



Municipal Buildings, Greenock PA15 1LY

Ref: DS

Date: 14 March 2025

A meeting of the Inverclyde Integration Joint Board will be held on Monday 24 March 2025 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 21 March 2025 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**

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

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

INVERCLYDE INTEGRATION JOINT BOARD – 27 JANUARY 2025

Inverclyde Integration Joint Board
Monday 27 January 2025 at 2pm

PRESENT:**Voting Members:**

David Gould (Chair)	Greater Glasgow and Clyde NHS Board
Councillor Francesca Brennan (Vice Chair)	Inverclyde Council
Councillor Colin Jackson	Inverclyde Council
Councillor Lynne Quinn	Inverclyde Council
Councillor Sandra Reynolds	Inverclyde Council
Dr Rebecca Metcalfe	Greater Glasgow and Clyde NHS Board
Dr Paul Ryan	Greater Glasgow and Clyde NHS Board
Lesley MacDonald	On behalf of Karen Turner, Greater Glasgow and Clyde NHS Board

Non-Voting Professional Advisory Members:

Kate Rocks	Chief Officer, Inverclyde Health & Social Care Partnership
Jonathan Hinds	Chief Social Work Officer, Inverclyde Health & Social Care Partnership
Craig Given	Chief Finance Officer, Inverclyde Health & Social Care Partnership
Dr Hector MacDonald	Clinical Director, Inverclyde Health & Social Care Partnership
Laura Moore	Chief Nurse GG&C

Non-Voting Stakeholder Representative Members:

Gemma Eardley	Staff Representative, Inverclyde Health & Social Care Partnership
Diana McCrone	Staff Representative, NHS Board
Charlene Elliott	Third Sector Representative, CVS Inverclyde
Donald McQuade	Service User Representative Proxy Member, Inverclyde Health & Social Care Partnership Advisory Group
Heather Davis	Carer's Representative
Stevie McLachlan	Inverclyde Housing Association Representative, River Clyde Homes

Also present:

Vicky Pollock	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
Arlene Mailey	Service Manager, Quality & Development Service, Inverclyde Health & Social Care Partnership
Scott Bryan	Service Manager, Planning Performance & Equalities, Inverclyde Health & Social Care Partnership
Diane Sweeney	Senior Committee Officer, Inverclyde Council
Lindsay Carrick	Senior Committee Officer, Inverclyde Council

INVERCLYDE INTEGRATION JOINT BOARD – 27 JANUARY 2025

Karen MacVey	Members' & Committee Services Team Leader, Inverclyde Council
Alison Ramsey	Corporate Communications, Inverclyde Council
Karen Haldane	Executive officer, Your Voice, Inverclyde Community Care Forum (public business only)

Chair: David Gould presided.

The meeting was held at the Municipal Buildings, Greenock with Councillor Jackson, Councillor Reynolds, Dr Metcalfe, Ms MacDonald, Mr Hinds, Dr MacDonald and Mr McLachlan attending remotely.

1 Apologies, Substitutions and Declarations of Interest 1

An apology for absence was intimated on behalf of:

Karen Turner	Greater Glasgow and Clyde NHS Board (with Lesley MacDonald substituting)
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No declarations of interest were intimated, but certain connections were intimated for the purposes of transparency as follows:

Agenda Item 7 (NHS GGC Whole System Winter Plan) – Councillor Reynolds

Agenda Item 12 (Community Pharmacy Services in Inverclyde HSCP) – Councillor Reynolds

Prior to the commencement of business, the Chair referred to the recent passing of Ms Margaret Tait, who was the Service User Representative on the Board. The Chair acknowledged Ms Tait's community work, and referred to Ms Tait as being a beacon of wisdom, strength and kindness who would be sadly missed.

2 Minute of Meeting of Inverclyde Integration Joint Board of 18 November 2024 2

There was submitted the Minute of the Inverclyde Integration Joint Board of 18 November 2024. The Minute was presented by the Chair and checked for fact, omission, accuracy and clarity.

Decided: that the Minute be agreed.

3 Inverclyde Integration Joint Board – Voting Membership Update 3

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership (1) advising the Board of changes to its Chair and Vice Chair positions following (a) Councillor Robert Moran stepping down as Chair of the Board after being appointed Leader of Inverclyde Council, and (b) it being agreed that the NHS Board will take over the Chair sooner than the normal two year rotation, and (2) providing an update in respect of its current voting membership. The report was presented by Ms Pollock who advised that Inverclyde Council had agreed the appointment of Councillor Francesca Brennan as Vice Chair of the IJJB at its meeting on 23 January 2025.

Decided:

- (1) that the appointment by Greater Glasgow & Clyde NHS Board of David Gould as the Chair of the Inverclyde Integration Joint Board be noted;
- (2) that the appointment by Inverclyde Council of Councillor Francesca Brennan as Vice Chair of the Inverclyde Integration Joint Board be noted; and
- (3) that the appointment by Inverclyde Council of Councillor Colin Jackson as a voting member of the Inverclyde Integration Joint Board be noted.

INVERCLYDE INTEGRATION JOINT BOARD – 27 JANUARY 2025

4 Inverclyde Integration Joint Board Audit Committee – Membership, Chair and Vice Chair Appointments 4

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership seeking agreement for (1) revised membership arrangements, and (2) Chair and Vice Chair appointments for the Inverclyde Integration Joint Board Audit Committee. The report was presented by Ms Pollock.

Decided:

- (1) that Ms Karen Turner be appointed to serve on the Inverclyde Integration Joint Board Audit Committee;
- (2) that Councillor Lynne Quinn be appointed as Chair of the Inverclyde Integration Joint Board Audit Committee; and
- (3) that Dr Rebecca Metcalfe be appointed as Vice Chair of the Inverclyde Integration Joint Board Audit Committee.

5 Financial Monitoring Report 2024/25 Period 7 5

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership advising the Board of the projected financial outturn for the year as at 31 October 2024. The report was presented by Mr Given.

The Board asked for an explanation on the underspend in respite services, and Mr Given explained this was due to staff vacancies. In response to questions Mr Given also provided an overview of the Set Aside Budget and Reserves.

Referring to the overspend in the overall Mental Health budget but the underspend in the Community Mental Health Budget, the Board asked if this would lead to a pressure within that particular service. Ms Phillips provided an overview of the measures being taken to ensure there would be no impact on service provision, including staff development sessions and referral and discharge pathways.

The Chair requested that Mr Given provide an explanation as to what happens next in the Budget process, and Mr Given advised that there would be a Development Session for Board Members, the provisional date being 4 March 2025, and that the report setting out the Budget would be brought to the March meeting. Mr Given advised that it would be a one-year Budget.

In response to comments about the impact of mandatory statutory functions on HSCP Budgets, Ms Rocks advised that a report would be brought to the March meeting clarifying this for Board Members.

When in private session at the end of the meeting, the Chair accepted questions from the Board regarding the SWIFT replacement project, as detailed at paragraph 9.2 of the report.

It was agreed that the questions involved the likely disclosure of exempt information as defined in paragraph 8 of Part I of Schedule 7(A) of the Local government (Scotland) Act 1973 as amended, all as detailed in the Private Appendix.

Decided:

- (1) that the Board note (a) the current Period 7 forecast position for 2024/25 as detailed in the report and appendices 1-3, and (b) the assumption that this be funded from the reserves held;
- (2) that (a) the proposed budget realignments and virement, as detailed in appendix 4 to the report, be approved, and (b) that officers be authorised to issue revised Directions to Inverclyde Council and/or Greater Glasgow & Clyde Health Board as required on the basis of the revised figures as detailed at appendix 5 to the report;
- (3) that the current capital position be noted, as detailed at appendix 7 to the report;
- (4) that the current Earmarked Reserves position, as detailed at appendix 8 to the report, be noted;

INVERCLYDE INTEGRATION JOINT BOARD – 27 JANUARY 2025

(5) that the key assumptions within the forecasts, as detailed at paragraph 9.4 of the report, be noted; and

(6) that the verbal update on the SWIFT replacement project, provided when in private session, be noted, all as detailed in the Private Appendix.

6 Rolling Action List 6

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

Referring to the entry 'Report on Action Plan to reduce programmes for 2025/26 in the light of changes to mental health Grant Funding – paper to January 2025' and the reference in the minute of the meeting of 18 November 2024 (Minute Reference 68(4) – 'that it be noted that an action plan to reduce programmes for 2025-26 will be presented to the January meeting of the IJJB for approval to ensure spend is contained within the financial envelope now provided'), the Board noted that no such report was contained within the agenda. Ms Rocks advised that there would not be a report as the matter had been fully addressed and discussed at the last meeting. Ms Phillips provided a verbal overview of the funding allocation. It was agreed that this entry be removed from the Rolling Action List going forward.

Decided: that (a) the Rolling Action List be noted, and (b) it be agreed that the entry in relation to mental health Grant Funding be removed.

7 NHS GGC Whole System Winter Plan 7

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership providing an update on the winter planning arrangements for winter 2024-2025. The report was presented by Mr Best.

Councillor Reynolds declared a connection as Lead Pharmacy Champion with Inverclyde HSCP/GG&C NHS. She also formed the view that the nature of her interest and of the item of business did not preclude her continued presence at the meeting or her participation in the decision making process and was declaring for transparency.

The Board discussed the service provision for fall prevention, and Ms Rocks advised that an update on this will be included at the planned Development Session

With reference to vaccinations, officers emphasised the importance of the public and staff being vaccinated, and noted that mobile vaccination units had been successfully deployed into the community.

Decided: that the contents of the report be noted.

8 HSCP Workforce Plan 2022-2025 – Progress Report 8

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership providing an update on the HSCP Workforce Action Plan. The report was presented by Mr Given.

Commenting on the governance of the Plan, the Board advised that the Staff Partnership Forum had not been consulted. Mr Given acknowledged this and advised that they would be going forward.

The Board requested that in future reports the colour codings used in the RAG (Red/Amber/Green) status be explained.

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 a new Strategic Partnership Plan, be noted; and

(2) that the progress since the last update in June 2024, as detailed at paragraph 1.3 of the report, be noted.

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9 Integration Joint Board Category 1 Responder Update**9**

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership providing (1) the annual update on Business Continuity Planning, and (2) reassurance that the duties as a Category 1 Responder in terms of the Civil Contingencies Act 2004 could be discharged. The report was presented by Mr Given.

The Chair requested a report to a future meeting on any lessons learned from the recent response to storm Eowyn, including case studies.

The Chair also requested that the thanks and appreciation of the Board be conveyed to all staff who worked through the storm and provided essential services.

Decided:

- (1) that the content of the annual update be noted;
- (2) that the Chief Officer, as Accountable Officer, be instructed to carry out on its behalf all necessary arrangements to discharge the duties on the IJB under the Civil Contingencies Act 2004;
- (3) that it be noted that the next annual update will be in November 2025;
- (4) that it be remitted to officers to provide a report detailing what was learned from the HSCP's response to storm Eowyn and that this include case studies; and
- (5) that the thanks and appreciation of the Board be conveyed to all staff who worked through the recent storm Eowyn and provided essential services.

10 Inverclyde HSCP Collaborative Care Home Support Team (CCHST)**10**

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership advising of and providing assurance on the work of the local Collaborative Care Home Support Team (CCHST), including significant areas of improvement and good practice. The report was presented by Ms Moore.

The Board commented favourably on the work undertaken by the Team, particularly the figures presented in relation to the Call Before You Convey project.

Decided:

- (1) that the contents and reassurance provided within the report be noted; and
- (2) that the thanks and appreciation of the Board be conveyed to all staff within the Collaborative Care Home Support Team.

11 Children and Families Service Redesign**11**

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership providing a summary of activity within the programme of redesign for children and families services in Inverclyde. The report was presented by Mr Hinds.

The Board commented favourably on the report, and in response to questions Mr Hinds and Ms Rocks provided an explanation as to why some placements were outwith Inverclyde.

Decided: that the contents of the report be noted.

12 Community Pharmacy Services in Inverclyde HSCP**12**

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership providing an overview of the delivery of Community Pharmacy core, national, local and additional services in Inverclyde HSCP. The report was presented by Mr Best.

Councillor Reynolds declared a connection as Lead Pharmacy Champion with Inverclyde HSCP/GG&C NHS. She also formed the view that the nature of her interest and of the item of business did not preclude her continued presence at the meeting or her participation in the decision making process and was declaring for transparency.

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Commenting on the services already provided by Community Pharmacies, the Board asked if there would be capacity issues with the proposals under the Pharmacy First scheme. Mr Best advised that the pharmacists he had engaged with had shown a willingness to support the scheme and he would get more information on this for Board members.

The Board asked what the situation was regarding pharmacies prescribing Naloxone, as pharmacies held it but training was required to dispense it. Mr Best advised that he would get more information on the local position. Councillor Reynolds, in her capacity as Pharmacy Champion, provided an overview of the prescribing of Naloxone.

Decided: that the delivery and assurance of community pharmacy services in Inverclyde HSCP be noted.

13 Chief Officer's Report

13

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership providing an update on developments which are not the subject of reports on this agenda. The report was presented by Ms Rocks and provided updates on (1) delayed discharge, and (2) Equalities.

The Board commented favourably on the delayed discharge figures and asked if officers shared good practice with other areas, and Ms Rocks and Mr Best assured that they did.

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)
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Appendix to the Minute of meeting of Inverclyde Integration Joint Board of 18 November 2024	1
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Reporting by Exception – Governance of HSCP Commissioned External Organisations	6 & 9
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14 Appendix to the Minute of meeting of Inverclyde Integration Joint Board of 18 November 2024

14

There was submitted an Appendix to the Minute of the Inverclyde Integration Joint Board of 18 November 2024. The Appendix was presented by the Chair and checked for fact, omission, accuracy and clarity.

Decided: that the Appendix be agreed.

15 Reporting by Exception – Governance of HSCP Commissioned External Organisations

15

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 28 September to 29 November 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:

INVERCLYDE INTEGRATION JOINT BOARD – 27 JANUARY 2025

- (1) that the governance report for the period 28 September to 29 November 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.

16**Councillor Robert Moran****16**

At the conclusion of business, the Chair expressed his thanks to Councillor Moran for his contribution to the IJJB over the years.

Report To:	Inverclyde Integration Joint Board	Date:	24 March 2025
Report By:	Kate Rocks Chief Officer Inverclyde Health & Social Care Partnership	Report No:	VP/LS/019/25
Contact Officer:	Vicky Pollock	Contact No:	01475 712180
Subject:	Inverclyde Integration Joint Board – Audit Committee Membership		

1.0 PURPOSE AND SUMMARY

- 1.1 For Decision For Information/Noting
- 1.2 The purpose of this report is to agree the appointment of a non-voting member of the Integration Joint Board (“IJB”) to the Inverclyde Integration Joint Board Audit Committee (“IJB Audit Committee”)
- 1.3 The IJB last agreed the membership of the IJB Audit Committee on 27 January 2025.
- 1.4 Charlene Elliott recently intimated her resignation from the IJB Audit Committee and it is therefore necessary for the IJB to appoint a new non-voting member to the IJB Audit Committee to fill this vacancy.

2.0 RECOMMENDATIONS

- 2.1 It is recommended that the Inverclyde Integration Joint Board:-
- (1) notes the resignation of Charlene Elliott as a non-voting member of the Inverclyde Integration Joint Board Audit Committee; and
 - (2) agrees the appointment of Stevie McLachlan as a non-voting member on the Inverclyde Integration Joint Board Audit Committee.

Kate Rocks
Chief Officer
Inverclyde Health and Social Care Partnership

3.0 BACKGROUND AND CONTEXT

3.1 The IJB last agreed its membership arrangements of the IJB Audit Committee on 27 January 2025. Since then, Charlene Elliott has intimated her resignation from the IJB Audit Committee. As membership of the IJB Audit Committee is a matter for decision by the IJB, it requires to agree the appointment of a non-voting member to the IJB Audit Committee to fill the vacancy.

4.0 AUDIT COMMITTEE - MEMBERSHIP

4.1 The current membership of the IJB Audit Committee is set out at Appendix 1.

4.2 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.

4.3 It is now necessary for the IJB to appoint a non-voting IJB member to the IJB Audit Committee.

5.0 PROPOSALS

5.1 It is proposed that the IJB agree the appointment of Stevie McLachlan as a non-voting member of the IJB Audit Committee.

6.0 IMPLICATIONS

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

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

6.2 Finance

There are no financial implications arising from this report.

One off Costs

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

Annually Recurring Costs/ (Savings)

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

6.3 Legal/Risk

Standing Order 13 of the IJB’s Standing Orders for Meetings regulates the establishment by the IJB of the IJB Audit Committee.

6.4 Human Resources

There are no Human Resource implications arising from this report.

6.5 Strategic Plan Priorities

This report helps deliver Strategic Plan Big Action 6 – we will build on the strengths of our people and our community.

6.6 Equalities

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

(a) Equalities

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

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

(b) Equality Outcomes

How does this report address our Equality Outcomes?

Equalities Outcome	Implications
We have improved our knowledge of the local population who identify as belonging to protected groups and have a better understanding of the challenges they face.	None
Children and Young People who are at risk due to local inequalities, are identified early and supported to achieve positive health outcomes.	None
Inverclyde’s most vulnerable and often excluded people are supported to be active and respected members of their community.	None
People that are New to Scotland, through resettlement or asylum, who make Inverclyde their home, feel welcomed, are safe, and able to access the HSCP services they may need.	None

(c) Fairer Scotland Duty

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

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

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

(d) **Children and Young People**

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

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

6.7 **Clinical or Care Governance**

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

6.8 **National Wellbeing Outcomes**

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

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

6.9 Environmental/Sustainability

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

Has a Strategic Environmental Assessment been carried out?

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

6.10 Data Protection

Has a Data Protection Impact Assessment been carried out?

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

7.0 DIRECTIONS

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

8.0 CONSULTATION

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

9.0 BACKGROUND PAPERS

9.1 None.

**Inverclyde Integration Joint Board
Audit Committee Membership – as at 27 January 2025**

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



AGENDA ITEM NO: 4

Report To:	Inverclyde Integration Joint Board	Date:	24th March 2025
Report By:	Kate Rocks Chief Officer Inverclyde Health & Social Care Partnership	Report No:	IJB/62/2025/CG
Contact Officer:	Craig Given Chief Financial Officer	Contact No:	01475 715365
Subject:	Financial Monitoring Report 2024/25 Period 9		

1.0 PURPOSE AND SUMMARY

- 1.1 For Decision For Information/Noting
- 1.2 The purpose of this report is to advise the Inverclyde Integration Joint Board (IJB) of the Revenue and Capital Budgets projected financial outturn for the year as at 31 December 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 £0.683m have been added and are reflected in the Appendices, giving a revised contribution of £74.397m.
- 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 9 totalling £10.424m, including increased set aside and Scottish Government funding allocations resulting in a revised budget for reporting purposes of £145.990m.
- 1.6 As at 31 December 2024, it is projected that the IJB revenue budget will have an overall overspend of £0.015m: -
- Social care services are projected to be overspent by £0.111m.
 - Health Services are projected to be underspent by £0.096m.

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 1st 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 £13.560m, and for the purposes of this report, assumes that the current projected overspend of £0.015m will be funded from reserves held at this stage, as noted at 1.6.
- 1.8 The Social Work capital budget is £9.907m over the life of the projects with £3.447m originally projected to be spent in 2024/25. Expenditure on all capital projects to 31 November 2024 is £0.655m (6.61% of approved budget). 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 9 of this report.

2.0 RECOMMENDATIONS

2.1 It is recommended that the Integration Joint Board:

1. Notes the current Period 9 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 current capital position (Appendix 7);
4. Notes the current Earmarked Reserves position (Appendix 8).
5. Notes the key assumptions within the forecasts detailed at section 9.4.

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 Inverclyde Council Funding and indicative NHS GG&C funding. The current total integrated budget is £220.483m, with a projected overspend of £0.015m. 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*	74,397	74,508	111
Health Services*	108,416	108,320	(96)
Set Aside	37,670	37,670	0
HSCP NET EXPENDITURE	220,483	220,498	15
FUNDED BY			
Transfer from / (to) Reserves	-	15	15
NHS Contribution to the IJB	146,086	145,990	
Council Contribution to the IJB	74,397	74,508	
HSCP FUNDING	220,483	220,498	15
Planned net Use of Reserves as at Period 9		5,712	
Projected HSCP operating (Surplus)/Deficit		15	
Annual Accounts CIES Projected Position DEFICIT/(SURPLUS)		5,727	

*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 9 for Social Care services. It is currently anticipated that Social Care services will overspend by £0.111m 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 £4.275m. Client commitments is projected to overspend by £3.600m, an increase in projected costs of £0.109m from the position reported at Period 7. The increase is as a result of new placements, increases in care packages and changes in assumptions since the last report. A review group continues to meet regularly to closely monitor these placements to ensure a focussed approach on placements and the associated financial implications, with a view to management action bringing down the overall costs as we head in 2025/26. The projected overspend and movement from Period 7 is broken down by service area in the table below:

	£m	
	Projected Overspend	Movement from Period 7
Children & Families Client Commitments		
External Residential placements	1.484	0.074
Fostering, Adoption & Kinship including Continuing Care	0.540	(0.013)
Supported Living	0.352	0.012
Home Care, Respite, Direct Payment, Additional Support	1.224	0.036
Total for Children & Families Client Commitments	3.600	0.109

- Within employee costs there is a net projected overspend of £0.400m, which is largely due to temporary posts throughout the service.
- It is currently expected that the overspend in the service can be largely managed within the overall position, however, smoothing reserves of £0.733m are available for use in relation to Children's residential placements and Continuing Care if required, should an overspend remain at the end of the financial year.
- A projected overspend on Learning Disabilities client commitments of £0.259m. a reduction of £0.183m from the position reported at Period 7, which reflects the good progress being made against the agreed saving target. This is partially offset by a projected underspend of £0.204m on employee costs in relation to current vacancy levels and together these are the main reasons for the overall projected overspend for Learning Disabilities.

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 £0.148m against the homelessness service relates mainly to security costs for the Inverclyde Centre and 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 £0.187m. This is related to the current level of vacancies held by the service.
- The external care at home service is projecting an underspend of £0.256m, a reduction in projected costs of £0.184m from the Period 7 position reported. The reduction is due to reduction of 23 service users, together with a lower than anticipated number of hours being allocated to new providers over the remainder of the financial year.

- For residential and nursing placements an underspend of £0.560m is projected, with bed levels at and projected to be at slightly lower levels to those in 2023/24.
- The underspends noted above are contributing to an overall projected underspend of £0.958m 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 £0.032m is currently anticipated for the service.
- Physical and Sensory Disabilities are expected to underspend by £0.215m. Within client commitments there is a projected £0.192m underspend, a reduction in costs of £0.192m from the position reported at period 7, again reflecting the good progress being made against the agreed saving target. This, together with an underspend of £0.090m in Employee costs related to vacancies, are the main reasons for the variance reported.
- Alcohol and Drugs Recovery Services are expected to underspend by £0.212m. Underspends of £0.135m for employee costs and £0.075m for client packages are currently anticipated for the ADRS service for the year. These are the main variances contributing to the overall projections reported.
- Pension monies and progress against the agreed saving are the main reasons for the projected underspend of £2.995m in Business Support / Corporate Director.
- 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 9 for Health services. It is currently anticipated that Health services will underspend by £0.096m 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 £0.604m. This is mainly attributable to an overspend 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 £0.297m in the Mental Health Communities budget.
- The prescribing budget is currently projecting an overspend of £1.109m. The current projection is based on data provided by NHS Greater Glasgow and Clyde. There continue to be factors affecting prescribing spend which are out with 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.

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 £0.198m, Health and Community Care £0.156m, Alcohol and Drug Recovery Services £0.306m, Admin and Management £0.296m, Strategy and Support Services £0.067m and Financial Planning £0.456m.

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.

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.

Saving Title	2024/25 Target	Achieved at 31/10/2024	Still to be achieved	2025/26 Target	Achieved at 31/12/2024	Still to be achieved
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	193	57	250	307	(57)
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	275	(25)	0	0	0
Review of Adult Services self-directed supports	500	500	0	500	138	362
Education Placement Support	0	0	0	83	83	0
Review of Community Alarms Service	0	0	0	72	0	72

Independent Living Service	0	0	0	200	466	(266)
Supported Living Service	0	0	0	100	100	0
Integrated Front Doors	0	0	0	380	270	110
Residential / Nursing Care Home Beds	0	0	0	99	99	0
Review of Strategic Services	0	0	0	231	62	169
Business Support Review	0	0	0	300	300	0
Homemakers	0	0	0	167	167	0
Review of Senior Staff Structure	0	0	0	400	0	400
Totals	2,601	2,554	47	2,797	1,992	805

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 £13.560m 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 2024/25	Projected Spend 2024/25	Projected C/fwd to 2025/26
	£000s	£000s	£000s
Ear-Marked Reserves			
Scottish Government Funding - funding ringfenced for specific initiatives	3,203	1,287	1,916
Existing Projects/Commitments - many of these are for projects that span more than 1 year (incl new specific earmarking)	7,775	2,322	5,453
Transformation Projects - non recurring money to deliver transformational change	2,177	831	1,346
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	17,563	5,003	12,560
General Reserves	1,724	709	1,015
In Year (Surplus)/Deficit going (to)/from reserves		15	(15)
TOTAL Reserves	19,287	5,727	13,560

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 2024/25 CAPITAL POSITION

9.1 The Social Work capital budget is £9.907m over the life of the projects with £3.447m originally projected to be spent in 2024/25. Slippage of £2.347m (68.09%) is being reported linked to the delays experienced on the Community Hub project which impacted the financial close date and progression to the main construction phase. Expenditure on all capital projects to 31 December 2024 is £0.232m (6.72% of approved budget, 21.05% of the revised estimate). Appendix 7 details capital budgets.

9.2 New Community Hub

The project commenced on site in early December 2024 following financial close with completion projected April 2026. Works progressed to date and on-going are outlined below:

- Site welfare establishment;
- Soil remediation works;
- Existing garages & plant building demolition;
- Existing swale extension works;
- Drainage works;

Works planned to commence in the forthcoming period include:

- Foul drainage;
- Existing culvert repairs.

9.3 SWIFT replacement

As previously reported, the local implementation of ECLIPSE has been postponed until July 2025. Bi-Monthly meetings between OLM and HSCP representatives are taking place, to ensure we remain in contact and are regularly updated with the ongoing ECLIPSE developments

9.4 Health Capital

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

9.5 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.

10.0 IMPLICATIONS

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

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

10.2 Finance

One off Costs

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

Annually Recurring Costs/ (Savings)

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

10.3 Legal/Risk

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

10.4 Human Resources

There are no human resources implications arising from this report.

10.5 Strategic Plan Priorities

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

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

(b) Equality Outcomes

How does this report address our Equality Outcomes?

Equalities Outcome	Implications
We have improved our knowledge of the local population who identify as belonging to protected groups and have a better understanding of the challenges they face. Children and Young People who are at risk due to local inequalities, are identified early and supported to achieve positive health outcomes.	None
Inverclyde’s most vulnerable and often excluded people are supported to be active and respected members of their community.	None
People that are New to Scotland, through resettlement or asylum, who make Inverclyde their home, feel welcomed, are safe, and able to access the HSCP services they may need.	None

(c) Fairer Scotland Duty

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

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

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

(d) **Children and Young People**

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

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

10.7 Clinical or Care Governance

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

10.8 National Wellbeing Outcomes

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

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

10.9 Environmental/Sustainability

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

Has a Strategic Environmental Assessment been carried out?

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

10.10 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.

11.0 DIRECTIONS

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

12.0 CONSULTATION

12.1 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.

13.0 BACKGROUND PAPERS

13.1 2023/24 Revenue Budget paper to Integration Joint Board 20 March 2023
<https://www.inverclyde.gov.uk/meetings/documents/16133/09%20Inverclyde%20IJB%20Budget%202023-24.pdf>

INVERCLYDE HSCP**REVENUE BUDGET 2024/25 PROJECTED POSITION****PERIOD 9: 1 April 2024 - 31 December 2024**

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	72,037	71,058	(979)	-1.4%
Property Costs	1,160	1,440	1,871	431	30.0%
Supplies & Services	6,854	8,210	8,042	(168)	-2.0%
Payments to other bodies	54,956	59,377	60,033	656	1.1%
Family Health Services	28,330	28,889	28,889	0	0.0%
Prescribing	19,781	20,550	21,659	1,109	5.4%
Resource transfer	19,589	19,954	19,954	0	0.0%
Income	(24,258)	(27,644)	(28,678)	(1,034)	3.7%
HSCP NET DIRECT EXPENDITURE	173,882	182,813	182,828	15	0.0%
Set Aside	35,398	37,670	37,670	0	0.0%
HSCP NET TOTAL EXPENDITURE	209,280	220,483	220,498	15	0.0%

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	4,014	3,502	(512)	-12.8%
Management & Admin	5,328	8,059	4,768	(3,291)	-40.8%
Older Persons	33,903	31,816	30,858	(958)	-3.0%
Learning Disabilities	11,474	12,355	12,402	47	0.4%
Mental Health - Communities	5,536	5,530	5,209	(321)	-5.8%
Mental Health - Inpatient Services	11,237	11,976	12,580	604	5.0%
Children & Families	16,531	16,811	20,888	4,077	24.3%
Physical & Sensory	3,148	3,500	3,285	(215)	-6.1%
Alcohol & Drug Recovery Service	3,575	4,457	3,939	(518)	-11.6%
Assessment & Care Management / Health & Community Care	10,792	14,790	14,666	(124)	-0.8%
Criminal Justice / Prison Service	19	19	(11)	(30)	0.0%
Homelessness	1,203	1,166	1,314	148	12.7%
Family Health Services	28,330	28,888	28,888	0	0.0%
Prescribing	19,968	20,738	21,847	1,109	5.3%
Resource Transfer	19,132	18,694	18,694	0	0.0%
HSCP NET DIRECT EXPENDITURE	173,882	182,813	182,828	15	0.0%
Set Aside	35,398	37,670	37,670	0	0.0%
HSCP NET TOTAL EXPENDITURE	209,280	220,483	220,498	15	0.0%
FUNDED BY					
NHS Contribution to the IJB	100,168	108,416	108,320	(96)	-0.1%
NHS Contribution for Set Aside	35,398	37,670	37,670	0	0.0%
Council Contribution to the IJB	73,714	74,397	74,508	111	0.1%
HSCP NET INCOME	209,280	220,483	220,498	15	0.0%
HSCP OPERATING (SURPLUS)/DEFICIT			15		
Anticipated movement in reserves *			5,712		
HSCP ANNUAL ACCOUNTS PROJECTED REPORTING (SURPLUS)/DEFICIT			5,727		

* See Reserves Analysis for full breakdown

SOCIAL CARE**REVENUE BUDGET 2024/25 PROJECTED POSITION****PERIOD 9: 1 April 2024 - 31 December 2024**

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	37,662	37,525	(137)	-0.36%
Property costs	1,154	1,434	1,865	431	30.06%
Supplies and Services	1,144	1,240	1,189	(51)	-4.11%
Transport and Plant	312	323	387	64	19.81%
Administration Costs	775	824	1,006	182	22.09%
Payments to Other Bodies	54,956	59,377	60,033	656	1.10%
Income	(23,739)	(26,463)	(27,497)	(1,034)	3.91%
SOCIAL CARE NET EXPENDITURE	73,714	74,397	74,508	111	0.15%

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	13,483	17,758	4,275	31.71%
Criminal Justice	19	19	(11)	(30)	-157.89%
Older Persons	33,903	31,816	30,858	(958)	-3.01%
Learning Disabilities	10,803	11,637	11,716	79	0.68%
Physical & Sensory	3,148	3,500	3,285	(215)	-6.14%
Assessment & Care Management	2,749	2,186	2,218	32	1.46%
Mental Health	1,913	1,623	1,599	(24)	-1.48%
Alcohol & Drugs Recovery Service	1,164	966	754	(212)	-21.95%
Homelessness	1,203	1,166	1,314	148	12.69%
Finance, Planning and Resources	2,144	2,123	2,134	11	0.00%
Business Support/Corporate Director	3,151	5,878	2,883	(2,995)	0.00%
SOCIAL CARE NET EXPENDITURE	73,714	74,397	74,508	111	0.15%

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	74,397	74,508	111	0.15%
Projected Transfer (from) / to Reserves				(111)	

HEALTH**REVENUE BUDGET 2024/25 PROJECTED POSITION****PERIOD 9: 1 April 2024 - 31 December 2024**

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	34,375	33,533	(842)	-2.45%
Property	6	6	6	0	6.93%
Supplies & Services	4,622	5,823	5,460	(363)	-6.23%
Family Health Services (net)	28,330	28,889	28,889	0	0.00%
Prescribing (net)	19,781	20,550	21,659	1,109	5.40%
Resource Transfer	19,589	19,954	19,954	0	0.00%
Income	(519)	(1,181)	(1,181)	0	0.00%
HEALTH NET DIRECT EXPENDITURE	100,168	108,416	108,320	(96)	-0.09%
Set Aside	35,398	37,670	37,670	0	0.00%
HEALTH NET DIRECT EXPENDITURE	135,566	146,086	145,990	(96)	-0.07%

OBJECTIVE ANALYSIS	Budget 2024/25 £000	Revised Budget 2024/25 £000	Projected Out-turn 2024/25 £000	Projected Over/(Under) Spend £000	Percentage Variance
HEALTH					
Children & Families	3,014	3,328	3,130	(198)	-5.95%
Health & Community Care	8,043	12,604	12,448	(156)	-1.24%
Management & Admin	2,177	2,181	1,885	(296)	-13.57%
Learning Disabilities	671	718	686	(32)	-4.50%
Alcohol & Drug Recovery Service	2,411	3,491	3,185	(306)	-8.78%
Mental Health - Communities	3,623	3,907	3,610	(297)	-7.60%
Mental Health - Inpatient Services	11,237	11,976	12,580	604	5.04%
Strategy & Support Services	727	973	906	(67)	-6.89%
Family Health Services	28,330	28,888	28,888	0	0.00%
Prescribing	19,968	20,738	21,847	1,109	5.35%
Financial Planning	835	918	462	(456)	0.00%
Resource Transfer	19,132	18,694	18,694	0	0.00%
HEALTH NET DIRECT EXPENDITURE	100,168	108,416	108,320	(96)	-0.09%
Set Aside	35,398	37,670	37,670	0	0.00%
HEALTH NET DIRECT EXPENDITURE	135,566	146,086	145,990	(96)	-0.07%

HEALTH 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
NHS Contribution to the IJB	135,566	146,086	145,990	(96)	-0.07%
Transfer (from) / to Reserves				96	

Budget Movements 2024/25
Inverclyde HSCP

Inverclyde HSCP - Service	Approved Budget	Movements			Transfers (to)/ from Earmarked Reserves	Revised Budget
	2024/25	Inflation	Virement	Supplementary Budgets		2024/25
	£000	£000	£000	£000	£000	£000
Children & Families	16,531	178	(721)	824	0	16,812
Criminal Justice	19	0	0	0	0	19
Older Persons	33,903	0	(2,088)	0	0	31,815
Learning Disabilities	11,474	43	831	7	0	12,355
Physical & Sensory	3,148	0	352	0	0	3,500
Assessment & Care Management/ Health & Community Care	10,792	552	(531)	3,978	0	14,790
Mental Health - Communities	5,536	217	(317)	93	0	5,528
Mental Health - In Patient Services	11,237	677	(58)	119	0	11,975
Alcohol & Drug Recovery Service	3,575	198	(80)	764	0	4,457
Homelessness	1,203	0	(53)	15	0	1,165
Strategy & Support Services	3,706	30	(70)	348	0	4,014
Management, Admin & Business Support	5,328	110	2,602	21	0	8,061
Family Health Services	28,330	0	234	325	0	28,889
Prescribing	19,968	0	405	364	0	20,737
Resource Transfer	19,132	0	(437)	0	0	18,695
Set aside	35,398	0	0	2,272	0	37,670
Totals	209,280	2,005	68	9,130	0	220,482

Social Care - Service	Approved Budget	Movements			Transfers (to)/ from Earmarked Reserves	Revised Budget
	2024/25	Inflation	Virement	Supplementary Budgets		2024/25
	£000	£000	£000	£000	£000	£000
Children & Families	13,517		(755)	722		13,484
Criminal Justice	19		0			19
Older Persons	33,903		(2,088)			31,815
Learning Disabilities	10,803		834			11,637
Physical & Sensory	3,148		352			3,500
Assessment & Care Management	2,749		(563)			2,186
Mental Health - Community	1,913		(290)			1,623
Alcohol & Drug Recovery Service	1,164		(198)			966
Homelessness	1,203		(53)	15		1,165
Strategy & Support Services	2,144		(126)	106		2,124
Business Support	3,151		2,727			5,878
Totals	73,714	0	(160)	843	0	74,397

Health - Service	Approved Budget	Movements			Transfers (to)/ from Earmarked Reserves	Revised Budget
	2024/25	Inflation	Virement	Supplementary Budgets		2024/25
	£000	£000	£000	£000	£000	£000
Children & Families	3,014	178	34	102		3,328
Health & Community Care	8,043	552	32	3,977		12,604
Management & Admin	2,177	110	(126)	21		2,182
Learning Disabilities	671	43	(3)	7		718
Alcohol & Drug Recovery Service	2,411	198	118	764		3,491
Mental Health - Communities	3,623	217	(27)	93		3,906
Mental Health - Inpatient Services	11,237	677	(58)	120		11,976
Strategy & Support Services	727	39	160	47		973
Family Health Services	28,330		234	325		28,889
Prescribing	19,968		405	364		20,737
Financial Planning	835	(9)	(103)	195		918
Resource Transfer	19,132		(437)			18,695
Set aside	35,398			2,272		37,670
Totals	135,566	2,005	227	8,287	0	146,085

INVERCLYDE INTEGRATION JOINT BOARD

DIRECTION

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

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

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

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

Functions: All functions listed in Annex 2, Part 1 of the Inverclyde Health and Social Care Partnership Integration Scheme.

Associated Budget:

SUBJECTIVE ANALYSIS	Budget 2024/25 £000
SOCIAL CARE	
Employee Costs	37,662
Property costs	1,434
Supplies and Services	1,240
Transport and Plant	323
Administration Costs	824
Payments to Other Bodies	59,377
Income (incl Resource Transfer)	(26,463)
SOCIAL CARE NET EXPENDITURE	74,397
Social Care Transfer from EMR	111
Health Transfer from EMR *	(96)
Total anticipated transfer from EMR at year end	15 *

OBJECTIVE ANALYSIS	Budget 2024/25 £000
SOCIAL CARE	
Children & Families	13,483
Criminal Justice	19
Older Persons	31,816
Learning Disabilities	11,637
Physical & Sensory	3,500
Assessment & Care Management	2,186
Mental Health	1,623
Alcohol & Drugs Recovery Service	966
Homelessness	1,166
Finance, Planning and Resources	2,123
Business Support	5,878
SOCIAL CARE NET EXPENDITURE	74,397

* to be funded by reserves held for IJB

This direction is effective from 27 January 2025

INVERCLYDE INTEGRATION JOINT BOARD

DIRECTION

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

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

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

Services: All services listed in Annex 1, Part 2 of the Inverclyde Health and Social Care Partnership Integration Scheme.

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

Associated Budget:

SUBJECTIVE ANALYSIS	Budget 2024/25 £000
HEALTH	
Employee Costs	34,375
Property costs	6
Supplies and Services	5,823
Family Health Services (net)	28,889
Prescribing (net)	20,550
Resources Transfer	19,954
Income	(1,181)
HEALTH NET DIRECT EXPENDITURE	108,416
Set Aside	37,670
NET EXPENDITURE INCLUDING SCF	146,086

Health Transfer from EMR	(96)
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OBJECTIVE ANALYSIS	Budget 2024/25 £000
HEALTH	
Children & Families	3,328
Health & Community Care	12,604
Management & Admin	2,181
Learning Disabilities	718
Alcohol & Drug Recovery Service	3,491
Mental Health - Communities	3,907
Mental Health - Inpatient Services	11,976
Strategy & Support Services	973
Family Health Services	28,888
Prescribing	20,738
Financial Planning	918
Resource Transfer	18,694
HEALTH NET DIRECT EXPENDITURE	108,416
Set Aside	37,670
NET EXPENDITURE INCLUDING SCF	146,086

This direction is effective from 27 January 2025

**THERE IS NO
APPENDIX 6**

INVERCLYDE HSCP - CAPITAL BUDGET 2024/25

PERIOD 9: 1 April 2024 - 31 December 2024

Project Name	Est Total Cost	Current year				Future years			
		Actual to 31/12/24	Approved Budget 2024/25	Revised Estimate 2024/25	Actual to 31/12/24	Estimate 2025/26	Estimate 2026/27	Estimate 2027/28	Future Years
		£000	£000	£000	£000	£000	£000	£000	£000
Social Work									
New Community Hub	9,707	655	3,447	1,100	232	6,452	1,500	0	0
Swift Upgrade	200	0	0	0	0	200	0	0	0
Social Work Total	9,907	655	3,447	1,100	232	6,652	1,500	0	0

Classification: No Classification
 Summary of Balance and Projected use of reserves

EMR type/source	Balance at 31 March 2024 £000	Projected net spend/ (Additions) 2024/25 £000s	Projected balance as at 31 March 2025 £000s	Earmark for future years £000s	Health /Council	CO/Head of Service	Responsible officer	Comments
SCOTTISH GOVERNMENT FUNDING - SPECIFIC FUNDS								
Mental Health Action 15	116	0	116	116	Health	Katrina Phillips	Katrina Phillips	Fully committed for fixed term posts
Alcohol & Drug Partnerships	502	45	457	457	Health	Katrina Phillips	Katrina Phillips	Fully committed - remaining balance relates to MIST posts and allowable earmarking.
Primary Care Support	525	215	310	310	Health	Alan Best	Pauline Atkinson	A number of initiatives ongoing within these funds e.g. Thrive under 5, Smoking prevention, GP premises improvement.
Community Living Change	101	101	0	0	Health/Council	Alan Best	Laura Porter	Balance is for ongoing committed posts
Winter planning - MDT	134	81	53	53	Health	Alan Best	Debbi Maloney	Fully committed - balance to fund costs of committed posts and equipment spend 24/25 and onwards.
Winter planning - Health Care Support Worker	331	279	52	52	Health	Laura Moore - Chief Nurse	Laura Moore - Chief Nurse	Fully committed - balance is for ongoing Band 5 and 6 posts commitments
Winter pressures - Care at Home	745	365	380	380	Council	Alan Best	Joyce Allan	Care and support at home review commitments plus ongoing care at home requirements being progressed. Maximising indep/CM work.
Care home oversight	88	49	39	39	Health	Laura Moore - Chief Nurse	Laura Moore - Chief Nurse	Any unused funds at year end to be earmarked for 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
Carers	254	100	154	154	Council	Alan Best	Alan Best	Consultation with carers being carried out to identify most appropriate use of funds. Commitments to be confirmed and further developments planned for.
MH Recovery & Renewal	343	52	291	291	Health	Katrina Phillips	Katrina Phillips	Earmarked for continuation of board-wide facilities improvement and workforce wellbeing initiatives.
Sub-total	3,203	1,287	1,916	1,916				
EXISTING PROJECTS/COMMITMENTS								
Integrated Care Fund	108	25	83	83	Council	Alan Best	Alan Best	Fully committed. Ind sector lead costs committed 24/25 and 25/26.
Delayed Discharge	50	50	0	0	Council	Alan Best	Alan Best	Fully committed -
Welfare	106	60	46	46	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	0	0	Council	Maxine Ward	Maxine Ward	Fully committed
LD Estates	500	200	300	300	Council	Alan Best	Laura Porter	Community Hub non capital spend reserve
New To Scotland	3,073	358	2,715	2,715	Council	Maxine Ward	Lesley Cockburn	For continued support for refugees in Inverclyde area. New to Scotland 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	81	148	148	Council	Jonathan Hinds	Lynn Smith	School counselling contract being renewed. Commitment held for future years
IJB Staff L&D Fund	397	50	347	347	Council / Health	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	281	485	485	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	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.
Innovation fund	132	60	72	72	Council/Health	Jonathan Hinds	Craig Given	Projects identified to take forward
Homelessness	256	256	0	0	Council	Alan Best	Alan Best	Redesign transition funding. Balance committed for continuation of temp posts in 24/25.
Autism Friendly	123	30	93	93	Council	Alan Best	Alan Best	To implement the National and Local Autism strategies with an aim to create an 'Autism Inclusive Inverclyde'.
Temporary Posts	256	256	0	0	Council	Various	Various	Temporary posts over 24/25 and 25/26
ADRS fixed term posts	103	40	63	63	Council	Katrina Phillips	Katrina Phillips	For continuation of fixed term MIST posts
Sub-total	7,775	2,322	5,453	5,453				
TRANSFORMATION PROJECTS								
Transformation Fund	1,226	551	675	675	Shared	Kate Rocks	Various	Remaining funding will be redirected to the new Innovation Fund.
Addictions Review	272	60	212	212	Shared	Katrina Phillips	Katrina Phillips	Redesign transition funding including Residential Rehab costs.
Mental Health Transformation	477	100	377	377	Shared	Katrina Phillips	Katrina Phillips	Fully committed towards ANP service within MH
IJB Digital Strategy	202	120	82	82	Shared	Alan Best	Joyce Allan	Analogue to Digital commitments - spending plan ongoing
Sub-total	2,177	831	1,346	1,346				
BUDGET SMOOTHING								
Adoption/Fostering/Residential Childcare	466	0	466	466	Council	Jonathon Hinds	Molly Coyle	To Address in year pressures if required.
Prescribing	563	563	0	0	Health	Alan Best	Alan Best	Full Spent Anticipated
Continuing Care	267	0	267	267	Council	Jonathan Hinds	Molly Coyle	
Residential & Nursing Placements	432	0	432	432	Council	Alan Best	Alan Best	
IJB Severance Contingency Costs	1,492	0	1,492	1,492	Council	Kate Rocks	Craig Given	To address severance costs likely in 25/26
LD Client Commitments	382	0	382	382	Council	Alan Best	Laura Porter	
Client Commitments - general	414	0	414	414	Council	Kate Rocks	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	4,408	563	3,845	3,845				
Total Earmarked	17,563	5,003	12,560	12,560				
UN-EARMARKED RESERVES								
General	1,724	709	1,015	1,015	IJB	Craig Given		Planned use of reserves agreed by IJB
Un-Earmarked Reserves	1,724	709	1,015	1,015				
TOTAL Reserves	19,287	5,712	13,575	13,575				
Final projected overspend to be funded from reserves		15	(15)	(15)				Projected overspend to be funded from reserves. Allocate at year end
FINAL PROJECTED POSITION	19,287	5,727	13,560	13,560				



Inverclyde Alliance Board Action Tracker

Date of Meeting	Action	Progress Update
5.12.22	<u>Partner hosts</u> Thematic workshops to be arranged, and variety of Board meeting locations and visits to be arranged	Inverclyde Council and the Greenock Cut Visitor Centre have offered to host the June 2025 Board.
02.10.23	<u>University of Strathclyde Workforce Research</u> Participation in the University of Strathclyde research project as a partnership approach be progressed.	M Rae to provide update to March 2025 Board.

Date of Meeting	Action	Progress Update
17.06.24	<p><u>Results of the health and wellbeing survey</u></p> <p>27–30-month developmental concern trend data to be considered at future meeting.</p> <p>Results of TSI consultation on the survey to be presented at a future meeting.</p> <p>Results to be discussed between the chairs of the Alliance Board thematic delivery groups.</p> <p>Scottish Government Alliance Board representative to advise on the status of the Strengths and Difficulties Questionnaire (SDQ).</p>	<p>Scheduled for June 2025.</p> <p>The survey closed mid-October 2024. Update circulated to Alliance Board. Update to June 2025 Board.</p> <p>Updates and any resulting actions to be brought to the June 2025 Board.</p> <p>After the last Alliance Board meeting, Fiona Simpson contacted Richard Foggo in the Scottish Government to put him in touch with Louise Long to discuss the approach further, whilst noting that the lead for this is PHS. Update by L Long.</p>
7.10.24	<p><u>NHS GGC Mental Health Strategy Refresh Public Engagement</u></p> <p>Updates will be provided to future meetings</p>	<p>Partner progress update to be provided at June 2025 Board</p>
7.10.24	<p><u>Developing a Population Framework for Scotland</u></p> <p>PHS presentation slides were shared at October 2024 Board. Updates to be provided to future meetings</p>	<p>Partner progress update to be provided at June 2025 Board</p>
2.12.2024	<p>Inverclyde Partnership Plan Biannual Progress Report April 2024 to September 2024</p>	<p>Presentation slides circulated following meeting.</p>
2.12.2024	<p>Inverclyde Alliance Draft Annual Report 2023-2024</p>	<p>Final version has been circulated to the Alliance Board.</p>

Date of Meeting	Action	Progress Update
2.12.2024	Presentation on Bairns Hoose	March 2025 Board
2.12.2024	Town Centre Action Plans link to be circulated	To be completed

**INVERCLYDE INTEGRATION JOINT BOARD
ROLLING ACTION LIST
24 MARCH 2025**

Meeting Date and Minute Reference	Action	Responsible Officer	Timescale	Progress/Update/Outcome	Status	Open/ Closed
14 November 2023 (Para 81(2))	Further report on progress with Workforce Plan	Chief Officer	November 2024	Paper to January 2025 REMOVE – report on last agenda	Work Ongoing	Close
9 September 2024 (Para 56)	Report on Children's Services detailing services and plans for redesign	Chief Officer	No timescale	Paper to January 2025 REMOVE – report on last agenda	Work Ongoing	Close
18 November 2024 (Para 68(4))	Report on Action Plan to reduce programmes for 2025/26 in the light of changes to Mental Health Grant Funding	Chief Officer	Next meeting (January 2025)	Paper to January 2025 REMOVE – agreed at last meeting	Work Ongoing	Close
18 November 2024 (Para 72(3))	Report on signposting of services including independent pharmacies	Chief Officer	To a future meeting	REMOVE – report on last agenda		Close
27 January 2025 (Para 9(4))	Report on learning from response to storm Eowyn including case studies	Chief Officer	March	REMOVE – report on this agenda	Work Ongoing	Close

Annual Report Schedule and forward planning

<p><u>March (24 March 2025)</u></p> <ul style="list-style-type: none"> • Budget Setting 2025/2026 • Finance Monitoring • Governance of External Organisations 	<p><u>May (12 May 2025)</u></p> <ul style="list-style-type: none"> • Finance Monitoring • Inverclyde HSCP Strategic Plan update • Update on HSCP Savings Programme Board • Governance of External Organisations • Digital Strategy
<p><u>June (23 June 2025)</u></p> <ul style="list-style-type: none"> • Finance Monitoring • Draft Annual Accounts • Proposed Dates of Future Meetings • Update on Joint Inspection of Adult Services following publication of inspection report • Workforce Plan Update • Integration Schemes Update • Update on HSCP Savings Programme Board • Governance of External Organisations 	<p><u>September (TBC)</u></p> <ul style="list-style-type: none"> • Finance Monitoring • Clinical & Care Governance • Annual Performance Report • Directions Annual Report • Strategic Partnership Outcomes Framework • ADRS report • Annual update on NHSGG&C Primary Care Strategy & Implementation • Governance of External Organisations
<p><u>November (TBC)</u></p> <ul style="list-style-type: none"> • Finance Monitoring • Audited Annual Accounts • Primary Care Improvement Plan (PCIP) update (periodic 6 monthly update requested 15.05.23) • Homelessness Redesign • Update on HSCP Savings Programme Board • Chief Social Work Officer's Annual Report • Governance of External Organisations 	<p><u>January 2026 (TBC)</u></p> <ul style="list-style-type: none"> • Finance Monitoring • Update on Vaccination Programme • Annual Report on Improving Cancer Journey Model • Update on HSCP Savings Programme Board • Governance of External Organisations
<p><u>Others</u></p> <ul style="list-style-type: none"> • Publish set of equality outcomes (4 yearly) • Report on progress toward equality outcomes (2 yearly) • Report on mainstreaming of equality into day-to-day operations (2 yearly) 	

Report To:	Inverclyde Integration Joint Board	Date:	24 March 2025
Report By:	Kate Rocks Chief Officer Inverclyde Health & Social Care Partnership	Report No:	IJB/64/2025/KP
Contact Officer:	Katrina Phillips Interim Head of Mental Health and Alcohol & Drug Recovery Services Inverclyde Health & Social Care Partnership	Contact No:	01475 715365
Subject:	Enhanced Mental Health Outcome Framework		

1.0 PURPOSE AND SUMMARY

- 1.1 For Decision For Information/Noting
- 1.2 The purpose of the report is to provide an update to IJBs across NHS Greater Glasgow and Clyde on the revised plans for delivery on programmes funded through the Enhanced Mental Health Outcomes Framework and advise IJBs of the implications across all programmes for financial year 2025/26 following a reduction in the allocation.
- 1.3 In [November 2024](#) the finance report presented to the IJB outlined the new funding arrangements for the Enhanced Mental Health Outcomes Framework for NHS Greater Glasgow and Clyde from 2024/25, bundling together several existing funding allocations into a single funding stream. Scottish Government issued a funding letter on 30th September 2024, and total allocation represented a 5.48% reduction in funding.
- 1.4 IJBs approved the use of earmarked reserves held collectively for the delivery of the associated programmes for 2024/25, to allow time to review programmes and develop plans to deliver within the new financial envelope for 2025/26. The reduction has been applied equally to each of the existing funding streams, and plans have been proposed taking account of risks and mitigation where possible
- 1.5 This report provides an update on the revised plans for delivery on programmes funded through the Enhanced Mental Health Outcomes Framework and advises IJBs of the implications across all programmes for financial year 2025/26 following a reduction in the allocation.

2.0 RECOMMENDATIONS

2.1 The Integration Joint Board is asked to:

- a) Note the contents of this report;
- b) Note the impact of this funding on each of the programmes; and
- c) Approve the proposed funding arrangements to deliver programmes in 2025-26.

Kate Rocks
Chief Officer
Inverclyde Health and Social Care Partnership

3.0 BACKGROUND AND CONTEXT

3.1 Scottish Government issued a funding letter on 30th September 2024 for the 2024/25 Enhanced Mental Health Outcomes Framework, bundling several existing funding allocations into a single funding stream. Details of the funding streams are provided in the table below.

Mental Health Outcome Framework	Board wide funding allocated to East Dunbartonshire and Glasgow City to deliver: <ul style="list-style-type: none">• Psychological Therapies• Adult and Children’s Eating Disorder• Child and Adolescent Mental Health Services
Perinatal and Infant Mental Health Programme	Board wide funding allocated to East Dunbartonshire and Glasgow City to deliver specialist community perinatal mental health, infant mental health and maternity/neonatal psychological interventions.
School Nursing Service	Board wide funding allocated to all HSCPs to support additional recruitment of 50 School Nurses since 2018/19.
Annual Health Checks for People with a Learning Disability	Board wide funding allocated to all HSCPs to support annual health checks for those individuals with a learning disability. Programme coordinated and delivered by East Renfrewshire.
Action 15	HSCP funding which supports local and board wide programmes to secure delivery of Action 15 of the Governments Mental Health Strategy 2017-2027.

3.2 The IJB was provided an update on the financial impact in November 2024, noting that the funding letter represented a 5.48% reduction compared to anticipated funding levels for 2024-25, equating to £1.587m reduction across all programmes.

3.3 Greater Glasgow and Clyde IJBs approved the use of collective earmarked reserves to mitigate against the reduction in funding for 2024/25 to afford an opportunity for Chief Officers to develop a revised programme of investment to be delivered within the new financial envelope.

3.4 The funding letter indicated that funding within the Enhanced Mental Health Outcomes Framework will be baselined in 2025-26, and this paper assumes allocation at the funding set out in the letter of 30th September 2024. Any further reduction in funding will require additional consideration to the programmes outlined below.

4.0 Impact on Programmes

4.1 The financial impact of the reduction in allocation across all programmes is detailed in the tables at **appendix 1**. Impact on delivery of the programmes and outcomes is highlighted throughout the remainder of the report.

5.0 Mental Health Outcomes Framework

The priorities set out by Scottish Government in respect of the Mental Health Outcomes Framework aspect of the funding stream are to:

- Build capacity to deliver the 18-week referral to treatment standard for psychological therapies, improve quality and access to psychological therapies, reduce backlogs of long waits, and implement the national specification for psychological therapies and interventions.
- Build capacity to deliver the 18-week referral to treatment standard for Child and Adolescent Mental Health Services (CAMHS), improve quality and access to mental health services for children and young people, reduce backlogs of long waits, and implement the national CAMHS specification and the national neurodevelopmental specification.
- Improve mental health services for children and adults with eating disorders.
- Deliver improved and innovative approaches to mental health and psychological services, underpinned by nationally agreed standards and specifications for service delivery.

- 5.1 Specialist Children's Services are hosted in East Dunbartonshire. CAMHS increased their Tier 3 workforce across teams from 155 WTE in September 2021 to 216 WTE in September 2024. The waiting list backlog was subsequently addressed, with NHSGGC now meeting the 18 week referral to treatment standard. The reduction in funding of £517K equates to 9.4 WTE staff and the service are targeting vacancies and fixed term posts to deliver on the reduced allocation. It is intended that the reduction will be applied to Tier 4 services on an NRAC basis to ensure that areas are not disproportionately affected. Health care support workers were introduced with the Mental Health Recovery and Renewal allocation, which was subsequently bundled into the Mental Health Outcomes Framework. These roles were developed to support the Unscheduled Care responses to children and young people, and there will be a reduction in these posts.
- 5.2 CAMHS have developed a neurodevelopmental pathway however the backlog for assessment is extensive in terms of numbers waiting and waiting times. Specialist Children's Services are exploring digital solutions to support the assessment timescales and are considering a realistic medicine approach to supporting families.
- 5.3 It is anticipated that CAMHS will be able to maintain the 18- week referral to treatment standard, with a continuing focus on allocations lists. The impact of a reduction in Health Care Support Worker posts should be minimal as nursing staff will cover all acute sites where young people present out of hours. A helpline service has also been established to improve advice to emergency services, which is reducing the number of face-to-face assessments required.
- 5.4 The National Specification for the Care and Treatment of Eating Disorders was published by Scottish Government in November 2024, embedded into the Core Mental Health Standards. CAMHS are currently benchmarking against the 9 Outcomes that services are expected to deliver, and staffing will reflect this work.
- 5.5 A reduction in staffing across CAMHS will impact further on the neurodevelopmental waiting lists, with longer waiting times, and as highlighted above, different approaches are being explored to mitigate the increasing backlog.
- 5.6 Mental Health Outcomes Framework allocation also funded a significant investment in the delivery of psychological therapies across adult mental health services, totalling £4,401,937. Additional resource has supported the reduction in waiting times and NHSGGC's capacity to meet the 18-week referral to treatment standard. The reduction in allocation of £270,428 for adult mental health will be applied to psychological therapies staffing across NHSGGC and remove 6.2 WTE Assistant Psychologists and Clinical Associate in Applied Psychology (CAAP)/Counselling Psychologist posts that are currently vacant. The removal of these posts will be spread across the board so as not to disproportionately affect any one area.

- 5.7 Further work is required to reduce spend across Psychological Therapies as previous funding through Mental Health Recovery and Renewal funding is no longer available. It is proposed that a number of teams will be prioritised - primary care mental health teams (PCMHTs), community mental health teams (CMHTs), cCBT and group programmes. The PCMHTs, cCBT and Group programmes support NHSGGC to meet the 18-week referral to treatment standard by delivering on group programmes that have the capacity to offer therapies to a high volume of patients and deliver on early intervention to prevent unnecessary escalation to tier 3 and 4 services, whilst CMHTs ensure that people with the highest level of acuity will be offered psychological therapies. Nevertheless, it is likely that the decrease in overall psychology staffing will impact on future performance in respect to meeting the referral to treatment standard.
- 5.8 The NHSGGC Adult Eating Disorder service (AEDS), hosted in Glasgow City, will receive no reduction to their £563,167 allocation. To date, the increase in funding has been used to fund fixed term posts to test out different models, as well as offering additional sessions to existing staff. The current service model is being reviewed following the publication of the National Specification for the Care and Treatment of Eating Disorders in November 2024, and Glasgow City IJB required commitment from Scottish Government in respect of a recurring allocation in order to progress plans. The new specification requires AEDS to ensure that the service offers equitable and flexible access, is responsive to individual need, is inclusive of physical risk management, accounts for safe transitioning for young people into the adult service and delivers appropriate training to all staff involved in the care of adults with an eating disorder. The proposed staffing model includes an increase in occupational therapy, senior nurses, dietician, psychology assistant, psychologist and administrative support, as well as the introduction of a transitions worker to support young people transferring from CAMHS, health care support workers to support the development of an outreach approach such as meal planning and physical health checks at home and a peer support worker to work with people in their own community.
- 5.9 The AEDS review will explore the benefits of a flexible day service programme as a means of preventing admission to hospital, and as a step down from hospital to the community, and the additional staff outlined above could support such a model if required. The service remains committed to developing a specialist adult eating disorder ward as part of the Mental Health strategy and inpatient bed realignment.
- 5.10 Perinatal and Infant Mental Health**
- The funding stream for these services was introduced following commitment made by Scottish Government in 2019 to improve access to, and quality of, perinatal and infant mental health services, as a key commitment in mental health service delivery. Infant Mental Health (IMH) and Maternity and Neonatal Psychological Therapies (MNPI) are delivered by CAMHS, hosted by East Dunbartonshire. The NHSGGC community Perinatal team (CPMHT) is hosted by Glasgow City alongside other specialist mental health services.
- 5.11 As noted in the table at section 3.1, the reduction in funding is equally split between specialist children's services and adult mental health.
- 5.12 There has been significant investment in the CPMHT over recent years, alongside the Mother and Baby Unit inpatient service, with an increase in psychology and psychiatry resource and the development of parent-infant therapy, nursery nurse and peer support role, in order to meet the recommendations of the Delivering Effective Services: Needs Assessment and Service Recommendations for Specialist and Universal Perinatal Mental Health Services (2019).
- 5.13 Scottish Government subsequently published guidance to NHS boards, HSCPs and IJBs in 2020, with respect to developing specialist community perinatal mental health teams (CPMHTs). The guidance outlines a range of core CPMHT functions, and the service were awaiting confirmation of funding before committing to the resource required to deliver fully on the recommendations. The

reduction in funding has led to a re-adjustment to plans and removes the capacity to backfill the 1 WTE Nurse Consultant whilst undertaking the regional aspect of the role. However, the commitment to recurring funding will allow for an increase in nursing to address the current waiting list, increase delivery of low intensity psychological therapies and develop group work programmes, a health care support worker to support individual and group sessions, an increase in Occupational Therapist resource, and continue the peer support worker role which has been successful as a fixed term opportunity. Cover arrangements will also be in place with the mental health Nurse Consultant to respond to any urgent issues. These roles will ensure that the service is able to meet all requirements outlined by Scottish Government.

5.14 The funding allocation into Specialist Children’s Services supported the expansion of the MNPI service from 2021, investing in additional psychology posts and introducing specialist midwifery roles. A standalone multidisciplinary IMT was introduced in November 2021 to provide specialist parent-infant advice and consultation to families and professionals.

5.15 The reduction in funding has been achieved with the removal of a research assistant role and a project manager, both of which were in place to support the establishment and development of the teams. The Maternity and Neonatal Psychological Interventions and Infant Mental Health teams are not impacted significantly by the removal of these posts as their purpose was to establish the teams and research. The teams will continue to operate in accordance with the service specifications.

5.16 **School Nursing Service**

In 2019, a Programme for Government commitment was made to increase the number of School Nurses across Scotland by 200 WTE, in order to meet the requirement to focus on children’s physical and emotional health and wellbeing.

NHSGGC’s allocation equated to an uplift of 56.07 WTE school nurses by December 2023. The reduction in funding of £143,420 has reduced this commitment to 50 WTE across NHSGGC. The Enhanced Mental Health Outcomes Framework allocation letter outlines the expectation that funding will support boards to maintain school nursing at current levels as full recruitment had not been achieved.

5.17 East Dunbartonshire, East Renfrewshire and Inverclyde are over their funded staffing number, either in post or in training and will work with other areas to realign staff if necessary when training is complete. Glasgow City, Renfrewshire and West Dunbartonshire still require to train an additional 7 WTE school nurses (5, 1.6 and 0.4 WTE respectively) to reach their funded allocation, as per table below.

Revised School Nursing Distribution Based on 50WTE

HSCP	Funded WTE	Recruited or in Training	Funded WTE difference
Glasgow City	27.00	22.00	-5.00
East Dunbartonshire	4.20	5.20	+1.00
East Renfrewshire	3.60	4.00	+0.40
Inverclyde	3.60	4.00	+0.40
Renfrewshire	7.60	6.00	-1.60
West Dunbartonshire	4.00	3.60	-0.40
Total	50.00	44.80	5.20

5.18 The University of West of Scotland, who have been the Higher Education Institution provider to date, withdrew their SCPHN School Nurse course following announcement by Scottish Government that the funding was reduced. Queen Margaret University Edinburgh is offering a part time distance learning course, and this is being explored as a viable option to the HSCPs who have not secured the full cohort of school nurses.

5.19 **Annual Health Checks for People with Learning Disabilities**

In 2022, the Scottish Government committed to annual funding of £2million for NHS Boards to offer annual health checks to all adults with learning disabilities known to services, to address health inequalities and ensure that health issues are identified and treated as quickly as possible.

5.20 Although the allocation and reduction is noted in the table above by HSCP area, the planning for the delivery of annual health checks is managed by East Renfrewshire as the host area for NHSGGC learning disability services.

5.21 All health boards across the country have highlighted to Scottish Government that the original funding envelope was insufficient to deliver on the aim to offer annual health checks to all people with a learning disability, and an alternative model prioritising the people most in need was agreed, with a commitment to consider future requirements. A reduction in the funding therefore further compromises the capacity to offer regular health checks as this equates to a reduction in staffing. A modest reserve will fund the existing staffing over the next year to allow a review of the staffing model to reshape the workforce.

5.22 **Action 15**

Action 15 of the Mental Health Strategy 2017-27 committed to increasing the mental health workforce, to provide access to specialist mental health assessment and treatment for acute Emergency Departments, Primary Care, Police station custody suites and Prisons. The Mental Health Strategy seeks to ensure that people who require it have access to high quality, specialist mental health care in a timely manner, as well as addressing health needs at an early stage to reduce the need for secondary care.

5.23 Each area across NHSGGC contribute to boardwide programmes that are reported into, and governed by, the boardwide Mental Health Strategy Board:

- **Adult Mental Health Liaison Service (AMHLS)** – Investment funds nursing and psychiatry staff to deliver mental health assessment and diagnostic care & treatment to all acute hospital settings across NHSGGC.
- **Mental Health Assessment Units** – Investment funds nursing, health care support workers, psychiatry and admin staff across two units based at Stobhill hospital and Leverndale hospital to provide immediate response to mental health crisis in and out of hours to acute hospitals, emergency services, GPs, NHS24 and Emergency Social Work Services, and provide an alternative and more appropriate setting for patients away from Emergency Departments.
- **Police Custody** – Investment funds 4 WTE mental health nurses to support the police custody hub model across NHSGGC and supports the formation of a multi-disciplinary team approach to the delivery of police custody services.
- **Psychological Interventions in Prisons** – Investment funds 13.4 WTE staff to deliver low and high intensity psychological therapies across three prisons within NHSGGC. The focus of the intervention is to improve transitions for people from prison to community, and to improve support for long term prisoners.
- **Borderline Personality Disorder (BPD) service** – Investment funds 10.4 WTE staff across psychology and psychotherapy to implement an evidence-based framework of care for people with borderline personality problems, ensuring access to a co-ordinated

programme of clinical care including Dialectical Behavioural Therapy (DBT) and Mentalisation Based Therapy (MBT) where indicated. Each area currently has access to either DBT or MBT practitioners, and NHSGGC plan to increase investment as part of the Mental Health Strategy implementation. The investment also funds a small training resource to upskill all inpatient and community staff to support people with personality disorder, assisted by the BPD Dialogues (lived experience) group.

5.24 Financial commitment to each programme is detailed below and it is recommended that investment in these areas continue as they are critical to the NHSGGC Mental Health strategy. Previous boardwide investment in Recovery has been withdrawn with work in each area underway to implement local recovery approaches, and any future vacancies that arise in the prison psychology service will be considered by Heads of Service collectively to determine impact of reduction against local pressures.

Boardwide A15 investment per area

	East Dun	East Ren	Glasgow	Inverclyde	Renfrewshire	West Dun
	£216,537	£184,769	£1,393,349	£185,608	£395,072	£205,191
BPD	£51,477	£43,877	£332,249	£44,616	£94,031	£49,170
MHAU (OOH CPNs)	£20,580	£17,567	£132,300	£17,567	£37,537	£19,453
Liaison	£63,336	£54,062	£407,160	£54,062	£115,513	£59,868
Police Custody	£24,780	£21,152	£159,300	£21,252	£45,194	£23,423
Psychological Interventions in Prisons	£56,364	£48,111	£362,340	£48,111	£102,797	£53,277

5.25 Each area across NHSGGC have invested the remainder of Action 15 allocation in local priorities, and reduction in funding will be realised through discontinuing tests of change or fixed term posts, and/or not progressing with planned programmes:

- Inverclyde HSCP have removed a vacant Improvement Advisor post, which presented least risk and impact.
- Renfrewshire HSCP have removed 2 inpatient in-reach nursing posts, 5 community wellbeing nurses and a transitions worker, all of which were fixed term posts. It had been intended to secure some of these posts on a permanent basis given their success in supporting transitions from hospital and CAMHS, as well as delivering a preventative wellbeing approach. 3 of the community wellbeing nurses have been retained using core funding.
- East Dunbartonshire HSCP, East Renfrewshire HSCP, Glasgow HSCP and West Dunbartonshire HSCP had discontinued test of change programmes in 2023/24, in preparation for investment in a boardwide neurodevelopmental pathway. Renfrewshire and Inverclyde HSCPs had also intended to contribute. An unprecedented increase in referrals over the past 4 years to Adult Community Mental Health Teams for ADHD assessment has amounted to 700% excess referrals. All areas except West Dunbartonshire HSCP have a waiting list initiative, established to manage referrals until a substantive neurodevelopmental service could be developed. Currently there is a total of 6474 patients on ADHD waiting lists Boardwide, with an average longest wait of 2.4 years. There has also been a continued increase in referrals to the Adult Autism team (ASD) over the past 10 years, with a total of 1050 on the ASD waiting list. The plan to implement a specialist service was predicated on availability of funding, and the reduction in A15 allocation of over £508K means that this is no longer viable. Options to manage the referrals and waiting lists are currently being explored but additional resource cannot be provided in the absence of additional funding.

6.0 PROPOSALS

- 6.1 The paper outlines the impact of reduction in funding allocation and associated risks across the existing programmes of psychological therapies, adult eating disorders, specialist children's services, perinatal, infant mental health and maternity and neonatal psychological therapies, school nursing, annual health checks for people with a learning disability, and Action 15.
- 6.2 This report proposes revised plans for the programmes delivered through the Enhanced Mental Health Outcomes Framework funding allocation, taking into account the 5.48% reduction and outlines impact against delivery of expected outcomes.
- 6.3 The Integration Joint Board is asked to:
- Note the contents of this report;
 - Note the impact of this funding on each of the programmes; and
 - Approve the proposed funding arrangements to deliver programmes in 2025-26.

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

7.2 Finance

As detailed in contents of paper
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

7.3 Legal/Risk

N/A

7.4 Human Resources

N/A

7.5 Strategic Plan Priorities

This report aligns with Strategic Plan Priority – Improve support for mental health, wellbeing and recovery. The service noted provide specialist mental health care and treatment

7.6 Equalities

(a) Equalities

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

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

(b) Equality Outcomes

How does this report address our Equality Outcomes?

Equalities Outcome	Implications
We have improved our knowledge of the local population who identify as belonging to protected groups and have a better understanding of the challenges they face.	x
Children and Young People who are at risk due to local inequalities, are identified early and supported to achieve positive health outcomes.	x
Inverclyde's most vulnerable and often excluded people are supported to be active and respected members of their community.	x
People that are New to Scotland, through resettlement or asylum, who make Inverclyde their home, feel welcomed, are safe, and able to access the HSCP services they may need.	x

(c) Fairer Scotland Duty

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

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

x	YES – The expenditure on services supports the delivery a Fairer Scotland.
	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?

<input type="checkbox"/>	YES – Assessed as relevant and a CRWIA is required.
<input type="checkbox"/>	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

This report provides information on services delivered on a board wide basis, delivering key interventions for some of our most vulnerable people. It ensures ongoing clinical and care governance commitments are retained for the people of Inverclyde and each of the services provide regular reports on referrals, treatment options and ongoing input to the Inverclyde population

7.8 National Wellbeing Outcomes

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

The Enhanced Mental Health Outcomes Framework allocation letter outlines the outcomes required to be delivered for each programme aligned to the national health and 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.	x
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	x
People who use health and social care services have positive experiences of those services, and have their dignity respected.	x
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	x
Health and social care services contribute to reducing health inequalities.	x
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.	x
People using health and social care services are safe from harm.	x
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.	x
Resources are used effectively in the provision of health and social care services.	x

7.9 Environmental/Sustainability

Not Applicable

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

Has a Strategic Environmental Assessment been carried out?

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

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

Monies Received per Programme

Programme	East Dun	East Ren	Glasgow	Inverclyde	Renfrewshire	West Dun	Total Received
MH Outcomes Framework	8,986,452		4,694,676				13,681,128
Perinatal & Infant MH	1,067,308		1,067,308				2,134,615
School Nursing Service	208,147	177,522	1,344,240	180,510	380,440	198,935	2,489,794
LD Health Checks	35,065	29,905	226,453	30,409	64,089	33,513	419,434
Action 15	639,508	544,405	4,633,172	689,218	1,705,337	610,080	8,821,720
	10,936,480	751,832	11,965,848	900,137	2,149,867	842,528	27,546,692

Reduction per Programme

Programme	East Dun	East Ren	Glasgow	Inverclyde	Renfrewshire	West Dun	Total Reduction
MH Outcomes Framework	- 517,649		- 270,428				- 788,077
Perinatal & Infant MH	- 61,480		- 61,480				- 122,961
School Nursing Service	- 11,990	- 10,226	- 77,432	- 10,398	- 21,915	- 11,459	- 143,420
LD Health Checks	- 2,020	- 1,723	- 13,044	- 1,752	- 3,692	- 1,930	- 24,161
Action 15	- 36,838	- 31,359	- 266,885	- 39,701	- 98,233	- 35,143	- 508,159
	- 629,977	- 43,308	- 689,270	- 51,851	- 123,839	- 48,532	- 1,586,777

Report To:	Inverclyde Integration Joint Board	Date:	24 March 2025
Report By:	Kate Rocks Chief Officer Inverclyde Health & Social Care Partnership	Report No:	IJB/63/2025/AB
Contact Officer:	Alan Best Head of Health & Community Care Inverclyde Health & Social Care Partnership	Contact No:	01475 715212
Subject:	Inverclyde HSCP's Response to Storm Eowyn 24 January 2025		

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 Inverclyde HSCP IJB on Inverclyde HSCP and the community response to the impact of Storm Eowyn on Friday 24th January 2025 and the continuing impact over the weekend period of 25th to 26th January.
- 1.3 This report highlights the preparation, prioritisation and deployment of Inverclyde HSCP services, working alongside Civil Contingencies Service, Inverclyde Council, commissioned and Community partners. The report also highlights the ongoing learning from the service response to Storm Eowyn prior, during and aftermath.

2.0 RECOMMENDATIONS

- 2.1 The Integration Joint Board is asked to note the contents of the report.

Kate Rocks
Chief Officer
Inverclyde Health and Social Care Partnership

3.0 BACKGROUND AND CONTEXT

- 3.1 On Friday 24th January Storm Eowyn hit the West Coast of Ireland and Scotland with winds in excess of 100mph. Buildings were damaged with long lasting power outages and a large number of trees (80 plus in Inverclyde) were felled during the worst effects of the storm.
- 3.2 Widespread travel disruption was experienced with a red alert issued to the community not to travel from 10am to 5pm during the 24th. The UK's Metrological Office said Storm Eowyn was probably the strongest storm to hit the United Kingdom in at least the last 10 years.
- 3.3 In preparation for the potential severity and impact of Storm Eowyn, Inverclyde HSCP met with Inverclyde Council's Resilience Team to prepare and plan for the potential impact on services. Some HSCP services were closed for the duration of the storm whilst buildings which provided critical care remained open to essential services only. Inverclyde HSCP also linked with contingency planning from NHS Greater Glasgow and Clyde Health Board. These meetings continued throughout the duration of the storm and over the weekend. Meetings also took place with the West of Scotland Local Resilience Partnership where the HSCP was able to link in with wider response partners such as Coast Guard, Scottish Ambulance Services, Fire Scotland, Police Scotland and Scottish Power Energy Networks.
- 3.4 In light of the serious nature of the storm and the issuing of a red alert with advice not to travel, Inverclyde HSCP closed Hector McNeil House, Day services, Princes Street House and centred service delivery from our three Health Centres and the Hillend centre. Adult Supported living and Children's services continued but with service users remaining indoors as per the red alert. Social work services continued to operate within the contingency planning model, including delivery of statutory child protection and adult protection services. Our children's houses also operated an adjusted shift pattern to minimise staff travel to/from work whilst ensuring continuity of care and support for children and young people.
- 3.5 As per Inverclyde HSCP's service continuity plans, services went to a critical support model to ensure support to vulnerable adults with community nursing, community learning disability team and care and support at home services ensuring that staffing capacity was focused on essential support delivery. This was coordinated to ensure that critical support was given and that the safety of staff who were working in the community was maintained. Mental Health Inpatient services were maintained with staff working together to support each other, prioritising the care and treatment of patients.
- 3.6 Inverclyde HSCP staff worked closely with Inverclyde Councils Corporate Communications to ensure that the public were aware of which services were operating and that we would be moving to an essential service only position during the duration of the storm. NHS Greater Glasgow & Clyde Health Board also put out communications advising of essential service provision and General Practices remained open for emergency care and telephone consultations.
- 3.7 Commissioned providers such as Care Homes and Supported Living were supported by Inverclyde HSCP's commissioning and contracts team in terms of implementing business continuity plans as well as onsite support during and after the storm over the weekend period.
- 3.8 Inverclyde's strong third sector and community were vital in the support given alongside HSCP services in the aftermath of the storm with the longer duration of power outages and travel disruptions.

4.0 CONTEXT

- 4.1 In order to capture the full impact, response and learning by Inverclyde HSCP, commissioned partners, third sector and our communities over the 24th-26th January Storm Eowyn, a sample of activity is listed in this section to advise the Integration Joint Board of HSCP activity.
- 4.2 Staff at Hillend centre where our digital technology service is based contended with a tree falling on the building. Fortunately, no-one was injured, and services were temporarily relocated with minimal damage to the building. Due to the unprecedented number of fallen trees and damaged buildings that Council services were dealing with over the weekend period, it was a number of days before the tree was removed to make the area safe. Hillend staff are grateful to colleagues from Inverclyde Council on ensuring their safety and the building fabric, prior to the removal of the tree.



- 4.3 During the challenging conditions of Storm Eowyn on Friday 24th January, Care at Home staff demonstrated exceptional dedication and resilience during the red alert period and weekend afterwards. Despite the adverse weather, 190 committed workers carried out over 1500 essential visits, ensuring vulnerable service users received the care and support they needed. Their unwavering efforts reflect compassion, professionalism with a strong community spirit in the face of extreme weather and travel disruption ensured that the most vulnerable members of our community were supported. District Nurse teams reorganised workloads to deliver essential visits earlier and later in the day when winds were less strong and all non-essential visits were rearranged, enabling staff to focus on patients requiring medications, such as insulin and palliative end of life patients dying at home. On the Friday, 251 essential visits were carried out. Additional support was given to care homes, especially those care home without electricity. The senior nurse and team leads were available covering all shifts, one team lead cancelled their day off to support the service. In total there were 65 nurses on duty during the storm period.
- 4.4 The hard work, dedication and true compassion collectively was shown by staff working in Mental Health Inpatient services. Due to travel restrictions and necessary school closures resulting in unexpected parental leave, the service had a number of staffing shortfalls due to staff being

unable to travel to the wards; however, the staff worked together to support each other, prioritising the care and treatment of our patients. The mental health wards also supported local care homes with bed sheets during the power outage.

- 4.5 Inverclyde HSCP's commissioning team contacted all commissioned providers throughout the day of the storm. Two residential care homes and a supported living service within Quarriers Village had no power from 2pm on the day of the storm (Friday). Team members continued to keep in touch with all managers all afternoon with Inverclyde Council colleagues sourcing a small generator and portable heaters to provide emergency lighting and heating. Two residential care homes still had no power into the evening and team members continued to remain in contact with the homes that evening up to after 11pm until the residents were settled. With the power outage continuing into the Saturday afternoon, staff supported the care homes to source hot food, personal care items and traveling to Hillend to pick up hot water in flasks (40 flasks) and delivered them to both care homes to allow residents to have hot drinks. Staff remained in contact with the homes until the power was restored later Saturday afternoon when the HSCP was able to source two large generators from Scottish Power to supply the care homes. Mains power was restored in the late afternoon by Scottish Power.
- 4.6 The Learning disability nursing team travelled early Friday morning before the travel alert became active and also after the storm to Quarriers Village, negotiating a partially blocked road by fallen trees. This resulted in them walking across rural fields to reach the service user to help in administer insulin to a very vulnerable patient.
- 4.7 Business support colleagues ensured a staffing presence at Greenock Health & Care Centre to ensure patient enquiries could be directed and GP and Dental staff were supported with any building issues. The Business Support Teams at both Greenock HCC and Port Glasgow HC stayed late on Thursday evening to call all patients scheduled in for treatment room appointments on Friday, to cancel & rearrange their appointments. There were only a small handful of patients they could not get hold of, and they called them again on the Friday morning to make sure they didn't come into the buildings.
- 4.8 During and after Storm Eowyn we witnessed a strong community response from colleagues at Inverclyde Council, commissioned providers, third sector and community businesses who throughout the weekend period, supported the HSCP's response during the extended power outages with the provision of temporary generators, heaters, hot meals, extra bedding and personal care supplies. HSCP Community nursing staff used their local community links with a local retailer to obtain bedding/clothing for the two care homes impacted by power outages who could not use their laundry equipment. We are grateful to all the community businesses and volunteers who supported the HSCP during Storm Eowyn.



5.0 PROPOSALS

- 5.1 Colleagues from Civil Contingencies Services are collating the learning from the service response to Strom Eowyn from Inverclyde HSCP, Inverclyde Council and other Priority 1 responders to ensure that learning is taken forward in the preparation of future events and how services will respond.
- 5.2 Inverclyde HSCP will work in partnership with our commissioned providers to ensure that business continuity plans are robust and take into account the scenario where extended power outages are experienced and that portable generators should be available, especially where residential/nursing care homes are in a geographical/rural area. Commissioned providers should also hold a contingency stock of extra bedding and personal care supplies.
- 5.3 Where in the rare event a national red alert travel advisor notice is issued that staff are supported in working from home where possible and that no unnecessary travel takes place. Inverclyde HSCP recognises that this is not possible for front line staff with direct health & social care duties and that we manage staff visits to only essential/critical care and this is managed through our service business continuity plans and resilience partnership.
- 5.4 The Senior Management Team will develop an out of hours system is put in place to coordinate a future event with rotation of roles amongst trained senior staff

6.0 IMPLICATIONS

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

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

6.2 Finance

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					

6.3 Legal/Risk

There are no legal considerations.

6.4 Human Resources

None

6.5 Strategic Plan Priorities

In line with Inverclyde HSCP's Strategic Plan

6.6 Equalities

(a) Equalities

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

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

(b) Equality Outcomes

How does this report address our Equality Outcomes?

Equalities Outcome	Implications
We have improved our knowledge of the local population who identify as belonging to protected groups and have a better understanding of the challenges they face.	Improves access to services
Children and Young People who are at risk due to local inequalities, are identified early and supported to achieve positive health outcomes.	Improves access to services
Inverclyde's most vulnerable and often excluded people are supported to be active and respected members of their community.	Improves access to services
People that are New to Scotland, through resettlement or asylum, who make Inverclyde their home, feel welcomed, are safe, and able to access the HSCP services they may need.	Improves access to services

(c) Fairer Scotland Duty

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

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

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

(d) Children and Young People

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

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

6.7 Clinical or Care Governance

If there is a greater than anticipated seasonal virus impact it is likely to increase demand for service at the same time as Inverclyde HSCP experience higher than usual levels of sickness absence. This will be mitigated by staff vaccine access and service contingency plans.

6.8 National Wellbeing Outcomes

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

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

6.9 Environmental/Sustainability

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

Has a Strategic Environmental Assessment been carried out?

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

6.10 Data Protection

Has a Data Protection Impact Assessment been carried out?

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

7.0 DIRECTIONS

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

8.0 CONSULTATION

8.1 N/A

9.0 BACKGROUND PAPERS

9.1 None

3.0 BACKGROUND AND CONTEXT

- 3.1 In November 2024, the IJB approved proposals to re-design the delivery of homelessness services in Inverclyde.
- 3.2 The approval included a restructuring of the HOHAS staffing model and a programme of governance around decommissioning the Inverclyde Centre and transition to a community based temporary accommodation model
- 3.3 This option was approved on the understanding that a full consultation exercise be undertaken with affected staff to ensure the HSCP actively listened to and discussed proposed changes or issues with staff, to gain feedback, address concerns, and work collaboratively to achieve the objectives of the change programme. Whilst the consultation programme is now complete, the analysis of findings to inform future staffing model is still in progress. This report therefore provides an update of progress thus far with a commitment to providing a full report in May2025.

4.0 PROGRESS

- 4.1 Staff and management have been collectively working towards solutions that address the needs of the population whilst supporting staff to engage with innovative service redesign. The following principles of consultation were agreed:
- **Two-way communication:** Providing sufficient opportunity for staff to express their view, ideas and concerns whilst maintaining focus on objectives.
 - **Building trust:** By actively listening to staff, management will build trust and foster a more positive working environment.
 - **Informed decision-making:** Consulting with staff will support more informed decision making by considering different perspectives
 - **Addressing concerns:** Staff will be able to raise any issues or anxieties they have about proposed changes during the consultation.

4.2 CONSULTATION PROCESS

- 4.3 An online survey was conducted in partnership with representatives from Planning, Performance and Equalities. Links to the survey were distributed to all HOHAS staff in early December 2025 and a four-week period was provided to ensure the survey captured the anonymous views of as many members of staff as possible.
- 4.4 17 surveys were completed equating to 50% of the full staff group. This was a fair representation of the staff and results were quantified.
- 4.5 The following themes emerged: -
- 65% Are concerned regarding the current recruitment freeze and staff shortages
 - 53% Report blurred lines of responsibility across the three teams
 - 59% Feel there could be improved integration across the HSCP
 - 29% Would like to see improved liaison with RSL's
 - 53% Feel the service is used as a "Dumping Ground" to fill gaps in other services
 - 53% Positively report desires to prioritise homelessness prevention
 - 59% Endorsed the positive Outcomes Framework currently used to identify and measure outcomes
 - 41% Would like to implement a duty appointment system
 - 47% Want to ensure there is an increased multi-agency approach
 - 51% See the closure of the Inverclyde Centre as a positive objective
 - 59% Would like to work towards improved tenancy sustainment
 - 6% are concerned about subsequent Rough Sleeping

4.6 Further to survey analysis, two staff focus groups were held to address both the concerns and the positive ambitions of the teams. The outcomes evidenced a clear desire of staff to engage with proposed changes.

5.0 WORKFORCE

5.1 Significant work was undertaken to design a modernised structure to provide a temporary accommodation model based entirely in the community with a focus on early intervention and prevention.

5.2 Staff were overwhelmingly positive about the structure and provided the following feedback

- agreed the job titles are clear and concise.
- agreed the roles are simplified, clear, concise and leave no room for blurred lines
- tasks moved from one role to another are reasonable and staff agreed there is rationale behind this with a clear 'separation' of duties
- clear management structure for staff to report to is welcome
- staff were however concerned that removing duties from one role to another role may result in the job evaluation / re-grading of roles. They were assured that HR policy would be adhered to and staff would be supported throughout the process. Protection of pay policy would apply where appropriate

6.0 OUT OF HOURS (OOH) SERVICE

6.1 Closure of the Inverclyde Centre will have an impact on how services are delivered during the evening and over weekends. HOHAS management conducted an extensive benchmarking exercise across 19 other local authority areas to determine the best practices in the provision of out-of-hour services. Each approach was ranked in accordance with responsiveness, delivery model, costs, OOH location, decision making and access to accommodation.

6.2 Scottish Borders Council (SBC) provided the highest ranking with a weighted score of 85 out of a possible 100. To localize the approach taken by SBC, an example of a model of an OOH service was presented to staff at both workshops. Staff were provided with three options for the initial call handler response element of the service as follows: -

- Option 1 – HSCP 24 Hour Response Centre
- Option 2 – A contractual on call rota across HOHAS staff group
- Option 3 – A commissioned service from another LA or the 3rd Sector

Option 2 was identified as the preferred option to ensure an informed decision is made that supports positive outcomes and models of prevention.

7.0 COMMUNICATION AND ENGAGEMENT

7.1 Communication between staff and the management team was reported to be very good and conveyed transparency in terms of information sharing and consultation.

7.2 Revised job descriptions may create a level of anxiety and / or resistance from the operational teams.

7.3 The consultation process has allowed an open and transparent decision-making process to find the "right fit" for each member of staff where possible whilst prioritizing the strategic objectives of the service.

8.0 LIVED EXPERIENCE GROUP

8.1 A steering group of local people with lived experience of homelessness have been working with Homeless Network Scotland (HNS) in recent months to help shape Inverclyde's homelessness re-design and have welcomed the decision to close the Inverclyde Centre. Evidence shows that communal style hostels rarely support positive experiences and outcomes for people and the HSCP intends to implement a modern, rights-based system that prioritises rapid rehousing and early intervention. The group identified how important it is to be part of a community, with access to holistic and joined-up support for those experiencing homelessness. These priorities, set out by the people who have experienced homelessness in Inverclyde, align with the national direction of travel and the position of HNS.

9.0 NEXT STEPS

9.1 A Programme Board will now be established to ensure appropriate governance and risk analysis throughout the decommissioning of the Inverclyde Centre. It is anticipated that newly evaluated job descriptions will be communicated to the staff and UNISON in early April 2025. HOHAS management will continue to communicate the planned closure of the Inverclyde Centre to ensure all stakeholders can plan for any amendments within their own services. The Programme Board will support a whole system and collective responsibility for the prevention of homelessness aligned to the anticipated statutory duties of the new Housing Bill in May 2025.

10.0 IMPLICATIONS

10.1 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		✓

10.2 Finance

There are no financial risks relating to the consultation progress update provided in this paper.

10.3 Legal/Risk

There are no legal risks relating to the consultation progress update provided in this paper.

10.4 Human Resources

There are likely to be Human Resource implications with the adoption of the preferred service structure. However, as a direct result of the consultation programme, this has been kept to a minimum and staff have been fully informed throughout.

10.5 Strategic Plan Priorities

The strategic plan priorities remain aligned to those in the original paper and this progress report does not have any implications for those priorities.

10.6 Equalities

(a) Equalities

This progress report is aligned to the Corporate Equalities Impact Assessment (EqIA) process undertaken as part of the original report with the following outcome:

To progress with the preferred proposal. No adverse impacts have been assessed against any group as a result of this proposal.

✓	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
We have improved our knowledge of the local population who identify as belonging to protected groups and have a better understanding of the challenges they face.	
Children and Young People who are at risk due to local inequalities, are identified early and supported to achieve positive health outcomes.	
Inverclyde's most vulnerable and often excluded people are supported to be active and respected members of their community.	Positive if preferred option is chosen
People that are New to Scotland, through resettlement or asylum, who make Inverclyde their home, feel welcomed, are safe, and able to access the Health and Social Care Partnership services they may need.	

(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.
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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?

<input type="checkbox"/>	YES – Assessed as relevant and a CRWIA is required.
<input checked="" type="checkbox"/>	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.

10.7 Clinical or Care Governance

No impacts currently assessed.

10.8 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.	
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	Positive if preferred option approved
People who use health and social care services have positive experiences of those services, and have their dignity respected.	Positive if preferred option approved
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Positive if preferred option approved
Health and social care services contribute to reducing health inequalities.	
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	
People using health and social care services are safe from harm.	Positive if preferred option approved
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 if preferred option approved

10.9 Environmental/Sustainability

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

Has a Strategic Environmental Assessment been carried out?

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

10.10 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.

11.0 DIRECTIONS

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

12.0 CONSULTATION

12.1 This report describes the significant consultation process to date and confirms further planned consultation with staff and stakeholders.

13.0 BACKGROUND PAPERS

13.1

Report To:	Inverclyde Integration Joint Board	Date:	24 March 2025
Report By:	Kate Rocks Chief Officer Inverclyde Health & Social Care Partnership	Report No:	IJB/67/2025/KR
Contact Officer:	Kate Rocks Chief Officer Inverclyde Health & Social Care Partnership	Contact No:	01475 715365
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 (IJB) on service developments which are not subject to the Integration Joint Board's (IJB's) agenda of 24th March 2025.

2.0 RECOMMENDATIONS

2.1 The report details updates on work underway across the Health and Social Care Partnership in relation to:

- Delayed Discharge
- Digital Strategy Update
- NHS Asylum Health Community Team
- HSCP Staff Awards
- Pharmacy Services Staff Awards - Congratulations!

Kate Rocks
Chief Officer
Inverclyde Health and Social Care Partnership

3.0 BACKGROUND AND CONTEXT

3.1 The Integration Joint Board (IJB) is asked to note the HSCP service updates and that future papers may be brought forward to the Integration Joint Board (IJB) as substantive agenda items.

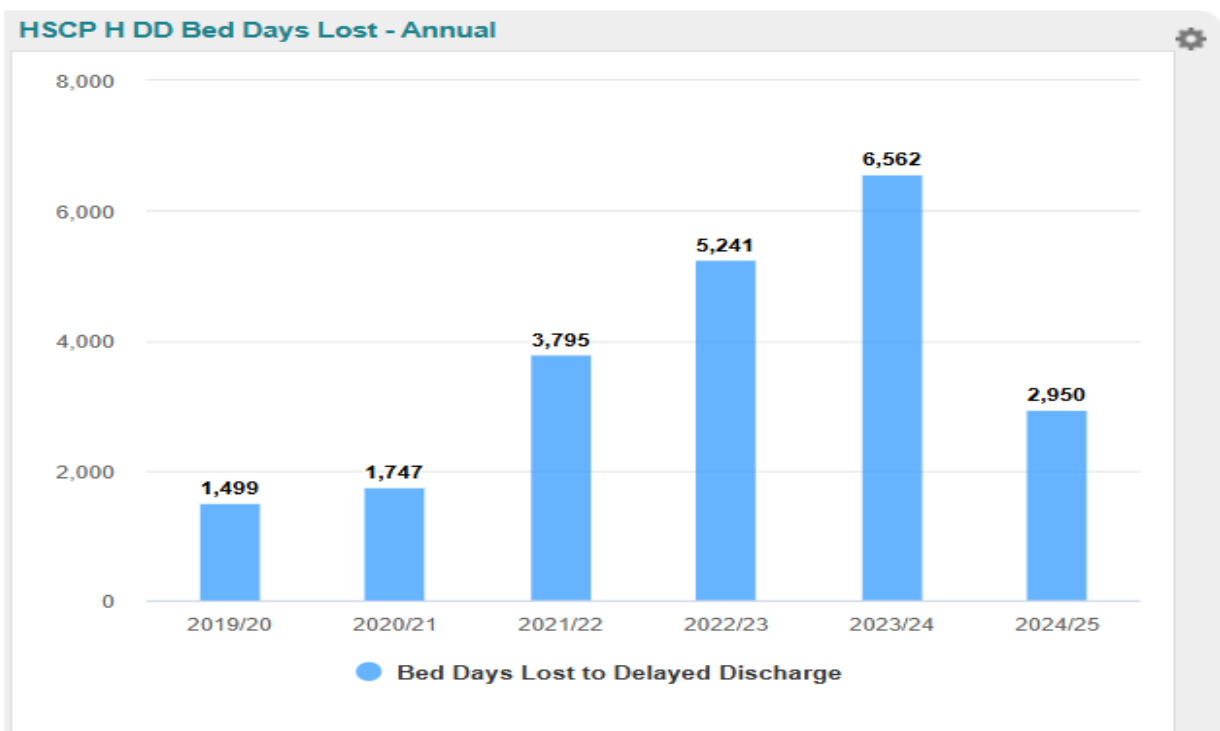
4.0 BUSINESS ITEMS

4.1 Delayed Discharge

Delayed discharge continues to be a high priority across Scotland and Inverclyde HSCP. The Cabinet Secretary for Health and Social Care holds weekly meetings which focus on delayed discharges and scrutinises performance across Scotland in this area. Inverclyde continues to perform well and is often the highest performing HSCP in Scotland.

In winter, the number of people who require to be admitted to hospital increases and therefore the importance of supporting people to return home as soon as they are well enough to do so becomes compounded. To address this, we have developed a range of discharge options which are flexible to individual's needs. As winter is ending, we will review the impact of these options to support the planning for next winter.

One way of measuring the impact of delayed discharge is to consider the 'bed days lost'. The below chart demonstrates the improvements achieved when comparing the performance in 2024/2025 to the previous 3 years. Our ambition is to return to pre pandemic levels of performance, and we are on track to deliver this. February 2025 has been a particularly successful month with a loss of 161 bed days to delayed discharge, a figure not achieved since November 2020.



4.2 Digital Strategy Update

The development of an HSCP Digital Strategy is in progress with an initial draft having been presented to the Senior Management Team. This draft was focused on the priorities outlined in the National Digital Strategy for Health and Social Care, these are Digital Access, Digital Services, Digital Foundations, Digital Skills and Leadership, Digital Futures, and Data-Driven Services and Insights. These priorities were used as a framework to build a robust digital action plan.

However, Senior Management Team (SMT), feedback indicated that the strategy should be more people-centred and align more closely with the HSCP Strategic Partnership Plan (2024-27) priorities, in effect to be more meaningful to our stakeholders and those who use our services.

In light of this feedback, the strategy is currently being revised to better reflect the impact of our digital strategy on the needs of the community. While initially intended for presentation at the March 2025 meeting of the IJB, the final strategy will be presented for approval at the May meeting. This additional time will ensure the strategy is robust, meaningful and aligned with both national and local priorities.

4.3 NHS Asylum Health Community Team

The NHS Asylum Health Community Team is a specialized service within the National Health Service (NHS) in Greater Glasgow and Clyde (GG&C) that was established for Inverclyde in May 2022 consisting of a 1 WTE Band 6 Charge Nurse and a 1 WTE Band 5 Community Nurse (Temp) who focus on providing healthcare support to asylum seekers and refugees within the community. This team works to ensure that individuals who have fled their home countries and are seeking asylum in the UK have access to appropriate healthcare services, despite potential barriers such as language, cultural differences, or lack of familiarity with the UK healthcare system.

The team typically works to ensure that asylum seekers and refugees receive appropriate healthcare during the transition period while they are being processed by the immigration system. This can include:

1. Healthcare Access:

- Help asylum seekers and refugees register with a GP (General Practitioner) and access primary care services.
- Ensure individuals receive necessary medical care, including mental health support, maternity care, and treatment for chronic conditions.

2. Health Assessments:

- Conduct initial health assessments (IHA) to identify immediate and ongoing healthcare needs.
- Screen for infectious diseases (e.g., tuberculosis) and other health conditions that may require urgent attention.

3. Coordination of Care:

- Act as a bridge between asylum seekers/refugees and healthcare providers, ensuring continuity of care.
- Work with other NHS services, local authorities, and voluntary organizations to provide holistic support.

4. Cultural and Language Support:

- Provide interpreters or translation services to overcome language barriers.
- Offer culturally sensitive care to address the unique needs of individuals from diverse backgrounds.

5. Health Education and Promotion:

- Deliver health education programs to improve health literacy and promote healthy behaviours.
- Provide information on how to navigate the UK healthcare system.

6. Mental Health Support:

- Offer mental health services or referrals to specialized support for individuals who may have experienced trauma, torture, or other distressing events.

7. Advocacy:

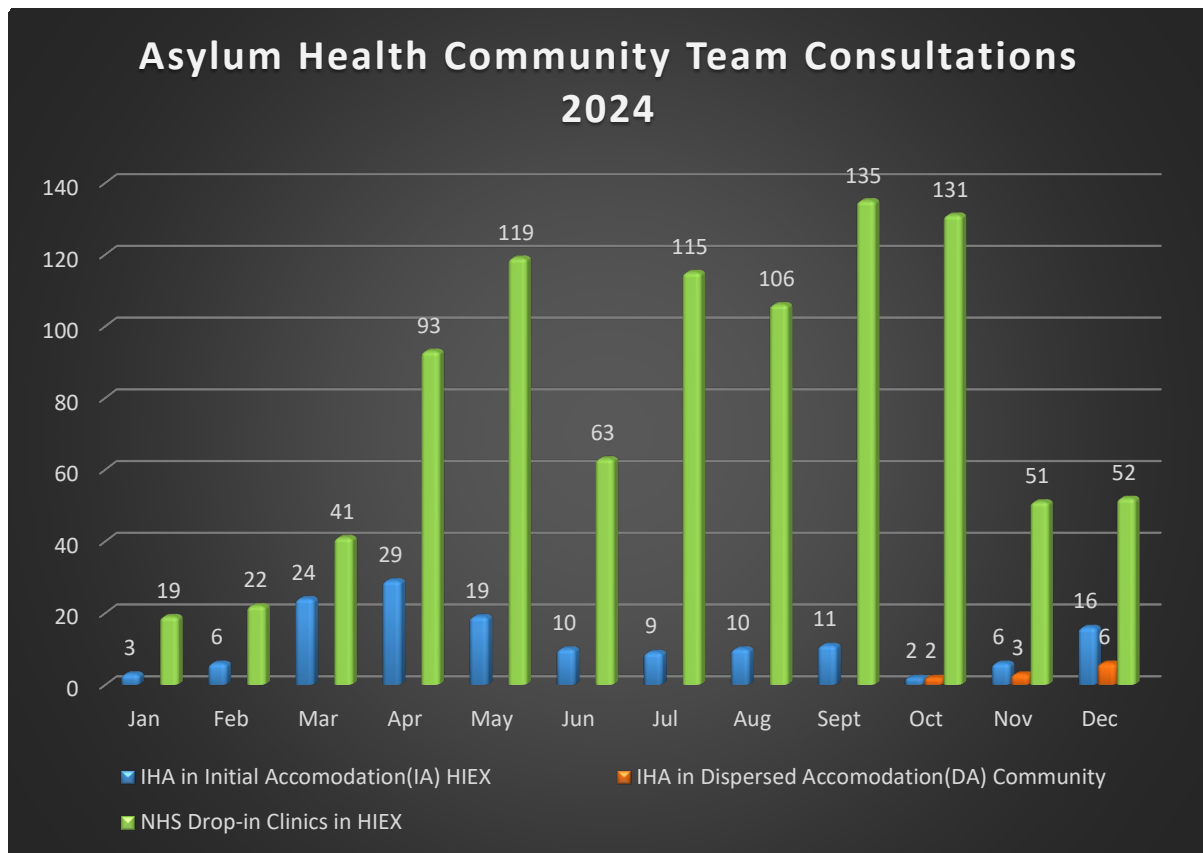
- Advocate for the rights of asylum seekers and refugees to access healthcare, ensuring they are aware of their entitlements under NHS guidelines.

8. Collaboration:

The NHS Asylum Health Community Team often works in partnership with:

- Local GP Practices, Authorities and Social Services.
- Charities and NGOs (e.g., British Red Cross, Refugee Council).
- Immigration and asylum support organizations.

NHS Asylum Health Community Team (Inverclyde) 2024 Data Set



Importance:

Asylum seekers and refugees often face significant health challenges, including physical and mental health issues resulting from their experiences. The NHS Asylum Health Community Team plays a crucial role in ensuring these individuals receive equitable access to healthcare, promoting their well-being and integration into the community.

4.4 HSCP Staff Awards

The HSCP awards ceremony took place in the Beacon Arts Centre on Friday 7th February 2025.

Health and social care services continue to work under immense pressure: managing multiple crises and challenges one after another. It is important that we take time to reflect on the achievements and successes; and it is important that we recognise the incredible effort and contribution of health and social care colleagues and teams.

The event recognised the outstanding achievements of the HSCP staff.

There were 5 categories:

- Leader of the Year
- Employee of the Year
- Innovation of the Year
- Team of the Year
- Volunteer of the Year

Every day HSCP colleagues and teams improve the lives of people in Inverclyde – supporting our residents to live fuller and more independent lives and become more involved in our communities.

The awards ceremony gives the HSCP an opportunity to celebrate and thank colleagues and teams for their commitment and passion.

Well done and congratulations to all nominees and winners.

The winners will attend the prestigious NHS award Ceremony in May at the Raddison Blue Hotel, Glasgow.

4.5 Pharmacy Services Staff Awards - Congratulations!

Congratulations to Laura Kenicer, Senior Pharmacist, and Nicole McQue, Senior Pharmacy Technician, from Inverclyde HSCP Primary Care Pharmacy Team for winning awards at the NHS GGC Pharmacy Services Staff Awards yesterday.

Laura won the award for Pharmacy Services Employee of the Year. Laura was nominated for the care and support she provides to patients in Inverclyde living with chronic pain, her input to service improvements for management of pain and medicines at risk of dependence locally and nationally, and the care and inspiration she provides to Inverclyde HSCP Primary Care Pharmacy Team by supporting analgesic medication reviews and in her role as Practice Educator.

Laura also won an award as part of the NHS GGC Practice Educator Team for Team of the Year. This Team aims to support pharmacists to develop their patient centred clinical and independent prescribing skills.

Nicole was nominated as part of the Pharmacy Technician COPD Team for Innovation of the Year. This team of Technicians have supported patients with Chronic Obstructive Pulmonary Disease (COPD) to understand and optimize their medicines by providing inhaler technique training, medication compliance reviews and access to further support if required to minimize exacerbations of COPD.

Well done and very well deserved. A great endorsement of all the good work going on in Inverclyde HSCP Primary Care Pharmacy Team.

5.0 IMPLICATIONS

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

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

5.2 Finance

One off Costs

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

Annually Recurring Costs/ (Savings)

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

5.3 Legal/Risk

There are no legal implications within this report.

5.4 Human Resources

There are no specific human resources implications arising from this report.

5.5 Strategic Plan Priorities

5.6 Equalities

(a) Equalities

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

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

(b) Equality Outcomes

How does this report address our Equality Outcomes?

Equalities Outcome	Implications
We have improved our knowledge of the local population who identify as belonging to protected groups and have a better understanding of the challenges they face.	Strategic Plan covers this.
Children and Young People who are at risk due to local inequalities, are identified early and supported to achieve positive health outcomes.	Strategic Plan covers this.
Inverclyde's most vulnerable and often excluded people are supported to be active and respected members of their community.	Strategic Plan covers this.
People that are New to Scotland, through resettlement or asylum, who make Inverclyde their home, feel welcomed, are safe, and able to access the HSCP services they may need.	Strategic Plan covers this.

(c) Fairer Scotland Duty

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

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

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

(d) **Children and Young People**

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

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

5.7 **Clinical or Care Governance**

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

5.8 **National Wellbeing Outcomes**

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

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	Strategic plan covers this.
People, including those with disabilities or long-term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.	Strategic plan covers this.
People who use health and social care services have positive experiences of those services, and have their dignity respected.	Strategic plan covers this.
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Strategic plan covers this.
Health and social care services contribute to reducing health inequalities.	Strategic plan covers this.
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	Strategic plan covers this.
People using health and social care services are safe from harm.	Strategic plan covers this.
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care, and treatment they provide.	Strategic plan covers this.
Resources are used effectively in the provision of health and social care services.	Strategic plan covers this.

5.9 Environmental/Sustainability

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

Has a Strategic Environmental Assessment been carried out?

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

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

Has a Strategic Environmental Assessment been carried out?

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

5.10 Data Protection

Has a Data Protection Impact Assessment been carried out?

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

6.0 DIRECTIONS

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

7.0 CONSULTATION

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

8.0 BACKGROUND PAPERS

8.1 None.