and Wellbeing Outcomes; Outcomes Measures and Data Measures.
  - Outcomes measures are provided from the biennial Health and Care Experience Survey. The most recent figures were published in July 2024. As such, the 2023/24 APR contains the most up to date information on our progress towards the national outcomes.
  - Data measures are sourced from NHS data systems and are provided on an annual basis.
- 3.5 In keeping with publication timelines as established in the Public Bodies Joint Working Act, a draft version of the APR was published on the Inverclyde HSCP website on 31st July 2024. The online version clearly identifies its status as draft and subject to IJB approval.

### 4.0 PROPOSALS

- 4.1 It is proposed that Integration Joint Board approve the Annual Performance Report 2023/24 for official publication.
- 4.2 Following the approval of a new Integration Joint Board Strategic Partnership Plan in May 2024, the previous strategic plan and the 6 Big Actions have been retired. As such, this Annual Performance Report will be the last reporting against the 6 Big Actions.
- 4.3 Future Annual Performance Reports will report performance against the four strategic priorities agreed in the new strategic plan.

### 5.0 IMPLICATIONS

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

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

### 5.2 Finance

There are no financial implications identified with the publication of this report.

### One off Costs

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

Annually Recurring Costs/ (Savings)

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

### 5.3 Legal/Risk

This annual performance report is published in in line the obligations as set out in the Public Bodies (Joint Working) (Scotland) Act 2014 (the Act).

### 5.4 Human Resources

None

### 5.5 Strategic Plan Priorities

This report details how the Health and Social Care Partnership has performed over the past year with a key focus on performance against the Six-Big Actions.

### 5.6 Equalities

### (a) Equalities

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

YES – Assessed as relevant and an EqIA is required.
NO – This report does not introduce a new policy, funct a substantive change to an existing policy, function or s

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

### (b) Equality Outcomes

How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	The report contains many examples of how the HSCP has improved access to services for people across Inverclyde, including those with protected characteristics.
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	None
People with protected characteristics feel safe within their communities.	The report provides examples of how the HSCP has supported the most vulnerable in our communities, including children, Older People and those with complex health needs.
People with protected characteristics feel included in the planning and developing of services.	The report provides a range of examples of how the HSCP has engaged with service users to inform service redesign and improvement.
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	The report provides examples of how staff have been trained in supporting individuals with protected characteristics (age/disability)
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.

$\checkmark$
$\checkmark$

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.
<b>√</b>	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 Annual Performance Report highlights performance in relation to both NHS and Social Care/Social Work services.

### 5.8 National Wellbeing Outcomes

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

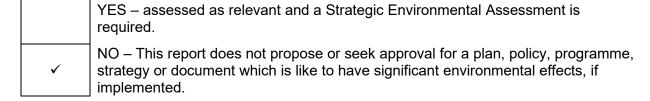
National Wellbeing Outcome	Implications
People are able to look after and improve their own health	The report provides updates on
and wellbeing and live in good health for longer.	how we have performed against the 9 National Health and Wellbeing Outcomes.
People, including those with disabilities or long term	As above
conditions or who are frail are able to live, as far as	
reasonably practicable, independently and at home or in a homely setting in their community	
People who use health and social care services have	As above
positive experiences of those services, and have their dignity respected.	
Health and social care services are centred on helping to	As above
maintain or improve the quality of life of people who use	
those services.	
Health and social care services contribute to reducing health inequalities.	As above
People who provide unpaid care are supported to look after	As above
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	As above
harm.	As above
People who work in health and social care services feel engaged with the work they do and are supported to	As above
continuously improve the information, support, care and	
treatment they provide.	
Resources are used effectively in the provision of health and	The report provides updates on
social care services.	how we have performed against
	the 9 National Health and

Wellbeing Outcomes. In
particular, section 4 of the
report looks at Finance and
Best Value.

# 5.9 Environmental/Sustainability

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

Has a Strategic Environmental Assessment been carried out?



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

# 6.0 DIRECTIONS

6.1		Direction to:	
	Direction Required	l l	<b>✓</b>
	to Council, Health	Inverclyde Council	
	Board or Both	3. NHS Greater Glasgow & Clyde (GG&C)	
		4. Inverclyde Council and NHS GG&C	

# 7.0 CONSULTATION

7.1 The Annual Performance Report has been prepared in collaboration with services and teams across the Health and Social Care Partnership and has been reviewed by members of the Senior Management Team.

# 8.0 BACKGROUND PAPERS

8.1 N/A



Inverclyde Health and Social Care Partnership (HSCP)

Annual Performance Report 2023 - 2024





**Greenock Ocean Terminal**, Inverclyde's new cruise ship visitor centre and community facility was officially opened on 25 August 2023. The project, led by Inverclyde Council, is part of the £1 billion Glasgow City Region City Deal funded by the Scottish and UK governments, with contributions from Peel Ports and the George Wyllie Foundation via Dunard Fund. The facility features an arrivals and departures hall, Scott's restaurant and bar, and the Wyllieum, an exhibition and gallery space due to open in 2024, paying tribute to famous artist George Wyllie who worked in Greenock and lived in Gourock.

Photo: David Barbour Photography

Find out more about what Inverclyde has to offer at discoverinverclyde.com

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

# Arabic

# Cantonese

本文件也可應要求,製作成其他語文或特大字體版本,也可製作成錄音帶。

#### Gaelic

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

#### Hindi

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

#### Kurdisch

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

#### Mandarin

本文件也可应要求、制作成其它语文或特大字体版本、也可制作成录音带。

# Polish

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

# Punjabi

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

#### Soraini

نهم به لْگهنامهیه ده تو انریت به زمانه کانی تر و چاپی گهوره و فزرماتیکی ده نگی لهسهر داواکاری بهردهست بکریت

## **Tigrinya**

እዚ ሰነድ እዚ ብኻልእ ቋንቋታት፡ ብዓቢ ፊደላትን ብድምጺ ቅርጽን ምስ ዝሕተት ክቐርብ ይኽእል።

#### Urdu

#### Ukrainian

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

Inverclyde HSCP, Clyde Square, Greenock, PA15 1NB 2 01475 715365

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# Foreword

Welcome to our Annual Performance Report (APR). This is our eighth report and reflects the progress in 2023/2024 within Inverclyde Health and Social Care Partnership (HSCP). Over the past five years, our Strategic Plan 2019-2024 guided us with the focus being on our Six-Big Actions to improve health and wellbeing in Inverclyde.

This report is evidence that there is much to be proud of in Inverclyde, however it also highlights that Inverclyde Health and Social Care Partnership has challenges ahead. The past few years has been a particularly challenging time for our community and for the Health and Social Care Partnership. We are still recovering from the impact of the COVID19 Pandemic and have all felt the pressure of the national cost-of living crisis. The outcome of these factors has made a significant negative impact and legacy for the people of Inverclyde.



Kate Rocks
Chief Officer of
Inverclyde HSCP

We have seen that the physical and mental health of our community has been adversely impacted, and alongside the national cost-of-living crisis has deepened the longstanding inequalities in Inverclyde. Despite this and the challenges we have faced, we are proud here in Inverclyde that we have made positive achievements in supporting the health and wellbeing of local people, we made a difference to thousands of people, families and carers in 2023/2024. This is down to the resilience and dedication of our health and social care staff and the excellent partnership working with our third sector colleagues and partners.

Our Annual Performance Report can only ever provide a snapshot of the performance across Inverclyde Health and Social Care Partnership and hopefully this report will provide some of the key performance and operational highlights we have achieved throughout 2023/2024. We will publish our new Strategic Partnership Plan (our Strategic Commissioning Plan) in Spring 2024, our new Strategic Partnership Plan recognises that we are not in the same place as we were before the pandemic and as such our strategic approach must change. We make a commitment to continually review our performance and develop our performance management arrangements in line with our new Strategic Priorities and with the aim of improving our performance to achieve better outcomes for our community.

The Health and Social Care Partnership and partners continue to be ambitious for our communities and this report highlights the positive outcomes the integration of health and social care services can have on our people and families.

It has been a privilege to lead the partnership through 2023/2024 and I continue to be proud of the work we do in and across Inverclyde.

**Kate Rocks** 

Chief Officer

Inverclyde HSCP

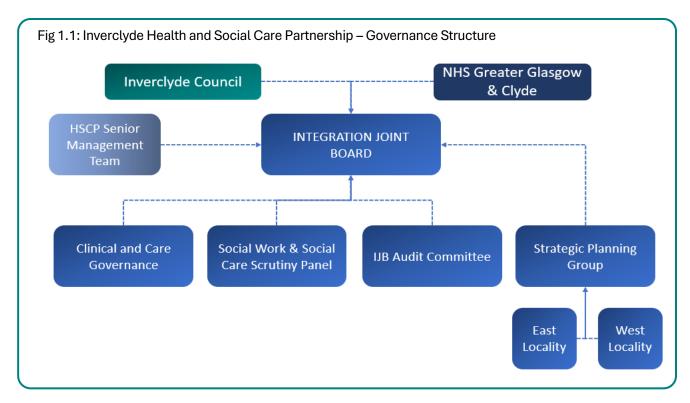
# **SECTION 1: INTRODUCTION**

The Public Bodies (Joint Working) (Scotland) Act 2014 places an obligation on Integration Joint Boards (IJB) to publish an annual performance report at the end of July each year. This report should cover the previous service year (from April to March), and evidence how the IJB has made progress towards local health and care priorities and the nine national health and wellbeing outcomes.

This is the eighth report for Inverciyde IJB and in it we reflect on the last year (2023/2024) and considers the progress made in delivering the actions set out in our Strategic Plan, 'Improving Lives' (2019-2024), reflects on key service developments and innovation that has shone through; and reviews our performance against agreed National Integration Indicators (NII) and those indicators specified by the Ministerial Steering Group (MSG) for Health and Community Care.

#### IJB Governance

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



# Structure of this report

The key components of this report are:

<u>Section 1</u> - Introduction and overview of Inverclyde Health and Social Care Partnership. This also includes our high-level demographic information, an overview of our resources, services and the strategic vision as set out in our Strategic Plan

<u>Section 2</u> – Presents scorecards detailing Key performance information in relation the national and local outcomes, and examples from across the Health and Social Care Partnership services as how we have been working to deliver our strategic priorities over the past 12 months. The section will include:

- Scorecards / Performance data / Trends
- National Integration Indicators (NII), Ministerial Steering Group (MSG), Local Government Benchmarking Framework (LGBF), Six big actions, Outcomes framework

<u>Section 3</u> – Our improvement Journey, highlights examples of progress made towards the 6 Big-Actions from across the Health and Social Care Partnership. This section is organised by each big action and includes service narrative, infographics and case studies.

This section will also highlight the output of Care Inspectorate activity undertaken over the reporting year.

<u>Section 4</u> - Financial information and best value.

<u>Section 5</u> – Presents information on how we have engaged and encouraged participation with our local people, our communities, and stakeholders.

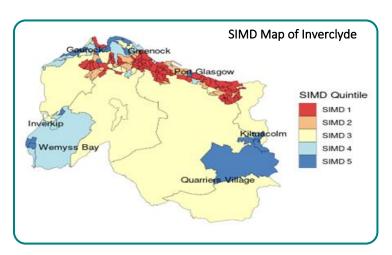
Appendix -

# Overview of Inverclyde Health and Social Care Partnership

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

# Our local challenges

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



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

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

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

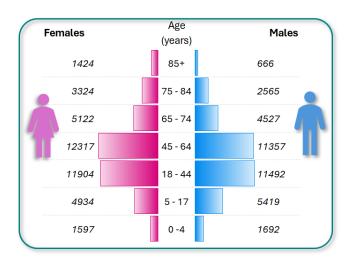
# Inverclyde Today

The following section provides some key information about Inverclyde, Including local demographics and health and care demographics. A snapshot infographic from our Strategic Needs Assessment has also been provided at appendix 3.

# Population

The latest population estimates for Inverclyde were published by National Records for Scotland (NRS) in March 2023, estimating for mid-year 2022.

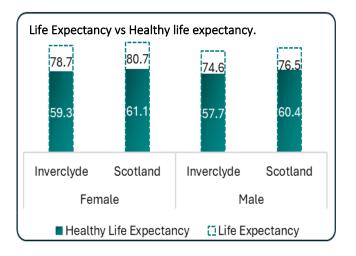
Overall, Inverclyde had an estimated total population of **78,340**. This accounts for only 1.4% of Scotland's total. Like other places in Scotland, the population of Inverclyde has decreased over the past few years. This is expected to continue with the local population expected to decrease by a further 3.2% by 2028. The image opposite, shows the breakdown of the local population by Sex and key age group. Overall, females account for **52%** of the local population.



# Life and Healthy Expectancy

For the latest reporting period, it has been reported that for both men and women living in Inverclyde, their life expectancy is lower than that of the Scottish average. In Inverclyde, women have a life expectancy of 78.7 (against 80.7 across Scotland), with male life expectancy reported as 74.6 (with 76.5 reported for Scotland).

Like overall life expectancy, the Healthy life Expectancy of people in Inverclyde is lower than the Scottish average. The healthy life

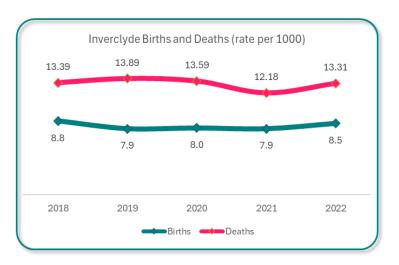


expectancy of females living in Inverclyde is 59.3 years, compared to 61.1 years for Scotland as a whole. Males in Inverclyde have a healthy life expectancy of 57.7 years, again lower than the Scottish figure of 60.4)

## Births and Deaths

NRS reported an increase in the local birth rate in Inverclyde, rising to 8.5 births (crude rate per 1000 of the local population). This is compared to 7.9 reported in 2021. At 8.5, the birth rate in Inverclyde was slightly lower than the overall Scottish figure of 8.6.

NRS also reported an increase in the rate of deaths in Inverclyde, rising to 13.31 per 1000 (age-sex standardised rate). This compares to 12.18 per thousand reported in 2021.



Again, the rate of deaths in Inverclyde is higher than 11.52 reported for Scotland as a whole.

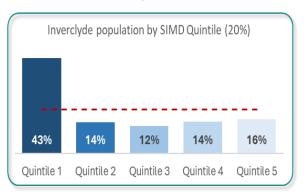
The chart opposite demonstrates how the Inverclyde death rate has been continually higher than the birth rate over the past five years. This is a contributing factor to the local population decline.

# Deprivation

As highlighted before (page 7) Inverclyde faces a significant challenge in the form of poverty and deprivation. The most recent Scottish Index of Multiple Deprivation (SIMD) figures (2020) highlight that 43% of the local population live in areas that are considered the most deprived in Scotland.

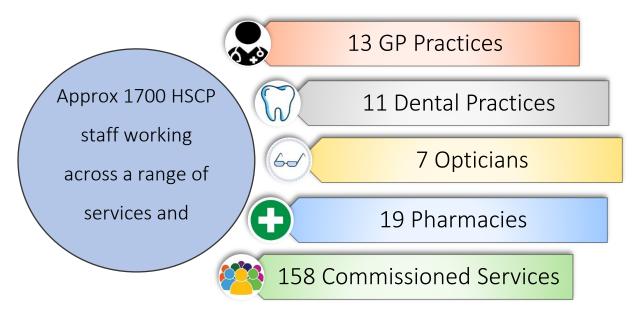
The image opposite demonstrates the breakdown of quintiles in Inverclyde. As highlighted, over 40% of the local population live in the most deprived quintile, with the rest of the population more evenly distributed across the other four.

In addition, child poverty in Inverclyde is amongst the highest in Scotland, with almost 1 in 4 (24%) of local young people affected.



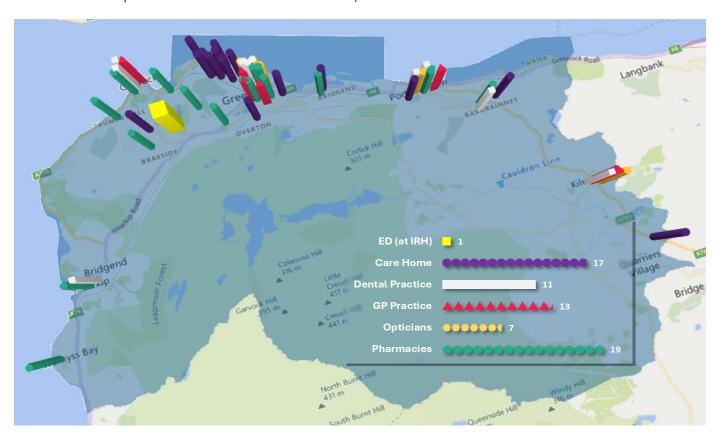
# Our resources

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



# Services Map

The graphic below shows the map of services available across Inverclyde, provided or commissioned by the Health and Social Care Partnership.



# Strategic Direction

Inverclyde Integration Joint Board set out through its five-year Strategic Plan (2019-24) and the Six Big Actions, our ambitions, and our vision. This plan set the direction for how we would deliver our services to improve the health and wellbeing of local people. The Big Actions gave a focused view of Inverclyde's health and care priorities and how services would support our communities. The big actions were:

# Big Action 1:

Reducing Inequalities by Building Stronger Communities and Improving Physical and Mental Health

# Big Action 4:

We will Support more People to fulfil their right to live at home or within a homely setting and Promote Independent Living

# Big Action 2:

A Nurturing Inverclyde will give our Children and Young People the Best Start in Life

# Big Action 5:

Together we will reduce the use of, and harm from alcohol, tobacco and drugs

# Big Action 3:

Together we will Protect Our
Population

# Big Action 6:

We will build on the strengths of our people and our community

These big actions reflected the many conversations we had with people across Inverclyde including our professional colleagues; staff; those who use our services including carers; and our children and young people across all sectors and services. Within Inverclyde we fully support the national ambition of ensuring that people get the right care, at the right time, in the right place and from the right service or professional.

The five-year plan was refreshed throughout 2022/23 to reflect updated priorities and key deliverables for 2023/24. The refreshed plan retained the Six Big Actions which link clearly with the nine National Outcomes for Scotland and the National Outcome Framework for Children, Young People and Community Justice.

Our refreshed Strategic Plan and associated Implementation Plan and Performance Framework led the IJB forward for 2023/24 and plans are already underway for development of the next Strategic Plan for 2024/25 onwards. The refreshed plan and associated documents can be accessed here Strategies, Policies and Plans - Inverclyde Council

# Our Vision

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

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

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

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

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

# Going forward

The five-year strategic plan, 'Improving lives,' expired in March 2024. This has now been succeeded by a new Strategic Partnership Plan, 'People and Partnership's, Making a Difference.' This new plan, and it is agreed priorities will inform the strategic direction of Inverclyde HSCP over the next three years (2023-27).

As a result, this will be the final Annual Performance Report, reporting against the 'Improving Lives' strategic plan and the Six-Big Actions.

Our new strategic plan can be found on our website,

https://www.inverclyde.gov.uk/assets/attach/17175/Inverclyde HSCP Strategic-Partnership-Plan-2024-27-IJB-Approved-.pdf

# **SECTION 2: PERFORMANCE**

This section of the report will focus on our key performance over the 2023/24 service year and provides a range of national and local data and activity, including examples of innovation structured around our Six Big Actions.

# **National Reporting Obligations**

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

This section contains information on

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

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

Column	Description		
Indicator	Description of the measure being shown.  Type of measure also shown (Total, %, Rate		
	per 1,000 population)		
D-1-	<u> </u>		
Rate	The most recent measure for Inverclyde HSCP (2022/23 or otherwise specified)		
Difference	hace (2022/23 of otherwise specified)		Desfance and beginning
			Performance has improved since the previous year
from Previous		<b>A</b> 0	Performance has stayed the same since the previous
Year (%)	Percentage change in last year of recording.	<b>•</b>	Performance has declined since the previous year
Difference			Performance is better than the Scottish average
from Scottish	Percentage difference from the most recent	<b>A</b> 0	Performance is the same as the Scottish average
Rate	Scottish average.	<b>•</b>	Performance is below the Scottish average
HSCP Rank			Performance ranks in the top 16 HSCPs across Scotland
	Ranks Inverclyde within the 31 HSCPs		
	across Scotland. Rank 1 is the highest rate,	Δ	Performance ranks between 17 and 25 of the HSCPs
	Rank 31 is the lowest rate. The colour	•	Performance ranks in the bottom 7 HSCPs across
	shows whether or not a high rank signals	•	Scotland
	good performance or bad performance.		
	NOTE: For the LGBF indicators - these are		
	ranked 1 to 32 for the Local Authorities		
	instead of 31 HSCPs. Rank 1 for LGBF		
	indicators signifies the best performing		
	area, as per the LGBF website.		
5-year Trend			
	A spark-line chart showing the trend in		
	Inverclyde in the past 5 years. The red dots		
	represent the highest and lowest points		

# National Integration Indicators

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

- 1. Outcome indicators based on survey feedback- The Health and Care Experience survey (HACE) is sent to a random sample of patients who are registered with a GP practice in Scotland. Updated every two years most recent data is 2021/22.
- 2. Data indicators- Primarily sourced from Scottish Morbidity Records (SMRs) which are nationally collected discharge-based hospital records. In accordance with Public Health Scotland recommendations, the most recent reporting period available is calendar year 2023; this ensures that these indicators are based on the most complete and robust data currently available.

The most recent data for these indicators is shown in the scorecard overleaf, but some key points to note are:

- ✓ Measures sourced from Health and Care Experience survey have been updated for the 2023/24 period. For seven of the nine outcomes measures, Inverclyde Health and Social Care Partnership ranks well against other HSCP areas. We also have performed better than Scotland as whole against six of the measures.
- ✓ When comparing to the last reported performance, Inverclyde Health and Social Care Partnership has performed better against four of the measures but has not achieved the same level of performance for the remaining five measures.
- ✓ To note is indicator 1, relating to adults' perception of looking after their health. For this indicator, Inverclyde under-performed against the previous reporting period, compared unfavourably with Scotland as a whole and ranked 26 among all Scottish Health and Social Care Partnership s. This indicates an area for focused improvement.
- ✓ For the 10 data indicators, Inverclyde Health and Social Care Partnership performed the same as, or better than Scotland as a whole for five indicators and ranked unfavourably against other HSCP against six measures.
- ✓ While we ranked unfavourably with other Health and Social Care Partnerships for the Emergency Bed Day Rate, Inverclyde experienced an improvement in performance in this area.
- ✓ For both indicators, percentage of adults with intensive needs receiving Care at Home, and Number of Days people (75+) spend in hospital when they are ready to be discharged, despite performing poorer than the previous reporting period, Inverclyde Health and Social Care Partnership compares favourably with Scotland and ranks well among all HSCPS.

# National Integration Indicators

Indicator Number	Indicator	Value	Difference from Previous Year (%)	Difference from Scotland (%)	HSCP Rank	5 Year Trend (spark line)	Most recent data
1	Percentage of adults able to look after their health very well or quite well	88.9%	-1.2%	-1.7%	<b>2</b> 6		2023/24
2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	75.9%	-7.0%	+3.5%	13		2023/24
3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	67.8%	+1.1%	+8.2%	6		2023/24
4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	68.7%	+0.1%	+7.3%	5		2023/24
5	Total % of adults receiving any care or support who rated it as excellent or good	70.7%	-10.6%	+0.7%	16		2023/24
6	Percentage of people with positive experience of the care provided by their GP practice	65.0%	+6.3%	-3.6%	<u>^</u> 22		2023/24
7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	73.6%	-6.0%	+3.9%	10		2023/24
8	Total combined percentage of carers who feel supported to continue in their caring role	31.9%	+3.2%	+0.7%	15		2023/24
9	Percentage of adults supported at home who agreed they felt safe	72.7%	-9.2%	<u> </u>	<b>1</b> 6		2023/24
11	Premature mortality rate for people under age 75 per 100,000 persons	541.9	+6.5%	+22.6%	<b>28</b>		2022
12	Emergency admission rate (per 100,000 population) for adults (18+)	12,689	+2.0%	+8.4%	<u></u> 19		2023
13	Emergency bed day rate (per 100,000 population) for adults (18+)	148,350	-3.8%	+31.4%	<b>3</b> 0		2023
14	Emergency readmissions to hospital for adults (18+) within 28 days of discharge (per 1,000 discharges)	79.2	+4.3%	-23.8%	5		2023
15	Proportion of last 6 months of life spent at home or in a community setting	87.7%	-0.1%	-1.4%	<b>4</b> 29		2023
16	Falls rate per 1,000 population aged 65+	25.7	+8.1%	+11.7%	<b>2</b> 6		2023
17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	80.6%	+0.2%	+3.6%	15		2023/24
18	Percentage of adults with intensive care needs receiving care at home	67.4%	-1.0%	+2.6%	13		2023
19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population) (age 75+)	553.8	+20.5%	-38.6%	9		2023/24
20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	25.3%	+0.4%	+1.3%	<u></u>		2019/20

# Ministerial Steering Group (MSG) Indicators

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

The Ministerial Strategic Group (MSG) data is based on a patient's postcode. When an instance of Unscheduled Care occurs (i.e., an individual attends Emergency Department), the individual's postcode is recorded and is used to assign to the relevant Health and Social Care Partnership. The MSG performance data is produced monthly by Public Health Scotland but has a three-month time lapse due to the collection and cleansing of the data.

These indicators are used extensively by services to predict surges in demand and to plan our services effectively. The information provided in the following Scorecard is the most recent annual figures available. Some key points to note are:

- ✓ There has been a 2.8% increase in emergency admissions compared to the previous reporting period. While our rate of admissions is above Scottish average, Inverclyde has seen an improving trend over the past five years.
- ✓ Inverclyde has made modest improvements on the overall number of unplanned bed days compared to the previous year but continues to compare unfavourably with Scotland as a whole. This is also true for unplanned Mental Health Admissions. However, while the number of unplanned admissions for Geriatric Long Stays has increased, Inverclyde compares favourably against Scotland as a whole.
- ✓ Inverclyde has seen a decrease in the number of people seen within the 4hr target at the emergency department, however, we compare favourably to Scotland as a whole and Rank 9<sup>th</sup> against other Health and Social Care Partnership areas.
- ✓ Similarly, the number of delayed discharges has increased for 2023/24, but again Inverclyde has performed better than Scotland as a whole, and again is ranked 9<sup>th</sup> among Health and Social Care Partnership s.
- ✓ In terms of palliative care, while there was modest decrease in the number of people supported in the last six-months of life at home, Inverclyde performed better than Scotland as a whole and ranked 4<sup>th</sup> against all HSCPs. For those supported in a Care Home, Inverclyde performed better than the Scottish Average and achieved a rank of 2<sup>nd</sup> amongst all Health and Social Care Partnership.

# Ministerial Steering Group (MSG) Indicators

Indicator Number	Indicator	Value	Difference from Previous Year (%)	Difference from Scotland (%)	HSCP Rank	5 Year Trend	Most recent data
1	Number of emergency admissions (18+)	7,555	+2.8%	+1.6%	<u></u> 17		2023
2a	Number of unplanned bed days - Acute (all ages)	79,663	-0.8%	+32.4%	<b>27</b>		2023
2b	Number of unplanned bed days - Geriatric Long Stay (all ages)	303	+98.0%	-88.9%	NA		2023
2c	Number of unplanned bed days - Mental Health (all ages)	18,321	-7.1%	+29.3%	<b>26</b>		2023
3a	Number of A&E attendances (all ages)	29,908	+2.0%	+40.2%	<b>31</b>		2023/24
3b	A&E % Seen within 4 hrs	76.2%	-2.4%	+8.0%	9		2023/24
4	Number of delayed discharge bed days (Age 18+)	6,562	+25.2%	-32.3%	9		2023/24
5	% of Last Six Months of Life by Setting (Community - all ages)	87.8%	-0.7%	-1.2%	<b>27</b>		2022/23
5	% of Last Six Months of Life by Setting (Hospice / PCU - all ages)	0.6%	+0.3%	+0.3%	<u></u>		2022/23
5	% of Last Six Months of Life by Setting (Community Hospital - all ages)	0.0%	+0.0%	-1.5%	6		2022/23
5	% of Last Six Months of Life by Setting (Large Hospital - all ages)	11.5%	+0.4%	+2.5%	<b>28</b>		2022/23
6	Balance of Care: % of pop in community or institutional settings (Home unsupported - 65+)	89.6%	+0.3%	-2.4%	<b>29</b>		2022/23
6	Balance of Care: % of pop in community or institutional settings (Home supported - 65+)	5.9%	-0.5%	+1.6%	4		2022/23
6	Balance of Care: % of pop in community or institutional settings (Care home - 65+)	3.3%	+0.1%	+0.6%	2		2022/23
6	Balance of Care: % of pop in community or institutional settings (Hospice / PCU - 65+)	0.02%	+0.01%	+0.01%	<b>26</b>		2022/23
6	Balance of Care: % of pop in community or institutional settings (Community hospital - 65+)	0.0%	-0.0%	-0.1%	5		2022/23
6	Balance of Care: % of pop in community or institutional settings (Large hospital - 65+)	1.2%	+0.0%	+0.3%	<b>29</b>		2022/23

# The Local Government Benchmarking Framework (LGBF)

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

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

Several of the indicators are for services delivered by the Health and Social Care Partnership (children and adult services) therefore included within this HSCP Annual Performance Report. Further detail on the indicators can be found on the Local Government Benchmarking Framework website: Benchmarking | Benchmarking (improvementservice.org.uk)

# Some key points to note are:

- ✓ The gross cost of children in a residential setting has decreased by 25% compared to 2022/23. Inverclyde also compares favourably with Scotland, with average costs almost 18% higher than Inverclyde.
- ✓ Alternately, the cost of children cared for in a community setting has increased compared to the previous reporting period. However, for this indicator Inverclyde still performs better than Scotland as whole and is ranked 9<sup>th</sup> across all Local Government Benchmarking Frameworks.
- ✓ Inverclyde has experienced a modest improvement against the number of children reaching developmental milestones but compares unfavourably to Scotland as a whole. This can in part be attributed to the high levels of local child poverty.
- ✓ Inverclyde reported no child protection registrations with 18 months for the latest reporting period, this translates to a 10.4% reduction on the previous reporting year and ranks Inverclyde 1<sup>st</sup> for this indicator across Scotland.
- ✓ There was an 4.1% increase in Direct Payments and Personalised Budgets, comparing favourably to Scotland as a whole and ranking Inverciyde 4<sup>th</sup> across all local authorities.
- ✓ 2023/24 reported an increase in the cost of care at home per hour. The Inverclyde rate was reported as higher than the Scottish average and we ranked 25 across all local authorities.
- ✓ Inverclyde performed unfavourably for the weekly cost of residential care for those over 65years.

# The Local Government Benchmarking Framework (LGBF)

Indicator Number	Indicator	Value	Difference from Previous Year (%)	Difference from Scotland (%)	Local Authority Rank	5 Year Trend (spark line)	Most recent data
CHN8a	The Gross Cost of "Children Looked After" in Residential Based Services per Child per Week	£ 3,946	-25.1%	-17.9%	11		2022/23
CHN8b	The Gross Cost of "children looked after" in a community setting per child per week	£ 342	+45.4%	-19.0%	9		2022/23
CHN9	Percentage of children being looked after in the community	81.2%	-5.1%	-8.0%	<b>4</b> 26		2022/23
CHN17	Percentage of children meeting developmental milestones	75.1%	+0.9%	-6.9%	<b>4</b> 29		2022/23
CHN22	Percentage of child protection re-registrations within 18 months	0.0%	-10.4%	-5.6%	1		2022/23
CHN23	Percentage LAC with more than 1 placement in the last year	14.0%	+4.0%	-3.2%	11		2022/23
CHN24	Percentage of children living in poverty (after housing costs)	24.4%	+6.1%	+1.8%	<u></u>		2021/22
SW01	Home care costs per hour for people aged 65 or over	£ 48.08	+11.1%	+57.9%	<b>27</b>		2022/23
SW02	Direct Payments and Managed Personalised Budgets spend on adults 18+ as a percentage of total social work spend on adults 18+	11.8%	+4.1%	+3.1%	4		2022/23
SW03a	Percentage of people aged 65 or over with long-term care needs receiving personal care at home	65.0%	-2.3%	+3.5%	8		2022/23
SW04b	Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life	79.6%	-3.2%	+1.5%	12		2021/22
SW04c	Percentage of adults supported at home who agree that they are supported to live as independently as possible	82.9%	-7.7%	+4.1%	7		2021/22
SW04d	Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided	66.7%	-15.1%	-3.9%	<b>4</b> 25		2021/22
SW04e	Percentage of carers who feel supported to continue in their caring role	28.7%	-10.2%	-1.0%	<u></u>		2021/22
SW05	Residential costs per week per resident for people aged 65 or over	£ 733	+17.9%	+7.2%	<b>27</b>		2022/23
SW06	Rate of readmission to hospital within 28 days per 1,000 discharges	78	-13.5%	-22.9%	5		2022/23
SW07	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	80.0%	-5.1%	+5.0%	11		2022/23
SW08	Number of days people spend in hospital when they are ready to be discharged, per 1,000 population (75+)	460	+57.7%	-50.0%	7		2022/23

# **Big Action Indicators**

During 2023/24, a performance framework made up of local and national key indicators had been developed for each big action. As this is a relatively new dataset, some data is not available for previous years, however going forward progress against performance will be monitored. Scorecards are provided below for each of the Six-Big Actions:

## Big Action 1:

Reducing Inequalities by Building Stronger Communities and Improving Physical and Mental Health

# Big Action 4:

We will Support more People to fulfil their right to live at home or within a homely setting and Promote Independent Living

# Big Action 2:

A Nurturing Inverclyde will give our Children and Young People the Best Start in Life

# Big Action 5:

Together we will reduce the use of, and harm from alcohol, tobacco and drugs

# Big Action 3:

Together we will Protect Our Population

# Big Action 6:

We will build on the strengths of our people and our community

Each action Scorecard is preceded with summary narrative highlighting some of the key aspects of the indicators provided.

# Big Action 1: Reducing Inequalities by Building Stronger Communities and Improving Physical and Mental Health

- The number of referrals to Primary Care Community Link Workers seen a % decrease in 2023/24. 1,417 people were referred to the service during the year against the 1,533 reported in 2022/23. However, the 2023/24 referral figure is higher than the 1,387 initially achieved in 2021/22.
- During 2023/34, 84% of referrals to Psychological Therapies were seen within the 18 week target time. This is a decrease of the 91% from the previous year.
- ➤ There was a decrease in the number of referrals to Post Diagnostic Support for Dementia, with 85 people being referred during 2023/24. There has been a decreasing trend for this indicator over the past two years.
- Programme, with a 14.4% increase reported for the service year, and in New and Returning Referrals to Advice Services, with an 18% increase in the past year.
- The number of Cost of Living Payments provided to local people is a relatively new indicator, initially reporting in 2022/23. Between, 2022/23 and 2023/24, the number of payments has increase by 465.8% to 2,269 across Inverclyde. In 2022/23 data was only reported from the start of February 2023 to 31st March 2023. This data is also provided by SIMD Quintile. Each quintile experienced an increase in the number of people receiving payments. Also, as anticipated, the greatest volume of payments were made in Quintile 1 data-zones, the most deprived. This supports the goals of the partnership in ensuring we are focussing resource and support in the right areas.

# Big Action 1: SCORECARD

Indicator Number	Indicator	Value	Difference from Previous Year (%)	5 Year Trend (spark line)	Most recent data
SPI 1.1	Number of referrals to Primary Care Community Link Workers	1,417	-7.6%		2023/24
SPI 1.2	Psychological Therapies: - Percentage of patients seen within 18 week RTT target	84.0%	-7.0%		2023/24
SPI 1.3	Number of referrals to PDS (Post Diagnostic Support Dementia)	85	-29.2%		2023/24
SPI 1.4	Number of referrals to Distress Brief Interventions (DBI) programme	494	+14.4%		2023/24
SPI 1.5	Number of new and returning service users to Advice Services	2,507	+18.1%		2023/24
SPI 1.6	Number of cost of living support payments made (broken by SIMD area) (TOTAL)	2269	465.8%		2023/24
SPI 1.6 (a)	Number of cost of living support payments made (broken by SIMD area) (SIMD 1)	1706	464.9%		2023/24
SPI 1.6 (b)	Number of cost of living support payments made (broken by SIMD area) (SIMD 2)	219	329.4%		2023/24
SPI 1.6 (c)	Number of cost of living support payments made (broken by SIMD area) (SIMD 3)	200	952.6%		2023/24
SPI 1.6 (d)	Number of cost of living support payments made (broken by SIMD area) (SIMD 4)	43	126.3%		2023/24
SPI 1.6 (e)	Number of cost of living support payments made (broken by SIMD area) (SIMD 5)	16	60.0%		2023/24
SPI 1.6 (f)	Number of cost of living support payments made (broken by SIMD area) (Not Known)	85	-		2023/24

# Big Action 2: A Nurturing Inverclyde will give our Children and Young People the Best Start in Life

- This was the first year of reporting the number of Looked After Children medicals carried out. Over the year, 61 medicals were carried out within the 6 week timescale.
- During 2023/34, there was a 9.5% decrease in the number of formerly looked after young people in continuing care. This is possibly reflective of the support provide to young people during the aftercare period.
- During the year, Child and Adolescent Mental Health Services (CAMHS) continued their high standard by supporting 99.6% of young people to be treated within the target of 18 weeks from referral.
- Throughout 2023/24, 72% of young people who were required to be looked after away from home, were able to be cared for in Inverclyde. This is a slight decrease of 3% compared to the previous year.
- > Over the past year, we have seen a 2.5% increase in the number of women exclusively breastfeeding their babies at the first visit. This makes up 23.2% of all women who gave birth during the year.

Big Action 2: SCORECARD

Indicator Number	Indicator	Value	Difference from Previous Year (%)	5 Year Trend (spark line)	Most recent data
SPI 2.1	Number of LAC medicals carried (access of 6 weeks referral to treatment)	61	-	-	2023/24
SPI 2.2	Number of young people in receipt of continuing care	19	-9.5%		2023/24
SPI 2.3	Percentage of referral to treatment time target met for Children & Young People in Inverclyde, Children and Adolescent Mental Health Services (CAMHS)	99.6%	+1.1%		2023/24
SPI 2.4	Percentage of looked after children and young people who require to be cared away from home, who continue to reside in Inverclyde	72.0%	-3.0%		2023/24
SPI 2.5	Percentage of children vaccinated for MMR	90.0%	-2.0%		2023/24
SPI 2.6	Percentage of woman breastfeeding exclusively at first visit in Inverclyde	23.2%	+2.5%		2022/23

# Big Action 3: Together we will Protect Our Population

- During 2023/24 we have seen a 6.1% increase in the number of referrals to Children's Services that progress to a Child Protection Investigation. This an increase of five referrals against the previous year but is in line with overall trends.
- > The Inverciyde Health and Social Care Partnership has seen a 33% increase over the past year in the number of Adult Protection Plans that have been put in place following and Adult Protection Case Conference.
- > In enhancing trauma informed approaches across the Health and Social Care Partnership, 357 staff and colleagues in partner organisations have now been trained in trauma informed practice. This represents a 389% increase on the previous year.
- > In Justice Services, it has been reported that 10,674hours of unpaid work has been completed in communities across Inverclyde over the service year.
- > In terms of Community Payback Orders, 72% of all orders were successfully completed in the past year.

# Big Action 3: SCORECARD

Indicator Number	Indicator	Value	Difference from Previous Year (%)	5 Year Trend (spark line)	Most recent data
SPI 3.1	Number of referrals received by Children's Social Work that progress to a child protection investigation	87	+6.1%		2023/24
SPI 3.2	Percentage of initial Child Protection Case Conferences held within 28 days from notification of concern	14.0%	+1.0%		2023/24
SPI 3.3	Number of Adult Protection Case Conferences that convert to an Adult Protection Plan	4	+33.3%		2023/24
SPI 3.4	Number of Adult Protection Investigations completed within 10 days of referral	13	+44.4%		2023/24
SPI 3.5	Number of staff and partner organisations trained in trauma informed practice	357	+389.0%		2023/24
SPI 3.6	Number of unpaid work hours completed	10,674	-11.5%		2022/23
SPI 3.7	Percentage of Community Payback Orders (CPOs) successfully completed	72.0%	+1.0%		2022/23
SPI 3.8	Percentage of Integrated case management (ICM) Case Conferences attended by community justice social workers for offenders in SPS custody	98%	-1.0%		2022/23
SPI 3.9	Percentage of MAPPA level 2 and 3 meetings convened within timescales (as specified in national guidance)	100%	0.0%	• • • •	2023/24

# Big Action 4: We will Support more People to fulfil their right to live at home or within a homely setting and Promote Independent Living

- The total number of people referred to Access 1<sup>st</sup> for early intervention support increased by 14% in 2023/24 to 3,373. This follows an increasing trend in recent years and demonstrating the Health and Social Care Partnerships commitment to support people at the earliest possible stage.
- During 2023/24, there were 95,531 Community Alarm Activations across Invercive. While reported to be a 60.9% decrease on the previous year, it should be noted that during 2022/23, there was a significant amount of Test Activations resulting from the Analogue to Digital Switchover, resulting in the previous year's figures being artificially inflated. When comparing the most recent year to 2021/22, there has been a 9.5% increase in activations.
- > Over the service year, the Health and Social Care Partnership increased the number of adult Carer Support Plans completed by 11.9%, this demonstrates the Partnership's ongoing commitment to support local carers in their caring role.
- > The partnership has seen a rise in the number of bed days used as a result of delayed discharge. This is on ongoing area of focus for the Health and Social Care Partnership with daily reports provided to Senior Management and programmes of work in place to prevent admission and facilitated faster discharge.
- The Health and Social Care Partnership delivered a significant increase in the number of Anticipatory Care Plans (now known as 'Future Care Plans') completed during the service year, this demonstrates the Health and Social Care Partnership's commitment to support those with the most complex care needs over the long-term.
- ➤ While there appears to be a decrease in the number of Housing 1<sup>st</sup> Tenancies, it should be noted that overall numbers are small and the percentage of 16.7% is the result of one less person compared to 2022/23.

# Big Action 4: SCORECARD

Indicator Number	Indicator	Value	Difference from Previous Year (%)	5 Year Trend (spark line)	Most recent data
SPI 4.1	Number of referrals for Early Intervention Support (Access 1st)	3,373	+14.1%		2023/24
SPI 4.2	Number of community alarm activations	95,531	-60.9%		2023/24
SPI 4.3	Number of people self-directing their care through receiving direct payments and other forms of SDS	2,983	-0.4%		2023/24
SPI 4.4	Percentage of adults with intensive care needs receiving care at home	67.4%	-1.0%		2023
SPI 4.5	Number of completed specialist housing reports	163	-1.8%		2023/24
SPI 4.6	Number of new adult carer support plans completed	141	+11.9%		2023/24
SPI 4.7	Number of delayed discharge bed days 18+	6,562	+25.2%		2023/24
SPI 4.8	Number of Anticipatory Care Plans (ACPs) completed	74	+221.7%		2023/24
SPI 4.9	Number of advice enquiries that support and maintain tenancy sustainability	470	+18.7%		2023/24
SPI 4.10	Number of housing 1st tenancies supported	5	-16.7%		2023/24
SPI 4.11	Number of external placements for adults with learning disabilities	13	-7.1%		2023/24

# Big Action 5: Together we will reduce the use of, and harm from alcohol, tobacco and drugs

- During 2023/24 Alcohol and Drug Recovery Service has maintained its standard of people receiving treatment within three weeks of referral. Over the year, 96% of people referred received treatment within 3 weeks.
- For both the number of people beginning MAT treatment with the reporting period, increased over the past year to 22 people. In addition, the overall caseload of people receiving support, also increased during 2023/24.
- > Over the past year, InverclydeAlcohol and Drug Recovery Services have improved their commitment to ensuring people who are considered at high risk of drug related harms are confidently identified and supported. During 2023/24, the volume of people assessed as being high risk increase by 20%.
- > In 2023/24 ADRS provided funding to 12 people for a residential rehabilitation placements. This follows a year on year positive trend and represents a 200% increase in people receiving the support.
- > The number of people reported to have successfully stopped smoking in the most deprived SIMD areas has decreased in recent years, with 33 people reporting having quit in the past year, compared to 50 the year before.

Indicator Number	Indicator	Value	Difference from Previous Year (%)	5 Year Trend (spark line)	Most recent data
SPI 5.1	Percentage of people beginning alcohol and drug recovery treatment within 3 weeks of referral	96.0%	0.0%		2023/24
SPI 5.2	Number of people who started on MAT treatment within the reporting period	22	-65.0%		2023/24
SPI 5.3	Current MAT Caseload, as at reporting date (Total number of people currently receiving MAT treatment)	770	-3.0%		2023/24
SPI 5.4	Total number of people identified as being at high risk of drug-related harm who are assessed within reporting period	72	+20.0%		2023/24
SPI 5.5	Number of people funded for residential rehabilitation	12	+200.0%		2023/24
I SPI.5.6	Number of smokers supported to successfully stop smoking in most deprived SIMD data zones (20% most deprived)	33	-34.0%		2022/23

# Big Action 6: We will build on the strengths of our people and our community

- Inverclyde Health and Social Care Partnership continues to support the wellbeing of staff and actively promotes a range of wellbeing activities for staff. Since the pandemic, numbers of activities promoted have exceed 100 each year, however, exact numbers of are difficult to quantify.
- The use of Care Opinion as an engagement and feedback tool has expanded since its launch. During 2023/24 there were 122 registered feedback reports made by people who have been support by Health and Social Care Partnership services. This represents an increase of almost 30% on the previous year. Active promotion of the tool is ongoing, with Care Opinion being presented to a range of local governance and strategic groups.
- During 2023/24, the number of contracts Commissioned to the 3<sup>rd</sup> Sector increased by over 50%, to 91. This has followed a period of increase over the past few years and shows a positive trend in collaboration and joint working with third sector partners.
- > The percentage of adults able to look after their own health very well, or quite well is an indicator for the National Health and Wellbeing Outcomes. More information on these can be found on page 17.

Indicator Number	Indicator	Value	Difference from Previous Year (%)	5 Year Trend (spark line)	Most recent data
SPI 6.1	Number of wellbeing Activities promoted to staff	100+	-	1	2023/24
SPI 6.2	Number of registered feedback reports on Care Opinion	122	+29.8%		2023/24
SPI 6.3	Percentage of Staff Completing iMatter feedback	51.0%	-3.0%		2023/24
SPI 6.4	Percentage of HSCP complaints received and responded to within timescale	42.0%	-58.0%		2023/24
SPI 6.5	Number of new 3rd sector commissioned contracts	91	+51.7%		2023/24
SPI 6.6	Percentage of adults able to look after their health very well or quite well	88.9%	-1.2%		2023/24

# SECTION 3: OUR IMPROVEMENT JOURNEY

Our Strategic Plan set the blueprint for services to improve health and wellbeing. The Big Actions gave a focused view of Inverclyde's peoples priorities and how services would support our communities.

The following section of the report will focus on our key performance across 2023/24 and will provide examples of innovation structured around our Six Big Actions – colour coded as per each Big Action.

# Big Action 1:

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# Big Action 3:

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# Big Action 6:

We will build on the strengths of our people and our community

Big Action 1 – Reducing Inequalities by Building Stronger Communities and Improving Physical and Mental Health

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

# Mental Health and Substance Use: Improving Our Response in Inverclyde

Inverciyde Substance Use and Mental Health services are working in partnership with Healthcare Improvement Scotland (HIS) to develop a test of change aimed at improving outcomes and experiences for individuals with urgent care needs and their families. This programme is funded by the Scottish Government at a national level with local sponsorship from NHS Greater Glasgow and Clyde.

The programme will seek to better understand the service user journey and identify potential improvements that can be made through redesign. It will work to develop and implement an integrated approach to delivering mental health and substance use services (building on lessons from the COVID19 response)

It works with areas to develop and implement an integrated approach to delivering mental health and substance use services.

through meaningful co-design and co-production approaches with those who access support.

The programme will also identify and share good practice, innovation and learning across Scotland, to help inform improvements in other Mental Health and Substance Use services.

By using a range of research methods and exercise, and hosting development sessions with colleagues across Inverclyde, key priority areas of focus for test of change have been identified. These are

# **Priority Areas**

- Providing the right care, at the right time in the right place.
- ➤ Identifying urgent care needs at first point of contact.
- > Improving pathways between community services and inpatient psychiatric unit.
- > Improving discharge planning.
- > Improve partnership working across all partners.
- > Improve staff knowledge.

# Proposed Test of Change

- Implement shared care planning between Community Response Service and Alcohol and Drug Recovery Service (ADRS).
- > Implement a screening tool within psychiatric inpatient settings for substance use.
- ➤ Enhance discharge planning in collaboration with Community Response Service, ADRS and third sector/voluntary organisations.

# Improved Outcomes for People and Services

- > Shared care plans can streamline processes that bring in the right care at the right time for the person.
- Communication around changes in a person's situation can allow for faster and more coordinated responses.
- A multi-disciplinary approach will provide a greater pool of knowledge and experience to draw from, resulting in better support across both mental health and substance use needs.
- > Decisions about care after the urgent care response will be made jointly and cover a wider range of needs.
- Support continuity of care while in an inpatient setting
- Provide support for people experiencing withdrawal and other symptoms linked to substance use.
- > Reduce readmission rates through improved ongoing support.
- Allow Addiction Liaison team to identify additional (substance use related) needs while on the ward.
- ➤ Provide an opportunity for ward staff to get advice and support about managing substance use needs during their stay.

- People will be provided with targeted mental health support following an inpatient stay that will reduce the need for readmission.
- Provide a basis for longer term person-centred support.
- > Joined up conversations focussed on support, rather than discharge management will allow for more holistic support, engaging third sector services, and better follow up care.
- ➤ Meet Medication Assisted Treatment Standards 9 and Rapid Review Recommendations.
- > Improve staff knowledge and skills around substance use and resources.

# Mental Health Strategy Implementation Group

The Inverciyde Mental Health Strategy Implementation Group has been established to ensure a local focus for the implementation of the refreshed NHS Greater Glasgow and Clyde Mental Health Strategy. The group will consider how the Mental Health Strategy can be effectively implemented in Inverciyde, ensuring robust improvement plans are agreed. These plans will be informed through recommendations from national partners such as Care Inspectorate, Health Improvement Scotland and Mental Welfare Commission. The group will help to ensure local services are person centred, trauma informed, effective, efficient and that our resources are appropriately placed.

The remit of the Steering Group is to.

- ➤ Identify and agree key activities, deliverables and the financial framework for the implementation of service improvements.
- Refocus and revise work-streams to ensure an appropriate plan of work is in place to implement the outcomes of the work streams as part of the refreshed strategy.
- Take full account of issues raised by work streams.
- > Ensure firm and transparent decisions are made.
- Ensure risk management and performance monitoring processes are established and routinely reviewed.
- Ensure an appropriate communication plan is developed and implemented.
- Ensure engagement with service users and carers and the wider community is a key component of all work streams.
- > Develop a Quality Assurance process across all services.

Guiding Principles to ensure service developments are focused on.

- > Prevention, Early Intervention and Health Improvement
- Recovery Oriented and Trauma Aware
- > Continuous Improvement
- Maximising Independence
- Sustainable High-Quality Care

## **Expected Outcomes**

An active planner will be developed to design, develop and modernise Adult and Older Adult Mental Health Services for serving local population needs.

- Monitoring and evaluation processes will be embedded.
- Frontline staff will have a greater awareness, understanding and involvement of GGC Mental Health Strategy developments.
- Clarification and assessment n/ review of professional and statutory roles across all integrated services
- New initiatives and ideas that are positively impacting on service delivery and patient outcomes will be shared and spread.
- > Service improvements will the need to consider local community needs and service interfaces.
- ➤ We will improve and ensure ongoing review of Service User/Carer Feedback
- ➤ We will develop a subgroup to ensure proactive planning, ongoing monitoring and review of Commissioned Services and third sector Partnership Working

# Mental Health Falls Improvement Project



A multidisciplinary team of staff were established to undertake a thematic review of all falls that have occurred in the two older adult Mental Health Inpatient wards. Preliminary findings indicate the need for an improvement plan to address emerging themes around systems and processes and environmental factors.

To help implement improvements the wards will implement the Falling Stars initiative. The Falling Stars initiative was created through a Fall's collaborative with Leadership and Quality in Healthcare Royal College of Physicians of Ireland and the Health

The aim is to reduce the number of falls we have in our hospital by 30% and to reduce the harm sustained from falls.

and Safety Executive Quality and Patient Safety Directorate and has already been successfully adopted within other Mental Health wards across NHSGGC. The initiative will form part of a quality improvement action plan, which will be implemented by Autumn 2024.

# Continuous Intervention

NHS GGC Continuous Intervention Policy was influenced and informed by the guidance from Healthcare Improvement Scotland (HIS) "From Observation to Intervention: A proactive, responsive and personalised care and treatment framework for acutely unwell people in mental health care." Although the policy remains in draft format, there has been steady progress made through the three short life working groups to enable the implementation of the policy: a policy group, activity boxes group and a training group. All groups have key stakeholders from across Inverclyde Mental Health services.

These three groups are overseen by the Mental Health Policy Implementation Steering Group, which reports into the Mental Health Clinical Governance Group. A Continuous Intervention Policy Implementation and Monitoring Group has also been established which has an overview of the implementation plan and timeline and this will also report into the Mental Health Clinical Governance Group. The plan is to implement aspects of the policy in a phased way, with wards being identified as pilot sites to help implement and refine this significant change in how we manage patient care and safety. Patient Activity / safety boxes will promote meaningful activity and engagement between patients and staff and will be tested as part of the pilot. In addition to this, staff training is being developed to assist staff with the transition in how we apply the new policy in practice.

The full implementation of the Continuous Intervention Policy and Practice Guidance is dependent on the review of the draft policy being concluded and ratified through the Mental Health Clinical Governance Group. This has been delayed, however is hoped to be fully implemented later this year.

# Use of supplementary Nursing staff

Safe and effective staffing relies on several key components which includes having a whole time equivalent that reflects the correct numbers and skill mix of staff within each ward. There has always been a requirement to use supplementary staff to fill shortfalls created during periods of reduced staffing levels, for example due to sickness, and when high levels of patient activity are being experienced. Supplementary staffing has always been requested in line with the Nursing and Midwifery Rostering policy via an agreed escalation model. This often results in the use of Agency Staff.

There has been a concerted effort since Autumn 2023 to reduce the use of Agency staff. This has been achieved via a combination of internal and external recruitment, with 700+ new Bank staff being recruited across NHS Greater Glasgow and Clyde who have been site anchored to each hospital site during a 3-month induction period to achieve the statutory and mandatory training required. As a result, there has been no use of Agency staff in Mental Health Inpatient services in Inverclyde since April 2024. As a comparison, the service used 527 Agency shifts in April 2023, which is testament to the significant efforts that have been made to reduce Agency staff use and help to employ a workforce that is suitably skilled to meet the complex needs of the patients in our care.

# Health Improvement Planning (and use of social media)

People are taking more of an active role in maintaining or improving their health and are more receptive to helpful information than in previous years. To build on this opportunity, social media platforms were launched in NHS Greater Glasgow and Clyde in September 2020 by our Health Visiting Staff, Laura Gordon, Laura O'Donnell with support from Lisa Eardley. Platforms included Facebook, Twitter and Instagram, with the team regularly supporting virtual, information including the following topics.



Inverclyde Health Visiting Team Facebook



Inverclyde Health Visiting Team Instagram



Inverclyde Health Visiting Team Twitter



Breastfeeding Friendly Inverclyde Facebook

- Health Promotion
- > Child Development
- Wellbeing and Mental Health, and
- Home Safety with Community Support and Resources.

All the information has been verified and is from trusted, reliable sources promoting trust in the resources provided, and have used both imagination and their skills to generate engaging posts.

Engagement has grown with over 4,500 followers with active shares of posts generating over 20,000 likes and shares.



A first for the Inverclyde Health Visiting Team was the launch of their social media presence to support local communities within health and care. Annual feedback from the users of this platform has been positive and progressive, showing examples of innovation and of meeting the needs of the Inverclyde population whilst underpinning Scotland's '2030 Nursing Vision'.

https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2017/07/nursing-2030-vision-9781788511001/documents/00522376-pdf/00522376-pdf/govscot%3Adocument/00522376.pdf

Since the launch they have had some famous likes, shares and interactions from various places and pages. The most recent interaction was from Annabel Karmel MBE, who works in the field of child nutrition and a leading UK female entrepreneur and bestselling international Author.

Posts from Inverclyde are often shared by a number of other popular professional groups, including:

- ➤ The Good Egg Guild
- Scottish Women's Aid
- ➤ The Royal Society for the Prevention of Accidents
- > The Scottish Cot Death Trust
- Parent Club Scotland
- ➤ Home start UK Wide
- > Eric children's bowel and bladder charity
- > SAMH
- Many Health Visiting and Family Nurse Partnership pages UK wide.

The teams support, skills and knowledge has been accessed by multiple agencies within Inverclyde, Greater Glasgow and Clyde and across Scotland with many meetings to share their expertise on setting up similar platforms. Inverclyde is leading the way!

It has also been inclusive to many of our 'New to Scotland' families who have been able to see what groups are available to themselves within the Inverclyde community. They have reported feeling more included by being able to access this page and for our Muslim families' posts have been shared to support Ramadan Mubarak and Eid.

The community has benefited from many daily posts to support mental health, community groups, safety of children, supporting engagement and involvement.

Big Action 2 – A Nurturing Inverclyde will give our Children and Young People the Best Start in Life

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

# Happy Healthy Tots

Health visitors distribute large amounts of NHS approved paper copies of health promotion resources at various points in the Health Visiting Universal Pathway. These provide evidence-based information regarding wellbeing and development of children, childhood assessments, common childhood concerns/difficulties, immunisations, and local resources which all support parents making informed choices as they raise their children. There is an acknowledgement however that parents are sourcing information on the web, which is not always evidence based, reliable, or current and indeed that the virtual domain is now a globally accepted main source of our client's health related information. Further to this there are economic pressures which promote adopting workload strategies that are cost efficient and environmentally friendly whilst in-keeping with global trends, allowing clients to source approved information, at the right time, in an efficient and easily accessible way.

# Happy Healthy Tots (HEALTH VISITING APP IN DEVELOPMENT)



Inverclyde Health Visiting Team Lead Laura Gordon and Senior Nurse Morag MacPhail recognised the need for modernisation of health promotion in line with societal changes and promoted the development of a Health Visiting App to ensure a one stop resource for families of ratified, accessible, and up to date information. It was postulated that failure to take this step would have put children's health and well-being at risk for the following reasons.

- Not developing an App leaves parents vulnerable when sourcing information and in a quandary regarding what strategies or information to implement.
- ➤ With no App, there could be dangerous choices made and delay with parents accessing recommended pathways and supports if they follow rogue advice on the web.
- Interpretation of Information can be open to misinterpretation.

Initially the thinking was that it would be an Inverclyde project, however the proposal generated significant interest across Greater Glasgow and Clyde (GGC) and with support from the Right Decision Service, Knowledge Services and the digital team, a board wide multidisciplinary team was brought together to develop the vision. There was agreement that the need was for a citizens App which means it would be easy read format, supports inclusion and is less likely to lead to misinterpretation. There are a series of tiles where information is hosted, and a local information one for area specific information. Other key features are that; There is no facility for sharing of personal information, it is available in the top ten most used languages, for those with vision difficulties there is an option for the text to be spoken, and best of all, once downloaded to the clients phone there is no ongoing need for data, therefore with no credit on your mobile, the information can still be accessed. Word of the APP has spread UK wide and there has been much interest and requests for information as a result.

A poll was conducted, and the name Happy Healthy Tots was the winner. We are nearing completion and expect to launch in the next month or two. We will be further developing the App going forward and hope to include local practice reels and videos.

## Infant Feeding



Despite all the health benefits associated with breastfeeding for mothers and babies, in Inverclyde approximately 47% choose to breast feed at birth and the number of women continuing to feed past the six-eightweek assessment have historically been the lowest in Scotland.

Poverty and an entrenched formula feeding culture were often the reasons stated for this. There is no doubt that throughout Greater Glasgow and Clyde younger women and those from less affluent backgrounds are less likely to breastfeed. However, following a large survey of local women and families it became clear that lack of information antenatally and support postnatally could also impact.

Funding was secured from the Scottish Program for Government (PfG) to provide antenatal education to families and intensive postnatal support for all breastfeeding women discharged from hospital. In addition, two further projects collaborating with women with long term medical conditions or disabilities and with young women registered with the Family Nurse Partnership (FNP) also commenced.

This additional support has seen an increase of 3% of babies receiving any breastmilk in 2023 at 34% compared to 31% in 2022.

Poverty in relation to formula milk was also reported as an issue nation-wide. The Health and Social Care Partnership's response to this was to develop and disseminate a robust Pathway for the Emergency supply of formula in line with the Scottish Government and UNICEF Baby Friendly requirements. In addition, funding was secured to purchase and supply breastfeeding pumps to women.

#### The Promise

Inverclyde Health and Social Care Partnership are committed to keeping The Promise and ensuring children and young people have good childhoods. We continue to focus on three priority areas – Good Childhoods, Whole Family Support and Supporting the Workforce.



HSCP and Education services work together to raise awareness of the Promise and specific education outcomes from plan 2021-24 were extended from primary and secondary education to West College Scotland. This was extremely well received and discussion of action going forward. West College Scotland are now represented on iPromise Board.

In December, our Promise Lead had the opportunity to attend an event with Promise Scotland facilitated by Siblings Reunited (STAR) which

looked at how we provide better family time to our children and young people and families. Exploration of creating the right space and environment and doing things differently.

## I Promise in Hearings

Children's hearing event was held in the Beacon with 53 in attendance. The purpose was to provide an opportunity for relationship building with all partner agencies and to discuss how we improve our hearings for our children, young people and families. The iPromise in Hearings Steering group, chaired by Lesley Ellis, Promise Lead and Ken McKinlay CHS has been instrumental in progressing change.

Each person was invited to discuss their role in preparing for a hearing and then topics. We shared views of our young people as to how we can do better.



## Corporate Parenting Training

We partnered up with Who Cares to deliver our first Corporate Training event. This was well attended by our elected members and Ruth Binks, Corporate Director and all partners including housing.



## Language awareness - Podcasts

Due to the improvement to our language around care experienced the iPromise Team were asked to participate in a podcast to share how we have changed our language and the impact this has had on our care experienced community.

Link: Lesley and Erin from Inverclyde talk about the negative impact language can have on young people



## The LENS Project

During 2023/24, we worked with The LENS, an organisation that supports services and businesses to adopt an intrapreneurial mindset. Embedding this mindset helps to promote improvement through innovation. The Lens Project partnered with Inverclyde



Health and Social Care Partnership, including The I Promise Team to develop an 'Ideas to Action' Programme which supports Inverclyde's vision and ambition to deliver The Promise and improve outcomes for our children and young people. As part of the programme, the Health and Social Care Partnership pledged £50,000 to develop and test up to six ideas

An initial launch event in September 2023, attended by over 60 social work, health and education staff, delivered the key messages of the Ideas to Action programme. Key messages were emphasised regarding the Programme as a capacity building and development opportunity for people and their ideas. This was designed to generate creative and innovative ideas, supporting our commitment to keep The Promise with over 52 ideas being heard and an inspired workforce. Following the launch, 12 applications were submitted by staff for the Ideas to Action Programme and shortlisted by a Project Team. All applicants were given feedback, rationale, and routes for their ideas with six ideas chosen for the developing ideas workshops.

The 'developing ideas' workshops focused on business storytelling, modelling and value proposition, prototyping and securing investment. There were also opportunities for local children, young people and families to be involved in the project design.

The workshops culminated in an Investment Event on 7<sup>th</sup> December 2023, with each team pitching their idea to an investment panel in the hope of securing financial or organisational support. Six ideas were presented where and all were considered to have development potential, with financial investment being provided to four, those ideas are:

- ★ Feel Good Fund: create bespoke experiences in our children's houses by investing in relationships, equipment and activities where anything is possible.
- **Home from Home:** provide improved family time space as a 'home from home' for relationships to thrive in an environment made for families.
- ★ The Practice Pad: provide independent living skills to our young people at an earlier stage and support them to practice living on their own in a safe, supported environment, before they take on a tenancy.
- ★ Throughcare Hub: a person-centred, flexible, and supportive environment for young people to learn new skills, gain qualifications and grow in confidence at their own pace.

The other ideas, that will be organisationally supported are:

- Connected 2 Care: earlier, meaningful relationships with our families, bridging the disconnect, building trust, resilience, and support before crisis.
- It Takes A Village: a community-based approach to provide practical support, life skills and ongoing nurturing, to support our young people as they navigate their own lives.

#### Award

Aileen Wilson, Team Lead for Residential services won the Inverciyde Health and Social Care Partnership Leader of the Year award in February 2024 at a ceremony in The Beacon. This award qualified Aileen to be shortlisted for the wider NHSGGC Celebrating Success Staff Awards ceremony to be held in Spring 2024 in the Radisson Blue Hotel in Glasgow where she won the overall Inverciyde Health and Social Care Partnership Award Staff Award 2023/24 for Leader of the Year. A well-deserved accolade in recognition of Aileen's commitment to delivering the Promise and improving outcomes for the children and young people of Inverciyde.

## Sidestep

We have commenced work with Action for Children who deliver the Sidestep project for young people aged between 11-18 years who are at risk of involvement in serious organised crime, being coerced or manipulated into criminal exploitation. We provide one-to-one and group sessions delivering focus work to promote positive choices and consequential thinking. Staff identify the young person's needs and interests and create an individual action plan to ensure they provide intensive targeted support, offering diversionary activities. The project will also work alongside families to address vulnerabilities and strengthen family relationships to help reduce their criminal activity.

## Big Action 3 – Together we will Protect Our Population

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

#### Children 1st

Throughout 2023/24, the Health and Social Care Partnership worked collaboratively with Children  $\mathbf{1}^{\text{st}}$  to develop and deliver a number of positive programmes to improve support for local children, young people and families. In a positive example of joint working, three Children  $\mathbf{1}^{\text{st}}$  Family Wellbeing Workers have been co-located with the Health and Social Care Partnership Request for Assistance Team with the following aims:



- > Strengthen family capacity and develop family-based solutions
- Deliver Family Group Decision Making
- > Provide family support
- Deliver trauma-informed interventions.

Underpinning the Family Wellbeing Service is the goal to support families with additional concerns to avoid statutory involvement, such as child protection or children becoming looked after.

The Wellbeing Service provides a range of supports to local families, depending on their needs and concerns. For example, many families have been supported to improve their financial wellbeing, which has been greatly impacted by the cost-of-living crisis. To date, the Children 1<sup>st</sup> Financial Wellbeing Service reached the families of 64 children and young people in Inverclyde, reporting to have managed £12,092 of total debt and maximised income of £50,773.

Many of the approaches adopted by the service are family-centric, such as Family Group Decision Making (FGDM), which helps wider families to come together to agree a family plan to support their child/children, before a life-changing decision is made about their future. To date Children 1<sup>st</sup> has supported 14 Inverclyde families through Family Group Decision Making, and a further 18 families have participated in restorative family meetings.

Another positive example of joint family activity is 'Bide Oot' which gives families the opportunity to experience the benefits of bringing together outdoor education and long-term family support. During the past year, four Inverclyde families attended Bide Oot, being fully support by Children 1<sup>st</sup> before and after their trip. Those who have experienced Bide Oot say it has helped them:

#### Classification - No Classification

- strengthen relationships,
- ★ build their confidence,
- ★ build long-term positive impact on their mental health, relationships, and emotional wellbeing.

So far, in total 32 families, with 84 children and young people, have been supported by Children 1<sup>st</sup> in Inverclyde. Furthermore, no children of families who developed family plans as a result of Family Wellbeing supports required statutory interventions.

## Justice Partnership Developments

The Inverciyde Community Justice Partnership, in partnership with Justice Social Work and Scottish Prison Service delivered their annual development day at HMP Greenock in September 2023. Scottish Prison Service staff and current prisoners participated in the day which led to several workstreams being identified for the partnership to progress. Concerns about unscheduled release from custody have been progressed via the Clinical and Care Governance Group who have supported the proposal to establish a short-life, multi-agency working group to explore possible local solutions to this concern.

## Women in Justice Project

In keeping with the Trauma informed principles of collaboration, choice, and empowerment, the Women in Justice Project established a Women in Justice Support Group (WJSG), which meets every Tuesday. The women, all of whom have lived or living experience of the Justice System, have determined the structure of the Group themselves. As well as seeking opportunities for peer support and networking the women also requested sessions focused on problems inherent in female offending. This has included areas such as domestic abuse, healthy/unhealthy relationships, anger management, emotional regulation, substance misuse issues and homelessness.

Staff endeavour to make it as easy as possible for the women to attend the Group, which can include covering travel costs or providing food and drinks. Whilst attendance rates can vary reflecting some of the women's chaotic and difficult lifestyles, there has been greater stability and enthusiasm over the past year around what the Group is able to offer.

The Group has been motivated to improve the experience of other women in the Justice System and have taken the lead on developing "Attending Court" and "Community Sentencing Options" leaflets to raise awareness and understanding for women about what happens when they attend Court and are being sentenced for offending behaviour. The leaflets aim to remove the barriers that can be created by "legal speak" and improve understanding of what community-based disposals are available to sentencers. These leaflets have been placed in the Court building and have been widely circulated across Health and Social Care Partnership, Council and third sector organisations.

Moving forward attention has turned to sustainability, with staff currently looking at ways in which this level of support can continue beyond the life of the Project. One option being explored is to create another Women in Justice Support Group (WJSG2). The intention would be for this second group to act as a "feeder" group into the existing Group (WJSG1) with the rationale behind this being:

> WJSG1 is continually evolving as new women join,

#### Classification - No Classification

- > new women coming into WJSG1 can disrupt the dynamic of the Group and, indeed, some women drop out at this stage as it can be a little repetitive,
- > staff would like the women themselves to facilitate WJSG1 in the future (with ongoing support) and work toward getting this Group constituted and sitting out with Justice landscape,
- ➤ WJSG2 would adopt the current format and women would be able to move through and into WJSG1 if they wanted. This would give the women an option for support out with the Justice System when they feel ready thus avoiding any cliff edges and allowing the women to shape a different identity away from the negative labels which can be associated with a Justice context.

Although the above thinking around the development of a second Group is in its early stages, staff are excited about possibility of developing a pipeline approach that is supportive of transitioning women out of the Justice System and involving non-justice partners in helping the women shape what this might look like. As has been the case throughout the Project, the women themselves will always have the final say in any proposals and future direction of travel.



Big Action 4 – We will Support more People to fulfil their right to live at home or within a homely setting and Promote Independent Living

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

## Maximising Independence

Maximising Independence commenced in November 2022. Its purpose is to work in partnership to support people in Inverclyde to keep well age well, build their resilience, and live independently for longer - through preventive approaches and earlier intervention.

For 2023-24 the priority has been to support people to 'self-manage' their health and wellbeing. This is based on engagement findings, and in response to significant increases in the number people in Inverclyde living with long term health conditions.



Opportunities to enhance self-management

support have been identified across the system. Small scale testing is targeting people at different ages and stages in their lives. Work streams were identified through engagement with services and organisations that support self-management and the public, as well as external organisations from whom we can learn.

Impact is monitored using measures specific to each project. Each measure tracks to one or more of a set of programme outcomes for individuals, staff, services and the Scottish Prison Service. The aim is to build evidence of progress towards the outcomes.

Some of the programmes delivered as part of Maximising Independence are detailed below

#### Making Early Contact Count (MECC) Test of Change

What we hope to accomplish: When people experience early functional decline, they are motivated and supported to make small changes in their lives that can make a positive difference to their longer-term health and wellbeing.

Change idea: a 'Living Well' brief consultation – a 'good' conversation focusing on their best hopes, their strengths, and positive changes they want to make. The target population is people accessing our services earlier, who are still largely independent and not in crisis.

Partners: Care and Support at Home, Community Occupational Therapy, Rehabilitation and Reablement Service (RES) and Access 1st.

## Living Well in Inverclyde

What we hope to accomplish: People living with long term conditions take more control of their lives and keep well by using strategies and skills that work for them.

Change idea: face-to-face lifestyle management courses (Living Well) for people struggling to live well with long term health conditions and experiencing non-condition-specific symptoms such as fatigue, chronic pain, physical inactivity and stress.

Partners: this workstream is led by third sector partners, Your Voice, working with Community Learning and Development and Community Occupational Therapy.

#### Functional Fitness MOT Collaborative

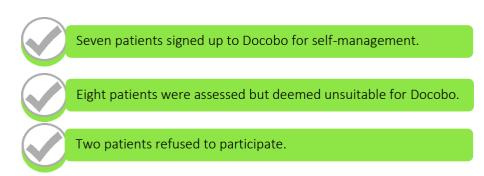
What we hope to accomplish: inactive citizens become more active, active citizens stay active throughout life, and increased wellbeing and resilience through physical activity.

Change idea: a targeted, brief behaviour change intervention to inform people over 50 about the fitness necessary for independent living. It introduces the physical activity guidelines for health and provides an age-friendly motivational discussion about local opportunities to become more active.

Partners: Community Occupational Therapy, RES, Your Voice, Riverclyde Homes, Inverclyde Bothy, Branchton Community Centre, Community Learning Disability Team, Inverkip Hub and Morton in the Community.

## Chronic Obstructive Pulmonary Disease Pilot

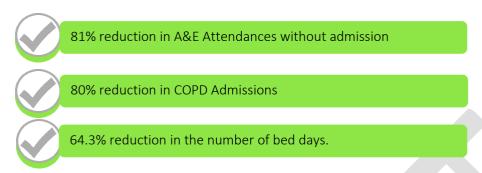
Our unscheduled care operational group analysed our frequent attender's data, this is a small population of patients who utilise our Accident & Emergency Department regularly, the top 20 frequent attenders with Chronic Obstructive Pulmonary Disease (COPD) were identified to participate in a pilot of using Docobo, a remote home monitoring to support self-manage of COPD:



#### Classification - No Classification

Baseline data was collected for three months prior to patient commencing Docobo to establish A&E Attendances without Admission, Chronic Obstructive Pulmonary Disease Admissions and Number of Bed Days. Patients were commenced on Docobo and the same data was collected for three months.

#### Results



## Learning Disabilities Health Checks

In 2022 the Scottish Government implemented "The Annual Health Checks for People with Learning Disabilities (Scotland) Directions 2022". This direction imposed a duty on health boards to offer all individuals with a learning disability, or who identify as having a learning disability, an annual health check to reduce the significant health inequalities associated with this population.

"While it may be too early to say the Health Check programme has saved lives, there are indicators of health needs being identified."

Within NHS Greater Glasgow and Clyde a board-wide learning disability health check team was established, based in East Dunbartonshire. The team includes seven learning disability nursing posts, one team administrator and a service manager. From January 8<sup>th</sup> to 28<sup>th</sup> March 2024 the team undertook health checks within the Inverciyde area, using facilities provided at the Fitzgerald Centre (adult day opportunities base).



262 of 547 service users with a LD received an opt-in invitation.



80% of this invited = 212 health checks were completed

Those patients who did not formally opt out or failed to attend were all contacted or visited by social workers from Inverclyde's Community Learning Disability Team (CLDT).

The outcomes so far from this piece of work include the identification of significant numbers of hearing/ear care issues, referrals for dental or optician appointments, identification of gastro-intestinal or bowel issues, advice given about pain or bone health (see attached bar chart). Social care needs, including Adult Support and Protection concerns were identified and appropriate referrals made to the Community Learning Disability Team.

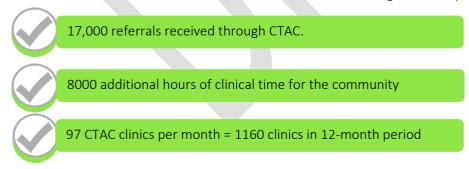
A review conducted by the Clinical Director for Learning Disability on a random sample of 60 patients who had been referred onto primary care after their Learning Disability Health Check examined their clinical notes:

- > 50% of those referred had been issued a new prescription.
- > Seven patients were referred with one-off high blood pressure, and this led to a change in treatment for four patients.
- ➤ Eight patients were referred onward from primary care to secondary care services such as gynaecology or ear syringing.
- one patient was referred urgently for suspected cancer.

## Community Treatment and Care Services (CTAC)

From October 2023, Community Nursing has seen the successful transition from historical Treatment Rooms to our new branding of Community Treatment and Care Services (CTAC). CTAC Nursing care is now delivered within our Community Treatment and Care Services centres in Greenock, Gourock and Port Glasgow Health Centres for more complex nursing care including ear care, management of minor injuries and dressings, suture removal. Whilst a Health Care Support Worker (HCSW) model is delivered directly to and within GP Practices. This model provides 92% of GP Practices Community Treatment and Care Services care including bloods/phlebotomy, chronic disease monitoring, and biometric measurements namely Blood Pressure (BP), height, Body Mass Index (BMI), and weight. Our final phase of GP Practice Health Care Support Worker model in Practice will be embedded in autumn 2024.

General Practice Community Treatment and Care clinics deliver care including Discharge Medicine Services (DMS), disease-modifying anti-rheumatic drugs (DMARDs), Electrocardiograms (ECGs), Phlebotomy, biometric collection, urine dips, Diabetic foot checks, BP home monitoring. We currently do not have a platform that allows performance data to be generated easily due to the multiple IT systems that are used across General Practice, CTAC. This is something that is being focused on at a Board level with local attempts to establish an interim measure to provide a more detailed picture of activity. Innovative Practice through this period includes a diabetic foot check as part of Chronic Disease Management (CDM) monitoring, gold standard ulcer assessment clinic and the introduction of remote monitoring of blood pressures.



## Vaccination Alignment

The alignment of vaccinations under the umbrella of Community Treatment and Care commenced in December 2023 with the appointment of a Nurse Team Lead managing both services. This allow vaccinations to be incorporated within the Nursing structure rather than a separate entity. As we move forward into April 2024 onwards this alignment will continue to evolve as a permanent workforce is developed. A snapshot of activity for period April 2023 – March 2024 is as follows:

- The travel vaccination service is managed by NHS Greater Glasgow and Clyde, during this period 198 travel risk assessments were carried out with 369 vaccinations.
- There were 104 non routine vaccinations administered in community clinics.
- Within care homes 57 Pneumococcal, 60 Shingrix, 1 Zostavax were administered.
- Within community homes 72 Pneumococcal, 134 Shingrix, 30 Zostavax, five further non routine vaccinations.
- The local team delivering care home and housebound vaccinations administered 2263 COVID19 vaccinations, with a further 256 staff vaccinated.
- With regards to flu the team administered 2246 and 243 staff.
- The overall picture of COVID19 and Flu uptake is detailed as follows:

Further information and statistics on our vaccination programme can be found at appendix 4.

Within the context of the wider vaccination transformation programme, we continue to strive for bringing vaccinations to our population and not the population to the vaccinations. Creating more accessible platforms for our residents to access vaccination resources, information and support locally. This will continue to be the focus moving in April 2024, working with our colleagues in Public Health at NHS Greater Glasgow and Clyde to deliver the vaccination programmes to safeguard our communities.

## Winter campaign through period September 2023 – March 2024

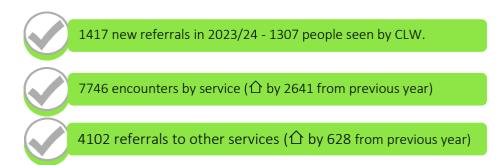
## Community Link Worker

Our Community Link Worker (CLW) model continue to be the social prescribing hub for many non-clinical issues and presentations, again safely diverting from GPs to a professional therefore in keeping with our right care, right place ethos. The cost-of-living situation, post-pandemic and housing issue have significantly impacted Inverclyde residents. This

The service continues to have a high engagement rate of 92% and this is to be commended.

has been reflected in this year's statistical information and the biggest indicator has been a significant increase in the number of encounters/contacts the Community Link Workers have had with patients, and subsequent onward referrals, as they have supported patients with a wide range of complex issues.

1307 Patients were seen by a Community Link Worker, with 2193 reasons giving for referral to see a Community Link Worker. Top referral reasons include financial problems accounting for 307 referrals, stress related problems generating 296, housing problems noted for 253 referrals and social prescribing support for mental health from 196 of those referrals.



## Care Homes and Care Home Assurance Tool (CHAT)

Care Home Assurance Tool (CHAT) visits took place across all Adult and Older People's Care homes Inverciyde in 2023 as per NHSGGC Standard Operating Procedures (SOP) in response to national guidance. Care Home Assurance Tool visits are approached in a consistent, collaborative way that promotes partnership with care homes to achieve high quality care that enables residents to live their best life aligned to what matters to them. Care Home Assurance Tool visits are person centred, supportive and collaborative in their approach.

It should be noted that care assurance visits are just one part of the supportive framework around care homes and sit alongside Health and Social Care Partnership (HSCP) day to day relationships with individual care homes, HSCP Collaborative Care Home Support Team meetings (CCHST) and the Care Home Assurance Group.

Outputs from the assurance visits were analysed to collate emerging themes, including what care homes are doing well and where improvement work is required.

### Areas of strength identified.

- All care homes visited showed a high level of compliance against the Infection Prevention and Control criteria and visiting staff commented that the homes were visibly clean.
- > Overall, there was a lot of good practice evidenced in relation to resident health and care needs, which the assurance teams were impressed with.
- Homes were noted to have homely atmospheres with residents' rooms personalised with their own belongings and in some instances décor and furniture.
- ➤ Positive and caring interactions were observed between staff and residents, it was clear that staff knew residents well.
- Activities were observed to be in progress in many of the homes which residents were clearly enjoying, good care plans were observed which articulated 1-1 interests, preferences and identified goals.
- ➤ Both MUST 5 and Confirmation of death training are no longer areas of concern noted by the homes or visiting teams.
- > There have only been one home report issues with provision of service from GPs to the homes reported, which is an improvement from last year.
- > Staff reported strong and visible leadership from their managers.
- Many homes have staff who have worked with them for significant periods of time.

There were a few areas in some of the homes visited where the review team noted that further work remains necessary to support all homes to achieve consistently high standards. These areas of improvement are listed below and are all included in the action plans for those individual homes. Staff reported that they felt supported by their management teams and were happy in their roles. There were only a couple of homes who have experienced management changes but in the main management teams have remained stable.

#### Areas for improvement

> Cleaning schedules did not always cover all the areas being cleaned.

- In a couple of homes, it was felt that a deeper clean was required of all areas or specific areas.
- Some of the homes were noted to be "tired" in their décor and appearance which makes good Infection Prevention Control difficult.
- ➤ Several homes were noted to have equipment which was needing to be replaced e.g. shower chairs with rusty wheels.
- > Regular mattress and pillow checks with replacements as required.
- There are a few homes who continue to have training requirements, however there is no theme to this. A couple of homes are working to set up robust audit systems to be able to evidence good practice and improve standards of documentation.
- Recruitment of staff is an ongoing issue for many of the homes as per the national picture.

#### Recommendation to be taken forward for next visits to refine the Care Home Assurance Tool process.

- To continue to work to increase ownership and monitoring of the progress against identified improvement actions on the overarching action plan. Working to gain updates from the homes between visits to assist with the monitoring of these improvements.
- To explore further the recurring themes of cleaning schedules and Mandatory training through the Collaborative Care Home Support Team and in collaboration with commissioning colleagues to identify how the Health and Social Care Partnership can support the homes to address these areas of concern.
- To participate in the Care Home Assurance Tool review process and roll out the new tool when available.

#### Examples of Good Practice:

- ✓ Activities coordinators were very enthusiastic about their role within the care home and described participating in shows for the residents (such as Abba theme nights and bingo nights) that they know the residents enjoy.
- ✓ Staff had a good relationship and understanding of individualised resident needs.
- ✓ During our visit, the staff and manager discussed and gave good examples of patient centred care. Staff had been on virtual training where they had to wear a headset and it demonstrated what the environment looked like to a resident with dementia.
- ✓ The care home has a resident ambassador to help new residents settle in which is a nice touch and reinforces a real sense of community.
- ✓ One staff member had previously worked in the community, and when she visited someone in the home she was so impressed by the staff and how homely it felt that she decided to apply for a job.
- ✓ Staff talked about supporting one resident to complete a book about their self to give to her daughter describing who she was, her life experiences, feelings and what was important to her.
- ✓ All residents have nice things that are personal to me boxes outside their bedroom doors on the wall which families are encouraged to fill it was clear that some families have spent time filling these with mementoes.
- ✓ Staff are assisting one gentleman to place a headstone on his mother's grave and a trip is being planned for him to the visit and see this.

## Responding to Falls

During 2023/24, Inverciyde Health and Social Care Partnership responded to over 1,700 people who had experienced a fall. The infographic below shows how we performed in this area and highlights the great work done locally to prevent hospital admission and support people to be care for and remain at home.



#### Call before you Convey

The Health and Social Care Partnership conducted a *Call Before You Convey* pilot from December 2023 to March 2024. All care homes for older people were offered palliative care training with six homes attending and all were invited to attend a *Virtual Ward* each week. The Virtual Ward is held online each Thursday and has clinical representation from Health and Social Care Partnership community nursing and Ardgowan Hospice with an open invite to all care homes who wish to come and discuss residents who are receiving end of life care. The aim is to support Care Homes with the necessary clinical and practical advice and support which enables a resident to be cared for and die within their own home and reduce unnecessary conveyance to secondary care on weekends.

During this time, 27 residents were discussed at the Virtual Ward and five visits were made to care homes by the Advanced Nurse Practitioner (ANP) on weekends. Whilst we were unable to evidence a reduction in conveyance on weekends, several improvements have been identified:

- Improved palliative care skills and improved relationship with Ardgowan hospice from the homes accessing the training and an increase in use of the professional clinical advice line at Ardgowan by the same homes.
- Improvement in planning and anticipating needs, for example earlier prescribing of *Just in Case* medicines.
- Additional support provided by Health and Social Care Partnership nurses around difficult conversations with families at end of life, use of do not attempt cardiopulmonary resuscitation.

There is now a plan to expand the clinical indications which can be supported on a weekend and a further round of training will be offered.

## Housing Options and Homelessness Advice Service (HOHAS)

J is one of our longest open cases, with his current homeless application dating back to September 2021. Prior to this he had frequented the service multiple times, and this is majorly down to recurring offending, having been in and out of prison most of his adult life. Previous homelessness applications were closed because of a prison sentence or alternatively, lost contact etc. and his current section 5 referral has additionally had to be restarted due to a stay in remand during his current case.

J describes himself as institutionalised and said that he was known to "taking panic attacks and that because I knew I was getting out of the jail and I didn't know what was happening", that "people would rather be in the jail than be running about the streets homeless". He stated

"People would rather be in the jail than be running about the streets homeless."

that he knew of people purposefully offending to go back to jail and while he himself had not gotten to this stage he had "felt like it a few times."

"I have been in the Inverciyde Centre over the years and never had that help," going on to describe the help he has received as "bang on." J has a long history of substance use and is known to the local ADRS team and additionally suffers with health issues like epilepsy and a brain injury which causes issues with his memory.

In June 2023, J was identified as a potential Housing First candidate and put forward to the team for support. At this current time, his support is 4 hours per week, however it is the plan to increase this once he moves onto his settled tenancy.

Support has been particularly good for J. He continues to actively engage, reflecting "I have been in the Inverciyde Centre over the years and never had that help," going on to describe the help he has received as "bang on." Support has helped him to attend doctor's appointments, community groups, sort his benefit situation and "simple run of the mill things you would get complacent in", saying that he often struggled to stay on top of general housekeeping but that he has "noticed a big difference" in the support received from the service.

It was out of character for J to accept this support, stating "over the years I'd have knocked it [the support] back" but that by accepting support he built trust with his worker. He is additionally being supported by the local Inverclyde Faith in Throughcare charity and said they had a big part in helping J stay out of prison and that there was partnership working between his rapid rehousing support worker and the charity. J said that in the past that if he "got passed a few months [being out of the prison], I was doing well" but that his "last sentence was three years ago, which is brilliant."

He has now started a college course and leads a small football team in his spare time. Without support J said, "I don't think college would have happened, I don't think I would have stuck at the football."

In terms of housing situation, J and his girlfriend have said "where we are now is ideal for us.... [we are] hoping to keep it," and that they "couldn't be in a better area." This however is a temporary accommodation placement, but the service is looking into the possibility of flipping this tenancy to

"I've got a routine set" ......
"Doing our best to keep it tidy."

permanent accommodation when the opportunity arises. In terms of general housing management J has assured "I've got a routine set" and that him and his partner are "doing our best to keep it tidy" and that this was a marked improvement from the kept condition of their previous temporary accommodation placement.

J has described the service as "taking on my case hands on."

Big Action 5 – Together we will reduce the use of, and harm from alcohol, tobacco and drugs

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

# Inverclyde Alcohol & Drugs Recovery Service: Assertive In-Reach- Creating new pathways for people in crisis.

During 2023/24, a report conducted by the Inverciyde Addiction Liaison Team within Inverciyde Alcohol and Drug Recovery Services (ADRS) identified a need for a more assertive outreach approach to be taken to improve engagement through GP practices, as feedback has indicated, there has been a historic difficulty in engaging individuals in services from Port Glasgow into other areas of Inverciyde, and within the patient group who would benefit from Medication Assisted Treatment (MAT). To help address this, a decision was made to access CORRA funding for a test-of-change pilot that operationalised the existing Addiction Liaison Team as a primary care Outreach Service. Its aim was to target Inverciyde's increasing population of hard to engage and hidden individuals in need of support from services within Port Glasgow Health Centre.

In terms of impact, the Addiction Liaison Team has developed change in referral routes to service for individuals requiring treatment and support with their alcohol and/or drug use. This change has enabled individuals to access advice and treatment via their GP with the support of the Outreach Service offering specialist knowledge and advice to support safe and effective evidence-based treatment.

While the team has received 846 referrals total from all referral routes, including via Emergency Department and Scottish Ambulance Service, the team continue to receive referrals from GP practises engaging with this test-of-change, with an average of twenty-five appropriate cases being referred quarterly. Audit of two newly adopted clinics within GP practises has shown a reduction in hospital attendance and change to engagement with services following intervention received from the addiction liaison team. Previous service reports from acute hospital referrals have shown between April and December, 134 did not wish or require an onward referral to ADRS. Instead, accepting advice, information on self- guided support and self – referral routes to service. Additional resources to the team have enabled the service to offer outreach support post hospital

discharge to individuals who decline onward referral to Alcohol and Drug Recovery Services. This has enhanced engagement with harm reduction supports and optimised service engagement efforts.

In terms of next steps, information from the pilot is being reviewed for individual's experiencing alcohol and/or drug issues attending out of hours services. Joint discussions are on-going with current local emergency response services to determine the need for out of hours addiction support. The service is now keen to expand the approach to all Primary Care cluster areas within Inverciple.

## Inverclyde Alcohol and Drug Recovery Service Medication Assisted Treatment Standards update May 2024

Inverclyde ADRS and Alcohol and Drug Partnership (ADP), continue to implement and embed the Medication Assisted Treatment (MAT) Standards ensuring consistent delivery of safe, accessible high-quality care and treatment for people within Inverclyde experiencing harm from substance use. The Standards adopt a rights-based approach, ensuring individuals have choice in their treatment and are empowered to access the right support for where they are in their recovery journey. Scottish Government bench marking has indicated Inverclyde has achieved the **highest** scores awarded at this time for implementation and delivery of all Medication Assisted Treatment standards, green for Medication Assisted Treatment 1-5 and provisional green for 6 - 10.

Governance for the MAT action plan lies locally with Inverclyde Alcohol and Drug Partnership and centrally within NHS Greater Glasgow and Clyde board-wide steering groups. This ensures consistency in implementation of approaches that uphold the human rights of individuals and their families when engaging with substance use support services. This partnership approach to governance and delivery has resulted in positive service improvements in proactive identification of individuals at risk of harm and proactive care planning to reduce risks from complex and co-occurring support needs. Moving forward it is recommended partners across all health care, social care and justice settings engage with the revision of the Inverclyde Medication Assisted Treatment Action Plan for reporting period 2024-2025.

Future recommended actions are broadly captured under themes of:

- Improving information sharing protocols (including actions on revision of drug death monitoring and review group membership).
- > Optimising service capacity for proactive identification of individuals at risk of harm.
- > Optimising access to independent advocacy for vulnerable individuals.
- > Trauma-informed and trauma responsive people and services.
- Improving pathways (including targeted operationalisation of the revised Mental Health and Alcohol and Drug Recovery Service interface document)
- Optimising engagement with primary care

The table below, shows the current progress towards Inverclyde's Medication Assisted Treatment Standards. It demonstrates that across all standards performance has improved between March 2023 and 2024.

No.	MAT STANDARD	RAGB STATUS AT MARCH 2023	RAGB STATUS AT MARCH 2024
1	All people accessing services have the option to start MAT from	Provisional Green	Green
	same day of presentation		
2	All people make an informed choice on what medication to use	Green	Green
	for MAT and the most appropriate dose.		
3	All people at high risk of drug-related harm are proactively	Provisional Green	Green
	identified and offered support to commence or continue MAT.		
4	All people can access evidence-based harm reduction at the	Provisional Green	Green
	point of MAT delivery.		
5	All people receive support to remain in treatment for as long as	Green	Green
	requested		
6	The system that provides MAT is psychologically informed (tier	Amber	Provisional Green
	1); routinely delivers evidence-based low intensity		
	psychological interventions (tier 2); and supports individuals to		
	grow social networks.		
7	All people have the option of MAT shared with Primary Care	Amber	Provisional Green
8	All people have access to independent advocacy and support	Amber	Provisional Green
	for housing, welfare, and income needs		
9	All people with co-occurring drug use and mental health	Provisional Amber	Provisional Green
	difficulties can receive mental health care at the point of MAT		
	delivery		
10	All people receive trauma informed care.	Provisional Amber	Provisional Green

## Moving Forward and next steps

To further help progress towards the standards, over the next year we will aim to:

- ➤ The Alcohol and Drug Partnership have ringfence budget to employee a Medication Assisted Treatment specific advocate who will be employed through Circles Advocacy. We are currently working with our commissioning team within the Partnership to modify the contract currently in place and will work to bring someone in to provide an independent advocacy service as part of a modification to the existing contract.
- ➤ We will improve promotion around Independent Advocacy and ensure people accessing Recovery Services know their rights and are aware of what support is in place for them to be able to have their voice heard.
- ➤ We will improve our referral pathway between Alcohol and Drug Recovery Service and Circles Independent Advocacy the Alcohol and Drug Partnership will work to support both services in achieving this.
- ➤ We shall aim to embed independent advocacy services within our Alcohol and Drug Partnership structure and have staff employed that feed into our local networks and working groups to ensure a collective approach across the board.

## Residential Rehabilitation Pathways Team

The Inverciyde Residential Rehabilitation Pathways Team is an Inverciyde Alcohol and Drug Partnership (ADP) collaborative development between Turning Point Scotland (TPS) and Inverciyde Alcohol and Drug Recovery Service (ADRS). The team consists of one senior addiction nurse from Alcohol and Drug Recovery Service, lead practitioner and business support from Turning Point Scotland. The team aims to engage, develop and improve pathways for people accessing residential rehabilitation and provide a smooth transition following residential rehabilitation into the local community and support services.

The role of the Residential Rehabilitation Pathways Team is to work in partnership with individuals, their families, Inverciyde Alcohol and Drug Recovery Service, Turning Point Scotland and other partners to develop a model of recovery which provides fast and appropriate access to help, care and treatment options that includes residential rehabilitation and remove any barriers to this.

The Scottish Government has committed to giving all Alcohol and Drug Partnerships additional monies to support the use of residential rehabilitation until March 2026. The team will have access to this Alcohol and Drug Partnership funding for residential placements and any necessary detox/crisis intervention, enabling funding decision to be made quickly. The criteria to access residential rehabilitation is that:

- People have a long-standing drug and/or alcohol issue for a period of years as opposed to months.
- People need to be committed to actively participate in a residential programme; and
- Agree to participate in recovery focused community activities following discharge from their residential rehabilitation placement.

#### Context and Background

In her statement to the Scottish Parliament on 20<sup>th</sup> January 2021, the First Minister set out additional investment as part of a National Mission to reduce drug deaths which included an immediate investment of £5 million pounds in the 20-21 financial year. A significant proportion of this is to increase the number of residential placements and associated aftercare to ensure there is capacity to meet demand.

Inverciyde Alcohol and Drug Partnership is committed to the delivery of services underpinned by the vision of Rights, Respect and Recovery Strategy (SG, 2019): Scotland is a country where we live long, healthy and active lives regardless of where we come from and where individuals, families and communities:

- ➤ Have the right to health and life-free from the harms of alcohol and drugs.
- > Are treated with dignity and respect.
- Are fully supported within communities to find their own type of recovery.

#### Progress to date

The senior addiction nurse commenced in post in April 2023. Several attempts have been made to recruit the lead practitioner and business support however the post remains vacant at this time. Despite this the nurse has progressed the pathway and successfully supported 20 people to access residential rehabilitation placements. Out of the 20 individuals supported to access residential rehabilitation placements, 14 were male and 6 female.

60% of referrals to residential rehabilitation resulted in successful admissions. Among these 12 individuals, six self-discharged early, five remain in their placements at present and one completed their full placement.

75% of residential rehabilitation placements were funded by Inverclyde Alcohol and Drug Partnership (IADP), with the remaining 25% from non-ADP sources.

## Big Action 6 – We will build on the strengths of our people and our community

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

## **HSCP Workforce**

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



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

## Health and care (Staffing) Scotland Act

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

## Health and wellbeing of staff

We commenced Homecare Wellbeing Sessions in March 2024 and have plans for further sessions in April, May and July. The format is a drop in session and is arranged for each team/area where staff were able to drop in and take some time to stop, breathe and chat, have a sandwich, cake and cuppa with an opportunity to speak to some local supports and organisations including Health Improvement Team, Scotwest Credit Union, Inverclyde Leisure, Compassionate Inverclyde, Parklea (where they were



able to make up a planter and take it away with them); they could have a massage/hints and tips for good posture/how to manage Musculoskeletal issues (with Geraldine Charleston, Massage Therapist - pictured). And most importantly, they got to take away some freebies – tote bag, coffee cup, water bottle, sweets, keyring, ice scraper, pen.

## **Training Board**

Throughout the course of this year several initiatives designed to support the recruitment and retention of staff have been progressed.

#### Grow Our Own

Following design work last year, a "Grow Our Own" Initiative has been implemented with nine paraprofessionals securing support to obtain a social work qualification. 3 members of staff will complete a post graduate qualification and be ready to work as qualified social workers within 2 years. A further six members of staff will commence on an undergraduate pathway and will all be able to work as social workers over the next 3-4 years. As well as funding the course fees this initiative has allowed talented staff to pursue a qualification without the worry of reducing their salary or their job security – two of the main barriers identified by paraprofessionals considering a professional qualification. In addition to financial support plans are in place for appropriate peer support, learning and study support and to ensure the provision of high-quality practice learning placements. The Grow Our Own initiative is a long-term plan to provide stability across the social work workforce and address the national challenges in social work recruitment. It is a clear commitment to hard working talented staff across the Health and Social Care Partnership who have ambitions to progress into qualified social work roles. Following feedback from this first cohort of candidate's plans are being made to support other candidates next year.

#### New Qualified Social Workers

A further initiative of the training board has been to attract newly qualified social workers to Inverclyde. Over the last year we have offered financial incentives for candidates who have completed their MSc qualification. The Health and Social Care Partnership has reimbursed the final year of fees for appropriate candidates who have been successful at interview. This has been offered to five candidates this year all of whom have committed to remining in Inverclyde for at least three years. Payments have ranged from £2000 to £10,000 depending on the circumstances of the candidate.

## Staff Experience

The Training Board continues to work on initiatives to improve the experience of staff working across the Health and Social Care Partnership. During a facilitated development session with representatives from all sections of the Partnership priority actions and areas of work were agreed and workstreams set up to progress. Of note is a workstream to enhance the induction programme for new employees coming to work in Health and Social Care Partnership services as well as shared training opportunities across different services within the organisation.

Overall, the Training Board is providing a forum to progress ongoing initiatives to ensure Inverclyde is an employer of choice and has long term plans to address social work and social care recruitment and retention. There has been commitment of time and support from the Senior Management Team (SMT) as well as agreed and flexible financial resource to support the main aims of the Board.

## Developing our Primary Care Workforce

Investing in, supporting and increasing our workforces understanding and awareness of services is pivotal to our patients accessing the right care in the right place. Through various engagement routes, we have provided online engagement sessions, staff information stalls, attendance at team meetings and dissemination of materials.

To complement this we have provided training, of our 115 GP reception workforce, 39% have attended our care navigation training. Further sessions are scheduled into autumn of 2024 to train our remaining workforce and roll out this signposting model to our Health and Social Care Partnership workforce to create a consistent and standard approach to signposting.

## Maximising Independence - Workforce Development

What we hope to accomplish: a workforce with the mindset, knowledge, skills and confidence to support self-management effectively – enabling people to take greater responsibility for, and have more control over, their health and wellbeing.

Change idea: a tool-kit of 'supporting self-management' learning resources, and a cross-sector community of practice focused on supporting self-management.

#### Progress.

- > relevant available learning resources have been mapped.
- > staff participating in tests of change have received training in key approaches to support self-management.
- > supporting self-management is included in Care at Home staff induction.
- ➤ an online community of practice has been created for all practitioners to connect, learn, share, develop and collaborate to support self-management 65 services are currently represented.

Partners: Health Improvement Team, Training Board and Primary Care Transformation.

The programme is using the Model for Improvement, so adjustments are constantly being made within projects, in response to learning from testing. By November 2024, findings and lessons learned will provide an indication of approaches to implement, spread, develop, or explore further.

#### Mental Health Practice Development Support Nurse

The service is in the process of recruiting a Practice Development Support Nurse (PDSN) who will have a direct role in supporting professional and practice development of nursing staff on all aspects of mental health nursing. The PDSN will provide a clinically visible presence and work across inpatient and community mental health services. Historically this has been a shared post with Renfrewshire and it is hoped that the post being ring fenced to Inverclyde will help to contribute to and embed quality and good practice across Mental Health services in Inverclyde.

The Practice Development Support Nurse will:

- ✓ Share good practice across in-patient and community nursing services in line with National, Board and local standards.
- ✓ Be responsible for delivering developed clinical and evidence-based nursing practice in line with agreed priorities, standards, policies and guidance, ensuring that nurses of all grades participate in the process.
- ✓ Facilitate the dissemination of new and updated polices and guidance, auditing application in practice.
- ✓ Support the Practice Development Nurse to deliver national, board and service strategies and priorities.
- ✓ Facilitate workshops, training and education in line with service and local priorities.
- ✓ Contribute to the development, implementation and evaluation of clinical guidelines, procedures and policies and the monitoring of clinical standards.
- ✓ Maintain effective communication with all members of the multi-disciplinary team.

## Mental Health Advanced Nurse Practitioner (ANP)

The Advanced Nurse Practitioner (ANP) team have been established over the past 2 years for mental health inpatient services, helping to develop and transform nursing roles and alleviate workload pressures due to medical staffing shortages. The 2 trainee Advanced Nurse Practitioners who commenced in September 2022, were joined by a Lead Advanced Nurse Practitioner in October 2023.

#### The Advanced Nurse Practitioners:

- ✓ Attend ward rounds with members of the multidisciplinary team, often taking the lead on recording reviews, decisions and actions.
- ✓ Respond to unscheduled activity from all 5 wards in the absence of the ward doctors when on leave/ on call in other hospitals.
- ✓ Prescribe treatment and order tests/investigations for patients.
- ✓ Provide education sessions for our ward staff and junior doctors.
- ✓ Conduct annual physical health assessments for long term patients.
- ✓ Provide advice and support for staff and take lead in highly charged situations.
- ✓ Lead on Significant Adverse Event reviews (Lead Advanced Nurse Practitioner)
- ✓ Increase patient safety and improve continuity of care for patients and reduce waiting times to be seen.

The Advanced Nurse Practitioner service has been welcomed by nursing staff. Anonymous feedback forms from staff highlight the success of the service in the absence of ward doctors. One example of feedback states "I can't praise the team highly enough and find them more attentive than some junior doctors. Their conduct is exemplary, and they know the limits of their knowledge and are not afraid to seek advice. Overall, a welcome reliable addition to Inverclyde services." Another feedback example received stated "Helpful when duty Dr not around, visible and active on the ward. Happy to help with any tasks, offering advice and support where needed." The team is continually adapting to meet service needs with early discussions taking place to collaborate with the Crisis Team, seeking to reduce bed shortages."

With the two trainee Advanced Nurse Practitioners expected to qualify by Autumn of this year; the service will evaluate how best to harness and align the skills of the team across inpatient and community services to meet the current and future needs of Mental Health services in Inverciple.

## Development of 'After 5' Services

To help provide greater support to the people of Inverclyde, we have taken steps to enhance the availability of many of our services out-with the traditional 9-5 office hours. It was evident from discussions for people who access our services and local people, that quite often, Health and Social Care Partnership services are needed in the evenings and on weekends. The section below provides an example of some of the services that are now available after 5 'o'clock.



#### Alcohol and Drug Services

Statistics are being reviewed of current out of hour's attendances for individual's experiencing alcohol and/or drug issues. Joint discussions are on-going with current local emergency response services to determine the need for out of hours addiction support. The service is now keen to expand to all Primary care cluster areas within Invercive.

Service user and staff questionnaires remain on-going focusing on individual's opinions and views of accessing alcohol and drug treatment and support within the evenings and weekends including out of hours access to support.

## Rehabilitation and Enablement Service: Out Of Hours Team

Inverclyde Rehabilitation and Enablement Team have extended their service to 7 days a week and extending service hours to 7pm each day. This approach enhances and supports the Health and Social Care Partnership's existing Out of Hours teams and provides a greater availability of services to local people. The service aims to support people with care needs to remain safely at home where possible. Before this enhancement of service, all rehabilitation support was provided during traditional office hours of 9-to-5. Providing this support into the evening will have a positive impact on those in receipt of the care. Currently we have introduced Allied Health Professional (AHP) support (i.e Physiotherapist & Occupational Therapist) to this service alongside our Rehabilitation Health Care Support Worker Team at weekends. Moving forward we are hopeful and anticipate by 2025 to extend AHP cover into evenings also to provide this expertise and support across our 7 day service.

#### Young People

Our intensive support model works with children and young people who are at the highest risk of being accommodated due to risk of harm, including within the community. Over the past year the service has enhanced its model to provide support across seven days including evenings and weekends. In delivering the intensive support model, the service will:

- > Create meaningful relationships with children, young people and families
- ➤ Help families to recognise, and build on their strengths
- > Support families to create wider support networks with family and friends
- Ensure that children and young people and their families are listened to and meaningfully and appropriately involved in the assessment, decision-making and planning about their care and support.

#### Classification - No Classification

This flexible approach provides opportunities to support children, young people and families in creative ways to reduce risk, build confidence, and promote safety and resilience. The model seeks to deliver a range of outcomes with children, young people and families to:

- ★ reduce the number of children and young people locally who need to be looked after.
- ★ support children and young people to return and remain with their families, feeling safe and nurtured.
- ★ reduce the impact of social inequalities on children and young people, and
- ★ support a nurturing transition to adulthood.

## Call before you Convey

Details of our call before you convey service, an excellent example of support to people out-with office hours, are provide on page 45.



#### Care Opinion

Care Opinion is an online tool where the people of Inverclyde can share their experiences of health or care services. It is safe and simple to share stories of care and to view others stories also. The public, services and regulators can see how stories are leading to change.



Inverclyde Health and Social Care Partnership passionately believes that by sharing honest experiences of care, we learn to see the world differently. Working together, we can all help make care better.

In partnership with Care Opinion we provide an online platform so that

- **people can share** honest feedback easily and without fear.
- > stories are directed to wherever they can help make a difference, and
- **everyone can see** how and where services are listening and changing in response.
- ➤ Inverclyde Health and Social Care Partnership want residents and users of services to have every opportunity to give feedback and actively promote use of Care Opinion



The examples provided below are direct excerpts from Care Opinion. All names have been maintained.

Story A - My husband damaged his back and broke his hip after suffering three strokes. Which had a big impact on his physical abilities, his confidence and emotional wellbeing. He was referred to Physio at Inverclyde Centre for Independent Living who encouraged him to come along to a physio group with people of a similar age and various physical disabilities.

My husband was very unsure at first of going, however once attending this physio group, he became motivated, he enjoyed meeting the other people doing the exercises, which not only helped his physical abilities, his confidence and wellbeing was increased, giving him the help and encouragement required to allow him to make the best of his life. I feel if these groups were to continue weekly (not just for a short block) people like my husband would have a place to go to allow him to meet others as well as helping his physical and emotional wellbeing needs.

This group also helped me as an unpaid carer to enable me to talk to the physio and support physios, learn about the other groups which were there to help and support me.

Story B - From the moment our dad was being discharged home for end-of-life care, the staff made us feel reassured and at ease, from the staff in G North at Inverclyde Royal Hospital to Nicole and Margaret who helped us plan a speedy discharge home with all the equipment.

Once our dad got home, he was able to be cared for by ourselves, his family, alongside the district nurses. The hybrid team were amazing in everything they have done for us, and we even managed to get a few laughs at such a difficult time (David, David, Jacqueline, Mhairi and Gisha). Our dad would have loved this.

The overnight district nurses were a God send at 1 a.m. and helped us, as a family, cope through until the morning, knowing that we had support throughout the night when it was difficult (Sandy, Sandra, Lisa, Morag, Theresa, Bridget and Gemma). They gave us time and listened to us at every visit, whilst delivering top class nursing care to our dad.

Hospice Advanced Nurse Practitioner Monica supported us and visited our dad at home. Janice at Ardgowan Hospice helped support younger members of the family too. The twilight team of district nurses were available at any time and always knowing they were not far away made it easier. They reassured us that they were at the end of the phone. Cochrane district nursing team (Claire, Lesleyann, Sharon, Lucy, Heather, Ann, Cath, Collette and Arlene) were all amazing. Angela the phlebotomist was also incredibly supportive.

The community alarm team were very quick to respond and the care at home team also supported our dad prior to his condition deteriorating. The district nursing managers (Linda and Neil) supported our dad at home and personally visited him. To all the others within Inverclyde who supported our 87-year-old father to live his best life - thank you.

To the medical staff who took time to care for our dad - thank you. To the management teams within Invercive Health and Social Care Partnership, we will be eternally grateful for all your help and your wonderful team of staff who provided our dad with compassionate, exemplary, person-centred care.

Thank you 🔘

I was most impressed by the Health Visitors willingness to take the time to listen to me.

Direct Quotes from different stories

I do not know what I would have done without the help from the carers and the lovely Physio.

I found the services mentioned (physio, podiatry, OT) both helpful, beneficial, with happy cheerful staff whose attitude always shone through while in attendance.



Nicki and her team were amazing, always encouraging and supporting me to do exercises that was within my capability; they took the time to listen to me and took on board how I was feeling.

## Care Inspectorate Activity

In October 2023, the Care Inspectorate and Healthcare Improvement Scotland (HIS) advised of their intention to jointly inspect health and social care services for adults in the Inverclyde Health and Social Care Partnership area, with a focus on services for people living with mental illness and their unpaid carers.



Inspection activity formally commenced on 23<sup>rd</sup> October 2023 and 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?"

## Inspection activities included.

- compilation of a position statement and supporting evidence by the Health and Social Care Partnership.
- > engagement with people living with mental illness and their unpaid carers.
- > a survey of staff in the Health and Social Care Partnership, third and independent sector agencies.
- > a review of selected health and social work records.
- > conversations with selected individuals and groups of professionals, including some of the people whose records were reviewed and the staff groups that support them.
- > scrutiny focus group sessions including frontline staff, senior managers, strategic leaders, third sector partners, commissioned service and homelessness staff.
- Four partnership meetings throughout the inspection between the inspection team and senior managers to discuss progress and findings.
- > two informal observational visits were conducted by the Inspection Team; one to the Greenock Health Centre and one to the Community Mental Health Team within Crown House. The visits were facilitated by the Service Manager, Learning Disability (Health Centre) and the Service Manager, Mental Health (Crown House) and the feedback indicated that both visits went very well and that the Inspectors found them informative and helpful.

## 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 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.

The final report of the Inspection is expected to be completed early May 2024 and will be available on The Care Inspectorate website <u>Site Search (careinspectorate.com)</u>

The total number of external commissioned providers inspected during 2023/2024 was forty-four. These included inspections to Older People Care Homes, Care at Home providers, Supported Living providers and Children and Family providers. Seven providers were inspected on more than one occasion resulting in fifty-two inspections taking place.

## Service Inspections

Of the 44 services that were inspected during their initial visit:



Seven services had two or more inspections carried out with an initial decrease. Of these:



One service had three inspections. They increased their grades on their second visit and increased those grades further on their third visit.



Six services had two inspections and increased their grades. on their second visit.

For the 16 inspections undertaken in the **Inverclyde Area**:



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

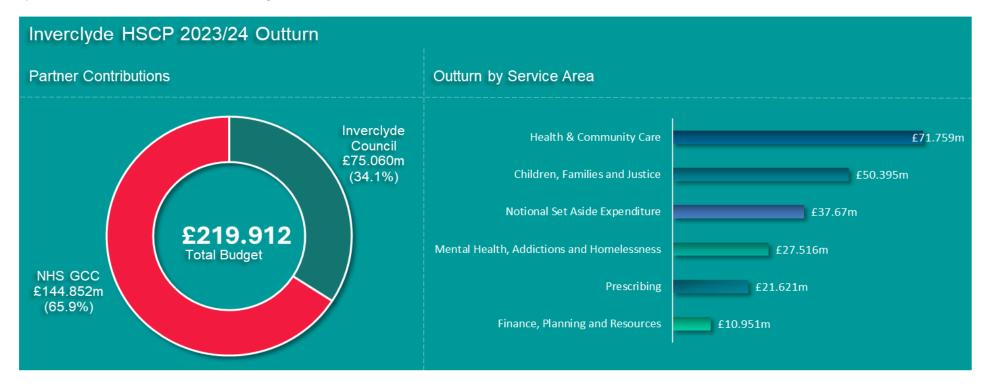


From the initial inspections in Inverclyde the Care Inspectorate made 52 areas of improvement and 27 requirements made.

## SECTION 4: FINANCE AND BEST VALUE

## Inverclyde IJB Financial Summary by Service

On 25th March 2024, the Integration Joint Board approved a two-year budget including £5.2m of planned savings and efficiencies over the budget years 2024/25 and 2025/26, along with the use of £0.7m of reserves in 2024/25 to meet the remaining budget gap for the year. The 2023/24 IJB expenditure is demonstrated in the image below:



## Inverclyde IJB Financial Challenges of 2023/24

The Partnership was overspent by £0.843m in 2023/24 at the financial year end. Existing Smoothing Reserves were used to offset this for 2023/24. On the Social Care side of the budget overspends of £3.380m were incurred mainly within Children and Families for Residential Placements, Fostering, Adoption and Kinship supports. This is partially offset by underspends of £2.946m mainly in Client Support costs across adult services, vacancies in most services and over-recovery of client income in Adult Services. On the Health side of the budget overspends of £1.764m were incurred within the Prescribing budget. This is partially offset by underspends due to vacancies across the Health side of the Health and Social Care Partnership.

At the start of the year the Health and Social Care Partnership had a smoothing reserves balance of  $\pm 6.592$ m. This is to facilitate managing services of a volatile nature and a contingency for any pay award deficits. During the year a total of  $\pm 3.676$ m has been drawn down for these purposes. In addition, a specific severance cost reserve of  $\pm 1.492$ m has been created as part of the budget setting process to pay for any voluntary redundancy costs incurred as part of the  $\pm 2024/26$  savings programme. This leaves a total smoothing reserve balance of  $\pm 4,408$  available for use in  $\pm 2024/25$  onwards in addition to our savings plan.

The Integration Joint Board continued to hold a Transformation Fund for the purposes of funding projects and activities which will realise future efficiencies for the Partnership. A closing balance of £1.326m was recorded.

Reserves are held for Winter Pressures/Planning amounting to £1.735m across various workstreams. £0.525m net expenditure was incurred in 2023/24 financial year, with the remaining £1.21m to be utilised to ease pressure on care services in 2024/25.

General Reserves of £1.561m are also held for the partnership.

Overall opening reserves of £24.262m were held at 1 April 2023. During the year £10.130m of Earmarked Reserves were used to fund specific spend and projects. An additional £5.155m was added to Earmarked Reserves including £0.709m allocated to general reserve as part of the budget process approved by the IJB to temporarily fund the 24/25 as part of the overall approved savings.

- ➤ The Set Aside budget set for 2023/24 is £37.670m. The Set aside arrangement results in a balanced position each year end.
  - The Set Aside budget is the amount "set aside" for each IJB's consumption of large hospital services.
  - Initial Set Aside base budgets for each IJB were based on their historic use of certain Acute Services including A&E Inpatient and Outpatient, general medicine, Rehab medicine, Respiratory medicine and geriatric medicine.
  - Legislation sets out that Integration Authorities are responsible for the strategic planning of
    hospital services most associated with the emergency care pathway along with primary and
    community health care and social care.
  - The Set Aside functions and how they are used and managed going forward are heavily tied into the commissioning/market facilitation work that is ongoing.

## **SECTION 5: PEOPLE AND LOCALITIES**

## Participation and Engagement

Inverclyde Health and Social Care Partnership is passionate about the health and wellbeing of all local people and committed to delivering high quality health and social care services and improving the ways our people and communities can be involved in decision-making that affects them, we want to do things differently when engaging with our communities. We know that by working together in partnership our care providers can transform the experience of people who use our services as well as the experience of those who deliver them. The <u>Planning With People</u> (www.gov.scot) guidance helps us achieve that widely and with consistency.

This year we consulted with local people, communities and partners as part of the process of developing our new Strategic Commissioning Plan. Following an initial engagement and development period last year, we identified the Health and Social Care Partnership Vision and four Strategic (key) Priorities to progress from 2024-2027.

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

Mechanisms for capturing feedback included:

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

The process of consultation supporting the preparation of the Inverclyde Health and Social Care Partnership Strategic Commissioning Plan 2024-2027 was in four main parts.

- 1) Obtaining views on the understanding and effectiveness of the previous Strategic Plan 2019-2024, highlighting the (September November 2023)
- 2) Obtaining views on what the main challenges are for the Health and Social Care Partnership, to help inform our themes for development and improvement. (September 2023 February 2024)

- 3) Obtaining views on the needs of our people from our communities, our Integration Joint Board, Strategic Planning Group and workforce (alongside the needs assessment) (September 2023 February 2024)
- 4) Obtaining views on the draft Health and Social Care Partnership Strategic Priorities (January-February 2024)

Other examples of participation are below and a copy of findings reports can be found as follows Participation Feedback - Inverclyde Council

## Primary Care Improvement Plan (PCIP) Engagement

We will continue to work with our wider primary care partners to implement the Primary Care Improvement Plan in line with Primary Care Transformation. The Memorandum of Understanding (MOU) for period April 2023 – March 2024 has been very much focused on introducing skill mix into teams, embedding a right care, right place ethos.

## Population Engagement

Working with our third sector partner Your Voice, we have shared our local Primary Care Transformation journey through the creation of a Primary Care Transformation brand, film, materials, Primary Care Guide, social media assets and community engagement. We have raised awareness and gained feedback from our population through Partnering with foodbanks, leisure, libraries, community centres, garden centres and many more community settings to cascade our messages and raise the profile of Primary Care, services, resources and support our population, developing our Linktree, this now hosts our materials, surveys, film and other useful reference points and resources. <a href="Inverclyde Primary Care">Inverclyde Primary Care</a> | Facebook | Linktree

We made use of social media platforms and digital billboards to convey our right care, right place messages and the transformation of Primary Care and associated services to our communities. In addition to this we.



- ➤ Of the 1004 population surveys completed 67.1% (996) indicated that they were aware of the meaning of Primary Care prior to this engagement exercise.
- > 78% (784) accessed their GP for help, advice, support for their health and wellbeing.
- Awareness of services demonstrated that 77.5% were most aware of Community Pharmacy services, of those 50% had attended a Community Pharmacy for advice and support. A positive culture shift in the use of Community Pharmacy services.

#### Positive feedback

"The leaflets available make it so much easier to access information."

"I didn't realise there were so many more services available within my GP practice."

"I don't think people realise how much help they can get in the pharmacy, so they'll go automatically to the doctor when it's something they could've got out the Pharmacy".



"I had no understanding of these services at all before I took part in this session."

Barriers were also noted, which will provide a useful tool for service improvement including digital access i.e. online booking and cancellation options, withdrawal of bus services proving challenging for patients attending health centres. The intention is to progress feedback with a 'You said, we did' model to give back to our community positive feedback and progression updates based on their comments through this engagement exercise.

# Locality Planning: 2023-24 update

We have continued to improve and enhance our approaches to locality planning. Locality planning is a key mechanism for Health and Social Care Partnership to help ensure that through voices, needs and aspirations of local communities are at the heart of our decisions making. Locality planning groups are essential parts of our strategic planning and service improvement processes.

Over the course of the year, we have focused on establishing our two localities, **East Locality** (covering the communities of Kilmacolm, Port Glasgow and East Greenock, and **West Locality** (covering Greenock Central, Greenock West, Gourock, Inverkip and Wemyss Bay).

During the year, we undertook activity setting the groundwork for the locality groups, this included:

- o Identifying locality Chair-people for each group.
- Establishing a core group of members, with representation from local people, service user and carers reps, third sector partners and Health and Social Care Partnership staff.
- Producing and agreeing a working Terms of Reference for each group.

Group meetings will take place every three months. To date, each locality has had the opportunity to provide feedback on local and regional strategies and been informed about recent developments in the Health and Social Care Partnership. Some

- examples include:

  o Providing feedback on Greater Glasgow and Clyde's review of Out of Hours services.
  - o Supporting the development of the Health and Social Care Partnership's new Strategic Plan by participating on locality-based discussions around the proposed strategic priorities.
  - o Invited to comment on the review of Care at Home Services, and Homelessness Service.
  - Receiving a presentation on Care Opinion, learning about its value as a tool to provide meaningful feedback on an individual's experience of Health and Care services.

Going forward, we will continue to strengthen the role of our locality groups by establishing clear reporting pathways back into the overall strategic planning structures of the Health and Social Care Partnership. In addition, next steps for the group include:

- o Enhancing membership and representation.
- o Updating locality profiles to highlight the key strengths and needs in each area.
- o Identifying locality-based priorities for action

Information on how you can participate in our locality discussions can be found on our website. HSCP Locality Planning Groups (LPGs) - Inverciyde Council

# Children & Young People Participation / Proud2Care Network

A youth led film was produced to support and encourage children and young people to go along to their Hearings meetings. The Film was written, directed and produced by young people in partnership with the iPromise in Hearings Working Group which has been listening to children and young people to work together to deliver change.



# **Appendix**

# Appendix A: National Outcomes

#### National Health and Wellbeing Outcomes

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



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

#### National Outcomes for Children

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

# National Outcomes for Criminal Justice

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

# Appendix 2: Glossary of Abbreviations

A&E	Accident and Emergency department		
AAU	Acute Assessment Unit		
ADPM	Advanced Dementia Practice Model		
ADP	Alcohol and Drugs Partnership		
ADRS	Alcohol and Drug Recovery Service		
APR	Annual Performance Report		
ARC	Association for Real Change		
AWI	Adults with Incapacity		
BF	Breast Feeding		
CCHST	Collaborative Care Home Support Team		
CHAT	Care Home Assurance Tool		
CJSW	Criminal Justice Social Work		
CLW	Community Link Worker		
CMHT	Community Mental Health Team		
CORRA			
СРО	Community Payback Order		
CTAC	Community Treatment and Care Services		
DNA	Did Not Attend		
DZ	Data Zone		
ERA	Environmental Risk Assessment		
GGC	Greater Glasgow and Clyde		
GP	General Practitioner		
НЕРМА	Hospital Electronic Prescribing and Medicines Administration		
HIS	Healthcare Improvement Scotland		
HSCP	Health and Social Care Partnership		
HLE	Healthy Life Expectancy		

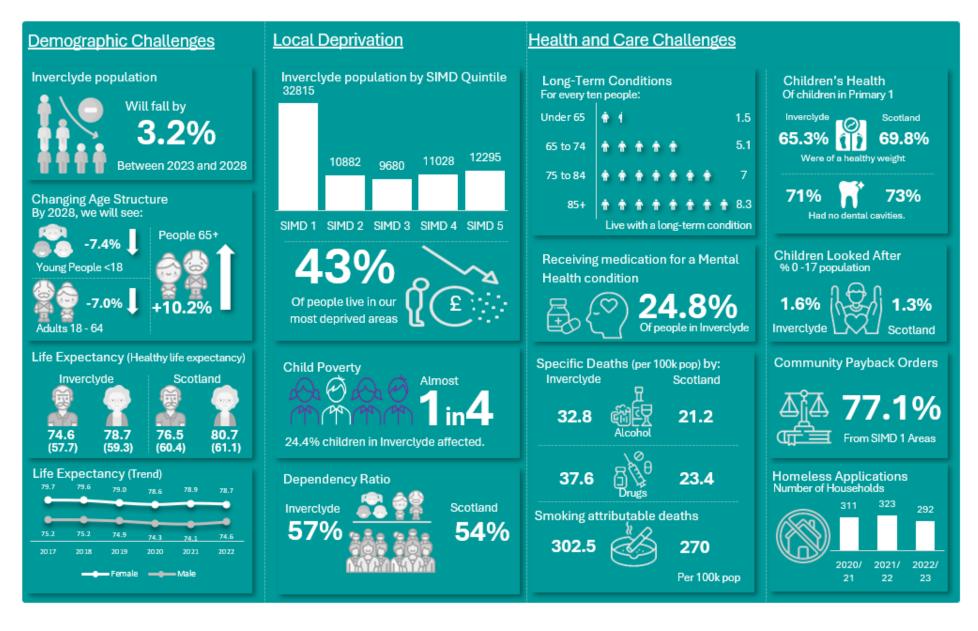
IJB	Integration Joint Board		
ICC	Inverclyde Carers Centre		
IRD	Initial Referral Discussions		
IPCU	Intensive Psychiatric Care Unit		
LPG	Locality Planning Group		
МАРРА	Multi-Agency Public Protection Arrangements		
MAT	Medication Assisted Treatment		
MHAU	Mental Health Assessment Units		
МНО	Mental Health Officer		
MMR	Measles, Mumps and Rubella		
MSG	Ministerial Steering Group		
NHS	National Health Service		
NRS	National Records for Scotland		
ОРМНТ	Older Peoples Mental Health Team		
OST	Opiate Substitute Treatment		
PCIP	Primary Care Improvement Plan		
PCMHT	Primary Care Mental Health Team		
PDS	Post Diagnostic Support		
PHS	Public Health Scotland		
RFA	Request for Assistance		
RSL	Registered Social Landlord		
SAS	Scottish Ambulance Service		
SDS	Self-Directed Support		
SIMD	Scottish Index of Multiple Deprivation		
SMR	Scottish Morbidity Record		
SNIPS	Special Needs in Pregnancy Service		
SPG	Strategic Planning Group		

# Classification - No Classification

SOP	Standard Operating Procedure		
TEC Technology Enabled Care			
TU5	Thrive under 5		



Appendix 3: Needs Assessment Infographic



Below shows a readable description of the infographics provided on page 24.

## Demographic Challenges

- 1. Shows that the population of Inverclyde will fall by 3.2% between 2023 and 2028.
- 2. Shows, that while the population is falling, we will see a fall of 7.4% in the number of people under 18, a 7% fall in adults aged between 18 and 64, and an increase of 10.2% in those aged 65+
- 3. Shows that male life expectancy in Inverclyde is 74.6 years, lower than the Scotland average of 76.5. It shows a life expectancy of women in Inverclyde of 78.7, again lower than the Scottish Average of 80.7.
- 4. Shows that male healthy life expectancy in Invercive is 57.7 years, lower than the Scotland average of 60.4. It shows a healthy life expectancy of women in Invercive of 59.3, again lower than the Scottish Average of 61.1.
- 5. Shows the falling life expectancy trend for both males and females in Inverclyde between 2017 and 2022.

## Local Deprivation

- 6. Shows the distribution of the Inverclyde population by SIMD Quintile. With SIMD Quintile with 32,815 people, SIMD 2 with 10,882 people, SIMD 3 with 9,680 people, SIMD 4 with 11,028 people, and SIMD 5 with 12,295 people.
- 7. Shows that 43% of the Inverclyde population live in the most deprived Quintile 1 areas.
- 8. Shows that 24.4% of children in Inverclyde live in poverty. Almost 1 in 4 children.
- 9. Shows the dependency ration for Inverclyde is 57%. Greater than the Scotland figure of 54%.

# Health and Care Challenges

- 10. Shows that for every ten people:
  - o Aged under 65, 1.5 has a long-term condition.
  - o Aged between 65 to 74, 5.1 has a long-term condition.
  - Aged between 75 to 84, 7 has a long-term condition.
  - Over 85, 8.3 has a long-term condition.
- 11. Shows that 24.8% of the local population is receiving medication for some form of mental health condition.
- 12. Shows that in Inverclyde, as a rate per 100,000, 32.8 people died because of alcohol use, compared to 21.2 in Scotland.
- 13. Shows that in Inverclyde, as a rate per 100,000, 37.6 people died because of drug use, compared to 23.4 in Scotland.
- 14. Shows that In Inverclyde, as a rate per 100,000, 302.5 deaths were attributed to smoking, compared to 270 across Scotland.
- 15. Shows that in Inverciyde 65.3% of primary one school children were of a healthy weight, compared to 69.8% across Scotland.
- 16. Shows that in Inverciyde 71% of primary one school children had no dental cavities, compared to 73% across Scotland.
- 17. Shows that of the 0–17-year-old population in Inverclyde, 1.6% were looked after compared to 1.3% across Scotland.
- 18. Shows that in Inverclyde 77.1% of Community Payback Orders were from people living in Inverclyde's most deprived SIMD quintile one areas.

19. Shows the number of Homelessness Applications received in Inverciyde by number of Households. It shows 311 applications in 2020/21, 323 applications in 2021/22, and 292 applications in 2022/23.

Appendix 4: Vaccination Statistics

Inverclyde HSCP - COVID19Uptake			Inverclyde HSCP - Flu Uptake				
Cohort	Vaccinated	Population	% Uptake	Cohort	Vaccinated	Population	% Uptake
Age 75+	5,995	7,559	79.30%	Age 75+	6,002	7,559	79.40%
Age 65 - 74	5,426	8,877	61.10%	Age 65 - 74	5,513	8,877	62.10%
Older People Care Home Residents	520	597	87.10%	Age 50 - 64	3,055	10,874	28.10%
Frontline Healthcare Workers	297	1,332	22.30%	Older People Care Home Residents	534	597	89.40%
Weakened Immune System	1,179	2,168	54.40%	Weakened Immune System	1,264	2,145	58.90%
At Risk 12 to 64	3,249	11,489	28.30%	All Health Care Workers	252	1,190	21.20%
At Risk 5 to 11	26	487	5.30%	At Risk age 18-64	4,132	13,057	31.60%
At Risk 6 months to 2 years	0	93	0.00%	All Social Care Workers	151	1476	10.20%
All Social Care Workers	254	2214	11.50%				
	16,946	34,816	48.67%		20,903	45,775	45.66%

Inverclyde Health and Social Care Partnership (HSCP)

**Hector McNeil House** 

Clyde Square

Greenock

**PA15 1NB** 



INVERCLYDE
LISCP
Health and Social
Care Partnership







**AGENDA ITEM NO: 10** 

Report To: Inverclyde Integration Joint Date: 9 September 2024

**Board** 

Report By: Kate Rocks Report No: IJB/37/2024/KR

Chief Officer, Inverclyde Health &

**Social Care Partnership** 

Contact Officer: Scott Bryan Contact No: 01475 715365

Service Manager, Planning, Performance and Equalities

Subject: Strategic Partnership Plan Outcomes Framework

#### 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 Integration Joint Board on the development of an Outcomes Framework to compliment the new Strategic Partnership Plan, published in May 2024.
- 1.3 Following development workshops with each HSCP service area, the development of a new outcomes' framework has been progressed.
- 1.4 The Outcomes Framework is structured around the four strategic priorities and all identified measures are in direct alignment with agreed strategic actions.
- 1.5 In complying with Public Bodies (Joint Working) (Scotland) Act 2014, work has been undertaken to align the Outcomes Framework with the 9 National Health and Wellbeing Outcomes.
- 1.6 The new outcomes framework will be the foundation for future performance reports.

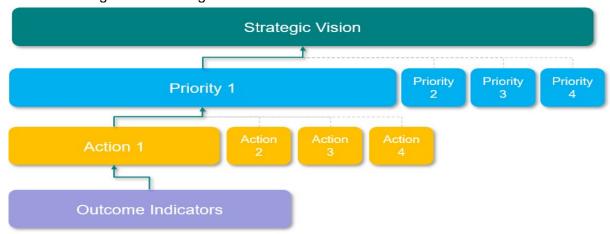
#### 2.0 RECOMMENDATIONS

2.1 It is recommended that Integration Joint Board (IJB) notes the contents of this report and endorse the proposed Outcomes Framework for further development and future reporting.

Kate Rocks
Chief Officer
Inverclyde Health and Social Care Partnership

#### 3.0 BACKGROUND AND CONTEXT

- 3.1 The Integration Joint Board approved a new Health and Social Care Strategic Partnership Plan in May 2024. This plan, 'People and Partnerships, Making a Difference (2024/2027)' identified four new strategic priorities to inform the direction of the HSCP going forward. This new plan succeeded the previous plan, 'Improving Lives (2019/24)' and retired the 6 Big Actions.
- 3.2 Due to local capacity concerns during development, it was not possible at the time to produce a meaningful Outcomes Framework for the plan.
- 3.3 Since publication, development has taken place on an outcomes framework that will evidence progress and impact of the Strategic Partnership Plan.
- 3.5 During July and August, workshops were held with each of the operational service areas to identify performance and outcome measures against each their identified strategic actions.
- 3.6 In development of the strategic plan, we agreed a suite of 32 deliverable actions to be progressed over the lifetime of the plan. Each strategic action also included a specific desired outcome, that identified what success would look like.
- 3.7 In developing our outcomes framework, we considered the identified 'desired outcomes' identified in the Strategic Partnership Plan, and identified appropriate measures that would evaluate impact.
- 3.9 The visual below, demonstrates the rationale of this approach, and highlights how our indicators will feed through to our strategic visions:



3.10 Over the course of the workshops, a range of measures were identified by service leads and partners. The measures identified included a range of existing indicators, or proposed measures with established data sources. They also included new measures that will require a level of further development.

# 4.0 PROPOSALS

4.1 The Outcomes Framework aims to provide an insight into the implementation of the Strategic Partnership Plan by providing a range of indicators that are clearly aligned to the identified strategic priorities and actions.

- 4.2 It was agreed at each workshop the outcomes framework would be 'live' and subject to iterative development and review. This will help to ensure it continues to meaningfully measure the impact of the Strategic Plan.
- 4.3 Following IJB endorsement, Strategic Services will continue to develop and implement the Outcomes Framework, establishing clear reporting mechanisms and timescales.
- 4.4 To support the implementation of the Strategic Partnership Plan and the Outcomes Framework, we will establish a Performance Board, which will be chaired by the Chief Officer of the Health and Social Care Partnership.

#### 5.0 IMPLICATIONS

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

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

#### 5.2 Finance

There are no costs implications arising from the implementation of this Outcomes Framework.

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 are no legal implications arising from the development of this Outcome's Framework. The framework will complement and support the overall delivery of the IJBs Strategic Partnership Plan.

#### 5.4 **Human Resources**

There are no Human Resource Implications

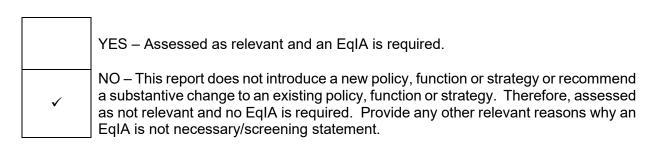
## 5.5 Strategic Plan Priorities

The Outcomes Framework will be the key mechanism by which we evaluate the implementation of the Strategic Partnership Plan and the 4 strategic priorities. Going forward, the performance and outcomes framework will be the basis for future Annual Performance Reports and internal performance reporting.

## 5.6 Equalities

## (a) Equalities

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



## (b) Equality Outcomes

How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected	Several of the actions included in
characteristic groups, can access HSCP services.	the Strategic plan also support
	the Integration Joint Board's
	Equality Outcome Plan and new
	equality outcomes.
	This outcomes framework will
	also help support evaluation of
	the IJB equality outcomes.
Discrimination faced by people covered by the protected	As above
characteristics across HSCP services is reduced if not	
eliminated.	
People with protected characteristics feel safe within their	As above
communities.	
People with protected characteristics feel included in the	As above
planning and developing of services.	
HSCP staff understand the needs of people with different	As above
protected characteristic and promote diversity in the work	
that they do.	
Opportunities to support Learning Disability service users	As above
experiencing gender based violence are maximised.	

Positive attitudes towards the resettled refugee community	As above
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.
✓	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.
<b>✓</b>	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

It is intended that the Outcomes Framework will support the overall performance management approaches of the Health and Social Care Partnership. As such, it will support the provision of robust strategic performance measures that will better inform Strategic Planning, and Clinical and Care Governance.

## 5.8 National Wellbeing Outcomes

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

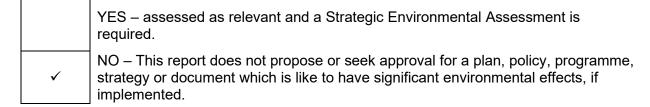
National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	The Integration Joint Board Strategic Partnership Plan is obliged to demonstrate how it will progress the National Health and Wellbeing Outcomes. The outcomes framework aligns the actions within the strategic plan, demonstrating how they contribute to the national outcomes.
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	As above.

People who use health and social care services have positive experiences of those services, and have their dignity respected.	As above.
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	As above.
Health and social care services contribute to reducing health inequalities.	As above.
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.	As above.
People using health and social care services are safe from harm.	As above.
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.	As above.
Resources are used effectively in the provision of health and social care services.	As above.

# 5.9 Environmental/Sustainability

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

Has a Strategic Environmental Assessment been carried out?



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

## 6.0 DIRECTIONS

6.1

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

# 7.0 CONSULTATION

7.1 The Outcomes Framework was developed in collaboration with HSCP service areas. During July/August 2024, HSCP Strategic Services hosted 3 workshops with each operational service area to review their agreed actions and identify appropriate performance and outcome measures.

# 8.0 BACKGROUND PAPERS

8.1 N/A

Classification: Official



**Appendix 1** 

# Strategic Outcomes Framework

PEOPLE AND PARTNERSHIPS, MAKING A DIFFERENCE (2023-27)

# Contents

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# Introduction

In May 2024, Inverclyde Integration Joint Board (IJB) approved the publication of the Strategic Partnership Plan, 'People and Partnerships, Making a Difference' (2023-27). This plan introduced four Strategic Priorities that would support the IJB and the Health and Social Care Partnership (HSCP) to achieve it's vision. This vision is that:

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

The four strategic priorities that will inform our direction over the next three years are:

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

Each priority is supported by a suite of strategic actions, with each having an identified desired outcome, telling us what success for each outcome will look like.

This document details the Outcomes Framework that has been developed to assess and evaluate the impact of the Strategic Partnership Plan. This framework will allow us to effectively measure and evaluate the impact of the strategic plan and help us in our future service planning.

We intend for our Outcomes Framework to be a 'live' resource to assist us in linking what we do (our activities) with what we want to achieve (our outcomes),

It is anticipated that this framework will inform future performance reports to Integration Joint Board, Strategic Planning Group, Senior Management Team and other relevant governance groups and will be the key framework for future Annual Performance Reports.

# Background and Method

In developing the plan, we worked with colleagues in the HSCP and with partners to identify a set of key deliverables and measurable actions against each of the four strategic priorities. In total, 32 Strategic Actions were identified

In constructing these actions, we also identified the desired outcome for each. Identifying the desired outcome, allowed us to better understand what success would look like for each action and support us in identifying appropriate performance and outcome measures to assess impact.

Collaboration with our colleagues is key in building a successful Outcomes Framework. In developing the framework Strategic Services delivered three development sessions. Sessions were delivered in an external venue, away from the office, allowing for the delivery of a focussed workshop style environment. The development sessions were attended by each Head of Service, Service Managers and Team Leads who will have responsibility for strategic actions.

The session was supported by members of the Performance and Information Team who could advise on data availability and performance reporting methods.

The development sessions were held as follows.

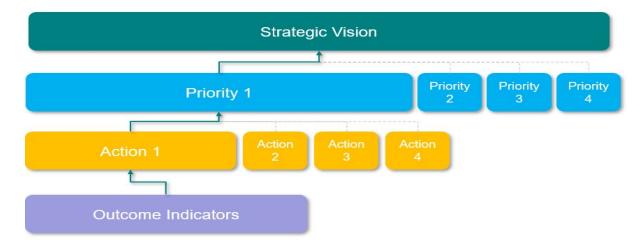
- 1) Health, Community Care and Homelessness Thursday 25th July 2024.
- 2) Children, Families and Justice Social work Wednesday 31st July 2024.
- 3) Mental Health and Addictions Thursday 1st August 2024.

# **Development Approach**

In developing the Strategic Partnership Plan (2024-2027), we agreed a suite of key strategic actions for delivery. Each Strategic Action identified a 'Desired Outcome', that highlighted what success for each action would look like.

Throughout the workshops, conversations prioritised the identification of Outcome Measures, those that would best evidence impact and measure success against each desired outcome.

The visual demonstrates how the collection of the identified outcome indicators will feed into each strategic priority, and ultimately support the Partnership's Strategic Vision:



# **Next Steps**

Going forward, the Partnership will establish a 'Performance Board' to oversee the implementation of the Outcomes Framework.

It is anticipated that this will be a 'live' framework and will be subject to iterative processes as we continually seek to refine and improve how we effectively measure our performance and report on outcomes.

Following Integration Joint Board and Senior Management endorsement, Strategic Services will begin sourcing information for the measures identified and establish a performance reporting framework.

Classification: Official

# **Outcomes Framework**

The tables below show, for each strategic priority, the identified strategic actions, the desired outcomes, the proposed outcome measures and the alignment to the nine National Health and Wellbeing Outcomes. The full list of the National Health and Wellbeing Indicators can be found at appendix A.

No.	Strategic Actions	Desired Outcome	Outcome Measure(s)	Health and Wellbeing Outcomes
1.1	We will develop our earlier intervention approaches, with partners, which build on the strengths of families to give their children the best start in life and to provide the right support to families who need it, at the right time.	Families and children are supported earlier and effectively to achieve positive outcomes	a) Reduction in volume of children requiring statutory involvement     b) Number of Families successfully completing early help programme	1, 4
1.2	We will deliver to people and stakeholders a series of workshops that promote self-help and recovery for people who experience mental health and wellbeing concerns.	People are aware of what to do to support their own mental health and wellbeing and of those around them.	Percentage of people who report feeling more informed about Mental Health concerns and resources (post outreach session surveys)	1,2
1.3	We will streamline the HSCPs 'front door' pathways, supporting people to get to the service they need as soon as possible.	Local people are supported to access the services that are right for them.	<ul> <li>a) Percentage of People supported to the right service in line with their priority need.</li> <li>b) Reduction in percentage of repeat referrals for adults and children who are at risk of harm.</li> </ul>	3, 9

Pro	vide Early Help and Intervention	on		
No.	Strategic Actions	Desired Outcome	Outcome Measure(s)	Health and Wellbeing Outcomes
1.4	We will ensure people with complex health conditions or disabilities are supported proactively to ensure they remain independent and maintain good health.	People are provided with the right timely support and live independently in their own community.	<ul> <li>a) Number and percentage of service users fully independent post-reablement intervention.</li> <li>b) Number/Percentage of service users in receipt of a reduced support post-reablement.</li> <li>c) Number/percentage of hospital admissions avoided from point of referral</li> <li>d) Increase in percentage of individual outcomes met.</li> <li>e) Increase in the number of completed Future Care Plans.</li> </ul>	1, 4
1.5	We will develop with our partners an outreach strategy for those experiencing harm from alcohol and drug use improving pathways for treatment.	We will continue to improve accessibility and pathways to treatment for people experiencing harm from alcohol and drug use.	<ul> <li>a) Increase in number of referrals that meet the threshold for Universal Supports by the Community Mental Health Team and Alcohol and Drug Recovery Service.</li> <li>b) Increase in the number of people that appropriately require a referral to Community Mental Health Team and Alcohol and Drug Recovery Service</li> </ul>	1, 4, 7
1.6	We will review our local commissioning arrangements to ensure there is an appropriate breadth of available local support for	There is a range of available support options for people experiencing harm from alcohol and drug use in their recovery.	ACTIVITY ONLY	3, 5, 9

Pro	vide Early Help and Interventic	n		
No.	Strategic Actions	Desired Outcome	Outcome Measure(s)	Health and Wellbeing Outcomes
	those experiencing harm from alcohol and drugs.			
1.7	Work with partners to deliver early intervention approaches which help divert people away from involvement in offending.	People are supported to move away from offending at the earliest opportunity.	Increase in the number of people completing Diversion activity who avoid further repeat offending.	3, 4, 7
1.8	We will undertake a future needs assessment to ensure that we able to provide a range of housing supports that reduces homelessness.	More people in Inverclyde are supported to avoid homelessness.	Increase in the of homelessness prevented	4, 5

lmpr	ove Support for Mental Health, We	llbeing and Recovery		
No.	Strategic Actions	Desired Outcome	Outcome Measure(s)	Health and Wellbeing Outcomes
2.1	We will improve access to mental health and emotional wellbeing services for children, young people, and their families.	Children and young people get the right support at the right time and right place.	<ul> <li>a) Reduction in inappropriate referrals to Child and Adolescent Mental Health Services (aim to reduce)</li> <li>b) Increase in the number of children and young people who report their mental health has improved with the right support at the right time (source/method needed)</li> </ul>	3, 4
2.2	We will work with partners to improve access to mental health and wellbeing support.	People will receive timely support from the most appropriate service.	ACTIVITY ONLY	3, 4, 9
2.3	We will support our people to self- manage the impact that mental ill health has on their life.	People will be able to self-manage their mental ill health.	<ul> <li>a) Increase in the number of people completing Computerised Cognitive Behavioural Therapy</li> <li>b) Decrease the number of people who re-refer to service</li> <li>c) Decrease in the number of people that do not complete Primary Care Mental Health Team intervention</li> </ul>	1, 4
2.4	We will implement new person centred and rights-based processes to support people in receipt of mental health care plans	People with complex mental health conditions are fully involved in the design and delivery of their own care plans.	Increase the number of people completing a 'Wellness Recovery Action Plan' (WRAP)	3, 4, 5
2.5	We will develop processes for capturing information about the outcomes of people living with mental illness and their unpaid carers.	We will aggregate our outcome data to support the development of services that improve service user outcomes.	Increase in the use of wellbeing tools. (Data only)	3, 6

Impr	ove Support for Mental Health, We	llbeing and Recovery		
No.	Strategic Actions	Desired Outcome	Outcome Measure(s)	Health and Wellbeing Outcomes
2.6	We will deliver tiered suicide prevention training across the HSCP and partners, through local delivery of the Creating Hope Together Strategy.	Our workforce and partners are more informed when supporting those at risk of suicide.	<ul> <li>a) Increase in the number of staff completing suicide prevention courses.</li> <li>b) Increase in the number of staff reporting greater awareness of suicide prevention approaches in post-training follow-up.</li> </ul>	7, 8
2.7	We will deliver a test of change to improve the interface between Alcohol and Drugs Recovery Services (ADRS) and emergency mental health services.	People with urgent care needs relating to mental health and substance use have improved support with the right care at the right time.	a) Reduce the number of people referred to Mental Health inpatient Services	3, 7, 8
2.8	We will work with partners to review and improve our pathways to residential rehabilitation, for those experiencing harm from alcohol and drug use.	People who need residential rehabilitation for treatment for alcohol and drug use have timeous access to this service.	<ul> <li>a) Increase in number of people completing Residential Rehab</li> <li>b) Reduction in number of people completing residential rehabilitation who do not return to service within six-months.</li> </ul>	8, 9
2.9	We will support the mental health and wellbeing of those experiencing homelessness by improving access to third sector services.	People experiencing homelessness have access to effective mental health and wellbeing supports.	a) Decrease in the number of service users presenting back to     Homelessness reporting issues with MHWB     b) Increase in the number of service users satisfied with outcome of referral (Outcome STAR)	3, 5, 7, 9

No.	Strategic Actions	Desired Outcome	Outcome Measure(s)	Health and Wellbeing Outcomes
3.1	We will ensure more children and young people who are looked after away from home are able to remain in Inverclyde	Children are cared for and supported in their local communities	Increase in the percentage of Children looked after in a community setting who remain in Inverclyde.	3, 4, 7
3.2	We will work with partners to challenge stigma within services and communities across Inverclyde.	People are kinder to each other, and the harmful impact of stigma is reduced.	ACTIVITY ONLY	3, 5, 7
3.3	We will deliver awareness sessions across Inverclyde communities that promotes self-management and self-care.	People feel more knowledgeable and confident, in improving their health and no how to access the right services.	Measure to be confirmed	1, 3, 4
3.4	We will create public content and campaigns across a range of different platforms (both face to face and online) across the partnership to improve awareness of supports available within our community.	People have greater access to information on health and wellbeing services and are more informed on available supports.	Increase in the number of self-referrals to community/third sector services	1
3.5	We will work in partnership with people with lived and living experience of harmful alcohol and drug, to ensure they are involved in future service development.	The views of people with lived or lived experience of alcohol and drug harms are valued and used to inform improvements in local services.	ACTIVITY ONLY	3, 9
3.6	We will support more people completing unpaid work to benefit the local area as part of their community sentences.	Our community will recognise the benefit of unpaid work in improving their local environment.	<ul> <li>a) Number of people/groups who report positively for the work received from Unpaid Work Orders. (data only).</li> <li>b) Number of requests for unpaid work from the community (data only)</li> </ul>	4, 9

3.7	We will ensure our communities have improved opportunities in sustainable employment, education, or volunteering opportunities.	We have improved opportunities for people to access meaningful education, employment of volunteering opportunities.	a) b) c) d)	Amount of income maximised for service users Reduction in in-work poverty through Income Maximisation (data only) Increase number of referrals to income maximisation services Increase in number of people	5	
			u,	known to HSCP referred into CLD employability programmes.		

No.	Strategic Actions	Desired Outcome	Outcome Measure(s)	Health and Wellbeing Outcomes
4.1	We will, in partnership, develop whole family models of support to strengthen family capacity and provide early help/support.	More families accessing community-based early help and support services.	ACTIVITY ONLY	1, 4, 6
4.2	We will develop ways of working that build and support the capacity of families.	We have supported families to increase their confidence in their caring role.	<ul> <li>a) Reduce the average time on Child Protection Register</li> <li>b) Reduction in the average time under Looked After Legislation</li> <li>c) Number of children subject to compulsory measures of supervision whose orders are terminated within 12 months (data only).</li> </ul>	1, 4, 6
4.3	We will ensure people's plans include the view of families and carers.	Families and carers feel more involved in the decision making and planning for the cared for.	<ul> <li>a) Percentage of service users / families / carers satisfied with their involvement in the discussions / design (Data only).</li> <li>b) Number of children's views captured in the child's plan (data only).</li> </ul>	3, 6
4.4	We will consult and develop our Inverclyde Carers Strategy for adults and young carers	There is wider awareness of the supports available to carers including respite and short breaks.	ACTIVITY ONLY	5, 6
4.5	We will ensure all families and people who provide care and support to a loved one will have access to a carers assessment.	Families and carers who undertake the caring task will be offered a carers assessment.	a) Number of new Adult Carer Support Plans Completed (data only)	5, 6

Strengthen Support to Families and Carers						
No.	Strategic Actions	Desired Outcome	Outcome Measure(s)	Health and Wellbeing Outcomes		
			b) Number/Percentage of service users / families who declined support and reason (data only)			
4.6	We will ensure our staff are confident in the principles and practice of self-directed support, to maximise choice and control for people and unpaid carers.	More people access self-directed support options following positive and supportive conversations with our workforce.	<ul> <li>a) Increase in SDS options 1 - Direct         Payments and 2 - Directing the         Individual Resource.     </li> <li>b) Increase in percentage staff who         report feeling more confident in             discussing the range of SDS Options             with Service Users (data only)     </li> </ul>	8, 9		
4.7	We will support families to help avoid homelessness.	People who must leave their family home will be supported in finding another tenancy option.  Peoiple will be provided access to mediation that provides a range of options that supports their wellbeing	<ul> <li>a) Prevent the number of people who at risk of homelessness, through the provision of mediation. (data only)</li> <li>b) Increase in the number of people who, subject to mediation and are unable to remain at home are provided alternative accommodation (data only)</li> <li>c) Increase in the number of people who, subject to mediation and can remain at home. (data only)</li> </ul>	4, 5, 7		
4.8	We will work with partner agencies to ensure families of people involved with offending are effectively supported.	Families of people involved with offending experience improved support.	ACTIVITY ONLY	4, 5, 6		

Classification: Official

# Appendix A

# National Health and Wellbeing Outcomes

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



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



**AGENDA ITEM NO: 11** 

Report To: Inverclyde Integration Joint Date: 9 September 2024

**Board** 

Report By: Kate Rocks Report No: IJB/30/2024/KP

Chief Officer

**Inverclyde Health and Social Care** 

Partnership

Contact Officer: Katrina Phillips Contact No: 01475 558000

**Head of Service** 

Subject: NHS GGC Mental Health Strategy Refresh Public Engagement

#### 1.0 PURPOSE AND SUMMARY

1.1 □For Decision □For Information/Noting

- 1.2 This is a briefing paper in conjunction with the Mental Health Strategy Refresh 2023=2028 document to detail NHS GGC Public Engagement Process
- 1.3 The Mental Health Strategy Refresh 2023=2028 document has been developed in partnership with all 6 HSCP's within NHS Greater Glasgow and Clyde and updates on the NHSGGC five year adult mental health strategy 2018-2023 and expands on its scope to take account of the range of services relevant to the wider complex of mental health services and the continuing impact of COVID-19 as services go about restoring and refreshing the focus on Strategy changes, initially for the next 5 years.

The Strategy refresh approach to implementation will include:

- No wrong door, so any appropriate referral for secondary specialist mental health care
  will not be sent back to Primary Care with a suggestion of an appropriate response but
  discussed and progressed between secondary specialist services
- More people with lived and living experience, along with families and carers, will be involved in everything for co-production
- Prevention will be better explained as addressing wellbeing
- A focus on inequalities including people with protected characteristics and those affected by the socio-economic determinants of poor health.

- Improved access for Mental Health and situational crisis
- Commitment to more established points of access & clear referral pathways
- Self-management resources for people with long term mental health issues, that are accessible and do not exclude access to services where appropriate

# 2.0 RECOMMENDATIONS

2.1 It is recommended that the IJB note the contents of this report and the plan for public engagement process.

Kate Rocks Chief Officer Inverclyde Health and Social Care Partnership

#### 3.0 BACKGROUND AND CONTEXT

#### 3.1 Summary of the Proposed Service Changes and Improvements

- 3.2 What causes mental health issues is very complex. It is important to understand that just because we may not know exactly what causes someone to experience a mental health issue or distress, this doesn't mean it is any less serious than any other health issue, any less deserving of recognition and treatment or any easier from which to recover. Mental Health issues and distress can have a wide range of causes. It is likely that for many people there is a complicated mix of factors and different people may be more or less deeply affected by certain things than others. Factors that could contribute to a period of poor mental health or distress can include:-
  - Childhood abuse, trauma or neglect;
  - Social isolation or loneliness;
  - Experiencing discrimination and stigma including racism;
  - Social disadvantage, poverty or debt;
  - Bereavement;
  - Severe or long term stress;
  - Having a long term physical health problem;
  - Unemployment or losing your job;
  - Homelessness or poor housing;
  - Being a long-term carer for someone
  - Drug & alcohol misuse;
  - Domestic violence, bullying or other abuse as an adult;
  - Significant trauma as an adult;
  - Physical causes e.g. head injury and / or neurological condition
  - Neurodevelopmental vulnerabilities, especially those previously unrecognised
- 3.3 There are separate and specific strategies for organised health and social care service responses for each of the GGC wide mental health complex of services (Health Promotion & Prevention; Child and Adolescent Psychiatry [CAMHS]; adult mental health; older people's mental health; alcohol and drug recovery; learning disability and also Forensic mental health).
- 3.4 The recommendations described in this refresh will require implementation through multiple delivery work streams or other related strategies as appropriate to how they are interrelated or interdependent, such as those that contribute to the response to, or reduction of, Adverse Childhood Experiences.

# 3.5 **Engagement Process**

3.6 Phase 1 of public engagement took place from March to April 2024 supported by the Patient Engagement Public Involvement Team and focused mainly on widely distributed and surveys

about what matters to people in local areas related to mental health and wellbeing service provision. There was a good response across the board area and from Inverclyde.

3.7 Phase 2 of the Public Engagement process is planned for August – October 2024.

#### Phase two engagement activity

#### What:

- 12-week phase from May to July 24
- Specific engagement on the in-patient beds redesign proposal
- Engagement will contribute to development of preferred option

#### Who:

- Targeted engagement: public, MH service users and carers
- Additional engagement with equalities groups and third sector partners

#### How:

- HSCP's are lead for engagement within their own area
- PEPI Team will support with planning and facilitation of public facing sessions and any sessions with third/vol sector partners
- MHN will support with facilitation of MH service user and carer sessions and any sessions with equalities groups
- 3.8 Inverclyde HSCP will facilitate 5 public engagement events throughout September as part of the wider GGC public engagement process. The dates below are being held and may change dependent on venue availability.
  - 16<sup>th</sup> September 2024 Port Glasgow Town Hall 2 sessions of 2 hour duration
    - Wider public engagement session
    - o Service User and Carer engagement session
  - 23<sup>rd</sup> September 2024 Coppermine Community Centre, Gourock 2 sessions of 2 hour duration
    - o Wider public engagement session
    - o Service User and Carer engagement session
  - 23<sup>rd</sup> September 2024 Online public engagement session
- 3.9 The sessions will be supported by HSCP staff, Your Voice, CVS and NHS GGC Public Engagement Team. The sessions will be promoted through HSCP, Council and GGC social media and through Your Voice and CVS network connections
- 3.10 There will be further sessions and communications across the HSCP to engage and communicate the strategy refresh and seek views from HSCP staff supported by partnership representation. The dates of these sessions have still to be confirmed

## 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		Χ
Legal/Risk		Χ
Human Resources		Х
Strategic Plan Priorities	Х	

Equalities, Fairer Scotland Duty & Children and Young People		Х
Clinical or Care Governance	Х	
National Wellbeing Outcomes	Х	
Environmental & Sustainability		Х
Data Protection		Х

## 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

This links to strategic plan priorities of

- o Improve Mental Health and Wellbeing
- Support and ensure carer engagement to help develop and shape services

## 4.6 Equalities

## (a) Equalities

Χ

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

YES – Assessed as relevant and an EqIA is required.

NO – This report does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function or strategy. Therefore, assessed as not relevant and no EqIA is required. Provide any other relevant reasons why an EqIA is not necessary/screening statement. 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	Improving and maintaining
characteristic groups, can access HSCP services.	access to specialist services
Discrimination faced by people covered by the protected	nil
characteristics across HSCP services is reduced if not eliminated.	
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	Involved in service planning
planning and developing of services.	and review as part of wider NHS GGC service delivery
HSCP staff understand the needs of people with different	Inherent throughout services
protected characteristic and promote diversity in the work	_
that they do.	
Opportunities to support Learning Disability service users	Nil
experiencing gender-based violence are maximised.	
Positive attitudes towards the resettled refugee community	Nil
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.
Х	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

## (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.
Х	NO – Assessed as not relevant as this report does not involve a new policy, function or strategy or recommends a substantive change to an existing policy, function or strategy which will have an impact on children's rights.

## 4.7 Clinical or Care Governance

N/A

## 4.8 National Wellbeing Outcomes

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

National Wellbeing Outcome	Implications
People are able to look after and improve their own	Supports access to wider range of
health and wellbeing and live in good health for longer.	specialist care
People, including those with disabilities or long-term	Supports right care at right time in
conditions or who are frail are able to live, as far as	right place
reasonably practicable, independently and at home or in	
a homely setting in their community	
People who use health and social care services have	Inherent through strategy refresh
positive experiences of those services, and have their	
dignity respected.	
Health and social care services are centred on helping	Inherent through strategy refresh
to maintain or improve the quality of life of people who	
use those services.	
Health and social care services contribute to reducing	Inherent through strategy refresh
health inequalities.	
People who provide unpaid care are supported to look	Inherent through strategy refresh
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	Inherent through strategy refresh
from harm.	
People who work in health and social care services feel	Inherent through public
engaged with the work they do and are supported to	engagement and staff engagement
continuously improve the information, support, care and	process
treatment they provide.	
Resources are used effectively in the provision of health	Inherent through strategy refresh
and social care services.	

## 5.0 DIRECTIONS

5.1 Direction Required to Council, Health Board or Both

Direction to:	
No Direction Required	Х
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



## Your questions on mental health inpatient beds redesign and expanding community mental health services

## Why are you reviewing the location of mental health beds now?

Patients, families and the wider public have told us they want us to focus on expanding and improving community mental health services. More mental health care can now be delivered in the community, including treatment and care traditionally offered in hospital. The benefits of offering the least restrictive care are well established, and getting people back home or into a more homely setting can help recovery from complex mental health problems. Reviewing and gradually reducing inpatient provision where appropriate, will help us fund more community mental health services going forward.

## There's a shortage of inpatient beds now so how will a future reduction in bed numbers work?

We know that beds in adult acute care can come under pressure at times, and any changes to the number of these beds will only start when practical. We also know that some people can be in hospital for a disproportionately long time, not related to their need for a bed. As community services are expanded, the demand on beds will naturally reduce. Hospital integrated discharge teams are being developed to work closely with social work services to identify the right care packages, particularly for those with complex needs, to support people in the community and reduce the risk of delayed discharge from hospital.

## Reducing inpatient mental health beds feels unsafe, how are you going to manage any risk?

Any discussion on reducing beds will always include risk assessment. Each stage will only move forward where assessment of risk indicates it is safe to do so.

Understanding and managing risk is part of the role of community teams. Individuals at greatest risk and with the greatest level of need will receive the right treatment and care for their needs, in the right setting, promoting prevention and early intervention care. We will also identify where teams themselves are under pressure, and work with them to develop solutions to issues that need to be addressed.

## Will it take longer to get a mental health inpatient bed if you need one?

Beds will still be available for those who need specialist inpatient care and where a (new or expanded) community alternative is not available or appropriate. Community Rehabilitation and













Community Mental Health Acute Care Services are specifically being developed to support people who no longer need to stay in hospital, releasing beds for those who do need inpatient care.

## What will happen to the money saved by reducing the number of inpatient beds?

As part of the reconfiguration / redesign of inpatient bed provision some money will be reinvested in wards as a response to the Health and Care (Staffing) (Scotland) Act (\*). Some of the released money will also be transferred to social work services to provide support in other ways.

Some staff will prefer to stay working with inpatients and fill existing vacancies. Others will move out to jobs in the community.

(\*) The Act directs health services take account of the service type, local context, the number and needs of the patients and appropriate clinical advice to identify what staff and skills are needed to deliver safe and effective care. If not already in place, it also requires ways of identifying, assessing and escalating real-time risks to care, arising because of staffing issues.

How will you reassure patients, families and communities that any savings will be reinvested in community services, especially as we have experienced new services having funding withdrawn in the past?

Sometimes 'tests of change' / projects are withdrawn or finish and that happens because they didn't lead to the improvements we expected, or permanent funding can't be identified.

Inpatient beds are funded long term and the community expansions funded by those monies will not be subject to short term funding problems.

By sharing our current plan, which is that money released through reducing inpatient provision will be reinvested into new and expanded community services, and by engaging with patients, families and the wider public we hope to demonstrate that we are listening and are using feedback to help develop options for further engagement.

Our early priorities for new community services are:

- 1. A Community Rehabilitation Service to support people to move out of hospital and continue their rehabilitation journey while living as far as possible independently, and at home or in a homely setting in their community.
- 2. An expanded / enhanced Care Home Liaison service that will work with care home staff to support individuals' needs and provide education and guidance to care home staff.
- 3. Expanding the Community Borderline Personality Disorder (BPD) Pathway to deliver more specialist care in the community instead of hospital and train more staff in the community in coordinated clinical care to work better with people with BPD.













- 4. Further developing unscheduled (unplanned or emergency) care;
- Linking the Mental Health Assessment Units set up during Covid as an alternative to busy
  emergency departments when physical health care is not needed with new Community
  Mental Health Acute Care services (CMHACS) providing intense support in the community
  for people as a safe alternative to hospital admission or prolonged inpatient care.
- Offering services that help people with mental distress (and not mental illness), providing non-clinical support where clinical care wouldn't really help. These include the NHS24 111 Mental Health Hub and locally commissioned services such as the Glasgow City Compassionate Distress Response Service (run by GAMH) and similar across the six HSCPs.
- 5. Expanding Dementia Post Diagnostic Support (PDS) providing a year's post diagnostic support for everyone diagnosed with dementia helping people;
- Understand their illness and manage their symptoms.
- Be supported to keep up community connections and make new ones.
- Have the chance to meet other people with dementia and their partners and families.
- Plan for future decision-making.
- Plan for their future support.

Will each Health and Social Care Partnership area get an equal share of the reinvestment so that they are able to provide equal access to services?

We'll take a board-wide approach to ensure we're looking at the whole system, and all Health and Social Care Partnerships (HSCPs) have agreed that by end point of the strategy, money released for reinvestment will be shared across services delivering care in all six HSCSPs. Whilst HSCPs may deliver services in different ways with different teams, they will all work to the same principles of promoting continuity and equity of care for people who need to use mental health services.

Will there be longer waiting times for community mental health services if more people are using them?

No. The combination of new and expanded community services and more effective and efficient ways of working should mitigate against longer waiting lists.

Have you thought about the impact any changes might have on patients, families and on already stretched third sector providers?

We know that people with mental health issues may have fewer family members and friends that they are in regular contact with, and maintaining these connections can help recovery. Issues like transport are likely to be a concern and we'll take this and other issues into account when developing options and making decisions on where services are in the future, however it's possible some services may still be moved due to other factors. If that happens, we will work closely with our partner organisations, including the local authorities and e.g. Strathclyde Partnership for Transport, to address issues.













A key aim of the strategy is to support a shift in resources between psychiatric inpatient care and community mental health care. In 2023/24 893 third sector organisations across NHSGGC (NHS Greater Glasgow and Clyde) were awarded 3.3m via the Communities Mental Health and Wellbeing Fund to develop grass roots community activity that supports a culture of mental wellbeing and prevention in local communities. Amounts ranged from a few hundred pounds to just under £30,000 with a significant majority of projects designed to tackle social isolation and loneliness.

The Community Mental Health and Wellbeing Fund is time limited, and other sources will need to be identified for expanded and recurring funding for public mental health, wellbeing promotion and early intervention, to continue to effectively prevent or reduce the need for psychiatric service responses in secondary mental health care.

What about the impact on other services, such as GP's (General Practice), Accident and Emergency departments and the Mental Health Assessment Units?

The impact of reducing the number of beds will be addressed in several ways:

- 1. Additional services such as the Community Rehabilitation Team
- 2. Expanded services such as Borderline Personality Pathway and Care Home Liaison
- 3. More effective working releasing capacity across existing services, including;
  - More virtual patient management (telephone, video) saving unnecessary time and travel commitments.
  - Patient initiated (led) follow up providing alternatives to unnecessary appointments
  - Shared assessments reducing duplication and people answering the same questions, multiple times.
  - MHAU, CMHACS and Community Mental Health Teams working in partnership to help people requiring more intensive treatment and support.

GPs are already aware they can refer people to Mental Health Assessment Units instead of emergency departments and are kept up to date with any changes to unscheduled care by clinical leaders.

## What are the timescales for these major changes?

We anticipate this will start Spring / Summer 2025 through to Autumn 2028. We will review progress, outcomes and impact regular stages to ensure that it is safe to continue.

How are you involving people who use services, and the public in these proposals?

We routinely gather feedback from people who use our services and are working closely with













community and third sector partners such as the Mental Health Network to ensure that the wider public, mental health service users and carers have an opportunity to be involved as these proposals develop. People with lived experience will be represented and involved throughout the review, planning and redesign phases.

## Where can I find out more information about these proposals?

You can read more about the Mental Health Strategy 2023-28, the proposal to review inpatient provision and expand community mental health services, and any upcoming public engagement opportunities by visiting the NHS Greater Glasgow and Clyde website here: <a href="Mental Health Services Engagement - NHSGGC">Mental Health Services Engagement - NHSGGC</a>

## Summary of abbreviations used in this document

NHS Greater Glasgow and Clyde

**HSCP** Health and Social Care Partnership

**CMHACS** Community Mental Health Acute Care Services

MHAU Mental Health Assessment Unit

**CMHT** Community Mental Health Team

**BPD** Borderline Personality Disorder

PDS Post Diagnostic Support (Dementia)















Classification: Official

## Appendix 1

## **MENTAL HEALTH STRATEGY REFRESH 2023-2028**













EAST RENFREWSHIRE
HEALTH AND SOCIAL CA
PARTNERSHIP





## Previous Mental Health Strategy 2018 - 2023

- High level strategy
- Embedded in Moving Forward Together programme
- through different levels of care, with people entering at the System of stepped/matched care, allowing for progression right level of intensity of treatment.
- Projected benefits
- Prevention and early intervention
- Enhanced capacity in community and primary care MH responses to crisis and emergency and alternatives to EDs for people in distress
- Avoiding unnecessary admission and reducing length of hospital stay
- Shifting the balance of care from hospital inpatients to communities















# Mental Health Strategy Refresh 2023 - 2028

- Taken through:
- Mental Health Programme Board
- MFT Programme Board
- Corporate Management Team
- Finance, Planning and Performance Committee
- Area Partnership Forum
- NHSGGC Board in August 2023:
- Noted progress made against the MHS Strategy 2018-2023 described in the Strategy Refresh.
- Approved the Refresh of the Mental Health Strategy 2023-2028.















# Mental Health Strategy Refresh 2023 - 2028

- Widens scope to take account of the rest of the 'family' of mental health services and their associated strategies.
- Highlights progress across multiple areas.
- Updates recommendations to reflect impact of Covid, recovery and renewal, national policy.













## Shifting the Balance of Care

- The refreshed Strategy reiterates the aim to shift the balance of care by enhancing community MH service provision.
- This will involve:
- Working collaboratively with provider organisations and the independent sector
- Coproducing community models with service users and carers.













## Approach to Implementation

- No wrong door
- Improved access for situational crisis
- Self-management resources for people with long term mental health issues
- A focus on inequalities













# Work streams and developments

- Prevention, Early Intervention and Health Improvement
- Mental wellbeing training for all staff
- cCBT expansion
- Wellbeing in Primary Care
- Physical healthcare

## Recovery

- Recovery Peer Support Workers
- Recovery Colleges
- Promoting recovery approach across services and commissioning















# Work streams and developments

- Effective & Efficient Community Services
- Patient Initiated Follow Up (PIFU)
- Standardised Assessment
- Borderline Personality Disorder Network matched care
- Psychological Therapies Group Service
- **Unscheduled Care**
- Mental Health Assessment Units
- Distress Response
- **Board-wide Liaison Psychiatry Service**
- Community MH Acute Care Services (CMHACS)















# Work streams and developments

- Rehabilitation
- Community rehabilitation
- Cross cutting work streams
- Commissioning
- Digital / eHealth (aligned to Board's Digital Strategy)
- Workforce
- Communications and Engagement















# Work streams and developments

## Inpatient beds

- Integration across services to provide a condition-based care approach
- Phased and closely tracked approach over the next 5 years
- Additional beds for some care groups
- (particularly continuing care/rehabilitation beds) linked to Endpoint with fewer Adult and OA Mental Health beds enhancement of community services
- AIMS accreditation and re-accreditation















## Adult/Older Adult Beds

Ward function	Current no. beds	Current no. wards   Future no. beds	Future no. beds	Future no. wards
Adult Acute	285	14	232	11
Adult Rehab/HBCC	128	80	87	D.
OP Acute	205	10	119	9
OP HBCC	152	7	09	æ
Total	770	39	498	25















# Work streams and developments

- Alcohol and Drug Recovery Services
- Implementing the national MAT standards
- Ensuring alignment of ADRS and MH planning as per MAT standard 9
- Crisis Outreach Service
- **Enhanced Drug Treatment Service**
- Renfrewshire Recovery Hub
- Other strategic work across the 'family' of MHS including CAMHS, LD, Forensic and Perinatal Mental Health Services.















## Implementation Priorities

## Initial priorities:

- Community Rehabilitation Service
- **Enhanced Care Home Liaison**
- Expanded Borderline Personality Disorder Community Network

## Subsequent:

- Community Mental Health Acute Care Service (CMHACS)
- Expanded Dementia Post Diagnostic Support (PDS)
- Older People's Community MH Intensive Support Acute Care Service















## Next steps

- Progress across the various work streams overseen by Mental Health Strategy Programme Board
- **MFT Programme**
- Phased implementation plan and financial framework
- Stakeholder engagement exercise













## Community Engagement

- Three phase community engagement commenced April 2024
- Phase 1: Understanding what matters to people Survey feedback from people who use Mental Health Psychiatric Services and people who care for them
- Phase 2: Targeted engagement on Site/Ward Two parts: in depth engagement and identifying criteria on what matters on how bed/ward provision could potentially be delivered, followed by non-financial benefits option development and appraisal process
- option appraisal work reviewed alongside full financial analysis. Recommended option taken Phase 3: Formal Public Consultation - outcome of the non-financial benefits site impact to formal public consultation
- Activity being led / coordinated by the PEPI team with support and commitment of mental health colleagues from the six HSCPs.
- Timeline Originally intended from April to Dec 2024, the UK general election has impacted on the timeline and any necessary adjustments will be guided by Director of Communications and Public Engagement / PEPI















Report By:

**AGENDA ITEM NO: 12** 

9 September 2024

Report To: Inverclyde Integration Joint

**Board** 

Kate Rocks Report No: IJB/35/2024/KR

Date:

Chief Officer

**Inverclyde Health & Social Care** 

**Partnership** 

Contact Officer: Kate Rocks Contact No: 01475 715365

**Chief Officer** 

**Inverclyde Health & Social Care** 

**Partnership** 

Subject: Chief Officer's Report

## 1.0 PURPOSE AND SUMMARY

1.1 □For Decision □For Information/Noting

1.2 The purpose of this report is to update the Integration Joint Board on service developments which are not subject to the IJB's agenda of 9<sup>th</sup> September 2024.

## 2.0 RECOMMENDATIONS

- 2.1 The report details updates on work underway across the Health and Social Care Partnership in relation to:
  - Delayed Discharge
  - Review of Social Work Governance and Assurance in Scotland
  - Connected 2 Care: Young Person-Led Conference

Kate Rocks Chief Officer Inverclyde Health and Social Care Partnership

## 3.0 BACKGROUND AND CONTEXT

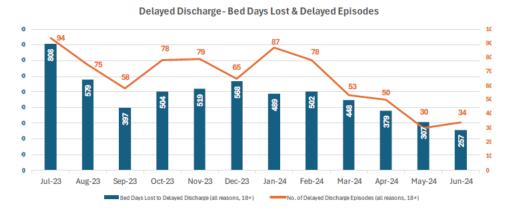
3.1 The IJB is asked to note the HSCP service updates and that future papers may be brought forward to the IJB as substantive agenda items.

## 4.0 BUSINESS ITEMS

## 4.1 **Delayed Discharge**

## **Delayed Discharge Performance**

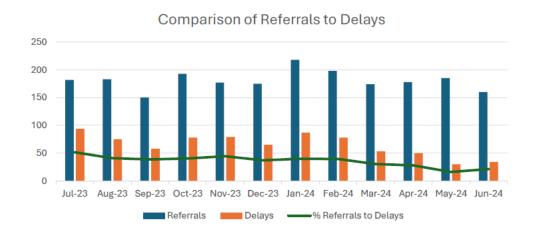
Inverclyde HSCP delayed discharge performance has shown sustained improvement in 2024. Bed days lost has reduced from a peak of 808 in July 2023 to 257 in June 2024 an improvement of 68.2%. The number of people who were delayed in hospital has also reduced from a peak of 94 people in June 2023 to 30 people in May 2024, an improvement of 68.1%. A particular area of success has been the reduction in people becoming delayed in hospital while waiting for a care package which has reduced from a high of 72 people in June 2023 to a low of 12 people In May 2024, this is an improvement of 83.3%.



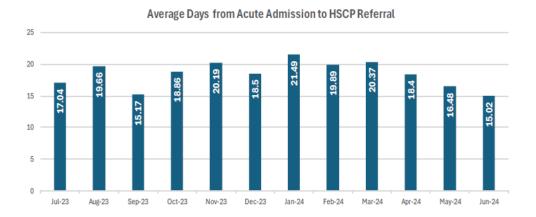
**Delays as a Percentage of Referrals** 

Comparing referral volume and delay volume aids understanding of true performance. There has been recent improvement in the percentage of people referred who become delayed in hospital. Between July 2023 and February 2024, between 38.7% and 51.6% of people referred became delayed in hospital.

Between March 2024 and June 2024, this reduced to between 16.2% and 30.5%. This further demonstrates the high level of improvement achieved.



Prolonged hospital stays can negatively impact on patients' health and wellbeing. One way to prevent unnecessary delays is for Acute Hospitals and HSCP's to focus on early referrals for those with complex needs. This allows time for social workers to work with the multidisciplinary team, patients and their families to identify the right plan for the individual to achieve a safe discharge. Inverclyde patients have seen improvement in 2024. In January the average time from admission to referral was 21.49 days compared with 15.02 days in June.



4.2 Review of Social Work Governance and Assurance in Scotland

The Care Inspectorate is undertaking a national review of social work governance and assurance until December 2024, with the aim of better understanding of the role, remit, effectiveness and the current challenges facing social work services. The review will explore the impact of governance and assurance arrangements in each local authority area, across the full range of social work duties, including adults, children and justice.

The approach will involve the following activities:

- a national staff survey, focussing on community based front line social work staff and their first line managers.
- review of core documents that can demonstrate governance and assurance approaches in local authority areas
- structured interviews with a small number of core staff including Chief Social Work Officers. Local managers will also participate in themed focus groups.

The review will include consideration of how staff are supported to fulfil their roles and how social work leaders are able to influence decision making as well as having strategic oversight of significant risk relating to the statutory duties within legislation. The Care Inspectorate have advised that the review has been designed to reflect the current pressures experienced by the sector and seeks to be mindful of the impact on those leading and working in social work services. As a national review, the Care Inspectorate team will not evaluate the performance of individual partnerships but expect to identify what is working well nationally and areas to consider for improvement.

## 4.3 Connected 2 Care: Young Person-Led Conference

Care Experienced children and young people were supported to design and deliver a full day conference at the Beacon Arts Centre, Greenock, on 19 June 2024, exploring care experience and how our workforce and communities can better support children, young people and their families to thrive.

From October 2023, 19 young people completed a leadership programme with Columba 1400 and the young people used their learning and leadership skills to plan the event. The aim was for the conference was to be fully youth led from design to delivery and give Inverclyde's workforce and wider community an opportunity to listen and then respond through their own practice with an enhanced understanding of our care experienced communities needs and aspirations. Over 100 people participated in the conference and workshops and the young people plan to regroup after the summer holidays and take forward their plans including a 'Care Aware' Schools movement across Inverclyde.

## 5.0 IMPLICATIONS

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

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

## 5.2 Finance

One off Costs

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

Annually Recurring Costs/ (Savings)

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

## 5.3 Legal/Risk

There are no legal implications within this report.

## 5.4 Human Resources

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

## 5.5 Strategic Plan Priorities

## 5.6 **Equalities**

## (a) Equalities

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

	YES – Assessed as relevant and an EqIA is required.
х	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	Strategic Plan aimed
groups, can access HSCP services.	at providing access
	for all.
Discrimination faced by people covered by the protected characteristics	Strategic Plan is
across HSCP services is reduced if not eliminated.	developed to
	oppose
	discrimination.
People with protected characteristics feel safe within their communities.	Strategic Plan
	engaged with
	service users with
	protected
	characteristics.
People with protected characteristics feel included in the planning and	Strategic Plan
developing of services.	engaged with
	service users with
	protected
	characteristics.
HSCP staff understand the needs of people with different protected	Strategic Plan
characteristic and promote diversity in the work that they do.	covers this area.
Opportunities to support Learning Disability service users experiencing	Strategic Plan
gender-based violence are maximised.	covers this area.
Positive attitudes towards the resettled refugee community in Inverclyde	Strategic Plan
are promoted.	covers this area.

## (c) Fairer Scotland Duty

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

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

	YES – A written statement showing how this report's recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed.
х	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.
х	NO – Assessed as not relevant as this report does not involve a new policy, function or strategy or recommends a substantive change to an existing policy, function or strategy which will have an impact on children's rights.

## 5.7 Clinical or Care Governance

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

## 5.8 National Wellbeing Outcomes

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

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

## 5.9 Environmental/Sustainability

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

Has a Strategic Environmental Assessment been carried out?

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

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

Has a Strategic Environmental Assessment been carried out?

	YES – assessed as relevant and a Strategic Environmental Assessment is required.
х	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.
х	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:		
d h	1.	No Direction Required	Х
	2.	Inverclyde Council	
	3.	NHS Greater Glasgow & Clyde (GG&C)	
	4.	Inverclyde Council and NHS GG&C	

## 7.0 CONSULTATION

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

## 8.0 BACKGROUND PAPERS

8.1 None.