

A meeting of the Inverclyde Integration Joint Board will be held on Monday 21 September 2020 at 2pm.

This meeting is by remote online access only through the videoconferencing facilities which are available to members of the Integration Joint Board and relevant officers. The joining details will be sent to participants prior to the meeting.

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

Please note that this meeting will be recorded.

**Gerard Malone
Head of Legal and Property Services**

BUSINESS		
**Copy to follow		
1.	Apologies, Substitutions and Declarations of Interest	Page
ITEM FOR NOTING:		
2.	Verbal Update on COVID-19	
ITEMS FOR ACTION:		
3.	Annual Performance Report 2019-2020 Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership NB There will also be a presentation on this item	p
4.	Non-Voting Membership of the Integration Joint Board Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
5.	Minute of Meeting of Inverclyde Integration Joint Board of 24 August 2020	p
6.	Rolling Action List	p
7.	Inverclyde Integration Joint Board - Directions Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
8.	Financial Monitoring Report 2020/21 – Period to 30 June 2020, Period 3 Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p

9.	Update – Technology Enabled Care (TEC) Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
10.	HSCP Clinical and Care Governance Strategy 2019-2024 Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership N.B. Please note that the confidential watermark on the Clinical and Care Governance Strategy is no longer applicable	p
11. **	HSCP Digital Strategy Action Plan 2020/21 Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	
12. **	SWIFT Replacement Project Update Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	
ITEMS FOR NOTING:		
13.	HSCP Strategic Plan – Implementation Progress Report Year 1: April 2019 – March 2020 Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	p
14.	Minute of Meeting of IJB Audit Committee of 17 March 2020 N.B. There will also be a verbal update by the Chair providing feedback on the IJB Audit Committee held earlier in the day	p

Please note that because of the current COVID-19 (Coronavirus) emergency, this meeting will not be open to members of the public.

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>

In terms of Section 50A(3A) of the Local Government (Scotland) Act 1973, as introduced by Schedule 6, Paragraph 13 of the Coronavirus (Scotland) Act 2020, it is necessary to exclude the public from this meeting of the Integration Joint Board on public health grounds. It is considered that if members of the public were to be present, this would create a real or substantial risk to public health, specifically relating to infection or contamination by Coronavirus.

Enquiries to - Sharon Lang - Tel 01475 712112
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Report To: Inverclyde Integration Joint Board **Date:** 21 September 2020

Report By: Louise Long
Corporate Director (Chief Officer)
Inverclyde Health & Social Care Partnership **Report No:** IJB/66/2020/LA

Contact Officer: Lesley Aird
Head of Service
Strategy and Support Services **Contact No:** 01475 715285

Subject: ANNUAL PERFORMANCE REPORT 2019-2020

1.0 PURPOSE

- 1.1 The purpose of this report is to provide an update to the Inverclyde Integration Joint Board members on the overall performance of Inverclyde Health & Social Care Partnership.
- 1.2 The reporting period is for 1st April 2019 to 31st March 2020.

2.0 SUMMARY

- 2.1 The report summarises Inverclyde's performance in relation to the nine National Wellbeing Outcomes.
- 2.2 The report also measures Inverclyde's performance against the 23 National Core Integration Indicators and shows comparison with the Scottish average.
- 2.3 Separate measures specifically relevant for Children's Services and Criminal Justice have been included.
- 2.4 The report is structured to show how Inverclyde Health and Social Care Partnership is actively *Improving Lives* for the people of Inverclyde.

3.0 RECOMMENDATIONS

- 3.1 That the Inverclyde Integration Joint Board members review and approve the HSCP's fourth Annual Performance Report. Members are also requested to acknowledge the improvements achieved during the third year of the partnership and the further foundations that have been established and continue to drive forward transformational change.

4.0 BACKGROUND

- 4.1 The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) requires that an Annual Performance Report is produced and presented to Integration Joint Boards (IJB), highlighting performance on delivering the nine National Wellbeing Outcomes, as measured against delivery of the 23 National Indicators. This is the fourth Performance Report from Inverclyde HSCP.
- 4.2 The data for the 23 indicators is provided by Public Health Scotland (PHS) and must be reported upon. HSCPs can also include supplementary information, although this must also relate to the National Wellbeing Outcomes.
- 4.3 Following the format of our third report and based on positive feedback received, our fourth Annual Performance Report been compiled to be easy to understand, and uses graphics to illustrate performance. It also includes several case studies to help illustrate why the indicators matter to the lives of our citizens.

5.0 IMPLICATIONS

FINANCE

5.1

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
N/A					

Annually Recurring Costs / (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From	Other Comments
N/A					

LEGAL

- 5.2 There are no legal implications from this report

HUMAN RESOURCES

- 5.3 There are no implications from this report

EQUALITIES

- 5.4 Has an Equality Impact Assessment been carried out?

	YES	
X	NO	This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required

5.4.1 The intelligence contained in this report reflects on the performance of the HSCP against the equality outcomes.

5.4.2 How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	The report provides intelligence about the quality of provision relating to services for people with physical and/or learning disability; older people; children & young people, people with mental health problems, and people with addictions.
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	The same high standards are expected for services addressing the full range of vulnerabilities without discrimination or stigma
People with protected characteristics feel safe within their communities.	The report demonstrates our performance in keeping service users safe from harm and providing support to enable people to feel safe in their communities and localities.
People with protected characteristics feel included in the planning and developing of services.	There is carer and service user/ public partner representation on our Integration Joint Board (IJB), which oversees and scrutinises the governance reports. Feedback from the IJB is used to continuously improve the governance process and associated reports.
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	The governance report is used by services to inform discussions with people who have protected characteristics, when they are making decisions about what services and supports they would prefer.
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	The current review of Learning Disability Services will be informed by the information coming out of the governance meetings, taking account of the need to ensure that people with a learning disability are protected from gender-based violence
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	Although we do not commission external services specifically for the resettled refugee community, our commissioning does include a requirement for providers to be alert to the protected characteristics of the people for whom we are commissioning. This principle will apply if we are commissioning for this community in the future.

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

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

5.6 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.	Our aim is to promote good health and to prevent ill health. Where needs are identified we will ensure the appropriate level of planning and support is available to maximise 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	People's care needs will be increasingly met in the home and in the community, so the way that services are planned and delivered needs to reflect this shift. There are a number of ways that we are working towards enabling people to live as independently as possible in a homely setting.
People who use health and social care services have positive experiences of those services, and have their dignity respected.	The Partnership knows that individuals and communities expect services that are of a high quality and are well co-ordinated. A critical part of ensuring that services are person-centred and respecting people's dignity is planning a person health and social care with the person, their family and Carers.
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	The focus on this outcome is ensuring that Inverclyde HSCP provides seamless, patient focussed and sustainable services which maintain the quality of life for people who use the services.
Health and social care services contribute to reducing health inequalities.	Reducing health inequalities involves action on the broader social issues that can affect a person's health and wellbeing including housing, income and poverty, loneliness and isolation and employment.
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.	The Carers (Scotland) Act 2016 brings a renewed focus to the role of unpaid Carers and challenges statutory, independent and their sector services to provide greater levels of support to help Carers maintain their health and wellbeing.
People using health and social care services are safe from harm.	Under the Adult Support and Protection (Scotland) Act 2007, staff have a duty to report concerns relating to adults at risk and the local authority must take action to find out about and where necessary

	intervene to make sure vulnerable adults are protected.
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.	An engaged workforce is crucial to the delivery of the HSCP visions and aims. It is only through an engaged workforce that we can deliver services and supports of the highest standard possible.
Resources are used effectively in the provision of health and social care services.	We are improving quality and efficiency by making the best use of technology and trying new ways of working to improve consistency and remove duplication.

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 LIST OF BACKGROUND PAPERS

8.1 Inverclyde HSCP's Annual Performance Report 2018-19.

An aerial photograph of Inverclyde, Scotland, showing the town built on a hillside overlooking a large harbor. The harbor is filled with numerous boats and yachts. In the background, there are rolling green hills and mountains under a blue sky with scattered white clouds. The foreground shows a green field with some trees and a road.

Inverclyde Health and Social Care Partnership
Annual Performance Report
2019-2020

Foreword by Louise Long - Chief Officer Inverclyde HSCP



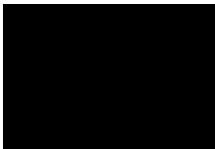
This is the fourth Annual Performance Report for Inverclyde Health and Social Care Partnership.

The annual report links to the national framework, MSG targets and Inverclyde's IJB Strategic Plan.

The annual report focuses on 2019/20 which is the start of the new IJB Strategic Plan spanning 2019-24.

It has been a challenging year where some progress has been made, there has been significant achievements including a very good Criminal Justice inspection and one of the best performances for delayed discharge in Scotland. The commissioning of social prescribing services, Compassionate Inverclyde and Your Voice network continues to bring the delivery of opportunities for volunteers. Other areas such as Unscheduled Care progress has been slower than expected, however many actions are in place and were beginning to impact. In March the COVID-19 pandemic began to impact on our communities and services. There is no doubt that this will impact on performance for 2020/21.

It is always a privilege and a pleasure to lead the partnership, I am particularly proud of the partnership response to the pandemic. The challenges/demands have seen an unprecedented response from our staff and local citizens to the unprecedented challenge that came from COVID-19, this response has been both innovative and compassionate.



Louise Long
Corporate Director (Chief Officer)
Inverclyde HSCP, Municipal Buildings, Clyde Square, Greenock, PA15 1LY

Contents

	Page
Foreword by Chief Officer – Louise Long	2
Context	4
Structure of the Report	5
The Inverclyde Context	6
National Health and Wellbeing Outcomes	11
Our Achievements	12
National Integration Indicators	13
Ministerial Strategic Group Indicators	16
Performance	21
Finance	68
Children’s Services	70
Criminal Justice	75
Innovation	78
Chief Officer’s concluding remarks	83
Glossary of abbreviations	84

Context

The integration legislation and its associated guidance requires that every HSCP produces a Strategic Plan, outlining what services are included, noting key objectives and how partnerships will deliver improvements. Progress on those commitments is gauged by the Annual Performance Report.

The Strategic Plan outlines our ambitions and reflects the many conversations we have with the people across Inverclyde, our professional colleagues, staff, those who use our services including carers and our children and young people across all sectors and services.

We fully support the national ambition of ensuring that people get the right care, at the right time, in the right place and from the right service or professional. We strongly believe that integration will offer many different opportunities to reflect on our achievements and what we can improve on to benefit the local people and communities of Inverclyde.

Inverclyde HSCP is built on our established integration arrangements and our vision, values and 6 Big Actions have been shaped through a wide range of mechanisms of engagement, to reach as many local people, staff and carers as possible. The vision is:

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

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

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

Big Action 3 - Together we will Protect Our Population

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

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

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

Structure of the Report

The report summarises Inverclyde HSCP's performance in relation to the nine National Health and Wellbeing Outcomes. Supporting these nine national Wellbeing Outcomes are 23 National Integration Indicators against which the performance of all HSCPs in Scotland is measured, the data for these is provided by Public Health Scotland (PHS) on behalf of the Scottish Government. These indicators can be grouped into two types of complementary measures: outcome indicators based on survey feedback and indicators derived from organisational or system data.

- Outcome indicators
 - These indicators are normally reported in the [Scottish Health and Care Experience Survey](#) commissioned by the Scottish Government. Data relating to these indicators for 2019/20 was originally due to be published in April 2020 but, due to the COVID-19 pandemic, the publication has been delayed and so the most recent survey results were not available for inclusion within this report.
- Data indicators
 - The primary source of data for these indicators are Scottish Morbidity Records (SMRs) which are nationally collected discharge-based hospital records. In accordance with recommendations made by Public Health Scotland (PHS) and communicated to all Health and Social Care Partnerships, the most recent reporting period available is calendar year 2019; this ensures that these indicators are based on the most complete and robust data currently available. It is not expected that these numbers will differ greatly to 2019/20 financial year figures, once available, and so should not affect any conclusions that have been drawn.

Within this report, these indicators have been aligned to the relevant national wellbeing outcomes and our performance in these is shown as a comparison with the Scottish average.

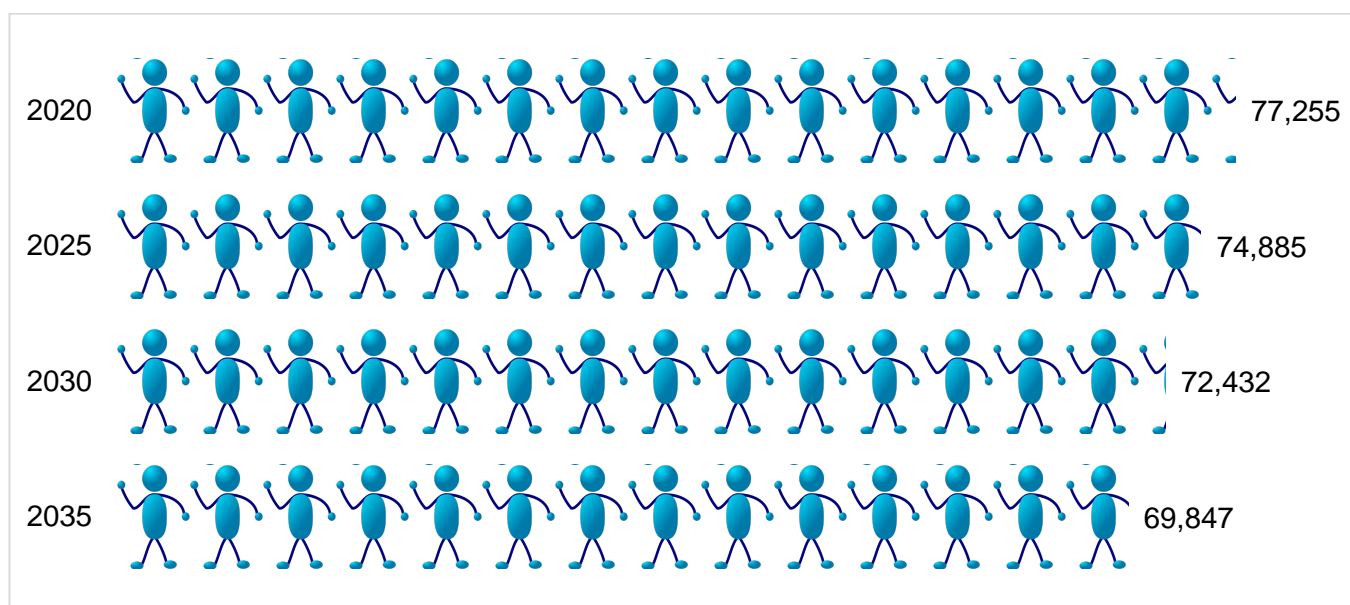
Separate measures specifically relevant for Children's Services and Criminal Justice have been included and can be found at pages 70 and 74 of this report.

The Inverclyde Context

The latest estimated population of Inverclyde was taken from the mid-year population estimates published by the National Records of Scotland (NRS). This gives us a total population of 77,800 (down from 78,150 last year) as at the end of June 2019.



Using the most recent published data available that can be used for population projections (Population Projections for Scottish Areas 2018-based), published by NRS on 24 March 2020, our population is expected to decline as is shown in the graphic below.



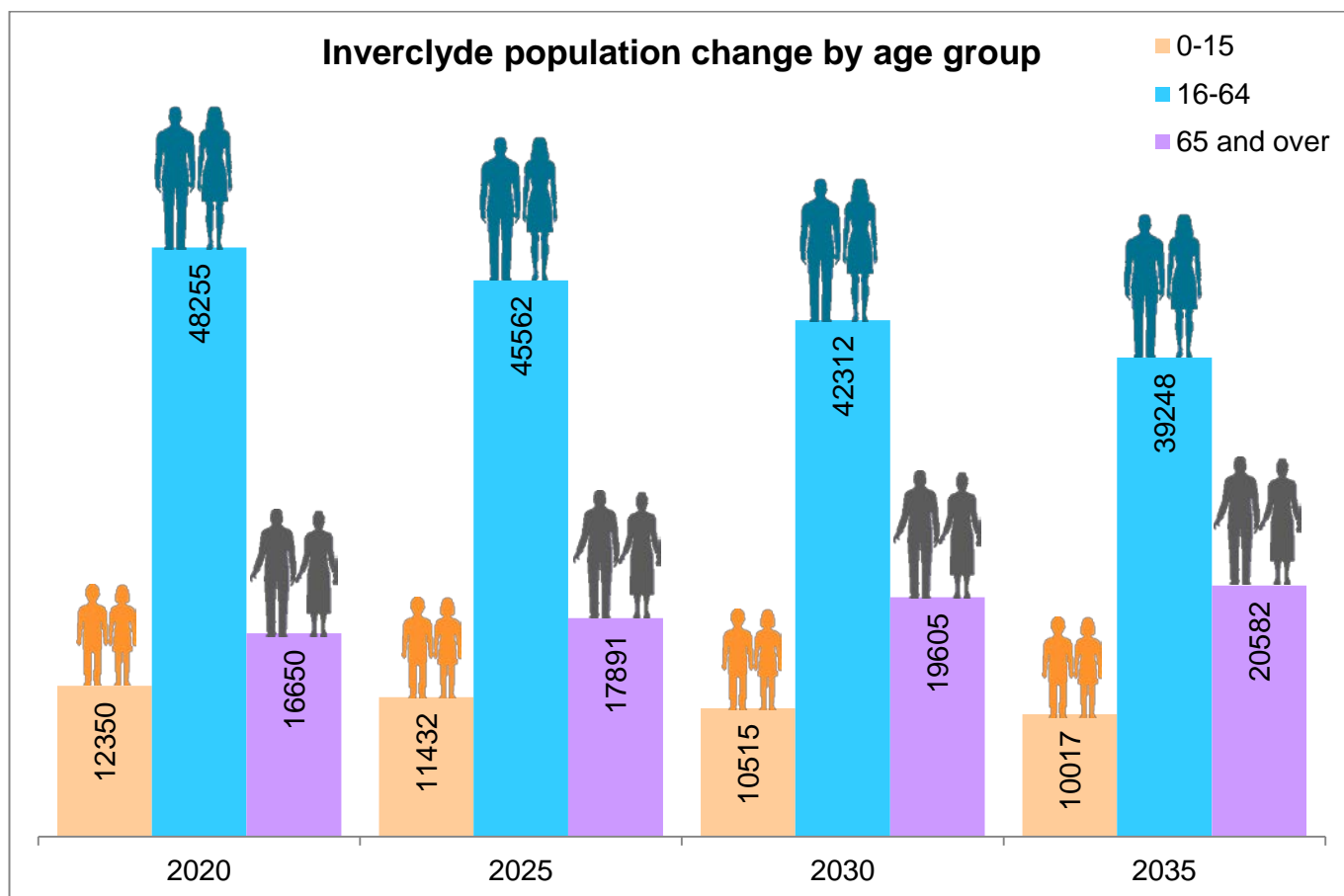
Source: NRS: population projections for Scottish Areas (2018-based)

Population projections have limitations. A projection is a calculation showing what happens if particular assumptions are made. These population projections are trend-based and as the process of change is cumulative, the reliability of projections decreases over time. The projected figures do not take into account the work locally to reverse our depopulation.

Our population size is affected in 2 specific areas. From 2018 to 2019 there were 1,010 deaths in Inverclyde compared to 653 births during this period, resulting in natural change of -357.

Outmigration was again higher than in-migration, with an estimated 1,233 people moving into the area and 1,317 leaving, resulting in net migration of -84.

The profile of our population is also changing significantly. As is demonstrated in the graphic below our working age population will reduce whilst the numbers of people over 65 will increase.



Source: NRS: population projections for Scottish Areas (2018-based)

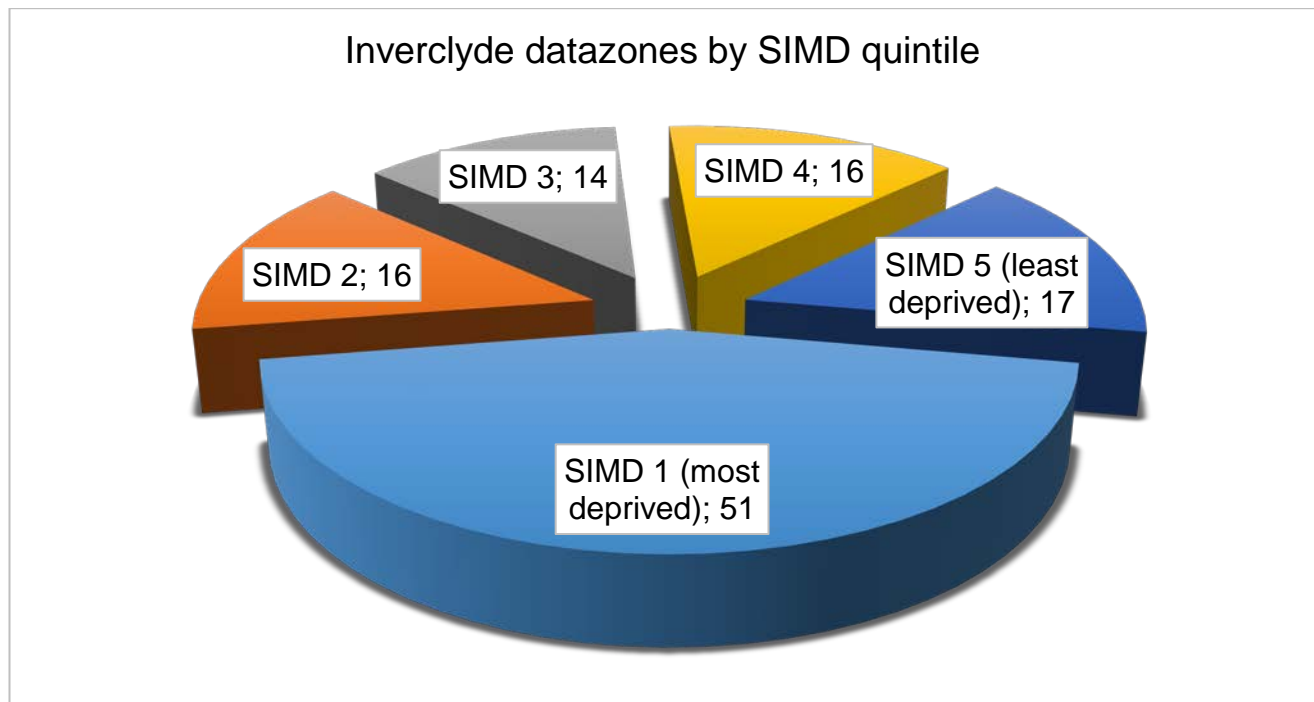
Deprivation

The Scottish Index of Multiple Deprivation (SIMD 2020) is a tool for identifying areas of poverty and inequality across Scotland and can help organisations invest in those areas that need it most.

Areas of poverty and inequality across Scotland are measured by a number of different indicators to help organisations such as health boards, local authorities and community groups to identify need in the areas that require it the most. These are routinely published as part of the Scottish Index of Multiple Deprivation (SIMD). The SIMD ranks small areas called data zones (DZ) from most deprived to least deprived.

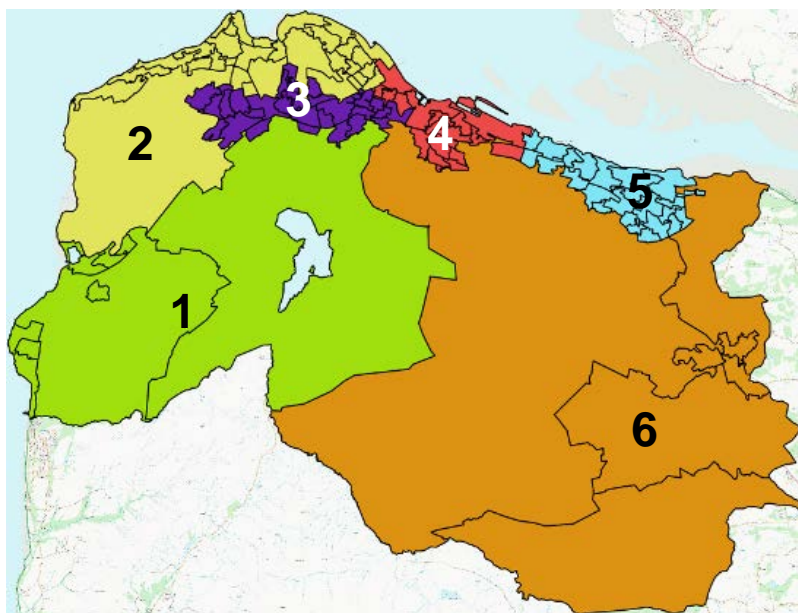
Scotland is split into 6,976 DZ's; Inverclyde has 114 DZ's, 51 of which are in the 20% most deprived areas in Scotland. When looking at the 5% most deprived DZ's in Scotland (a total of 348 DZ's) 21 are in Inverclyde (18.42% of our local area and 6.03% of the National share).

Deprived does not just mean 'poor' or 'low income'. It can also mean that people have fewer resources and opportunities. The highest deprivation areas of in Inverclyde are around Central and East Greenock. Unfortunately this now includes the most deprived area in Scotland.



Source: Scottish Government SIMD 2020

Localities



Our 6 localities are:

1. Inverkip & Wemyss Bay
2. Greenock West & Gourock
3. Greenock South & South West
4. Greenock East & Central
5. Port Glasgow
6. Kilmacolm & Quarrier's Village

Locality Planning Groups (LPGs)

The Inverclyde HSCP and Inverclyde Alliance have been working towards establishing the six new Locality Planning Groups. Arrangements had been put in place to pilot the revised locality planning arrangements in Port Glasgow in January 2020 with Greenock East and Central then Greenock South and South West being established next, however the outbreak of COVID-19 resulted in progress being suspended. This work will recommence once it is safe to so.

Following publication of the Scottish Index of Multiple Deprivation (SIMD) in January 2020, working with local communities in the most deprived areas in Inverclyde is even more important and will be our primary focus as implementation of the HSCP Strategic Plan 2019 – 2024 is progressed.

Communication & Engagement

Once established, the six Locality Planning Groups (LPGs) will be responsible for the development of their respective Locality Action Plans outlining how they will drive forward and deliver transformational change in line with agreed strategic policy and priority areas. Locality Action Plans will set out how community planning partners, including the HSCP, will improve the experience of those who access and use local services, improve outcomes for people living in local communities, ensure services are safe, effective, of high quality, sustainable, provide best value, and address inequalities.

The extent of past engagement and consultation has highlighted that there is real appetite locally to be involved in shaping Inverclyde's future. That is why we are looking to adopt the joint Alliance and HSCP communication, engagement and where necessary formal consultation processes. People want to have their say, and we have a duty to ensure that their voices are able to influence the planning and delivery of services provided by public sector organisations.

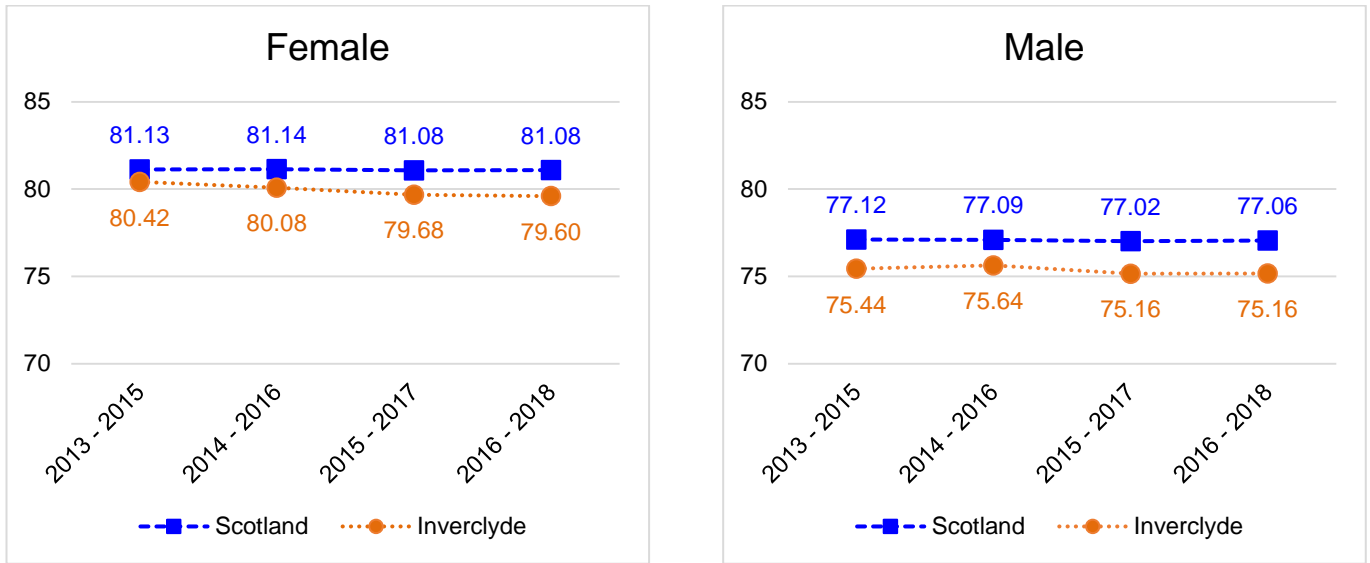
During August / September 2019, the HSCP and Alliance held six community engagement events, one in each locality to "Celebrate the Present, Shape the Future". Over 750 members of the community attended the events, and a significant amount of feedback was shared. A Feedback Report was published which outlined key themes that came out of discussions with people which Locality Planning Groups (LPGs) will be required to take into account, along with other feedback and key priorities when planning services that are fit for the future and improve outcomes for local people.

Jointly, we are now aiming to build on all the positive engagement and consultation work carried out, develop continuous dialogue with local communities, and embedding this into our day to day business.

The Communications and Engagement Strategy which outlines some of the key principles and objectives for the HSCP was approved by the HSCP Strategic Planning Group (SPG) in February 2020 and now awaiting approval by the Integration Joint Board (IJB) and Inverclyde Alliance Board. Due to the outbreak of COVID-19 pandemic, progress has been slower than planned.

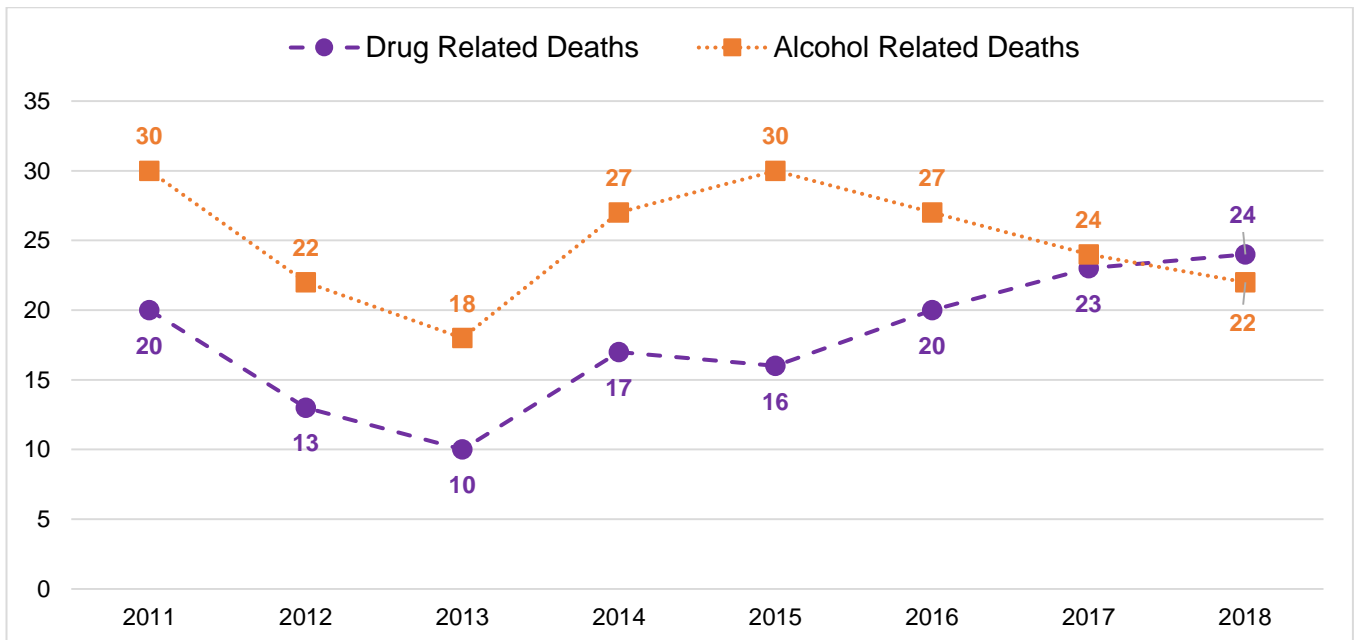
Life Expectancy (from birth)

The latest figures available cover the 3 year 'rolling' period from 2016 to 2018 (published by National Records of Scotland in December 2019). The charts below compare the average life expectancy in years across Inverclyde and Scotland.



In the longer term, we aim to reduce the differences between Inverclyde and the Scottish average, and also the differences between men and women.

Alcohol and Drug related deaths



Source: NRS deaths by theme data

There is a notable history of high prevalence of alcohol and drug abuse in Inverclyde; reducing this is one of our 'Big Actions'. The changes & improvements we are making now will make an impact on lives in the longer term and show in future reporting; we want to see a sustained improvement to reduce the number of those affected by this.

National Health and Wellbeing Outcomes

The Scottish Government set out 9 National Health and Wellbeing Outcomes to be realised through the integration of Health and Social Care.

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

Outcome 2 - People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community

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

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

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

Outcome 6 - People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.

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

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

Outcome 8 - People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide

Our Achievements

Recovery



National target
90%

Over 91% of all people referred to alcohol and drug services began their recovery treatment within 3 weeks

No. of falls when A&E visit required



2,342 in 2018/19

1,884 in 2019/20

Delayed discharge from hospital

Number of days people spend in hospital when they are ready to be discharged (per 1,000 population) (age 75+)

Scotland
793

Inverclyde
166



Criminal Justice Inspection

Of the five quality indicator that the Service was assessed against, 3 were noted as 'Very Good' and 2 were 'Good'.



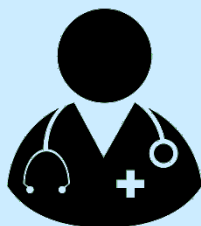
A range of positive outcomes had been achieved for individuals.

Advanced Nurse Practitioner



1,167 home visits carried out

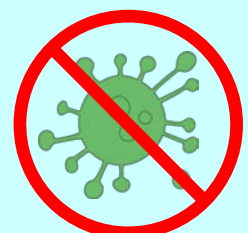
Over **680** hours of GP time freed to support more complex patients



Vaccinations

Over 99% of 5 year old children were vaccinated against Measles Mumps and Rubella (MMR)

Target 95%



The 23 National Integration Indicators

Calendar year 2019 is used here as a proxy for 2019/20 due to the national data for 2019/20 being incomplete. We have done this following guidance from Public Health Scotland and to improve consistency between our report and those for other Health and Social Care Partnerships. The data for indicator number 18 (Percentage of adults with intensive care needs receiving care at home), unfortunately, was not published in time to be included in this year's report.







Those marked with an * (numbers 1 to 9) are taken from the 2017/18 biennial Health and Care Experience Survey. The 2019/20 survey results will be published later than planned (due to Scottish Government staff redeployment during the COVID-19 pandemic) but we will include them in future performance reports once they are available.

Of the 19 currently reported measures we are at or better than the Scottish average in 10 (green), just below in 6 (amber) and behind in 3 (red).

In 7 measures we have seen an improving trend (green arrow), maintaining our performance in 7 (amber arrows) and reducing performance in 5 (red arrow).

The convention for comparing performance in relation to the Scottish average are as follows:

	Performance is equal or better than the Scottish average
	Performance is close to the Scottish average
	Performance is below the Scottish average

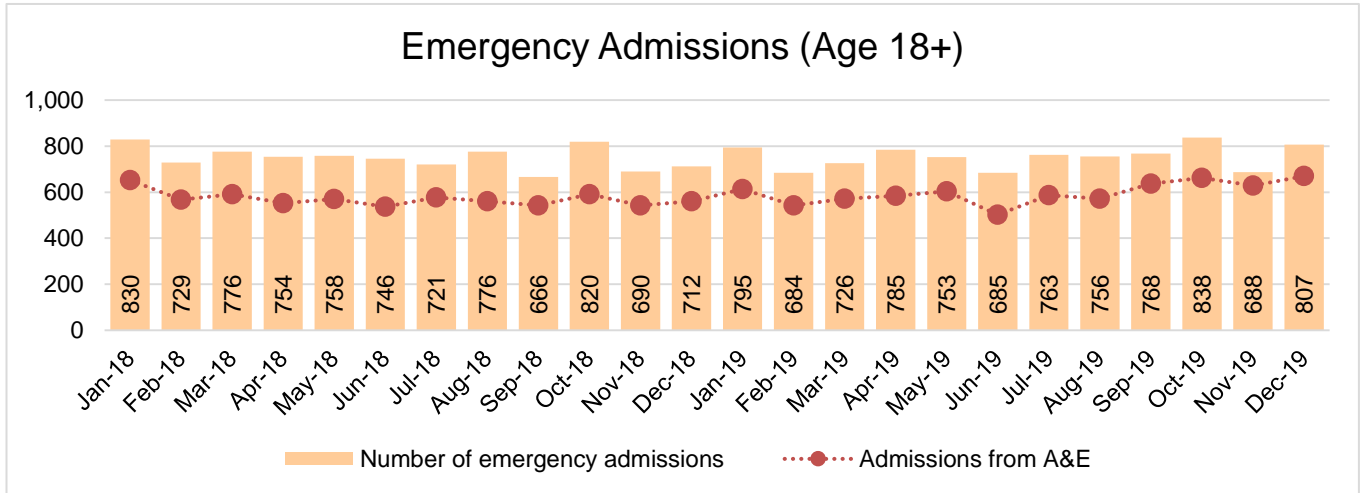
 	Trend is improving (moving in the right direction)
 	Trend is static – no significant change
 	Trend is declining (moving in the wrong direction)

National Integration Indicator		Time Period	Inverclyde HSCP	Scottish Average	Inverclyde Trend	Scottish Trend
1*	Percentage of adults able to look after their health very well or quite well	2017/18	90.9%	93%	↑	↓
2*	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	2017/18	80.4%	81%	↓	↓
3*	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	2017/18	77.3%	76%	↓	↓
4*	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	2017/18	78.7%	74%	↔	↓
5*	Total % of adults receiving any care or support who rated it as excellent or good	2017/18	83.5%	80%	↑	↓
6*	Percentage of people with positive experience of the care provided by their GP practice	2017/18	83.1%	83%	↓	↓
7*	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	2017/18	76.6%	80%	↓	↓
8*	Total combined percentage of carers who feel supported to continue in their caring role	2017/18	39.7%	37%	↓	↓
9*	Percentage of adults supported at home who agreed they felt safe	2017/18	84.3%	83%	↔	↔
11	Premature mortality rate per 100,000 persons	2019	550	426	↔	↔
12	Emergency admission rate (per 100,000 population)	2019	15063	12602	↔	↑
13	Emergency bed day rate (per 100,000 population)	2019	157025	117478	↔	↓

National Integration Indicator		Time Period	Inverclyde HSCP	Scottish Average	Inverclyde Trend	Scottish Trend
14	Readmission to hospital within 28 days (per 1,000 population)	2019	92	104	↓	↑
15	Proportion of last 6 months of life spent at home or in a community setting	2019	88.5%	88.6%	↑	↑
16	Falls rate per 1,000 population aged 65+	2019	23.4	22.7	↓	↔
17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	2019/20	86.6%	81.8%	↑	↔
18	Percentage of adults with intensive care needs receiving care at home	2018	65.9%	62.1%	↑	↔
19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population) (age 75+)	2019/20	166	793	↔	↔
20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	2019	24.1%	23.2%	↔	↔
<i>The following indicators are still under development by Public Health Scotland (PHS)</i>						
10	Percentage of staff who say they would recommend their workplace as a good place to work					
21	Percentage of people admitted to hospital from home during the year, who are discharged to a care home					
22	Percentage of people who are discharged from hospital within 72 hours of being ready					
23	Expenditure on end of life care, cost in last 6 months per death					

Ministerial Strategic Group (MSG) Indicators

The more that hospital care is planned in advance the better chance that people can usually get back home more quickly. We are working to increase hospital care planning, and so reduce emergency and unscheduled admissions and hospital stays.



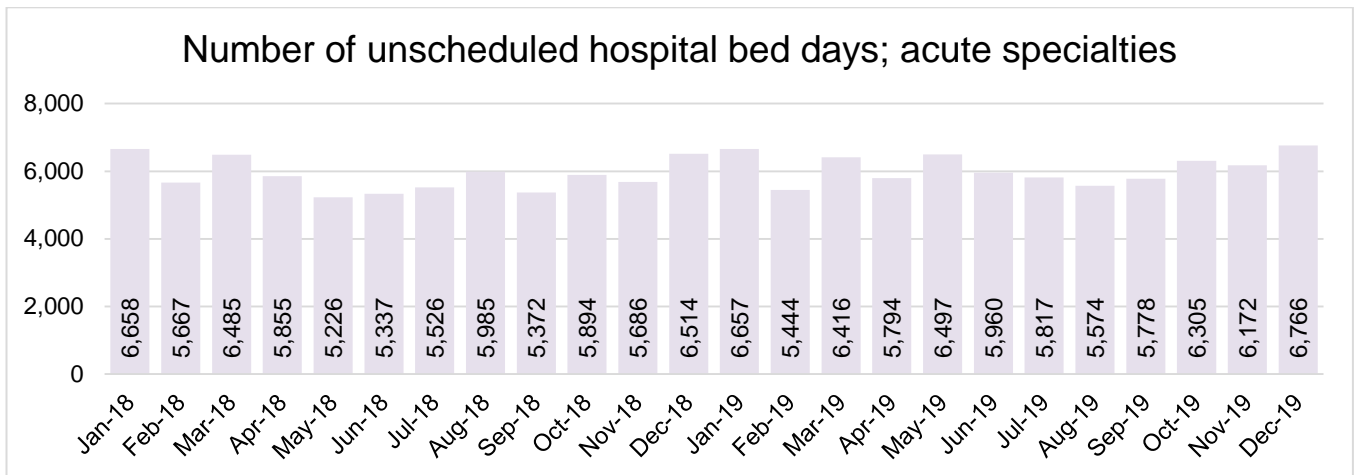
Lower numbers = better performance

The total number of emergency admissions for all ages in the period January 19 to December 19, was 9,048 admissions. This represents a 0.8% increase on the previous calendar year 2018 (previous total was 8,978).

The MSG target for this measure was a 7% reduction on the baseline year of 2015/16 (9,388), but this target is focused on those aged 18 or over, which would mean a projected or expected total of 8,731 attends for 2019. Inverclyde’s emergency admissions for 2019 were 317 above the projected MSG target.

The calendar year figure is rarely used, but given the timing of the MSG data releases, and the completeness issue surrounding the data particularly around admissions, calendar years have been used for this report to provide a more timely comparison.

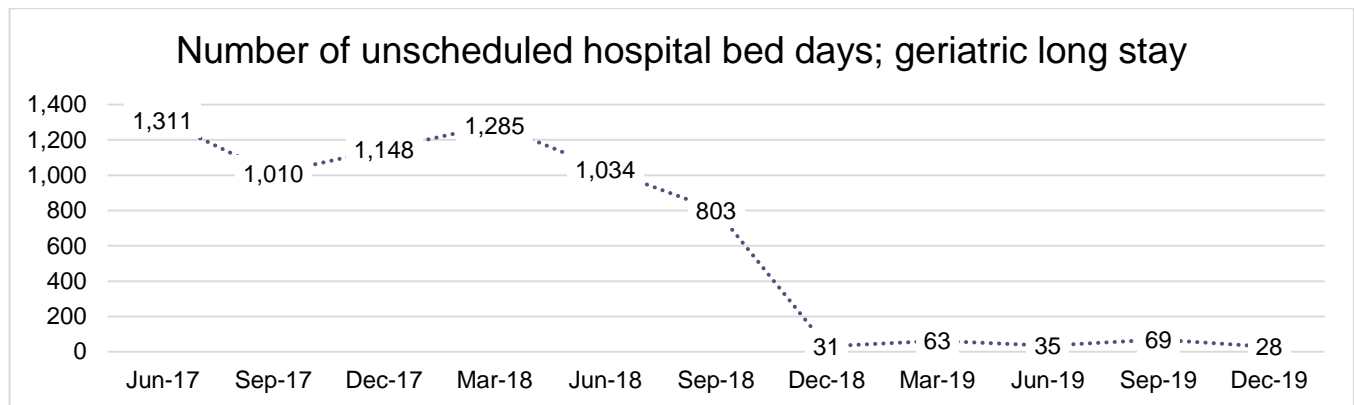
Emergency admissions continue to be challenging for the HSCP.



Lower numbers = better performance

In the calendar year 2019, the number of acute unscheduled bed days saw an increase of 4.3% on the previous calendar year. The total number of bed days in 2019 was 73,180 days. The target for this measure states that a reduction 6% of the baseline year 2015/16 be achieved in 2019/20 (a reduction of 4,301 bed days).

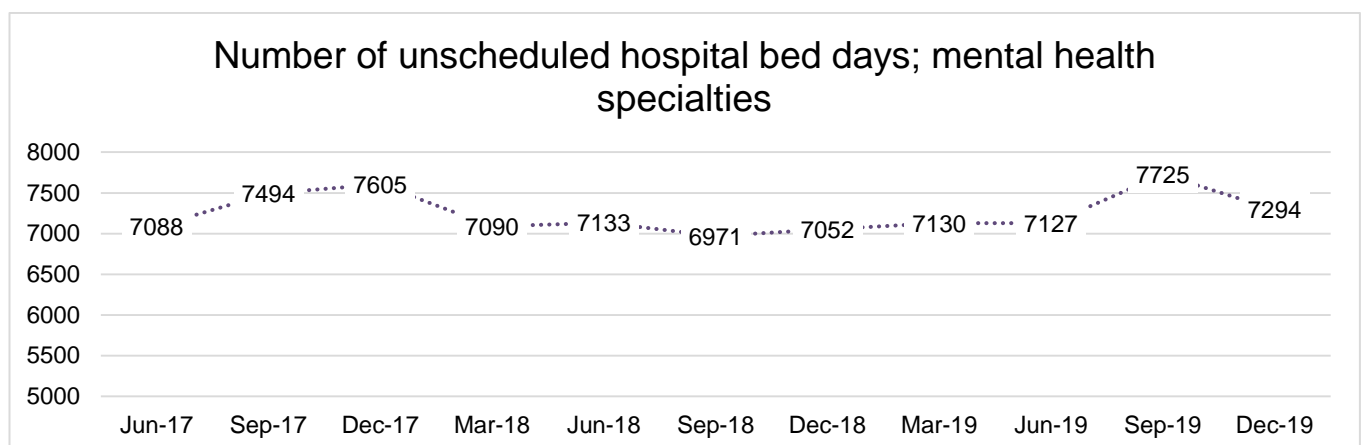
The total number of acute unscheduled bed days in 2015/16 was 73,071. This of course means that Inverclyde has only managed to “tread water” in regards to this performance measure.



Lower numbers = better performance

Unlike the Unscheduled bed days for Acute, the bed days for Geriatric Long Stay is measured on a quarterly basis.

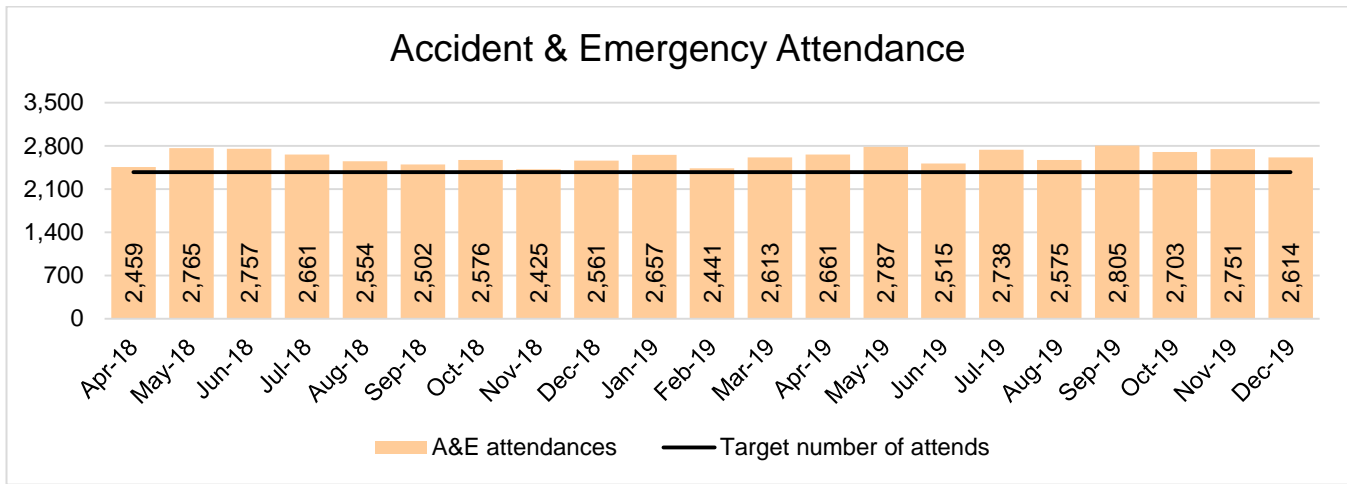
The chart clearly shows a significant drop off in December 2018, going from 803, in September 2018 to only 31 bed days in December 2018. The number of beds days remain below 70 days for the remainder of the reporting period. The delivery of care for these patients transferred from a hospital based to a community based model, where this was appropriate, to better support the individuals.



Lower numbers = better performance

The number of unscheduled beds days for mental health specialties is reported on a quarterly basis, rather than monthly.

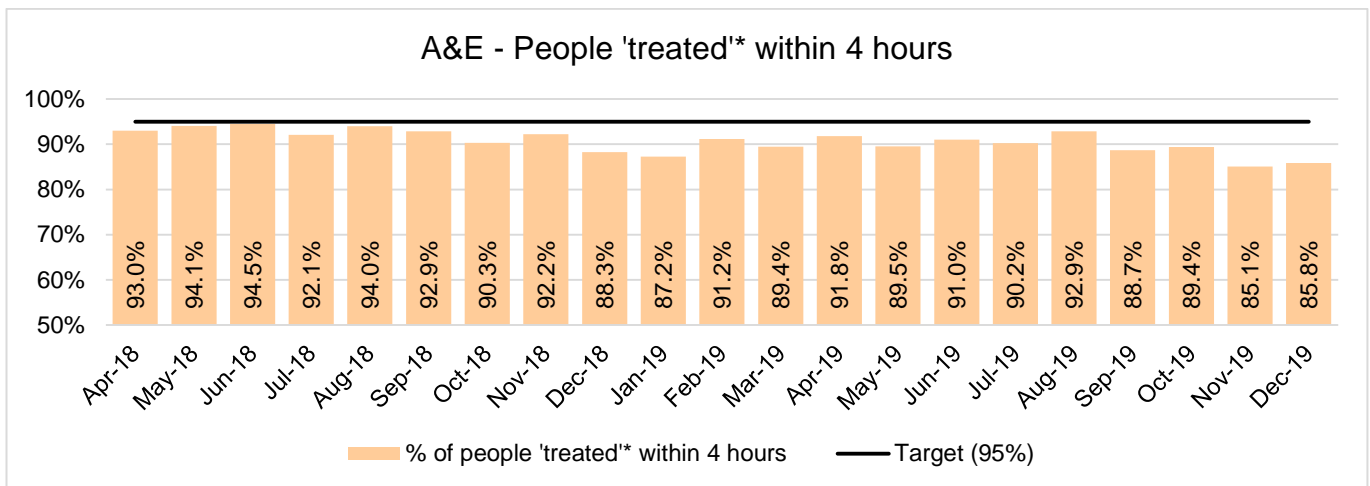
The number of unscheduled bed days for mental health specialties for the calendar year 2018 was 28,246, in 2019 this had risen by 3.65% to 29,267 bed days, an increase of 1030.



Lower numbers = better performance

Inverclyde’s target for the number of A&E attends is to achieve a reduction of -3% on the 2015/16 baseline of 29,395 which would translate as a reduction of 882 attends in calendar year 2019. The number of A&E attends for the calendar year 2019 was unfortunately 31,860, which was an increase of the previous calendar year 2018 (30,420) of 1,440 attends. This in turn means that Inverclyde’s number of A&E attends for calendar year 2019 is 3,347 over target.

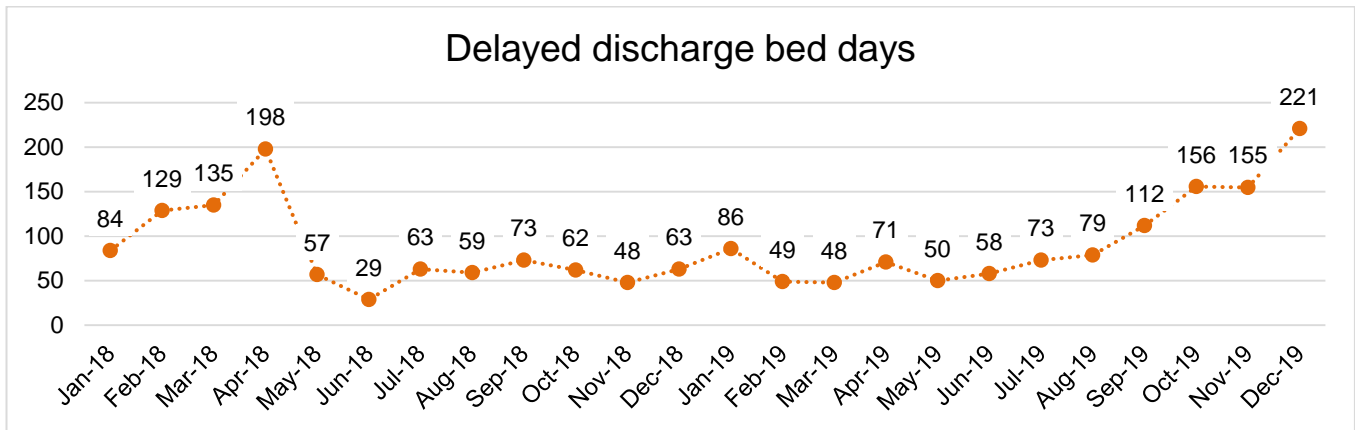
Analysis revealed that a key element of our A&E attend numbers related to Alcohol and Drug service users attending at weekends. To address this the HSCP secured CORRA foundation and IJB funding to move to 7 day a week addictions services to reduce the number of addictions related weekend admissions. Other measures including work around case management of frequent attenders at A&E and In-reach to A&E by Allied Health Professional as part of a wider 7 point plan to address unscheduled care across Inverclyde across all care groups. All of these measures are expected to improve performance in this area in the coming year.



Higher % = better performance

* Treated is measured from time of arrival until time of discharge, admission or transfer

In regards to the 4hr A&E waiting time standard of 95%, this is a national rather than HSCP target, however this indicator has been problematic in recent years, with the MSG data illustrating that the target has not been met in some time. The data suggests that Inverclyde Royal Hospital only managed to get above 90% (still 5% short of the target) 8 times throughout 2018 and, and only 5 times during 2019.



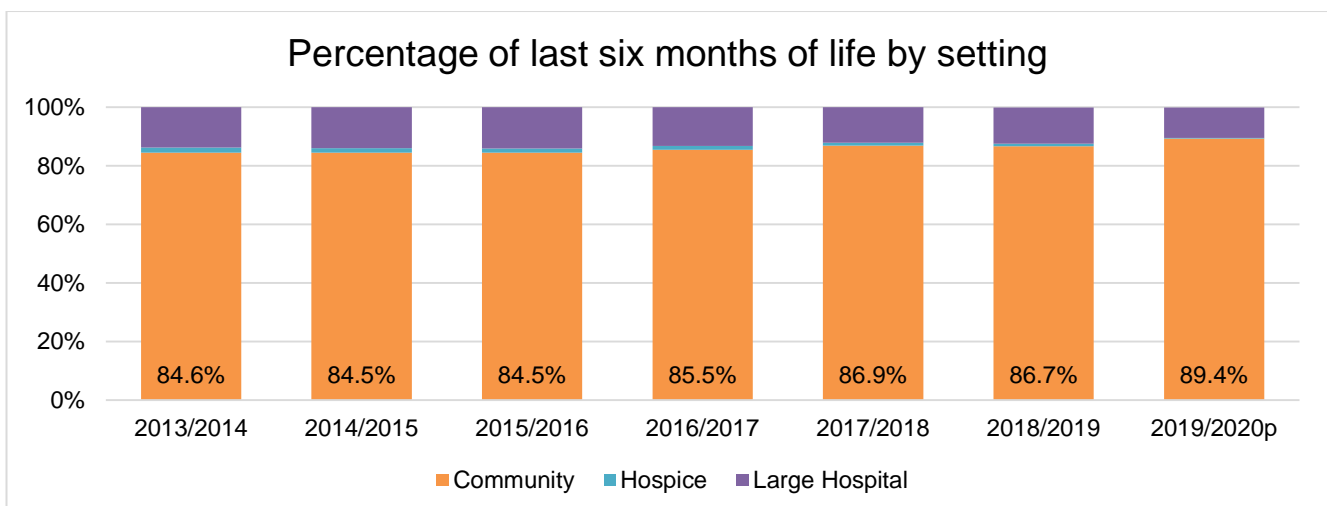
Lower numbers = better performance

Delayed Discharge performance in Inverclyde has been exemplary for a number of years, with the varied measures attributed to Delayed Discharge reducing year on year, specifically “Bed Days Lost” and “Delays at Census”.

The latter months of calendar year 2019 proved challenging for Inverclyde, with number of Bed Days Lost rising from 112 in September 2019 to 221 beds days lost in December 2019. This was due to increased demand for discharge and the need for some complex care packages to be put in place, all of which have been resolved.

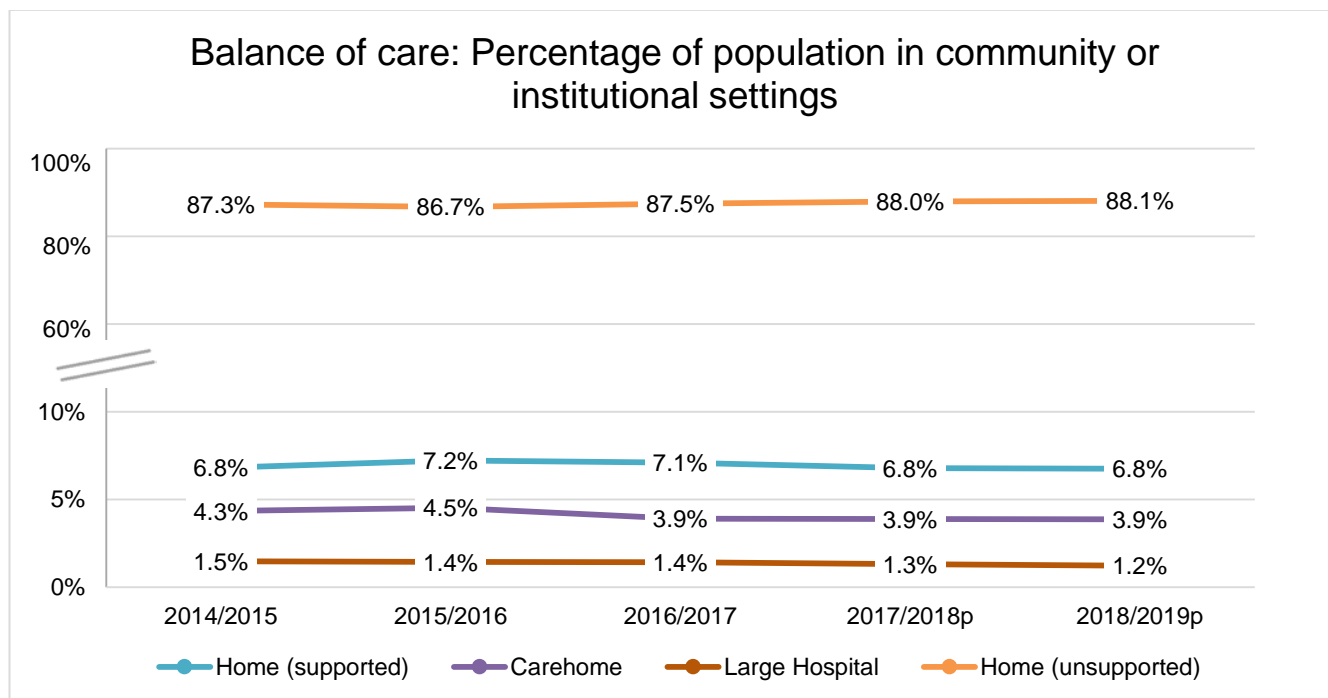
Even with this increase in Bed Days Lost to Delayed Discharge, the HSCP remains on course to meet its obligation to this MSG target.

The MSG target for this measure is a 20% reduction on the baseline year 2015/16 total of 2588. This of course means the target for 2019/20 would be 2070 bed days lost. With Inverclyde’s calendar year total being 1158 bed days lost, the HSCP is still performing very well.



This MSG measure looks to achieve a 2% increase from the 2015/16 baseline figure of 84.5% for those who spend the last six months of life in a community setting. As can be seen on the chart above, Inverclyde HSCP has more than exceeded its expected value (86.5%) in 2019/20 with 89.4% , this was 2.9% over the MSG target.

We fully expect this level of performance to be maintained and ideally where possible, continue to increase in the future.



The purpose of this indicator is to provide a picture of the level of need within the community, with the aim of increasing the percentage of our population who require very little support to live an independent life within their own home, or to provide the proper care to those who require it, again within their own home if possible.

As the chart illustrates, small incremental increases can be seen in the percentage of those at Home (unsupported) since 2015/16 after dropping from the previous year. The percentage of those at home unsupported stands at 88.1%. Those persons who are supported at home has stood at 6.8% for the past 2 years.

For those in care homes, the HSCP would expect this to reduce over the long term, but it has been static for the past 3 years at 3.9%. It should be noted that Inverclyde has an ageing population and it's very possible this level of care home places is required to meet these very challenging circumstances regarding the population as we move forward.

The percentage of those who require acute care in a "Large Hospital" continues to reduce, in line with the aims of the HSCP.

The National Health and Wellbeing Outcomes

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

Maintaining health and wellbeing is better than treating illness. Our aim is to promote good health and to prevent ill health. Where needs are identified we will ensure the appropriate level of planning and support is available to maximise health and wellbeing.

We will support more people to be able to manage their own conditions and their health and wellbeing; we will support people to lead healthier lives.

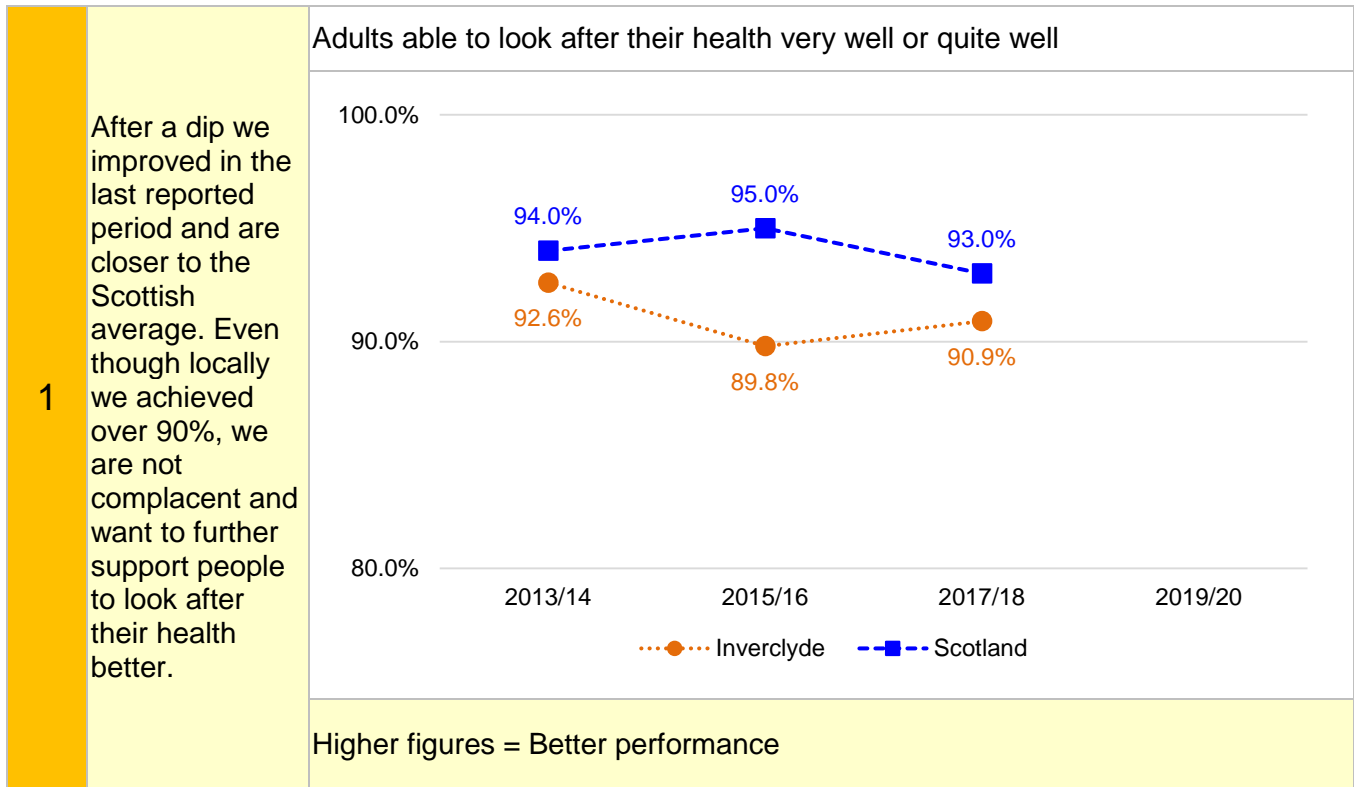
The following big actions from our Strategic Plan directly relate to achieving this outcome for Inverclyde residents.

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

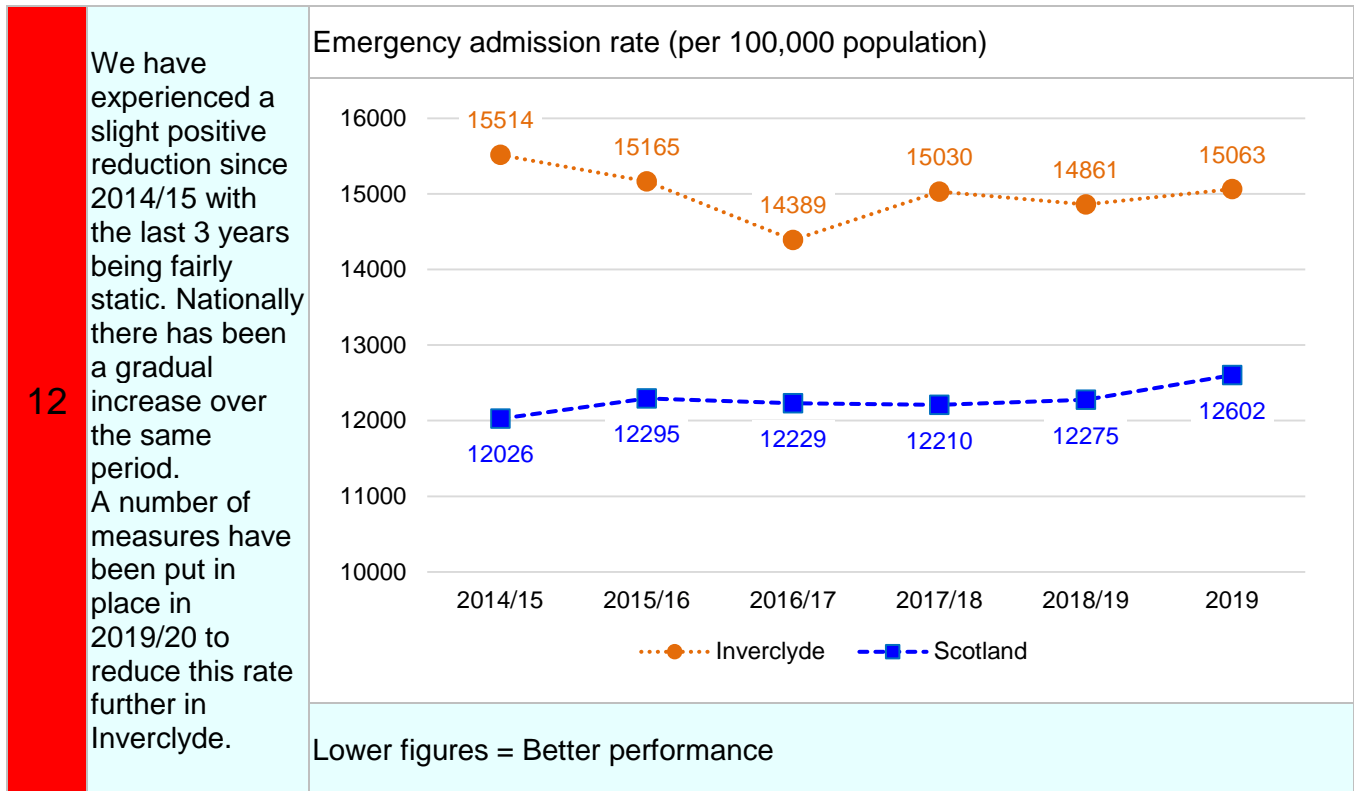
Big Action 5 - Together we will reduce the use of, and harm from alcohol, tobacco and drugs

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

Current performance: National Integration Indicators



2019/20 survey results will be published later than planned (due to Scottish Government staff redeployment during the COVID-19 pandemic) but we will include them in future performance reports once they are available.

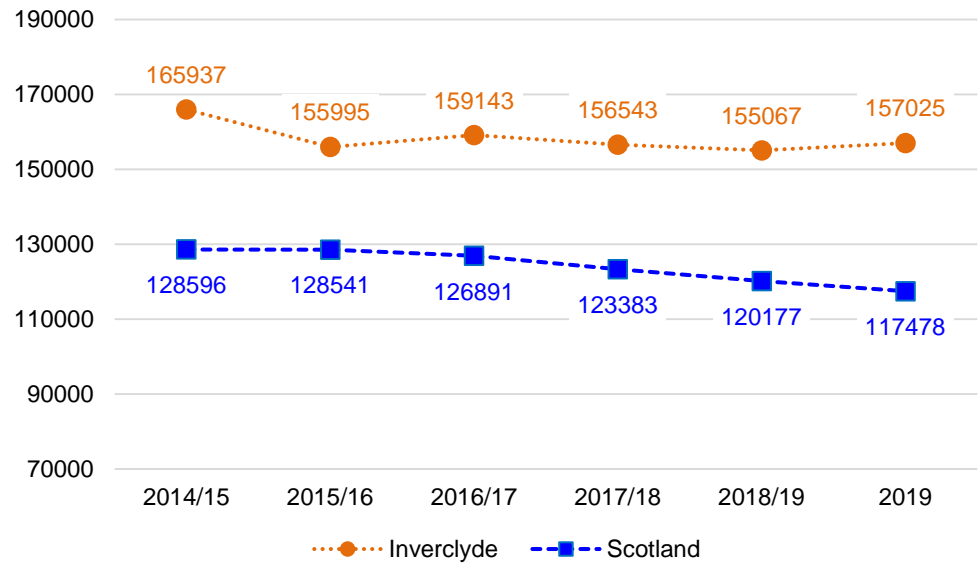


Calendar year 2019 is used here as a proxy for 2019/20 due to the national data for 2019/20 being incomplete. We have done this following guidance from Public Health Scotland and to improve consistency between our report and those for other Health and Social Care Partnerships.

13

After an initial reduction of over 10,000 from 2014/15, local performance has remained static while the national performance has improved. A number of measures have been put in place in 2019/20 to reduce this rate further in Inverclyde.

Emergency bed day rate (per 100,000 population)



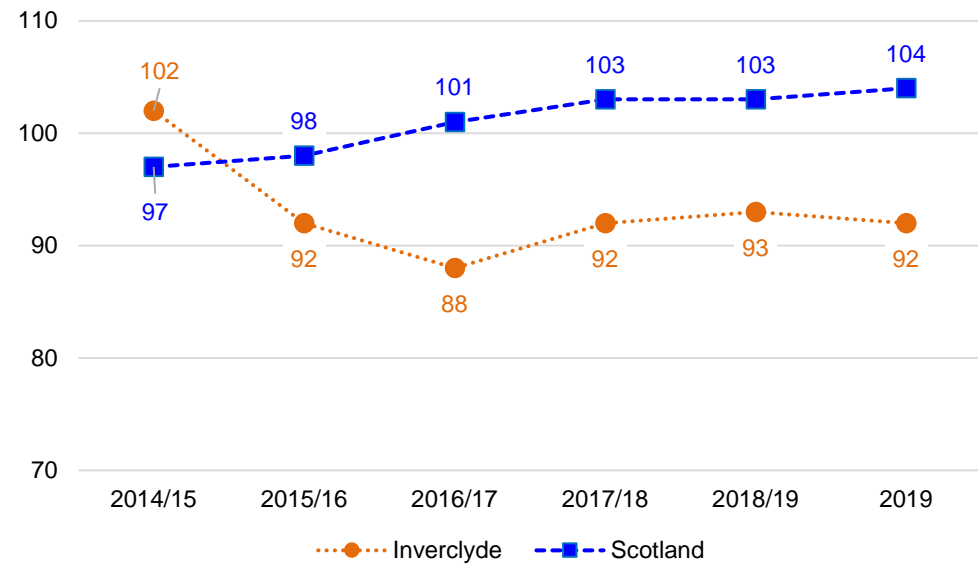
Lower figures = Better performance

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14

Often when people have to be readmitted to hospital soon after going home, it can be because the discharge took place before the person was fully ready, or because the post-hospital support was not quite right. This graphic shows Inverclyde performance has improved and is better than the national picture.

Readmission to hospital within 28 days (per 1,000 population)



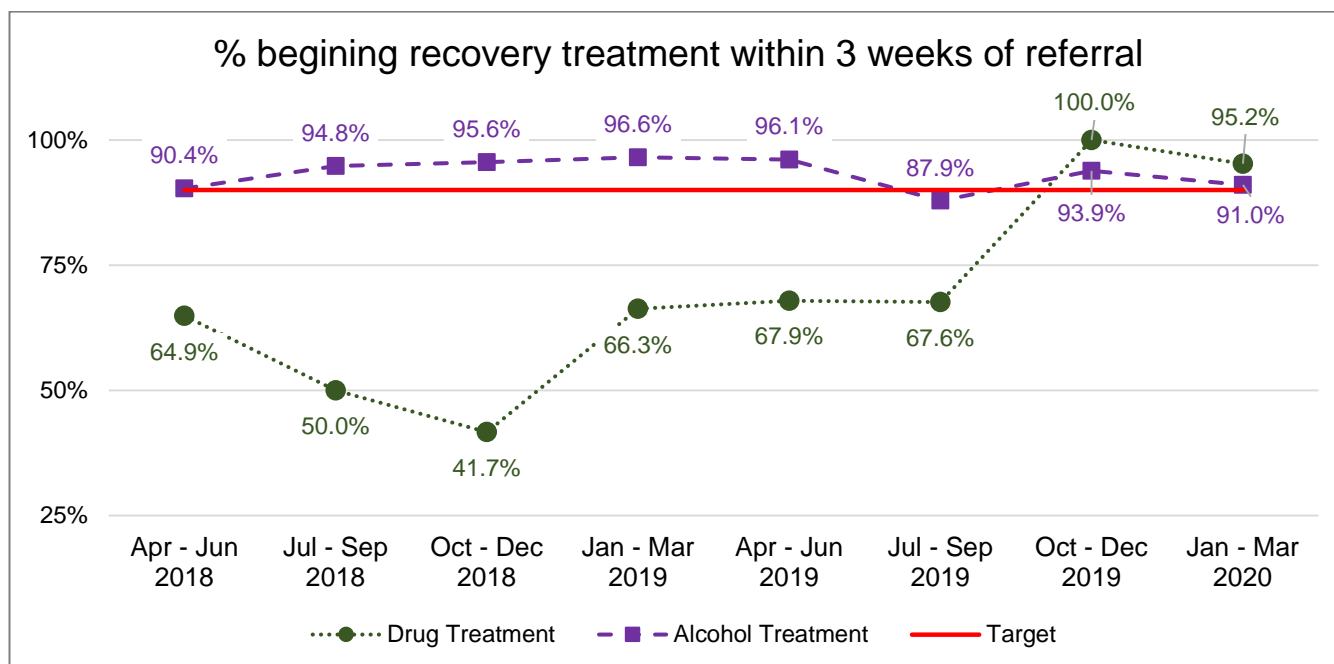
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Current performance: Local Indicators

Addictions

A national target has been set by the Scottish Government that states “90 per cent of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery”. Seeing people quickly gets them onto a journey of recovery sooner, thus leading to better outcomes.



Source: SDMD (Scottish Drug Misuse Database)

Inverclyde Alcohol and Drug services redesign has continued during the year with the new service model ensuring those affected by alcohol and drugs are fully supported by an appropriate recovery orientated system of care which includes prevention; care and treatment; and recovery delivered by a range of statutory and 3rd sector partners. The HSCP addictions services have come together into one integrated service across both alcohol and drugs renamed Inverclyde Alcohol and Drug Recovery Service (ADRS). The service is working with other partners to deliver alcohol and drug services and has commissioned appropriate support services to support service users throughout their pathway in recovery.

Through this redesign a review was carried out looking at the different screening and allocation processes within the two teams, with a subsequent redesign into one robust single point of access for ADRS, with updated associated service pathway processes to ensure appropriate and timely access to services. Alongside this an in-depth analysis of waiting times data within the service was carried out, this identified inconsistencies in recording across both services which has been addressed as part of the overall review.

Waiting times have now significantly improved across the entire service in the past year and are now within the 90% target for both drugs and alcohol service users. The next stage will be to amalgamate the drug and alcohol services waiting lists into one for ADRS while still ensuring separate information is maintained for alcohol clients and drug service users.

Choose the right service



Since the development of our *Choose the Right Service* branding in early 2017, we have achieved significant progress in raising awareness and directing patients to services that are best placed to support their health and social care needs

Engaging with our New Scots Community

Translation of materials into Arabic and providing these to New Scots families moving to Inverclyde

Choose the Right Service Flyer is provided in welcome pack to new families

A supply of translated flyers provided to Your Voice as a central point for families to access materials when attending drop in sessions

Illustrative magazine created by “magic torch” to support the New Scots community providing an overview of primary care services and how to access these services. This magazine is available with audio translation to support those that cannot read or write Arabic

Signposting and support has been delivered via Primary Care Service sessions in conjunction with Friday drop in sessions at Your Voice:

Session 1: oral health and visiting the dentist

Session 2: eye health and visiting the optician

Session 3: visiting your doctors surgery

Session 4: minor illness and visiting the pharmacy

Sessions 5 – 7 Health screening for Bowel, Breast and Cervical cancers.

Choose the Right Service for our children and young people.

- This branding and leaflet was launched in August 2019
- Worked with our local schools, nurseries and educational partners to share this resource with the wider community in Inverclyde



Copies of all the leaflets and additional information can be found on our website at <https://www.inverclyde.gov.uk/health-and-social-care/health-services-health-improvement-wellbeing/choose-the-right-service>

Outcome 2 - People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community

People's care needs will be increasingly met in the home and in the community, so the way that services are planned and delivered needs to reflect this shift.

There are a number of ways that we are working towards enabling people to live as independently as possible in a homely setting.

"We believe that staying at home is the first and best option for everyone who wishes to do so"

The following big actions from our Strategic Plan directly relate to achieving this outcome for Inverclyde residents.

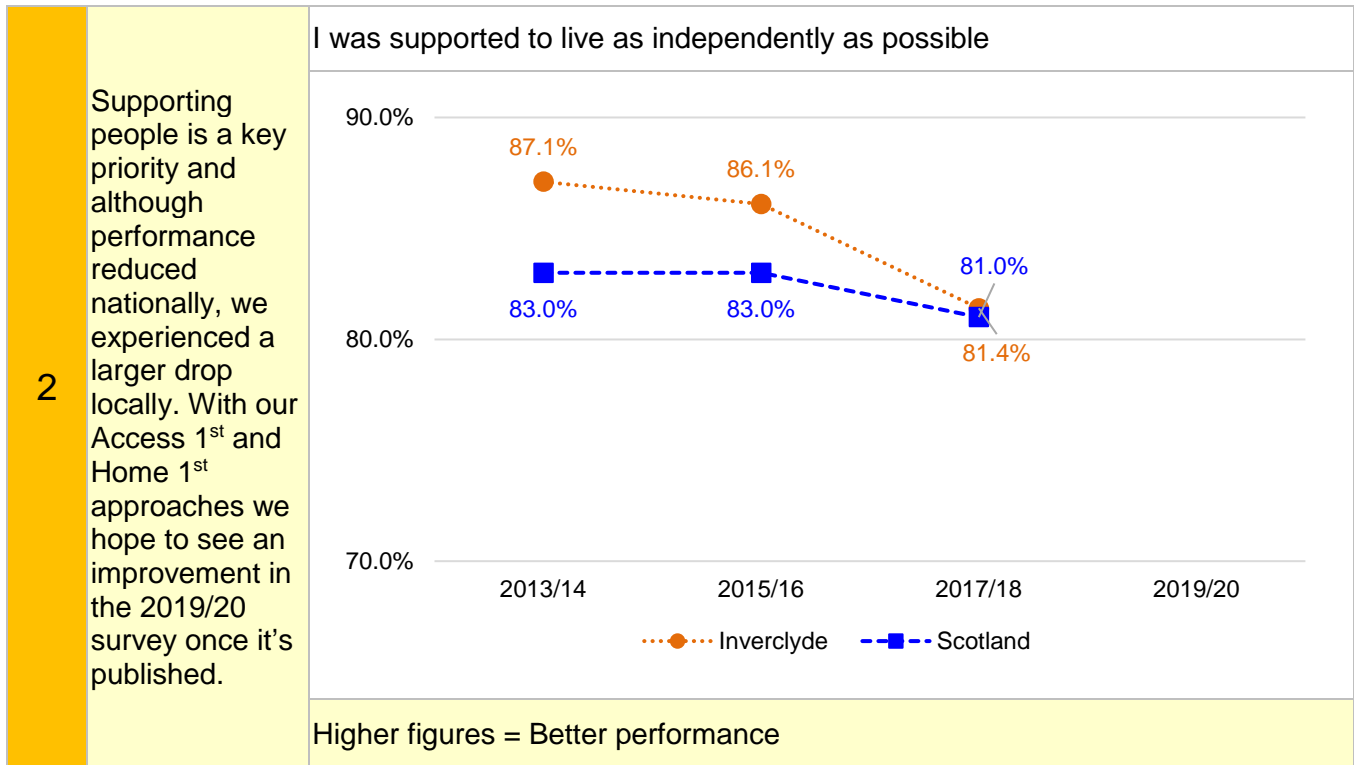
Big Action 1 - Reducing Inequalities by Building Stronger Communities and Improving Physical and Mental Health

Big Action 3 - Together we will Protect Our Population

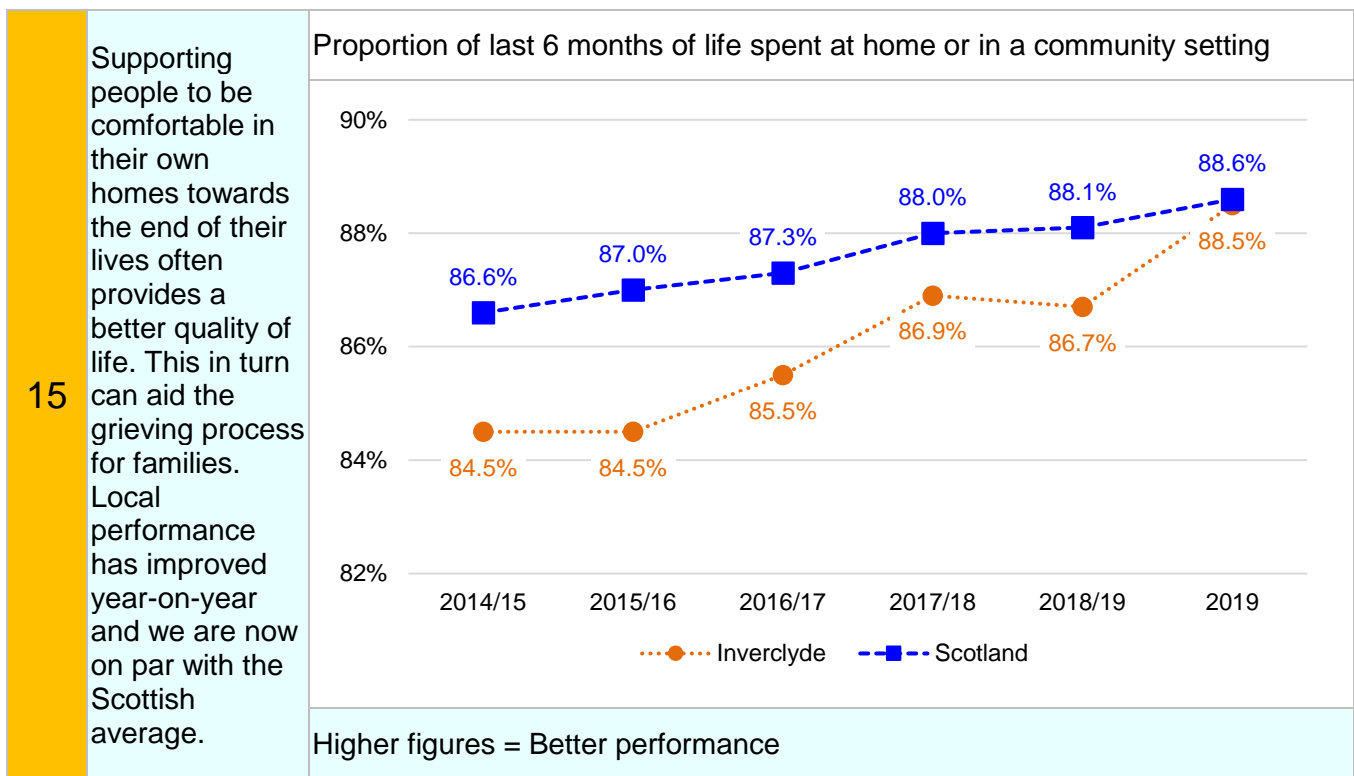
Big Action 4 - We will Support more People to fulfil their right to live at home or within a homely setting and Promote Independent Living

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

Current performance: National Integration Indicators



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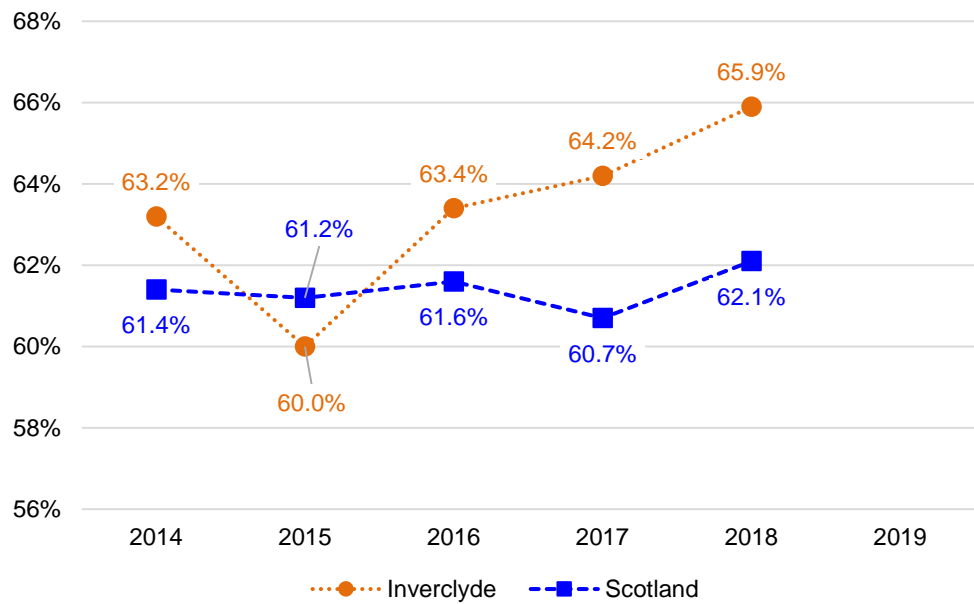
Calendar year 2019 is used here as a proxy for 2019/20 due to the national data for 2019/20 being incomplete. We have done this following guidance from Public Health Scotland and to improve consistency between our report and those for other Health and Social Care Partnerships.

18

People tell us that they prefer to be supported to stay at home, so we work hard to make this option available whenever it is both safe and possible.

We have seen a sustained improvement in achieving this for more of our residents and we aim to further increase this.

Percentage of adults with intensive care needs receiving care at home



Higher figures = Better performance

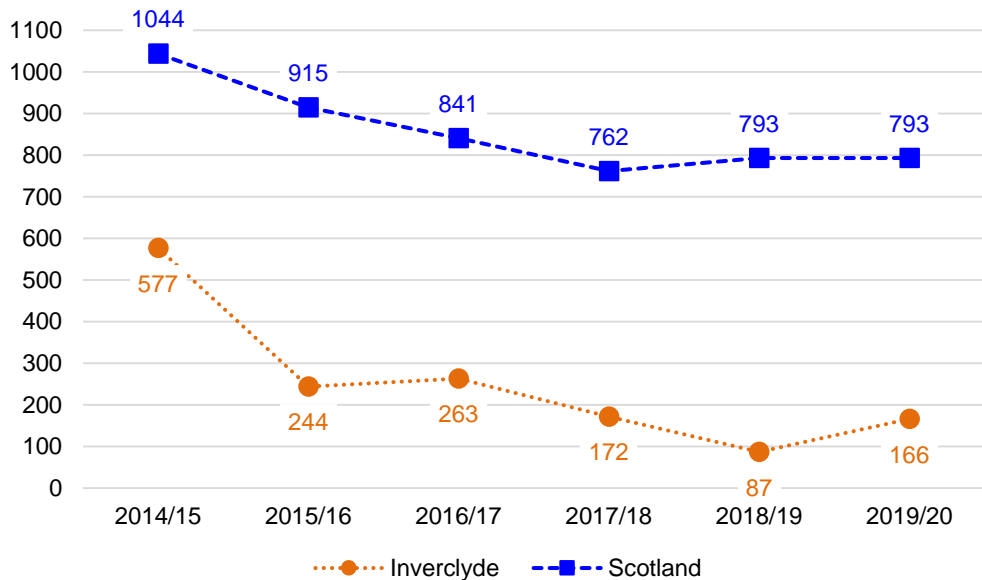
The 2019 data for this indicator is not due to be published until September 2020, after publication of this report.

19

Inverclyde performance on delayed discharge is regularly the best in Scotland and significantly better than the Scottish average.

We continue to innovate to continue to deliver high performance in this area for our population.

Number of days people spend in hospital when they are ready to be discharged (per 1,000 population) (age 75+)



Lower figures = Better performance

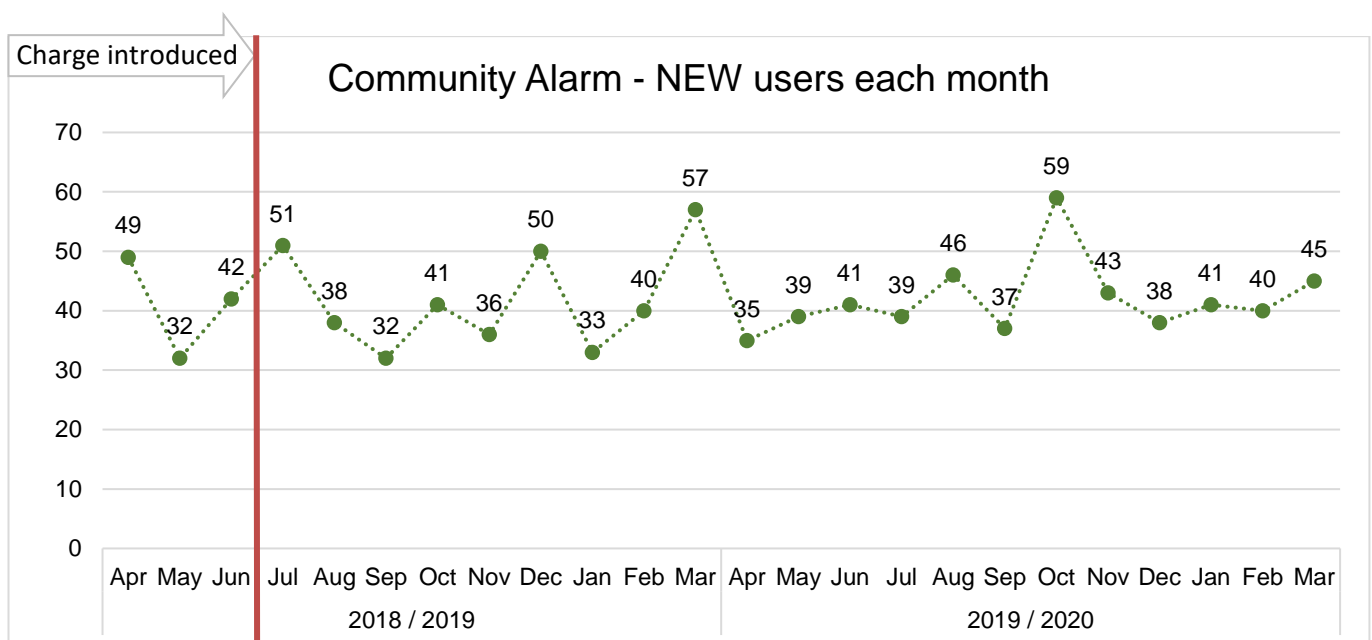
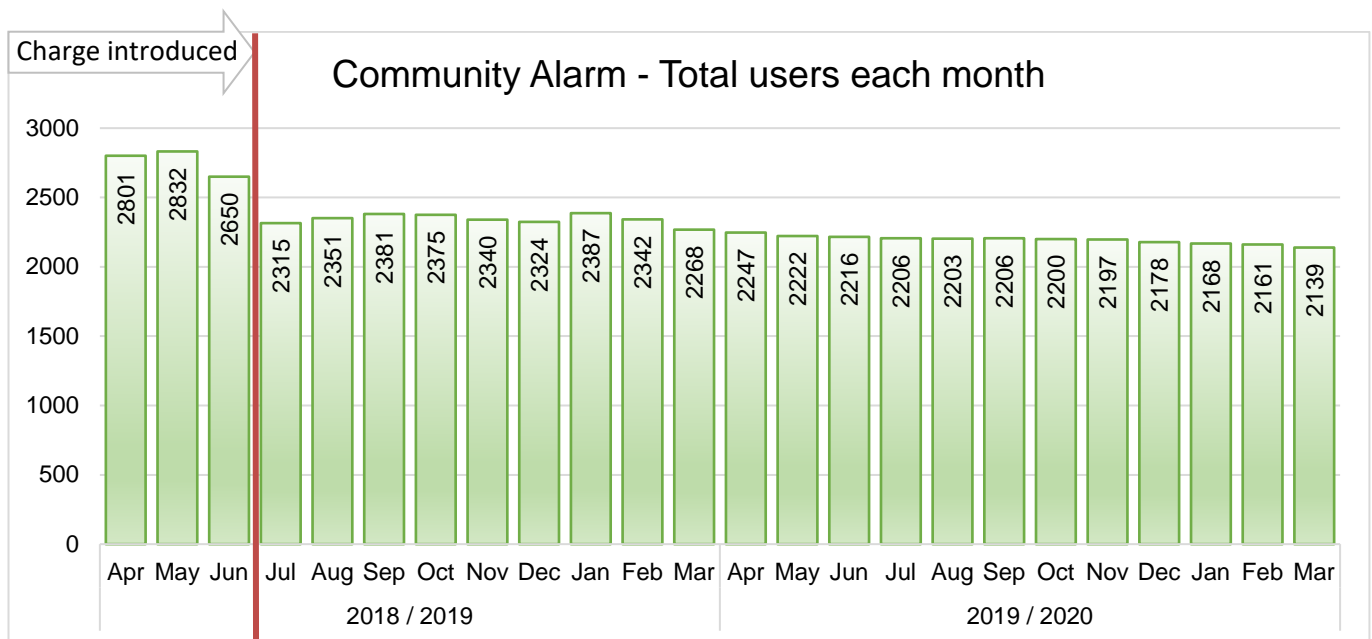
Current performance: Local Indicators

We have developed a Digital Strategy to Support Technology Enable Care

Technology Enabled Care: Community Alarm

The service previously reported a reduction in users following the implementation of a nominal charge in June 2018. In March 2019, the total number of users was 2268. While this figure had reduced to 2139 by March 2020 (a reduction of 129), the number of **new** service users from April 2019-March 2020 has increased to 503 which is slightly higher than the previous 2 years.

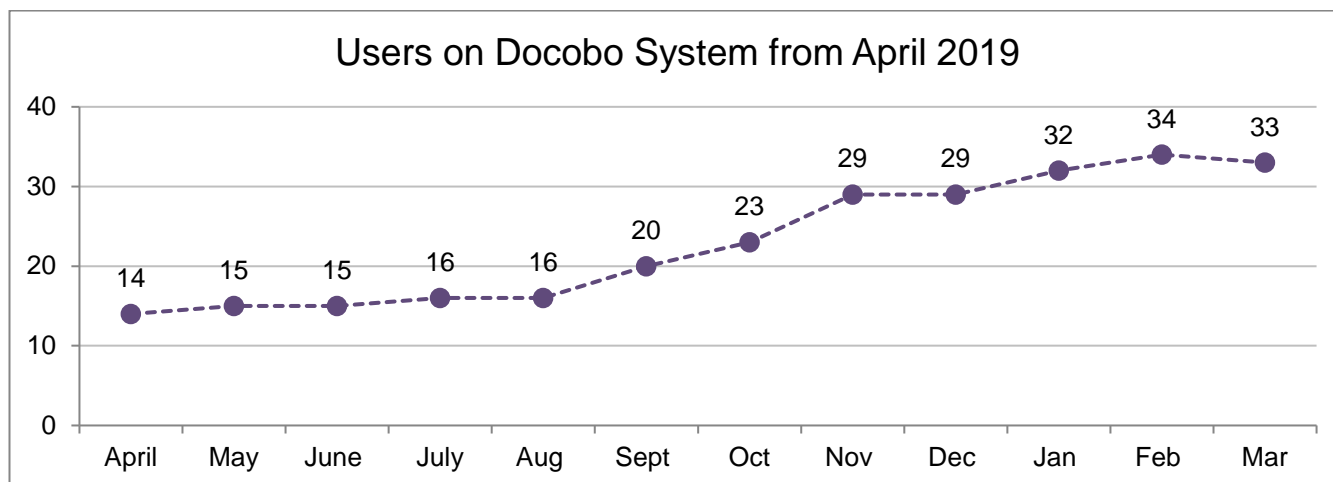
We are confident that the level of people being supported with a Community Alarm service represents actual need.



Long Term Conditions – Home and Mobile Health Monitoring

Docobo eHealth Solution

The Service supports people with Chronic Obstructive Pulmonary Disease (COPD) in the community to better self-manage their condition. In April last year, the Service replaced its' home monitoring hubs as the previous equipment had reached the end of its lifespan. There has been an increase in the use of the hubs as the chart below shows. The Service has also introduced the use of an App for those who are confident in using this preferred method of communication which has provided increased capacity to use and recycle the home hubs.



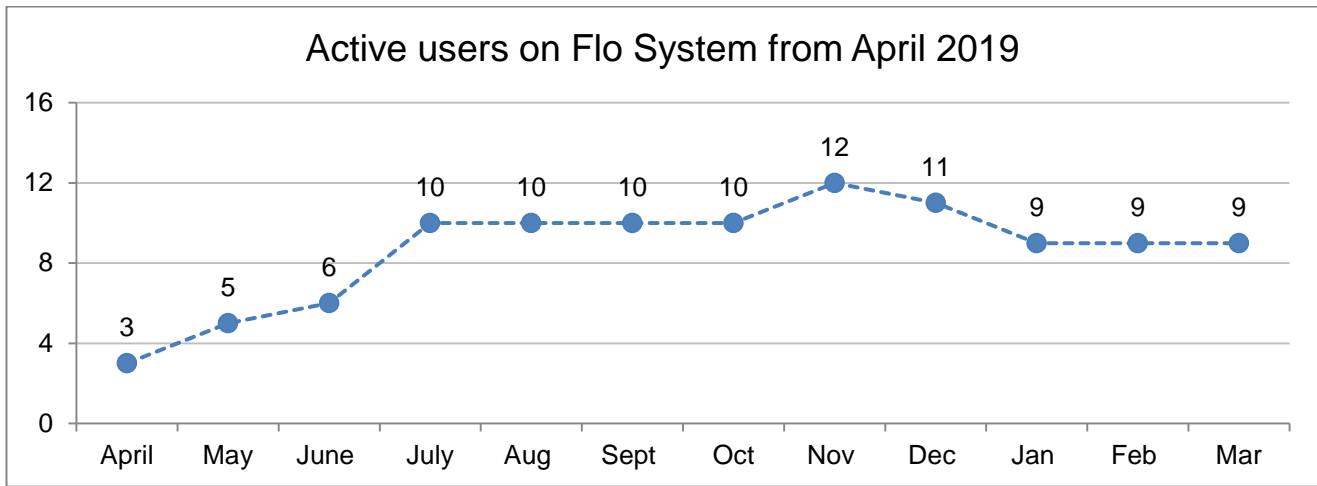
The service provides early intervention and anticipatory medication thus hopefully avoiding potential hospital admissions. Since April 2019, there has been a total of 83 avoided hospital admissions from those using the Docobo remote home health hub.

Florence (FLO)

The Service also supports people in the community using FLO – a phone app which allows users to send their blood glucose readings to their GP practice. This is part of an initiative to improve self-care in diabetes and increase the number of patients self-administering insulin thus reducing the number of home visits required by a District Nurse. Using FLO helps support users in maintaining their independence through self-management of their diabetes and provides early intervention and re-education as required.

The undernoted chart highlights the number of users actively using FLO from April 2019 - March 2020. Two patients have now successfully withdrawn from the service as they are able to self-manage their medication regime.

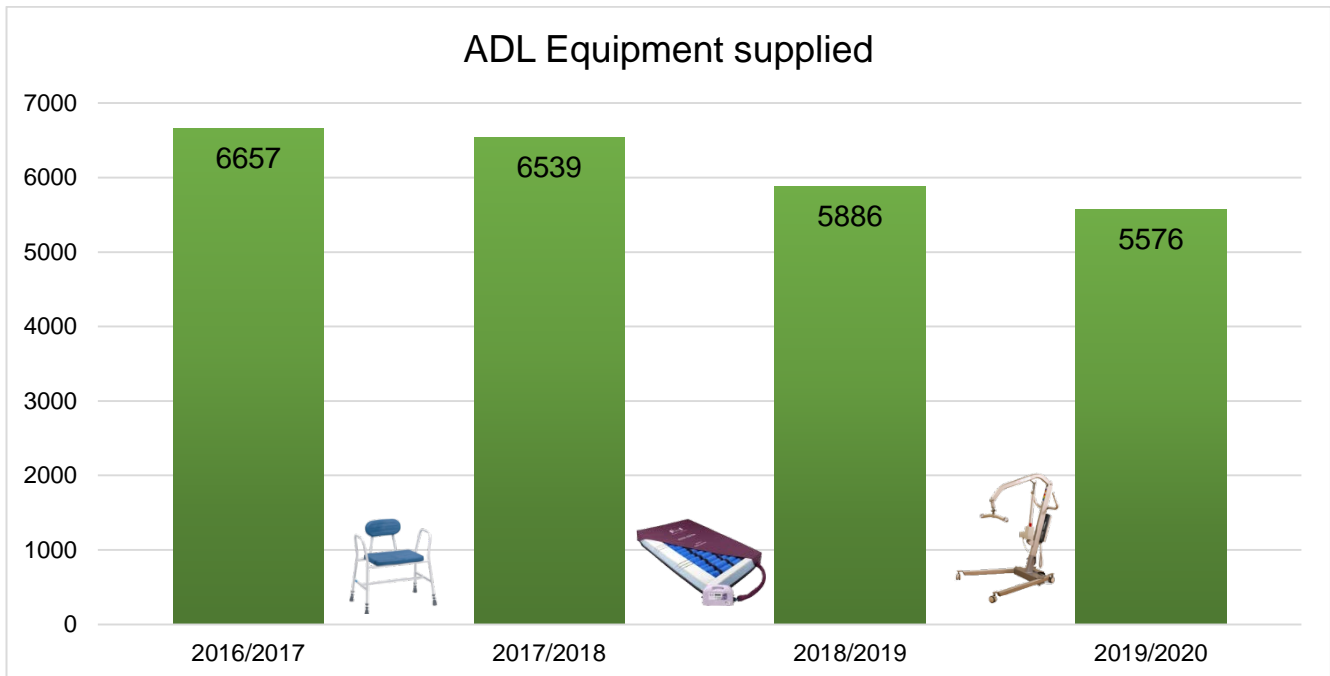
In terms of home visits carried out by District Nurses, this initiative including the use of FLO, has resulted in an overall saving of 1,904 hours over this period.



Aids for Daily Living (ADL) equipment

In 2019 / 2020, we provided 5,576 unique items of ADL equipment to Inverclyde residents who had a physical need. This is down from the previous year (2018/19) where we provided 5,886 items. 22% of all equipment supplied was to support people being discharged from hospital.

The amount of equipment required to support discharge from hospital and for preventing admission (hospital style beds, patient hoists, pressure care mattresses and all associated items) has remained fairly consistent. The reduction in overall numbers is, at least partly, due to our rehabilitation and reablement services helping get people 'back to health' quickly.



This equipment ranges from hospital beds with pressure care mattresses and patient hoists, to simple seats for use in a shower. An Occupational Therapist or District Nurse carries out an assessment for equipment.

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

Improving health and social care outcomes from people who use services and their carers underpins the integration agenda. The Partnership knows that individuals and communities expect services that are of a high quality and are well co-ordinated. A critical part of ensuring that services are person-centred and respecting people's dignity is planning a person health and social care with the person, their family and Carers.

The following big actions from our Strategic Plan directly relate to achieving this outcome for Inverclyde residents.

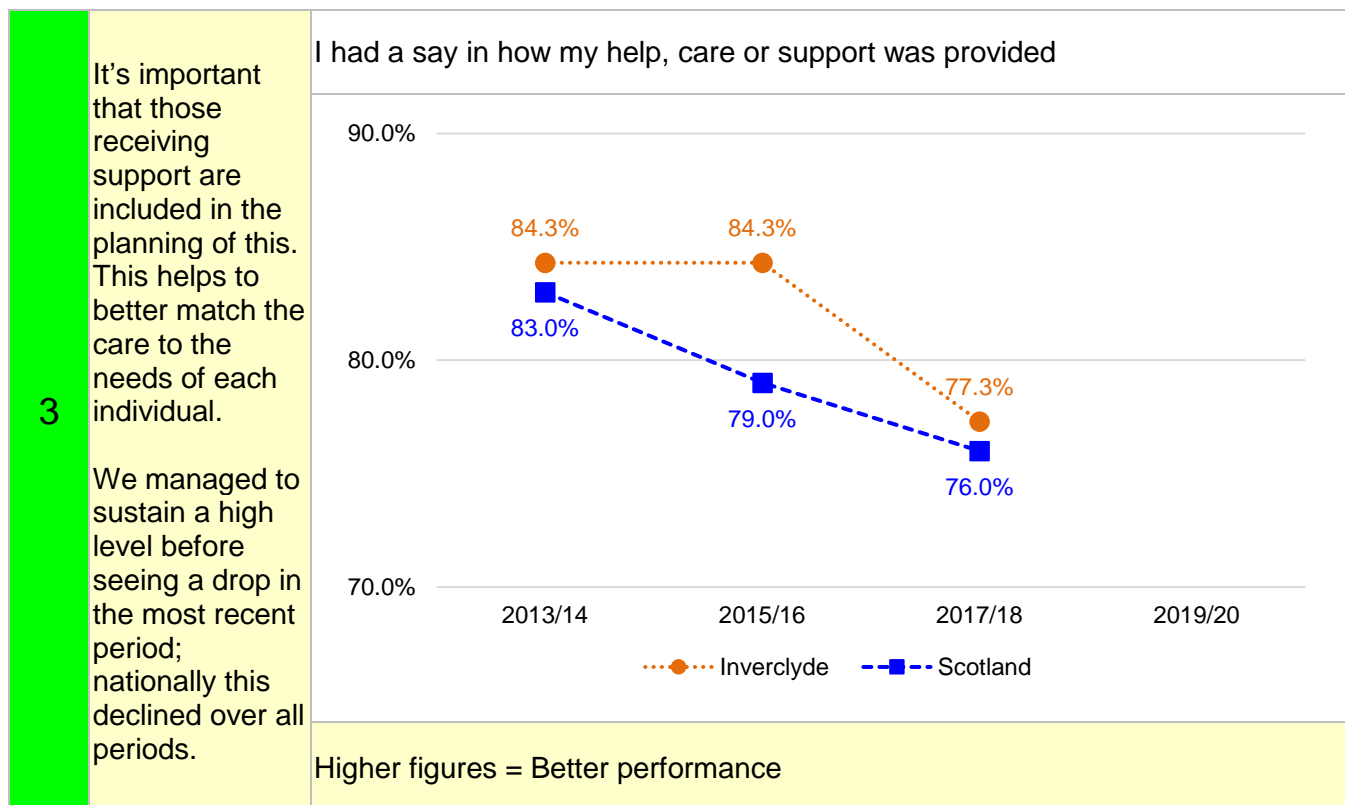
Big Action 2 - A Nurturing Inverclyde will give our Children & Young People the Best Start in Life

Big Action 3 - Together we will Protect Our Population

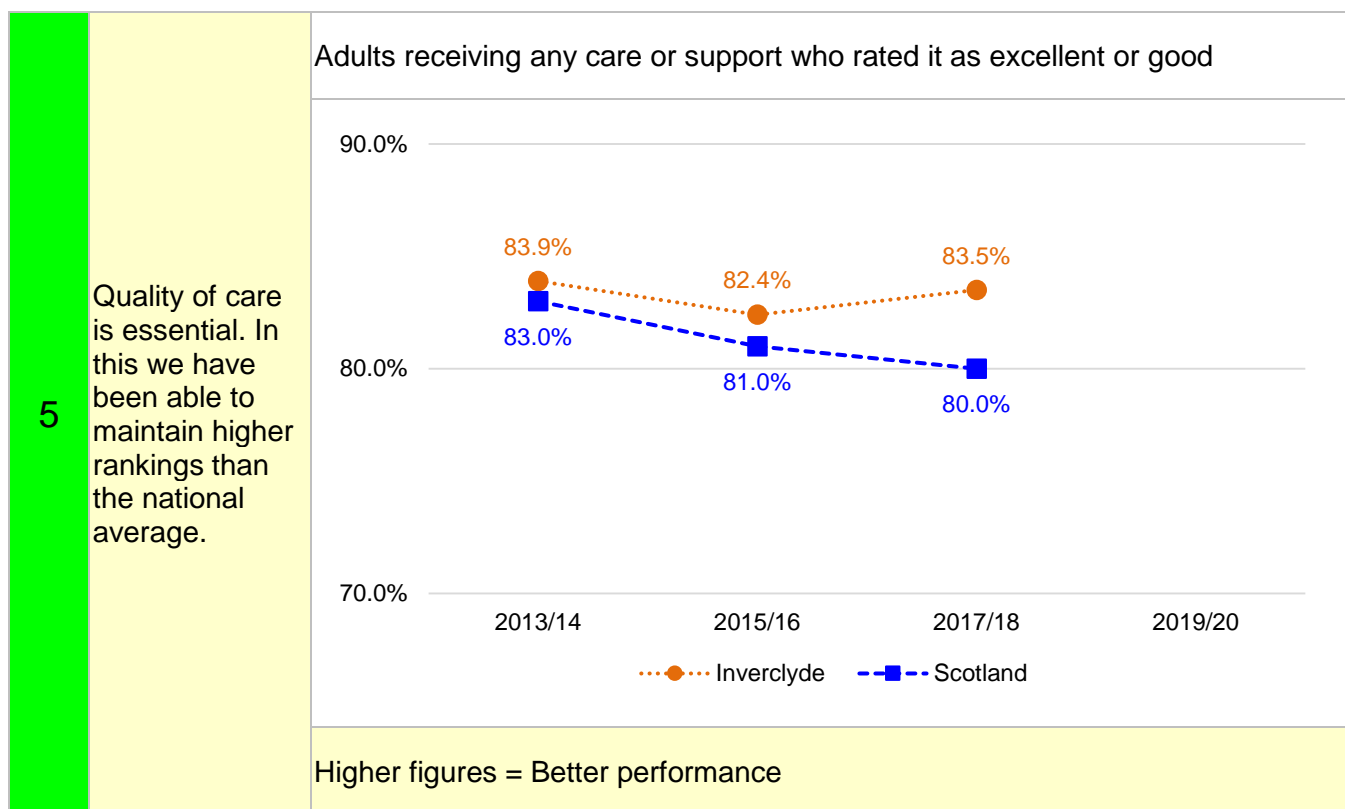
Big Action 4 - We will Support more People to fulfil their right to live at home or within a homely setting and Promote Independent Living

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

Current performance: National Integration Indicators



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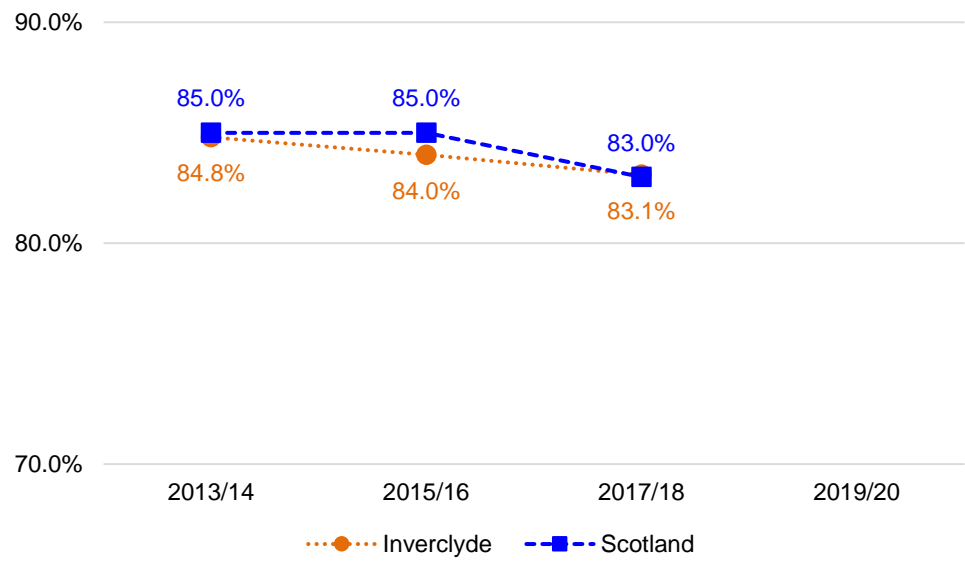


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6

Our GP's continue to provide good levels of support and although performance dipped slightly we are broadly matching the Scottish average.

Percentage of people with positive experience of the care provided by their GP practice



Higher figures = Better performance

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Current performance: Local Indicators

Market Facilitation and Commissioning Plan 2019 to 2024

The Market Facilitation and Commissioning Plan 2019 to 2024 sets out our Health and Social Care commissioning priorities and intentions in line with the overarching Strategic Plan 2019 to 2024.

The Plan was informed by our Strategic Needs Assessment and further shaped by consultation and engagement with our communities. Specific locality data was used to highlight key challenges that affect the population of each locality.

This work helped identify the future demand for care and support to allow us to be better placed to meet the future needs of Inverclyde communities and service users in line with the National Wellbeing Outcomes and our Strategic Plan 6 Big Actions.



Inverclyde HSCP is committed to ensuring Inverclyde service users can choose from a number of care and support providers and have a variety of creative support options available. The Market Facilitation and Commissioning Plan provides an innovative and creative approach to the commissioning of services while being responsive to the changing needs of Inverclyde service users.

Primary Care Improvement Plan

Continued implementation of the Primary Care Improvement Plan (PCIP) during 2019/20 has gone well but has also faced a number of challenges which include:

- the financial constraints of the current funding model slowing down Inverclyde progress
- delays in recruitment
- staff retention issues as other HSCPs begin to recruit to their PCIP teams
- and the start of the COVID-19 pandemic

We now have Community Link Workers (CLW) within every GP practice in Inverclyde. They have received over 1,500 referrals in the past year and received excellent feedback on this programme from the multi-disciplinary teams (MDT) and patients. Money, debt and housing are the main issues affecting those being referred to the CLWs and there are excellent relationships and support from across third sector to support individuals (see case study).

An additional part-time trainee Advanced Nurse Practitioner (ANP) joined the team during 2019 and a total of 1,167 unscheduled home visits were carried out on behalf of GPs. Having an ANP within the team means that the most appropriately skilled professional can visit an acutely ill patient. Each visit undertaken by an ANP saves approximately 35 minutes of GP time which is freed up to concentrate on those patients with the most complex needs. Recruitment of a further 2 posts is planned to expand this excellent programme further.

Workshops were held to explore the data, evidence and issues around additional support required within primary care mental health services. The creation of a Distress Brief Intervention service was agreed to support GPs in offering more appropriate support for those suffering distress. This service is now expected to commence in September 2020.

Patient A's Story – Treating the problem not just the symptoms

Patient A presented to her GP with a variety of concerns including anxiety depression, trouble sleeping and low mood. She advised she was “not coping well” and had some money worries despite having a well-paid job and doing extra hours. She was working around 60hrs every week.

The patient was referred by her GP to the CLW team who spent time getting to know her. Through this they identified a number of additional background issues including: bereavement; relationship breakdown and significant debt problems. The patient was working extra hours to try to cover the debts and was still struggling to keep her head above water. This left her physically and mentally exhausted.

The CLW was able to provide debt advice and put her in touch with a number of agencies that were able to help. She had a number of one to one money advice meetings with one of the debt agencies and a meeting was arranged with her bank which the CLW attended with her. The CLW worked with the patient to look at the triggers around her spending and helped her to reduce household bills to help her overall financial position. During this time she suffered a further family bereavement when her Gran died but despite this was able to keep going with the debt advice and stick to the agreed repayment plan until she was able to clear the outstanding debts.

Instead of simply getting a prescription to treat the anxiety or depression or sleep problems by referring this patient to our CLW team we were able to ensure that the patient could address the underlying problem rather than just treating the symptoms.

The result was a debt plan which is manageable and a major reduction in working hours. Sleeping better and skin cleared up more time for social aspects and money to enjoy simple things. Referral made for counselling to address underlying issues. “I bought myself new clothes today and that’s a first in a long time I look and feel good about me”

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

The focus on this outcome is ensuring that Inverclyde HSCP provides seamless, patient focussed and sustainable services which maintain the quality of life for people who use the services. This means ensuring that treatment, interventions, and services are of the right standard so that they are safe, address people's expectations and outcomes so the people enjoy the best quality of life, whilst they recover or are supported to manage their condition.

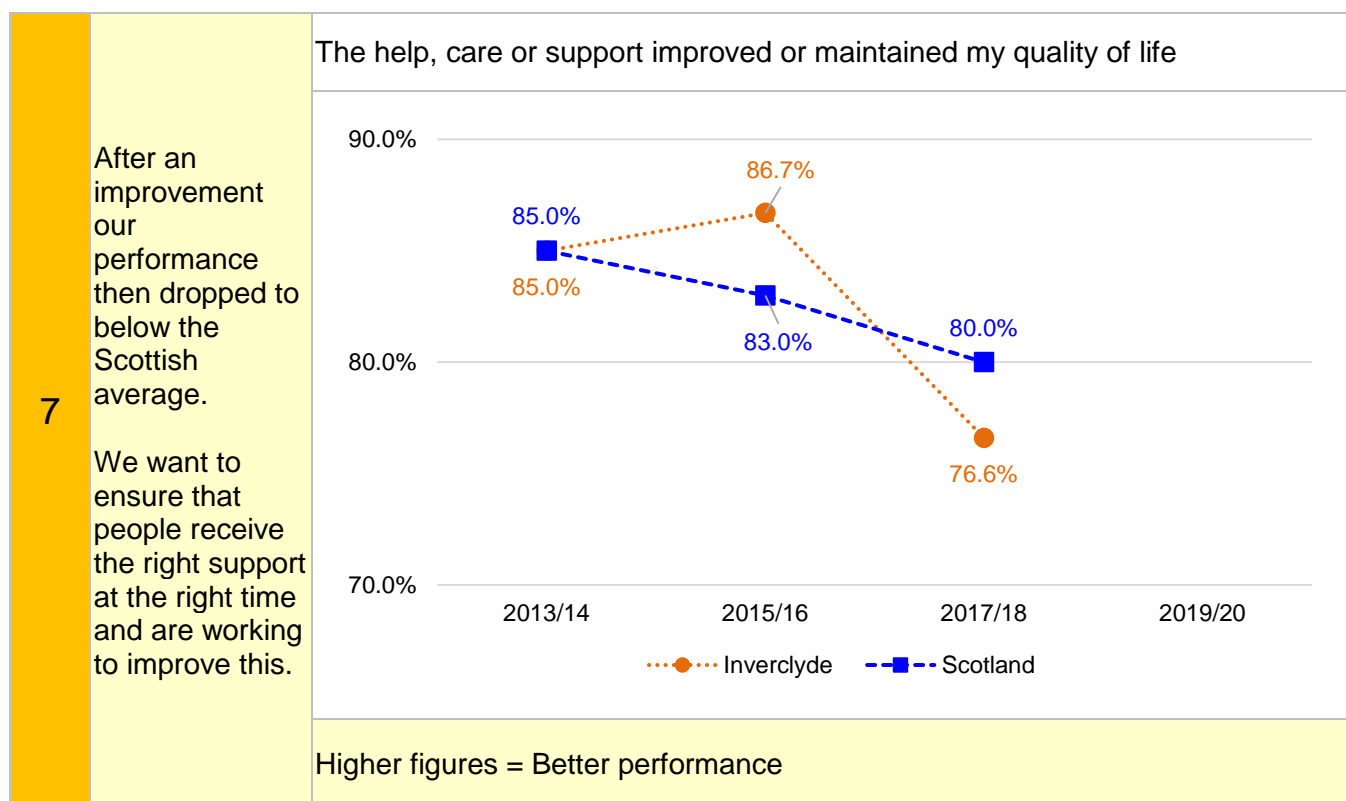
The following big actions from our Strategic Plan directly relate to achieving this outcome for Inverclyde residents.

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

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

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

Current performance: National Integration Indicators



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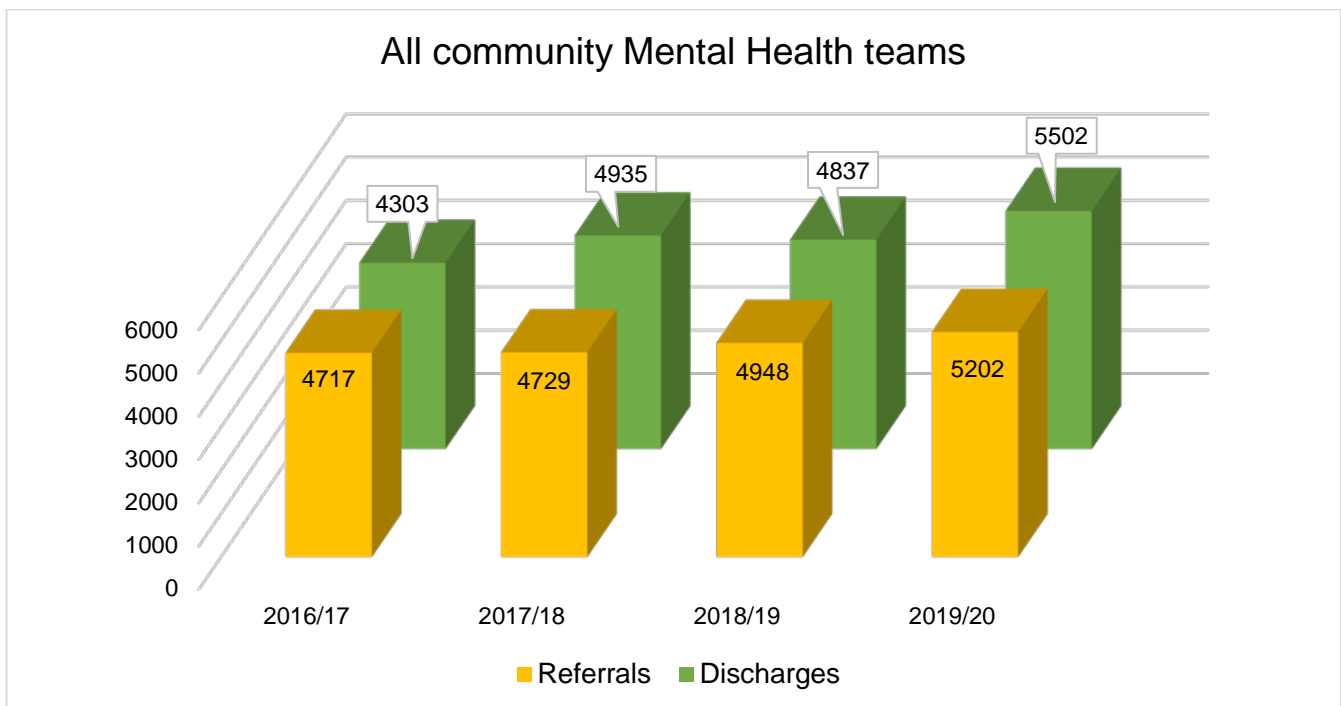
Current performance: Local Indicators

Mental Health

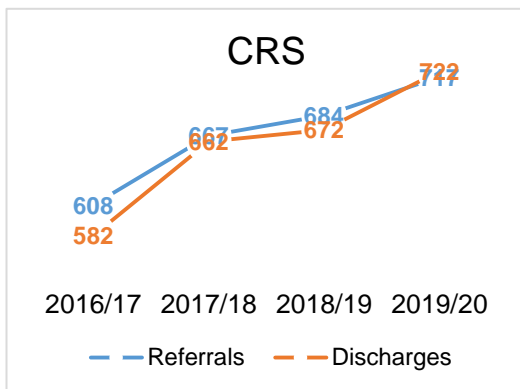
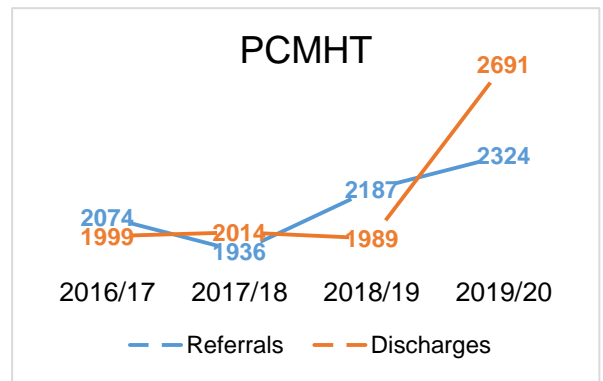
Within our Community Mental Health Services there were a total of 5,202 referrals throughout 2019/20, an increase of 5.1% from the previous year. This continues the year on year upward trend in referrals received. This is also matched by a higher increase in those being discharged from the service with 5,502 discharges in 2019/20 an increase of 13.7% from the previous year. Overall the service is now successfully discharging more clients than are coming into the service.

There are a number of reasons for this change including the increasing focus on recovery outcomes in care, increasing number of individuals whose contact is more transient through elements of service such as Primary Care Mental Health Team (PCMHT), Community Response Service (CRS) and Acute Liaison. There is also an awareness of inappropriate referrals being received in respect of some cases of emotional distress which do not require ongoing care through secondary mental health services and are now being redirected more appropriately.

Every referral involves an assessment to identify the most appropriate intervention to help support each person and improve their overall quality of life.

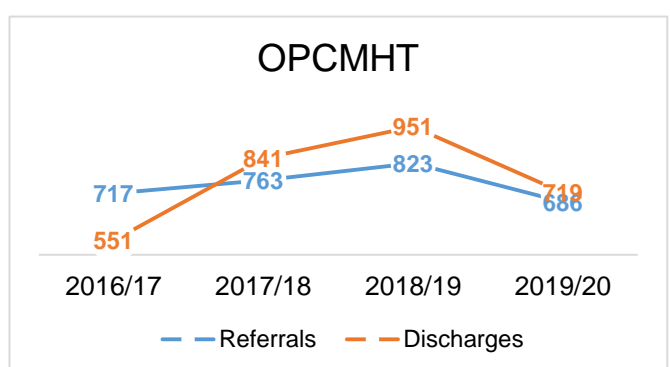
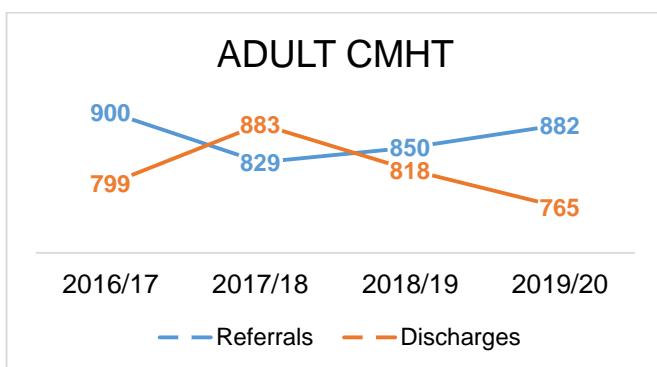


The PCMHT offers a service for those individuals who have mild to moderate mental health problems or issues and offers a schedule of time limited treatment. Referral rates have seen a sustained upward trend. The option for individuals to self-refer has proven to be an effective option and accounts for over 65% of all referrals into the service. The largest users of this service are younger adults aged between 18 and 35 years.



CRS provides urgent assessment and support as an alternative intervention to hospital admission. The increase in referrals alongside competing priorities (e.g. providing timely response to IRH Emergency Department and urgent community requests) has been a challenge for the team due their multi-function role.

The Adult Community Mental Health Team (CMHT) and Older Persons Community Mental Health Team (OPCMHT) provide integrated care working in partnership with families and carers, primary care and other agencies to design, implement and oversee comprehensive packages of health and social care, to support people with complex mental health needs. Dementia care is a significant element of OPCMHT work. The services deliver this support in environments that are suitable to the individuals and their carers.



The aims of the Community Mental Health Team are to:

- Reduce the stigma associated with mental illness.
- Work in outcomes focused partnership with service users and carers.
- Provide assessment, diagnosis and treatment, working within relevant Mental Health legislative processes.
- Focus upon improving the mental and physical well-being of service users.

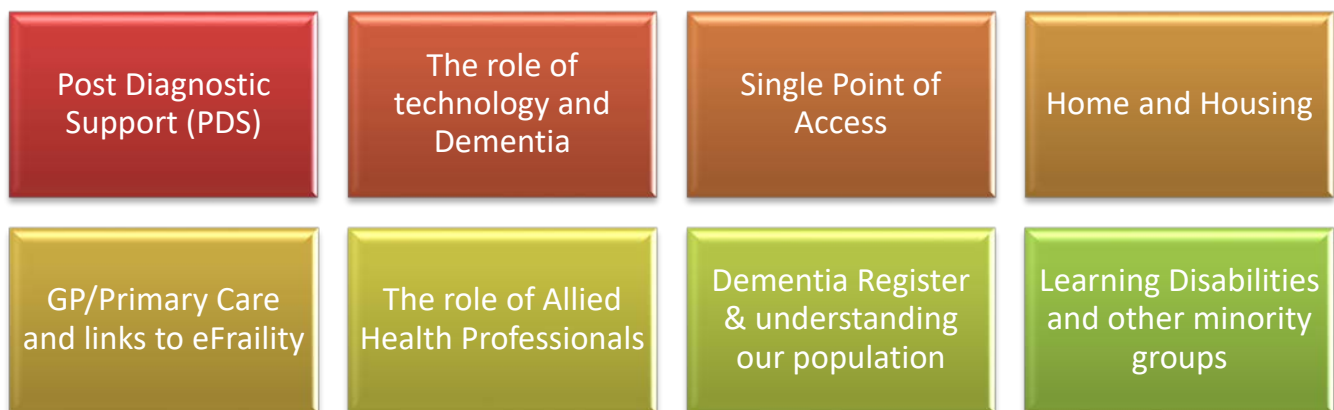
Appropriate consideration and planning for discharge from the team is an integral part of on-going care planning following discussion with the service user, and where appropriate carers, other professionals or agencies that are involved in their care.

Inverclyde Dementia Care Co-ordination Programme

Inverclyde HSCP is working collaboratively with Healthcare Improvement Scotland as the Dementia Care Coordination implementation site. The Programme is taking a whole systems and pathway approach from diagnosis to end of life and sets out to develop and evaluate a model of effective and integrated care coordination, for people living with dementia and their carers. The emphasis is on supporting people to stay well at home or in a homely setting for as long as possible.

Priority areas were agreed at the Programme launch event in September 2019 where 92 key stakeholders attended, including people living with dementia and their carers. This informed the action plan which demonstrates the breadth of ambition for our Programme. A Steering Group was established to oversee and inform the whole Programme alongside 2 learning sessions (mini-conferences) for shared learning, progress updates, improvement ideas and action planning.

Our identified priority development areas are:



Summary of progress following the 2 Learning Sessions:

Post Diagnostic Support

- streamlining referral from memory clinic
- establishing weekly PDS waiting list review and allocation
- the role of others in providing PDS e.g. Occupational Therapists and Nursing Staff at Medication Clinic.

Dementia Register and understanding population

- data sub-group was established
- draft Programme measurement plan has been compiled
- a baseline report has been drafted providing an overview of what is known about people living with dementia within Inverclyde
- provide a baseline to measure impact of the Programme.

Learning Disability

- Scoping of current LD and Dementia services carried out
- improvement ideas identified.

Additional programme aims

- Use of technology
- Home and Housing
- Allied Health Professionals - priority areas for improvement were identified and informed the Programme action plan.
- Continual engagement with people living with dementia and their carers through the Inverclyde Dementia Reference Group.

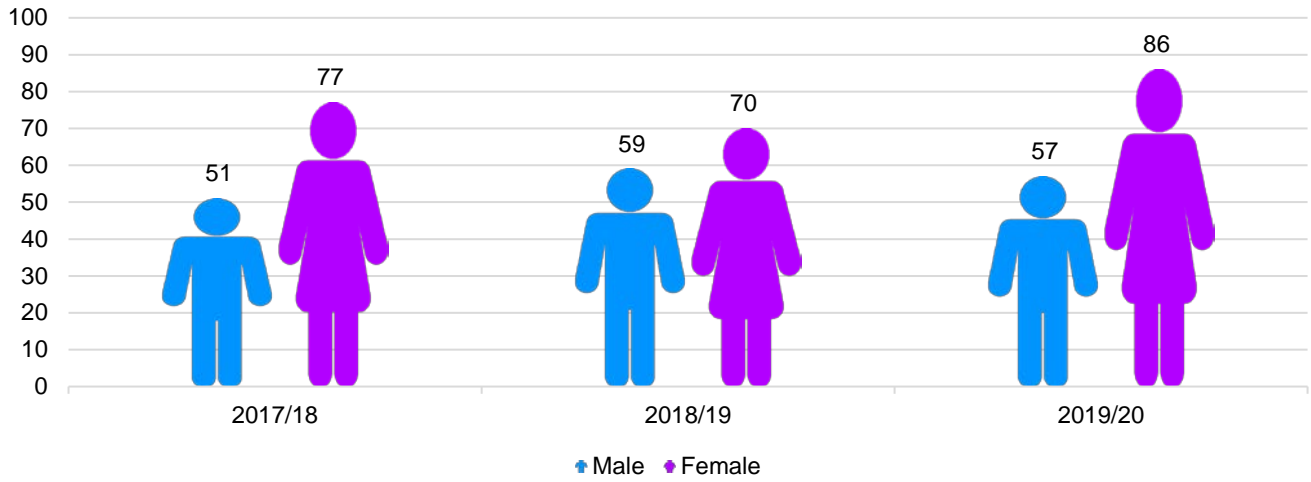
The Programme was temporarily suspended in March due to the COVID-19 pandemic and is not expected to recommence before September 2020. However, ongoing support through Post Diagnostic Support (PDS) is being provided to ensure that individuals newly diagnosed with dementia, their families or carers receive timely, quality and effective Support.

Post Diagnostic Support (PDS)

There is a Local Delivery Plan Standard in place that requires *everyone newly diagnosed with dementia will be offered a minimum of one year's PDS, coordinated by an appropriately trained Link Worker or PDS Professional.*

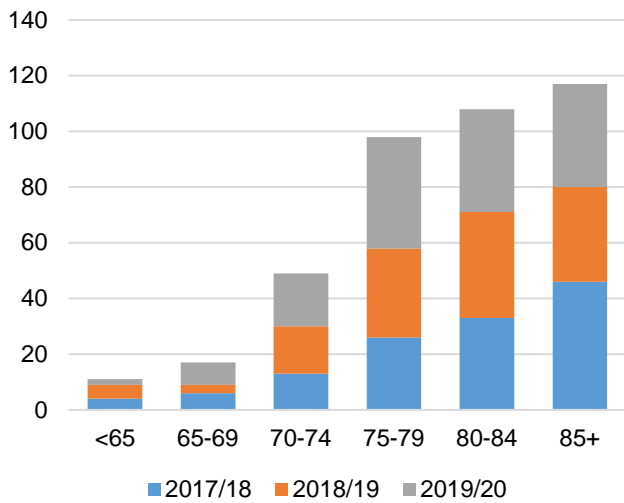
From 1st April 2017 to 31st March 2020, a total of 400 people in Inverclyde received a dementia diagnosis and were referred to PDS services; 167 were male and 233 were female.

PDS referrals by gender and year

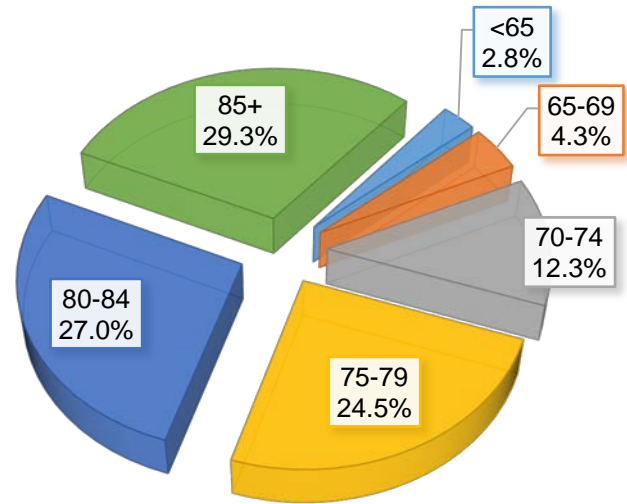


Dementia diagnosis and referral to PDS increases with age as can be seen in the charts below.

Referrals to PDS by age range



% split by age group (2017 to 2020)



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

Health inequalities occur as a result of wider inequalities experienced by people in their daily lives. This can arise from the circumstances in which people live and the opportunities available to them. Reducing health inequalities involves action on the broader social issues that can affect a person's health and wellbeing including housing, income and poverty, loneliness and isolation and employment.

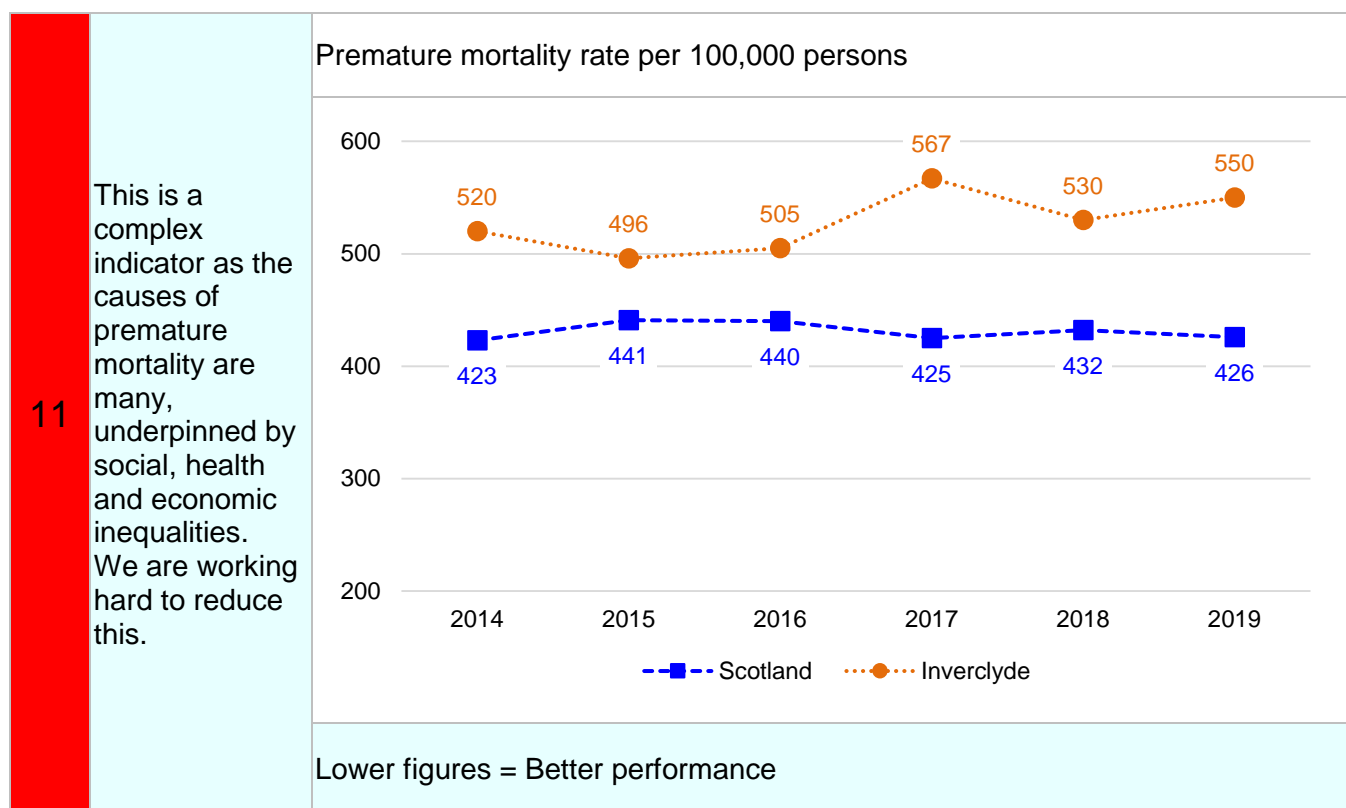
The following big actions from our Strategic Plan directly relate to achieving this outcome for Inverclyde residents.

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

Big Action 3 - Together we will Protect Our Population

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

Current performance: National Integration Indicators



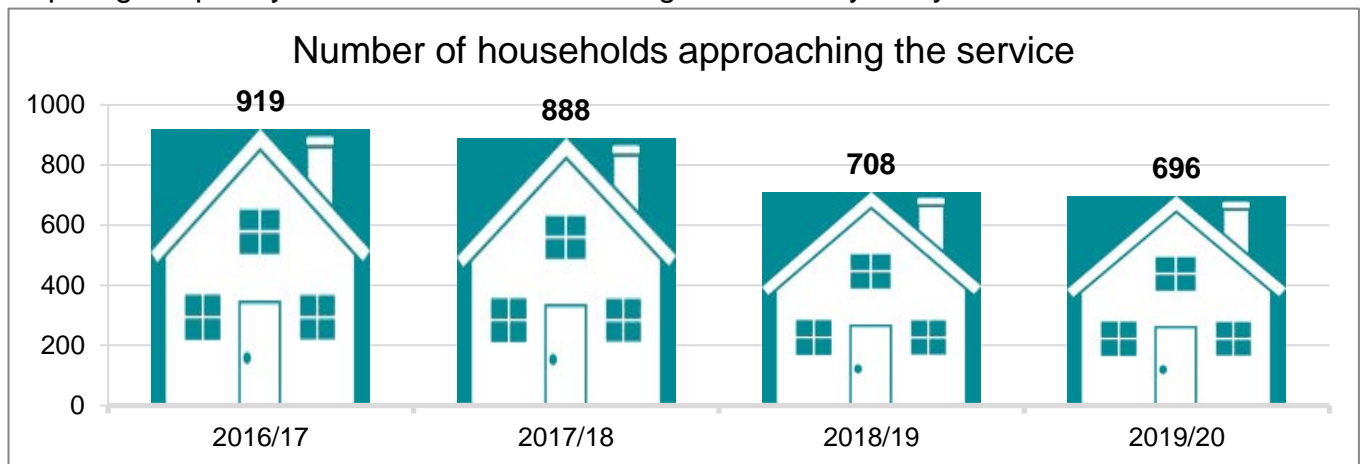
Calendar year 2019 is used here as a proxy for 2019/20 due to the national data for 2019/20 being incomplete. We have done this following guidance from Public Health Scotland and to improve consistency between our report and those for other Health and Social Care Partnerships.

Current performance: Local Indicators

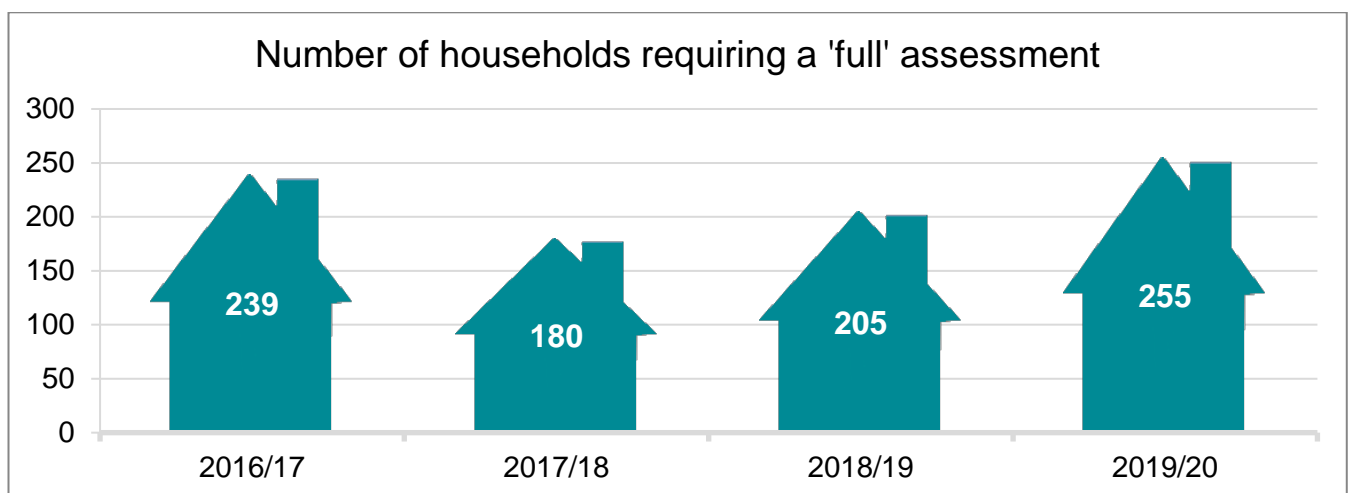
Homelessness

As part of our working to reduce health inequalities, we have undertaken a range of activities that are designed to resolve homelessness as quickly as possible and, as much as possible, prevent this altogether.

The data for 2019/20 presents a changing picture in relation to homelessness and shows the increasing demands in terms of complexity. Whilst overall the number of households presenting to Homelessness services has decreased in 2019/20 which is positive, the numbers requiring full homelessness assessment has increased substantially this year from 205 to 255, with those requiring temporary accommodation increasing considerably this year from 202 to 298.



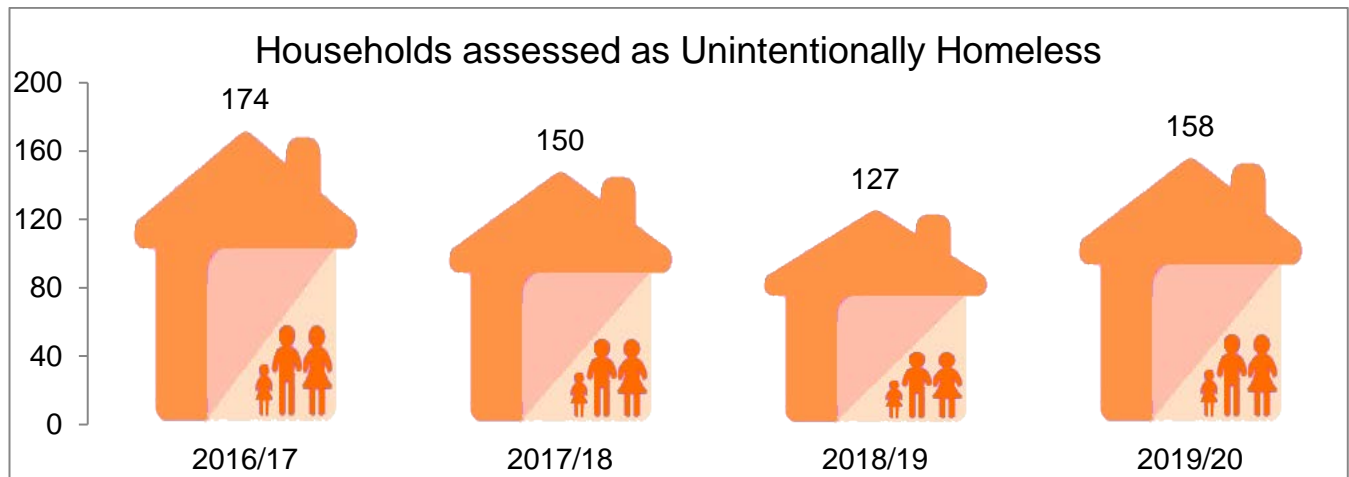
Alongside this is a changing picture of who is requiring support. There has been an increase from 24% to 47% of households presenting as homeless with a drug or alcohol condition.



An extract from section 24 of the Housing (Scotland) Act 1987 defines homelessness as follows: *‘A person is homeless if he/ she has no accommodation in the UK or elsewhere. A person is also homeless if he/ she has accommodation but cannot reasonably occupy it... A person is intentionally homeless if he/ she deliberately did or failed to do anything which led to the loss of accommodation which it was reasonable for him/ her to continue to occupy.’*

The graphic below shows the number of households that are assessed in this context as being ‘unintentionally homeless’ over the last 4 years. The 24.4% increase in the number of full

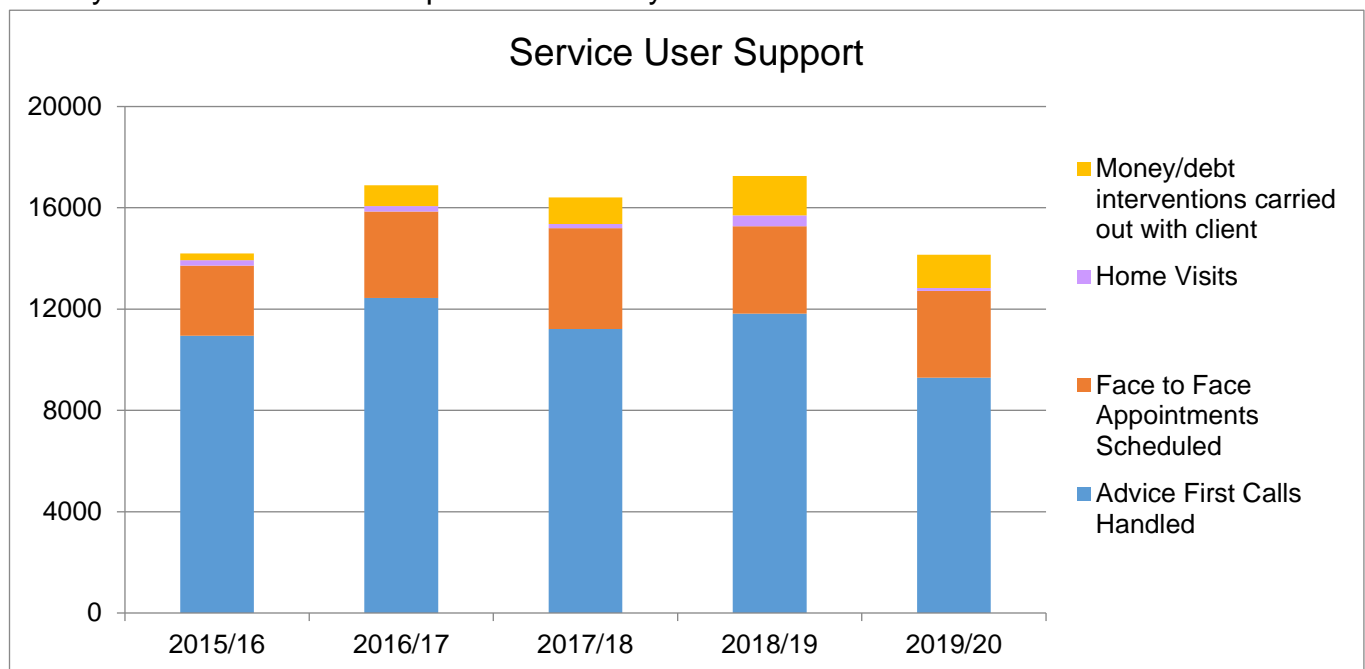
homelessness assessments from 2018/19 to 2019/20 also resulted in a 24.4% increase in the number of 'unintentional' decisions.

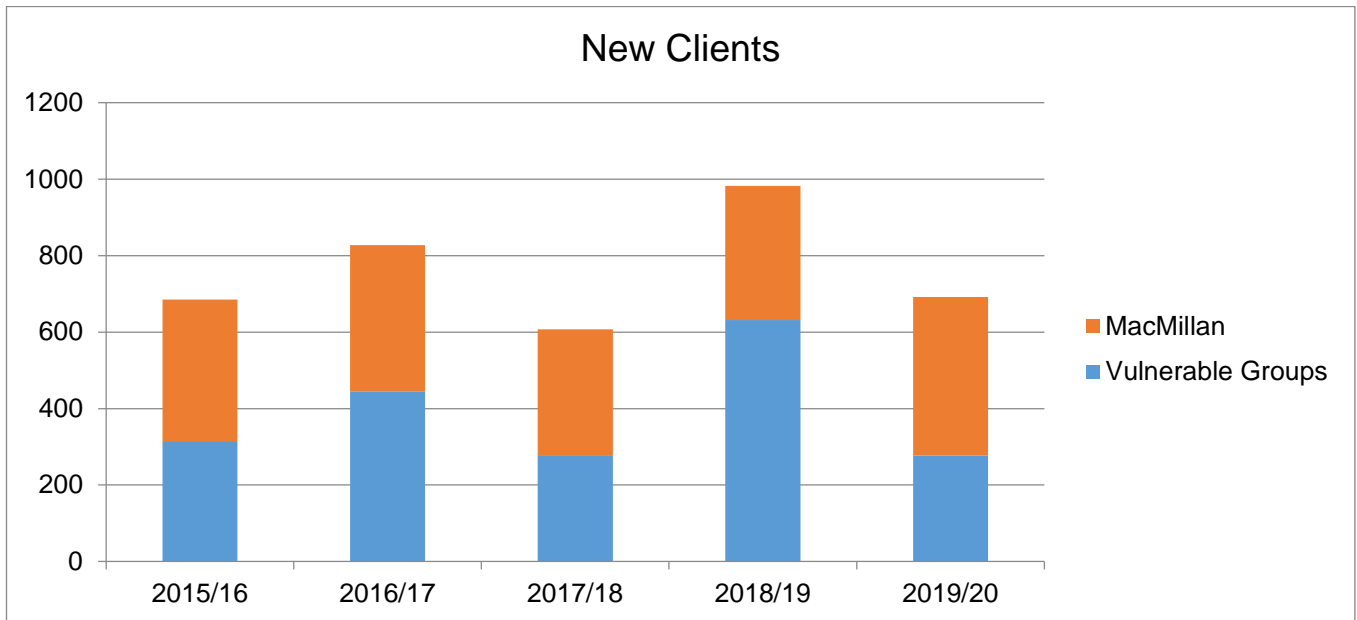


The Rapid Rehousing Transition Plan (RRTP) for Inverclyde was developed in 2019/20 and is the vision for transforming homelessness provision. The RRTP focuses on effective Housing Options to prevent people becoming homeless, and Housing First to support people to move directly into a settled tenancy without the need for temporary accommodation. This is at the forefront of Inverclyde’s plans. Cross service working across the HSCP has developed to ensure service users with complex needs are being supported appropriately and in particular using the “Hard Edges” work as an approach, the need to develop intensive support to prevent failed tenancies; cycles of offending and addiction is evident and this will be a focus in 2020/21.

Financial Inequality

Our award winning Advice Services Team handles a vast range of enquiries including debt advice, benefits advice, welfare rights appeals and debt resolution. The tables below show activity and outcomes for the past 5 financial years.





A couple's story

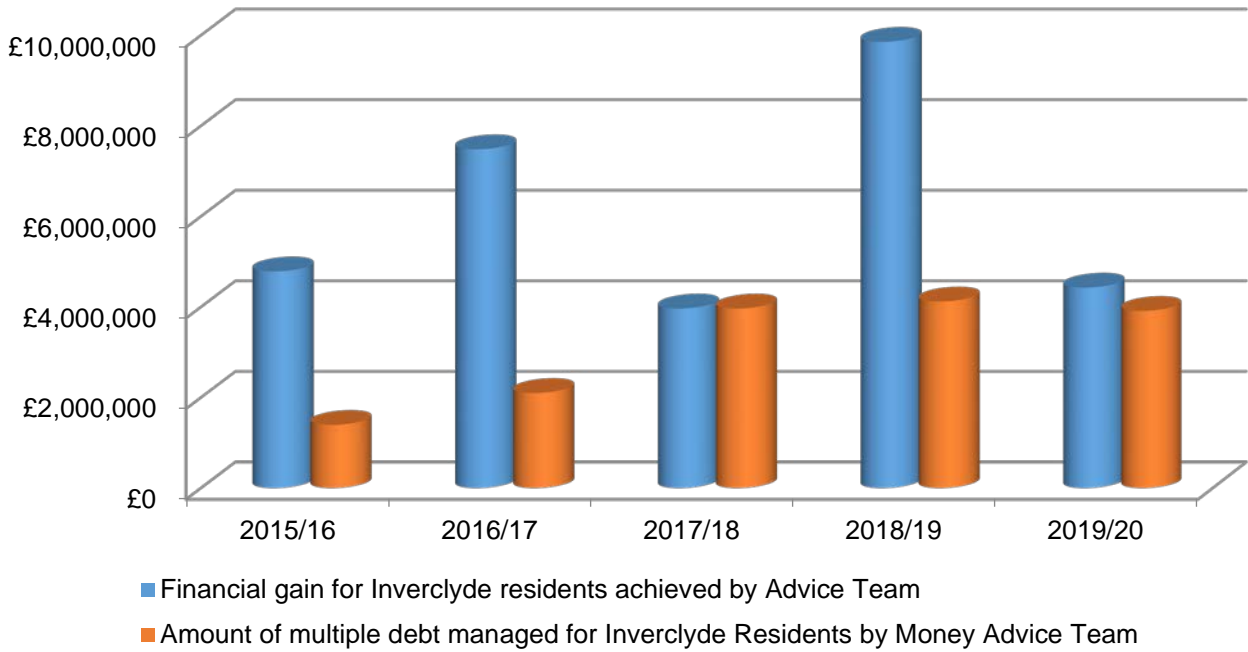
A couple were struck with the devastating double blow of both losing their jobs and one of them being diagnosed with cancer. They approached Inverclyde Macmillan Cancer Support Welfare Rights team for support. They were struggling to make ends meet during a very difficult time.

The couple were successfully supported to make a claim for Universal Credit, Council Tax Reduction and a Macmillan grant for £400 to help buy essential goods.

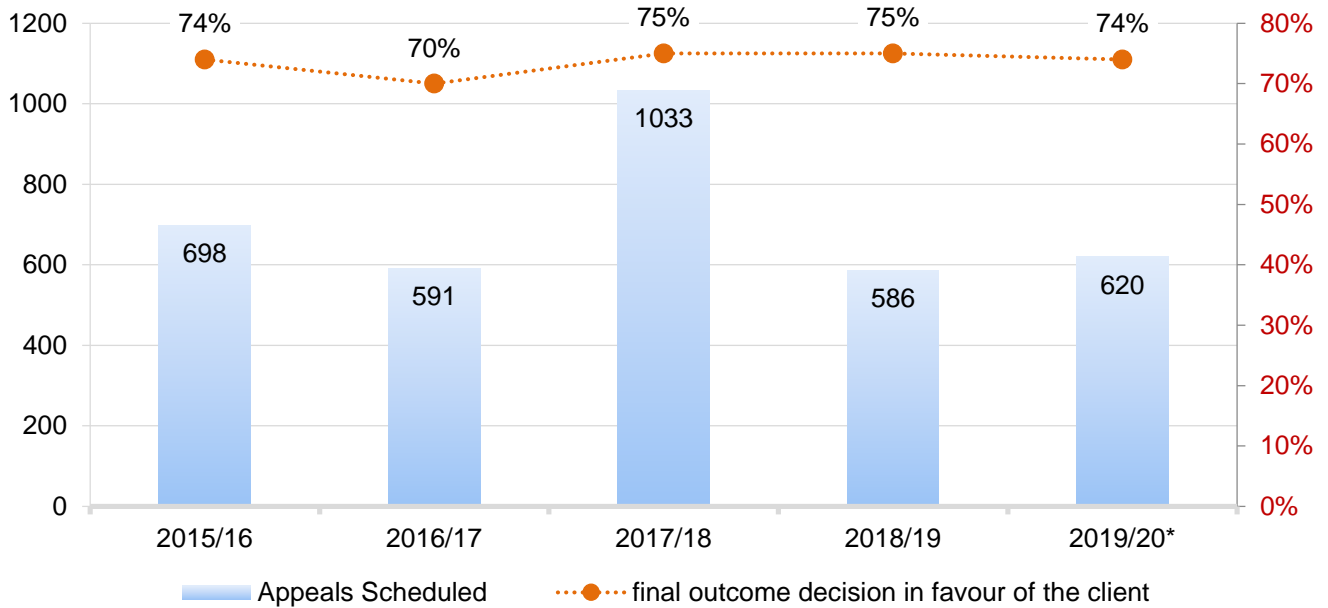
A referral was made to Macmillan Financial Support for assistance with their mortgage along with referrals to: Inverclyde Advice and Employment Rights Centre for employment law advice, their associated trade unions for help due to their financial situation, the local hospice for transport and hospice support and signposted to the Carers Centre.

The couple are now expecting a baby and a referral was made to Starter Packs who provided the standard/routine starter pack as well as assistance with baby goods. The total annual financial gains to date amount to £12,477 and the team continue to work with them as their circumstances change and have been providing ongoing support during the COVID-19 pandemic.

Financial gain / managed debt



Welfare Rights



*Please note that the 2019/20 Welfare Rights data is an estimate as the Jan-Mar 2020 data is unavailable due to implementation of a new data recording system.

Rachel's story

Rachel had approached our service seeking Welfare Rights representation at an upcoming tribunal relating to her Employment Support Allowance (ESA). She had failed to attend a Work Capability Assessment and her ESA had stopped, subsequently resulting in her Housing Benefit and Council Tax Reduction claims being closed. Rachel was struggling to manage her affairs, she had rent arrears and was too anxious to open the door in case it was the housing officer.

A paper hearing had been conducted in error and a Welfare Rights Officer requested that this was set aside and a new hearing arranged.

After weeks of escalating with various case managers within the Department for Work and Pensions, an Advice Worker advocated on behalf of the Rachel and proved that she had good cause for failing to attend the assessment. Rachel, who was a single parent, had fled domestic violence and was suffering from anxiety and mental health issues.

Rachel had her ESA decision overturned without having the stress of having to attend a tribunal hearing and the Advice Worker worked tirelessly to ensure that she received payment before Christmas, which she did. Her Housing Benefit/Council Tax Reduction was reinstated and backdated offsetting the rent arrears. She was also referred to a free local counselling service for additional support.

The annual amount of financial gains achieved for Rachel amounted to £14,733.

Outcome 6 - People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.

The Carers (Scotland) Act 2016 took effect on 1 April 2018, this is a key piece of legislation to “promote, defend and extend the rights” of Adult and Young Carers across Scotland. It brings a renewed focus to the role of unpaid Carers and challenges statutory, independent and their sector services to provide greater levels of support to help Carers maintain their health and wellbeing.

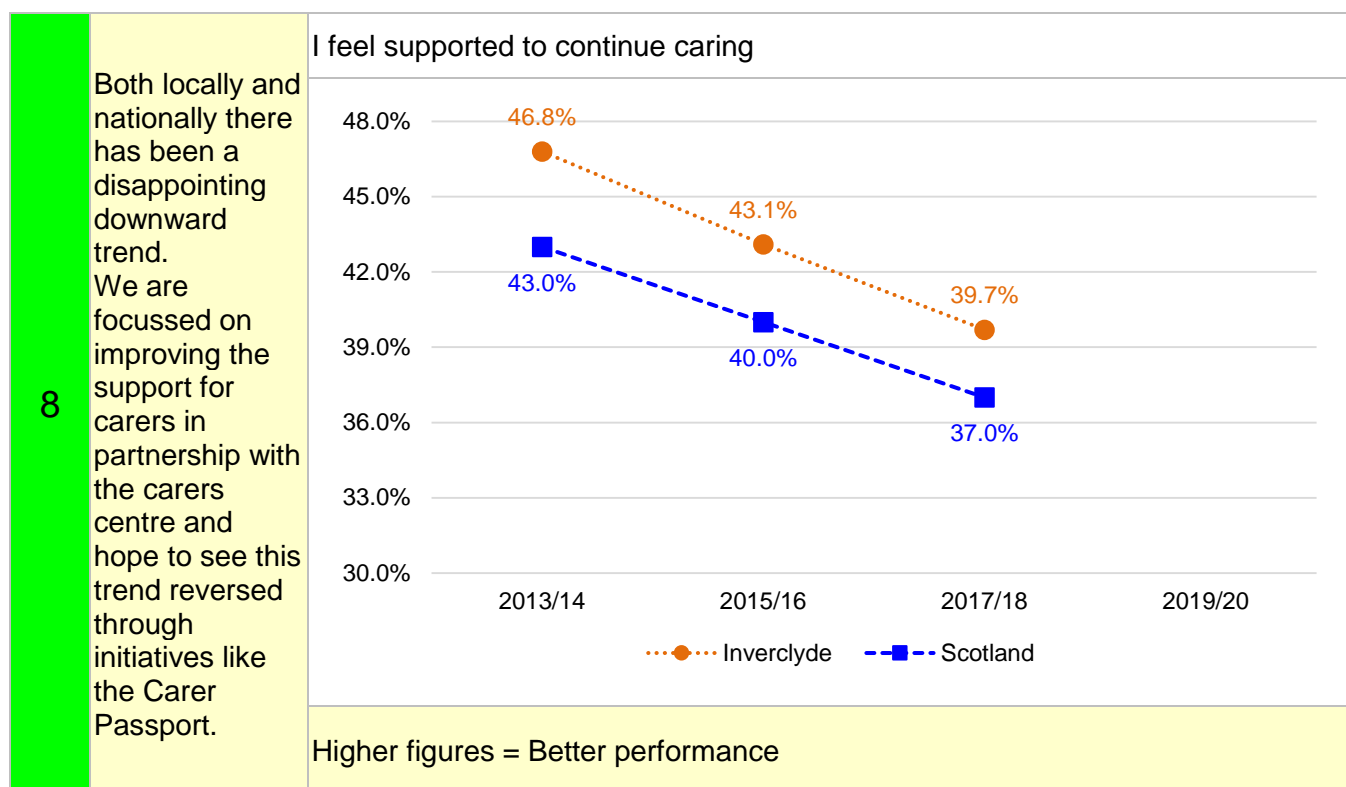
The following big actions from our Strategic Plan directly relate to achieving this outcome for Inverclyde residents.

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

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

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

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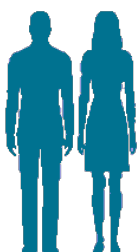
Carers



2,725 total registered Carers

584 new Carers identified

2,703 Carers were supported by Inverclyde Carers Centre this year



229 Adult carers support plans were completed

30 young carer's statements have been completed



31 Carers benefitted from Group Holidays

26 Carers benefitted from the Sitter Service

Carer Passports 2019-2020

Since this has been implemented this development has been very successful.

119 Local organisations support are registered Carer passport supporters.

776 Carers now hold a Carer Passport



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

Making sure people are safe from harm is about maintaining safe, high quality care and protecting vulnerable people.

Under the Adult Support and Protection (Scotland) Act 2007, public sector staff have a duty to report concerns relating to adults at risk and the local authority must take action to find out about and where necessary intervene to make sure vulnerable adults are protected.

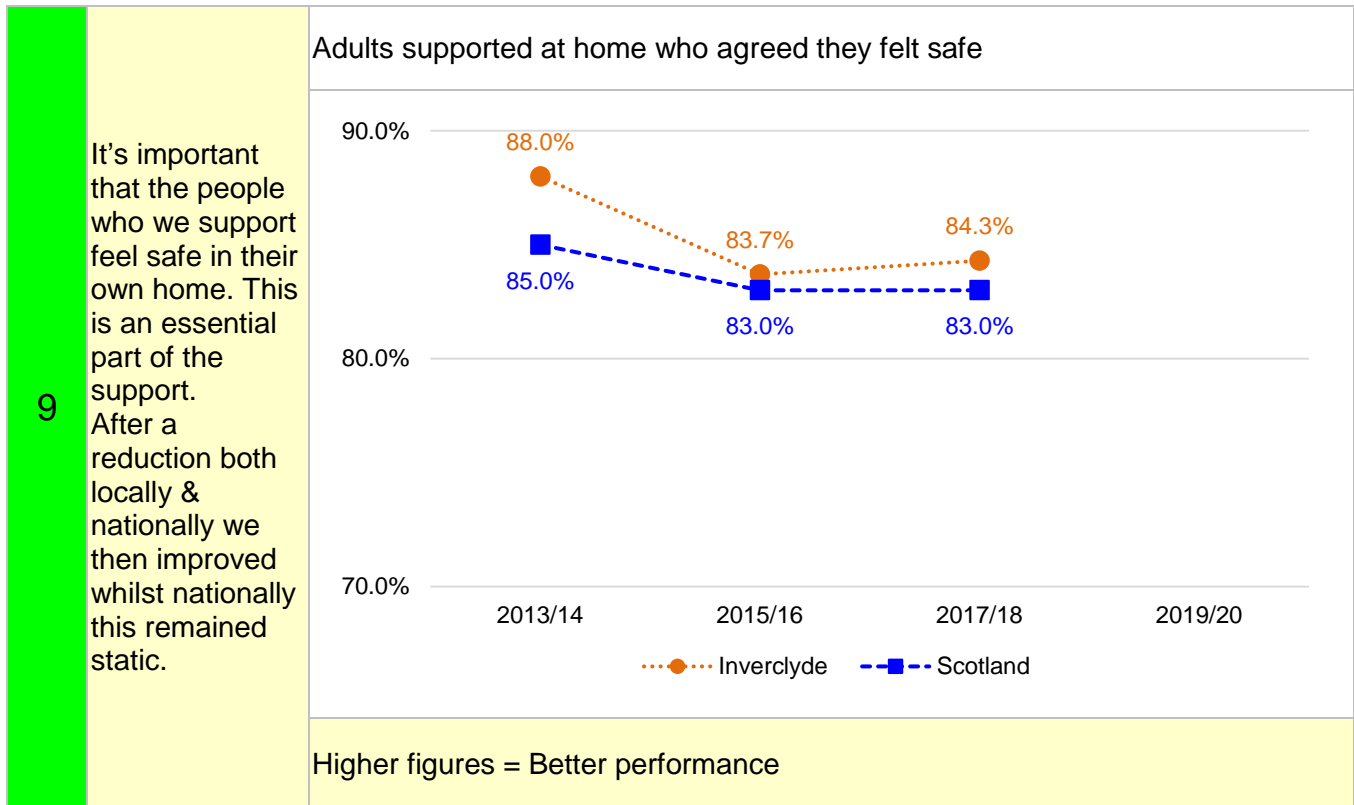
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Big Action 3 - Together we will Protect Our Population

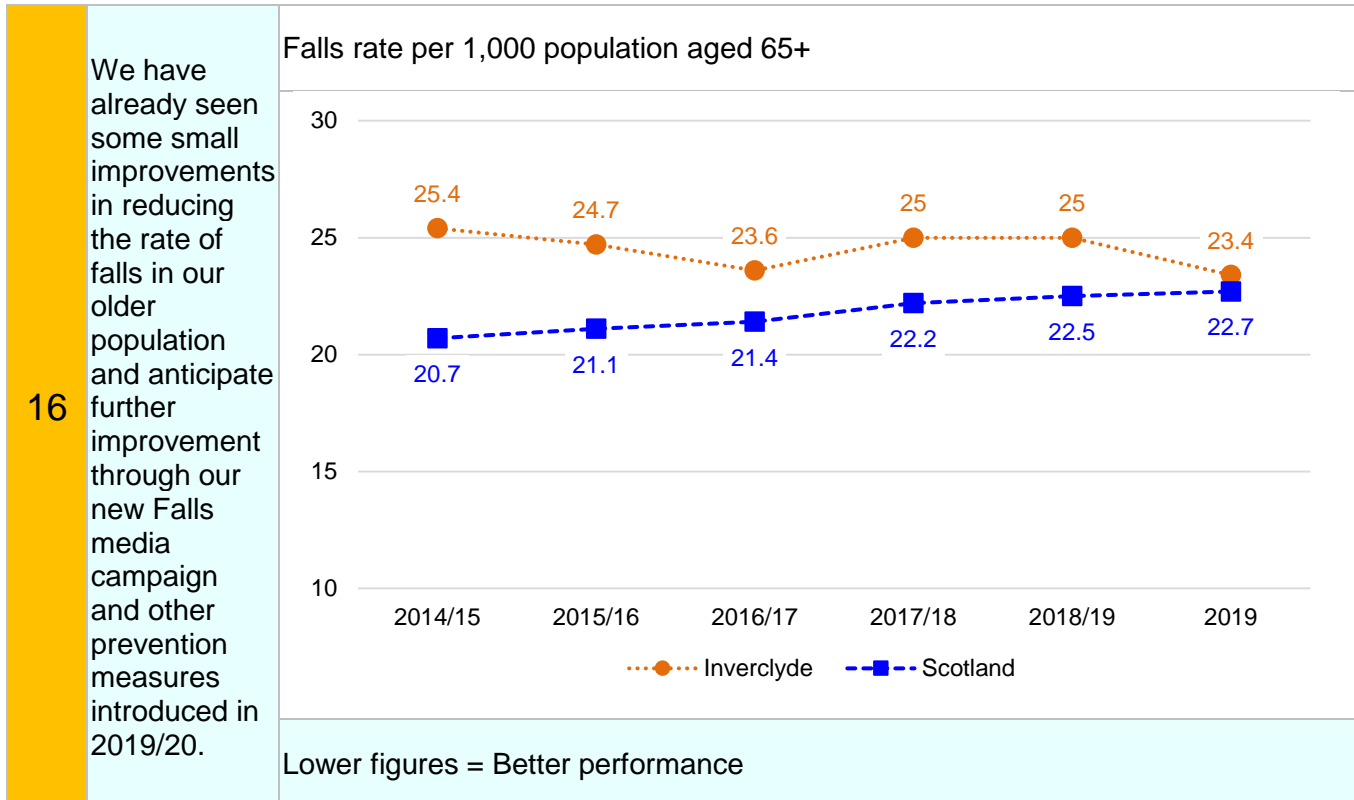
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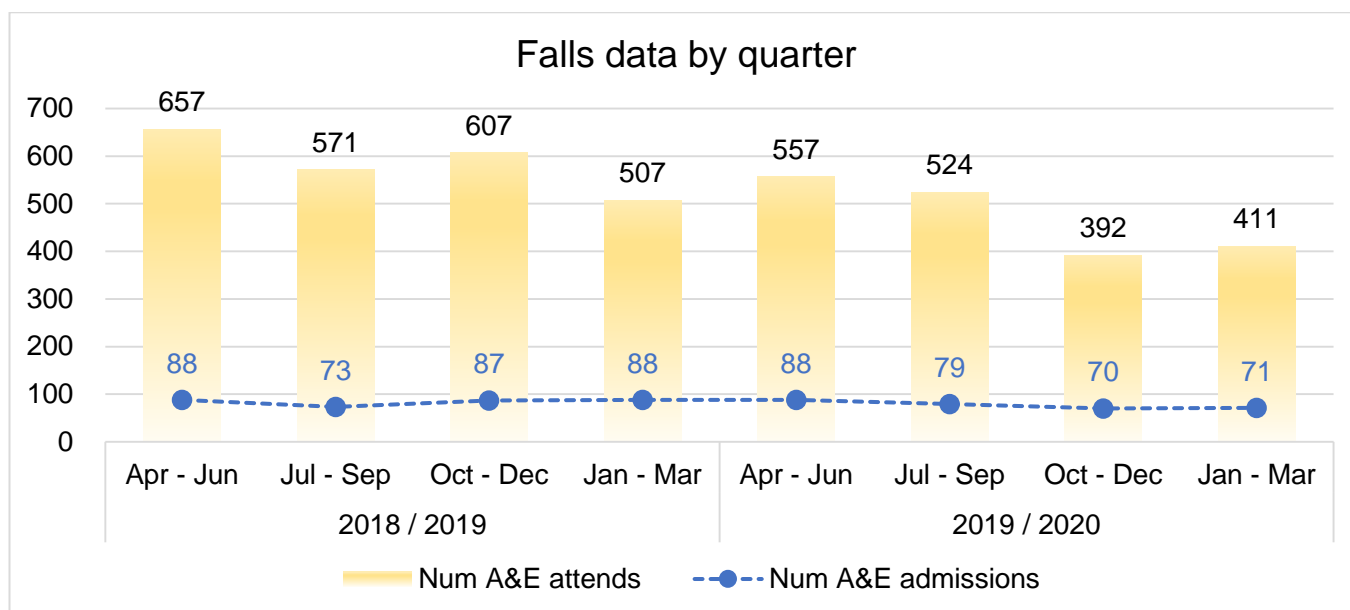
Current performance: Local Indicators

Falls

Falls are often a symptom of other illnesses, not a specific diagnosis, and as such are often picked up as a secondary problem when service users are referred into HSCP services for other reasons.

As part of the falls pathway Inverclyde HSCP Rehabilitation and Enablement Service works closely with Community Alarm Community Response team and the District Nursing, Glasgow Falls Service and Live Active service to support frail older people who experience falls.

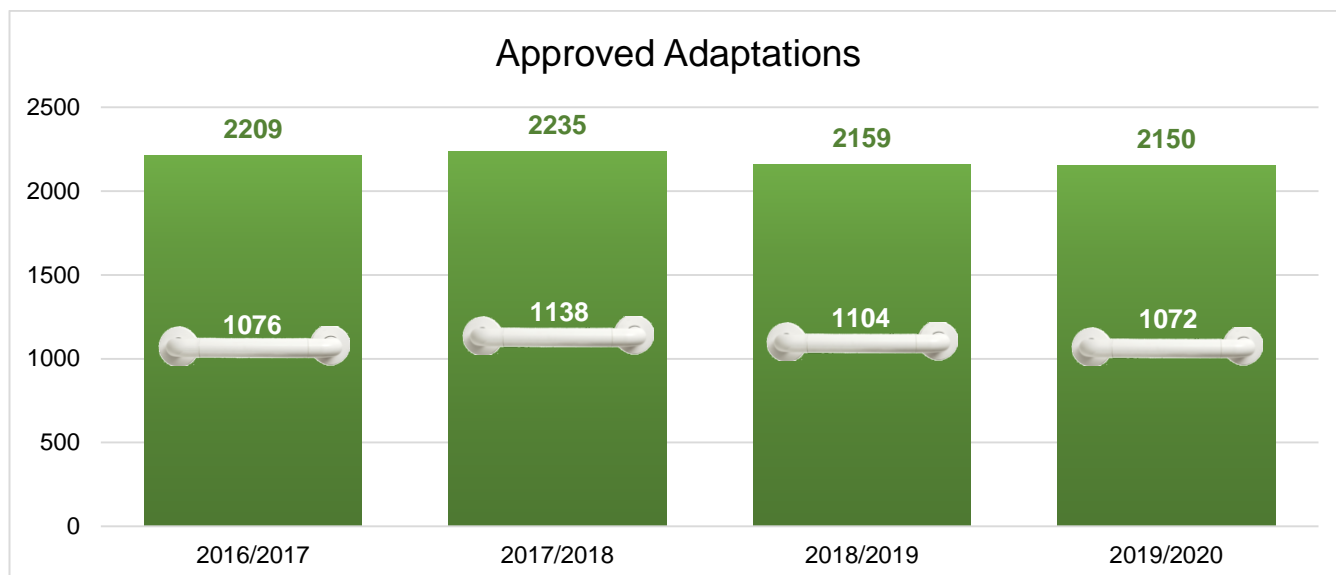
There was a gap for the frailest fallers who didn't meet the criteria to attend the classes that were run by the Glasgow Falls Team, to address this need the Rehabilitation & Enablement Services (RES team) set up Strength and Balance classes hosted at the Larkfield unit.



The pathway from these classes supports people to improve enough to follow through to the Glasgow Falls Teams local classes and then through to Live Active classes.

Our work around urgent response to fallers for rehab, fast track from A&E to community rehab for fallers, support of nursing colleagues, falls awareness work, and the above allows for a mixture of tailored support to meet individual people's needs.

Housing adaptations

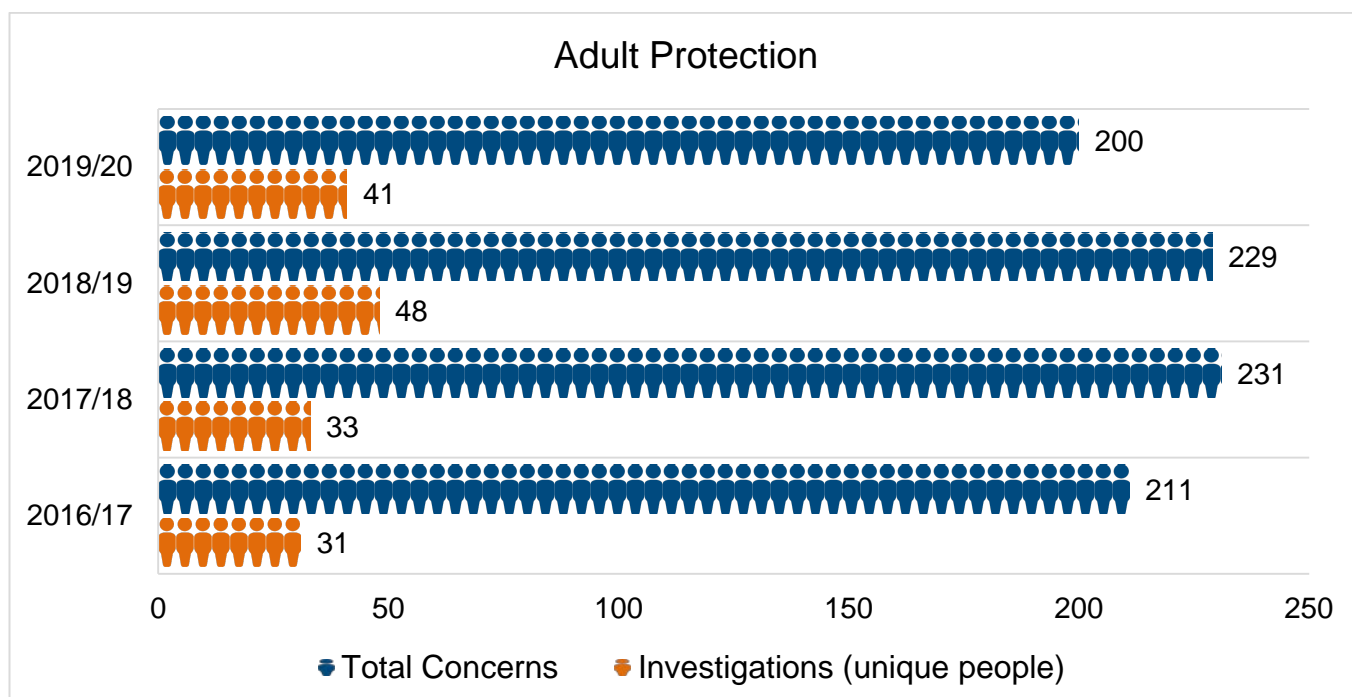


In 2019/20 we arranged for 2,150 adaptations to assist people to remain independent and safe in their own homes. Of all these adaptations, just under half (49.9%) were for grab rails which are a quick and effective solution to help prevent falls and keep people safe whilst living independently as possible.

Protecting vulnerable adults

Some people with particular vulnerabilities need formalised protection to ensure that they are kept safe from harm.

During 2019/20, 200 Adult Protection concerns were referred to the HSCP (a decrease of 29 since 2018/19). After initial inquiries 41 of these concerns - or about 19% - progressed to a full investigation. Investigations fluctuate from year to year but generally remain within parameters of a 10 to 20% conversion rate from referrals to investigations.



In line with the statutory duties of the Adult Protection Committee the on-going priorities are:

Ensuring the multi-agency workforce has the necessary skills and knowledge. An Adult Support and Protection (ASP) Learning and Development Strategy 2018/20 was produced and delivered to ensure that multi-agency staff have access to appropriate training and learning events that create opportunities to reflect on practice. This approach has been very successful as evidenced in the Adult Protection Thematic Inspection Staff Survey Feedback Report. The strategy is currently being reviewed and adapted with the development of a blended learning approach being adopted given challenges arising to delivering training in context of the COVID-19 pandemic.

Ongoing programme of self-evaluation, quality assurance and focus on the impact of adult support and protection activity across operational Adult Services. This includes further development of the Service User and Carer Evaluation to elicit the lived experiences of adults at risk of harm and their unpaid carers to identify strengths and areas for improvement.

Refresh of Communication and Engagement Strategy to improve public awareness of Adult Support and Protection.

Ensuring the multi-agency workforce has access to relevant procedures, guidance and protocols to meet their responsibilities under the Adult Support and Protection (Scotland) Act 2007. A number of existing procedures, guidance and protocols are subject to planned review and aim is to incorporate learning from operating in context of the COVID-19 pandemic.

By focussing on these priorities our Adult Protection Committee ensures that people within Inverclyde are safe from harm.

Katie's story

Katie's situation came to light following a referral from the hospital. She was a woman with disabilities who lived alone. A family member was her sole source of support. She was taken to hospital following a fall at home. However on admission her overall physical condition led to concern that she was subject to neglect.

Her situation was progressed under the auspices of adult support and protection. Social work and health staff worked together to establish what had been happening. During this process it was identified that she was being both neglected and financially abused.

A plan was developed with her to protect her wellbeing and finances. Katie now lives in a care setting suitable for her needs and has support with her finances. She continues to see her relative as her relationship with them was important to her but with agreed safeguards in place.

Outcome 8 - People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide

An engaged workforce is crucial to the delivery of the HSCP visions and aims. Workforce engagement helps create an environment where the workforce feels involved in decisions, feels valued and is treated with dignity and respect. It is only through an engaged workforce that we can deliver services and supports of the highest standard possible.

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

Current performance: National Integration Indicators

10	Percentage of staff who say they would recommend their workplace as a good place to work	Indicator under development (PHS)
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Current performance: Local Indicators

iMatter is a staff survey tool that helps us focus on what is important to all our staff and by focusing on this improvement journey we trust they will know that they matter. Our 2018/19 report suggested that HSCP staff were well engaged and staff rated Inverclyde HSCP as a good place to work. An improvement plan was created to address some of the areas that scored slightly lower. Due to the COVID-19 pandemic an updated iMatter report is not available.



Leadership Award

Derek Flood
Inverclyde Health & Social Care Partnership



Derek won the Leadership Award at the 2019 Scottish Public Service Awards. This national recognition was for his work in successfully leading and bringing together 3 separate teams under a single vision of improving the lives of our most vulnerable citizens, inspiring confidence and a passion for the possible. The team still carries out the three elements of Social Security advice and information; Welfare Rights representation, and Specialist Money Advice, however this is done in a joined up way that minimises duplication and maximises long-term and sustainable gain for the citizen.

Colin Mair Award for Policy in Practice



Inverclyde HSCP and Ardgowan Hospice fund and support Compassionate Inverclyde, a social movement that is helping to transform attitudes and everyday practices around loneliness, social isolation, death and bereavement across Inverclyde. The ethos is about local people working alongside existing formal services enabling ordinary people to do ordinary things, tapping into our desire to be kind, helpful and neighbourly.

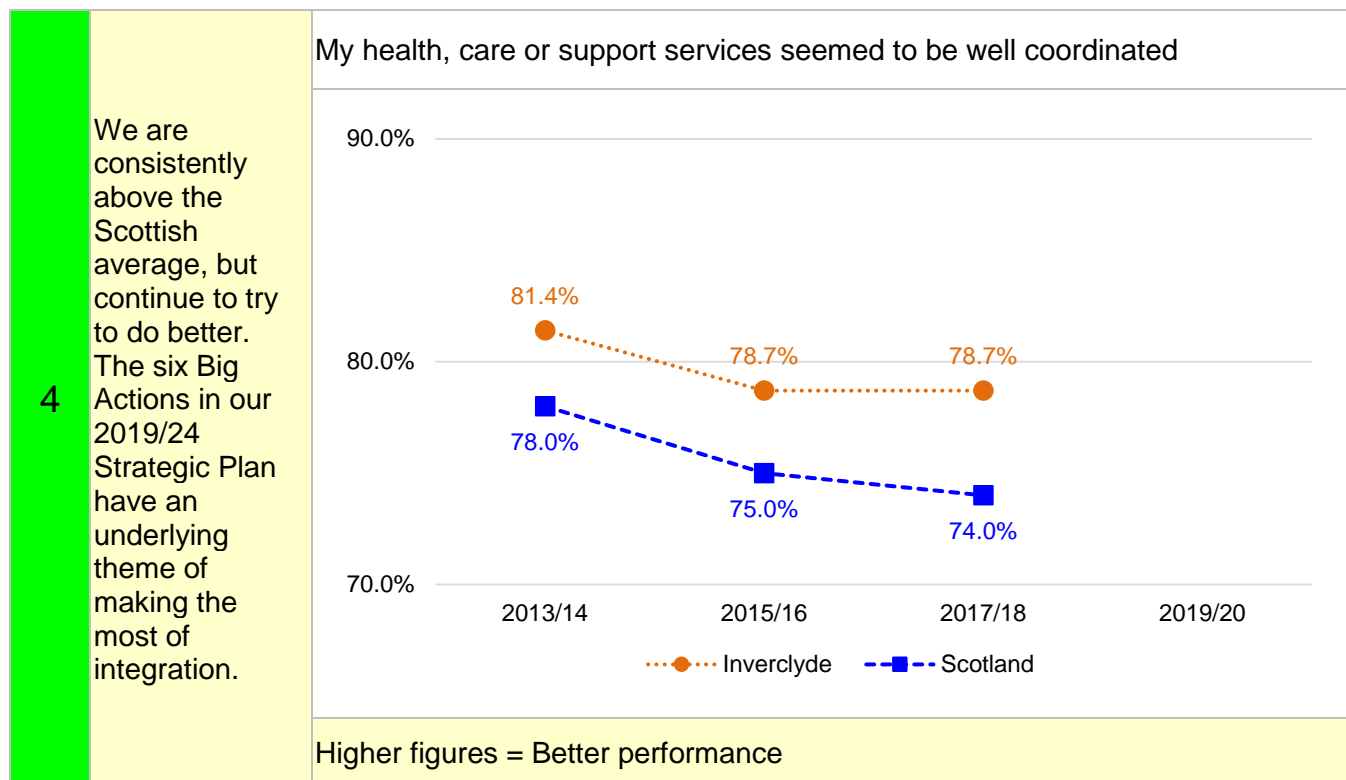
Outcome 9 - Resources are used effectively and efficiently in the provision of health and social care services

There are various ways that the HSCP is seeking to ensure that resources are used effectively and efficiently. We are improving quality and efficiency by making the best use of technology and trying new ways of working to improve consistency and remove duplication.

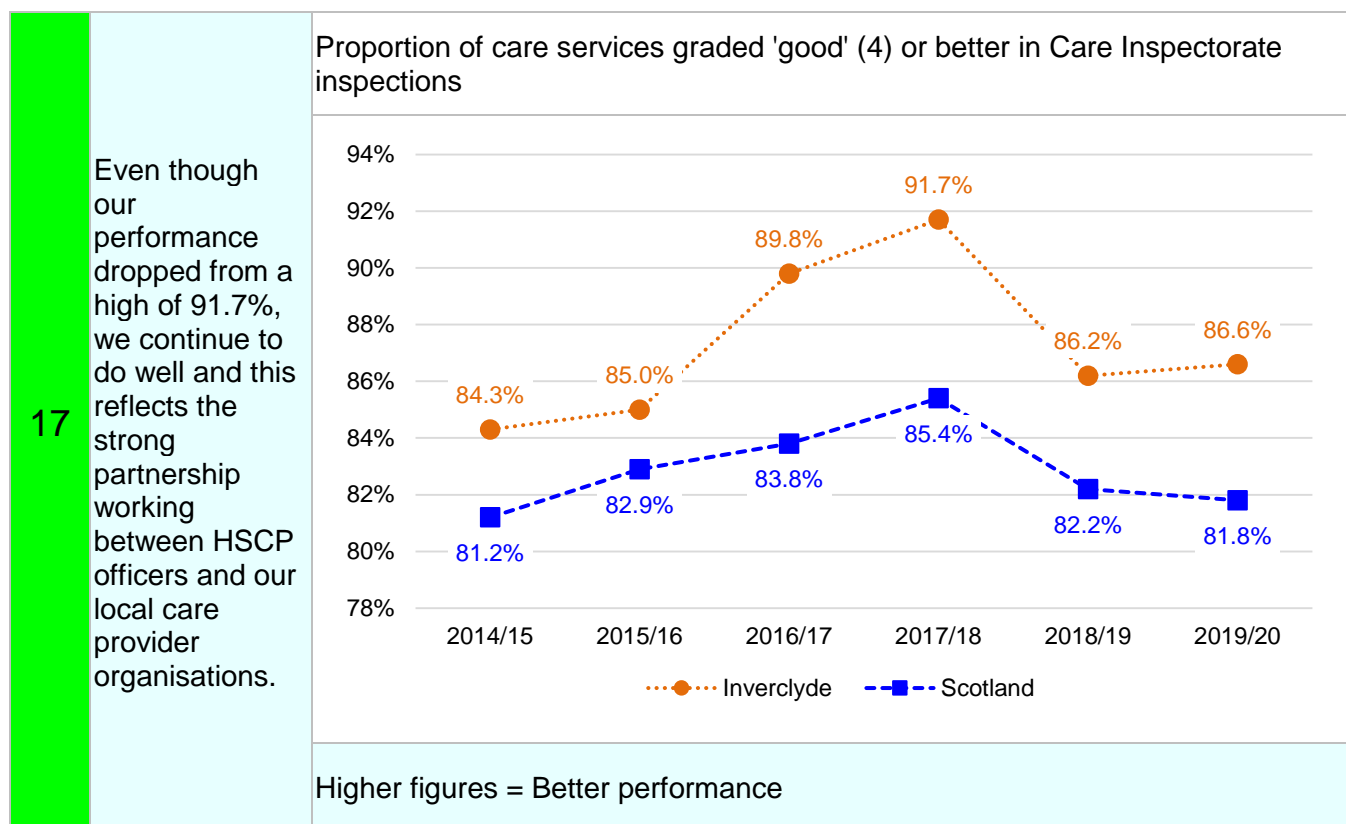
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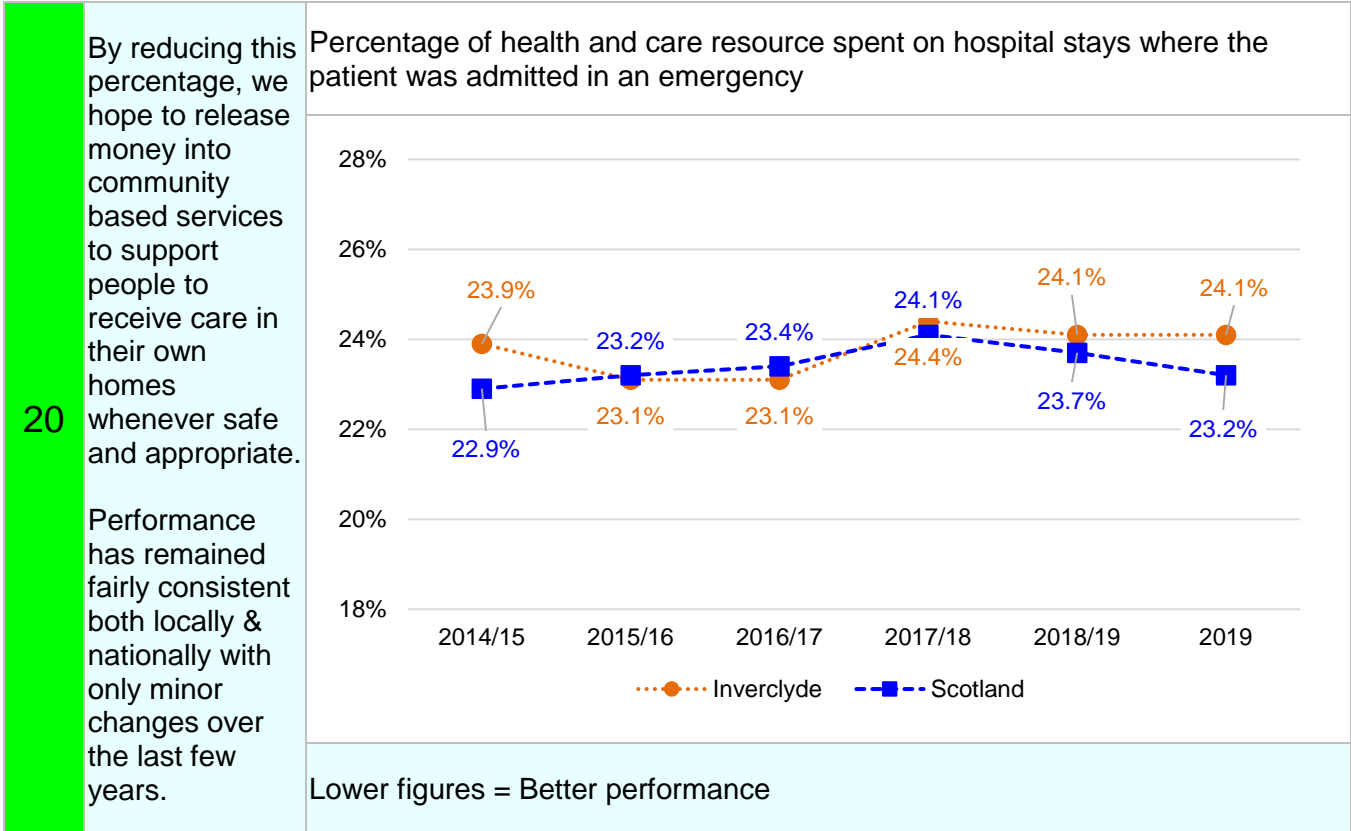
Big Action 6 - We will build on the strengths of our people and our community

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23	Expenditure on end of life care, cost in last 6 months per death	Indicator under development (PHS)
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Current performance: Local Indicators

Inverclyde Services Care Inspectorate

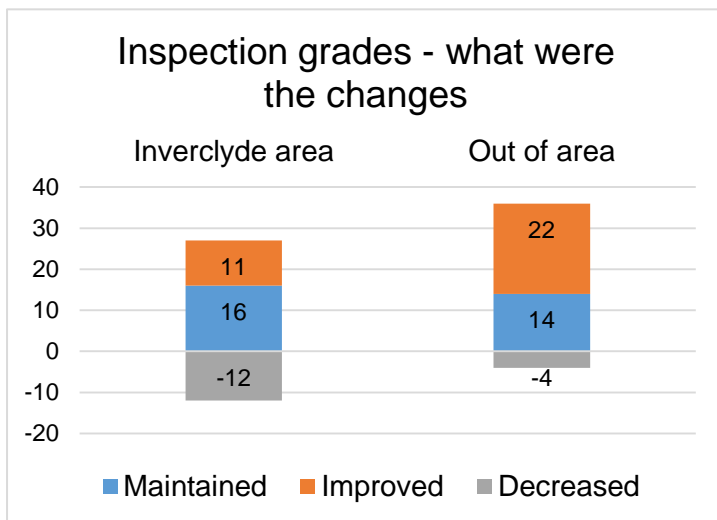
The total number of Inspections carried out for providers who receive payment from Inverclyde HSCP was 79.

39 of the services inspected were Inverclyde Area services.
40 of the services inspected were Out of Area placements.

Of the 79 services that were inspected:

- 33 services improved their grades
- 30 services grades were maintained
- 16 services grades decreased

From these inspections the Care Inspectorate made 123 recommendations and also 15 requirements.



For the 39 inspections undertaken against Inverclyde services:

11 improved their grades:

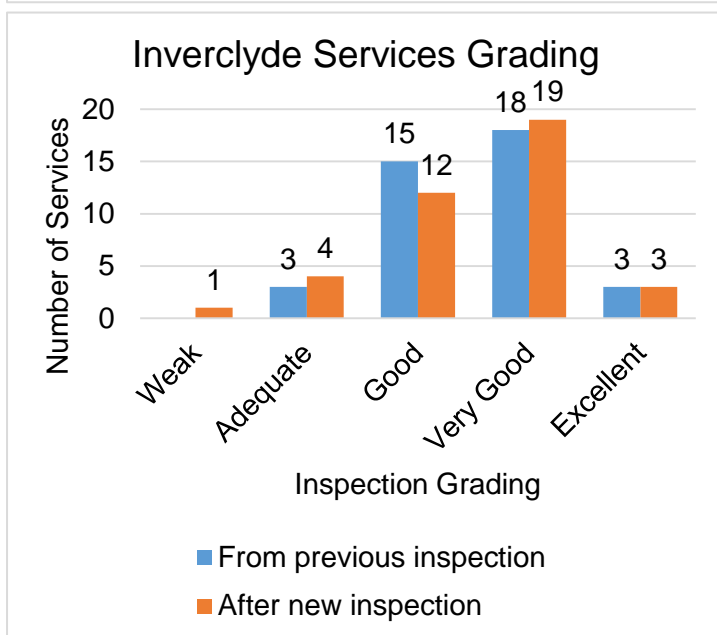
- 3 - from 'Adequate' to 'Good';
- 6 - from 'Good' to 'Very Good';
- 2 - from 'Very Good' to 'Excellent'.

16 maintained their grades:

- 1 - 'Excellent';
- 11 - 'Very Good';
- 4 - 'Good'.

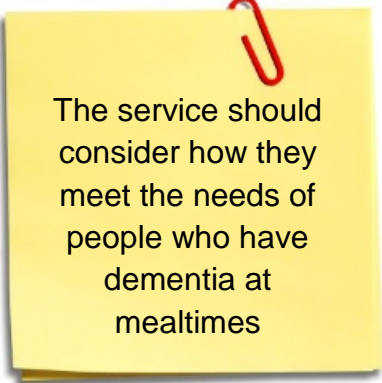
12 had their grades decreased:

- 2 - from 'Excellent' to 'Very Good';
- 5 - from 'Very Good' to 'Good';
- 4 - from 'Good' to 'Adequate';
- 1 - from 'Good' to 'Weak'

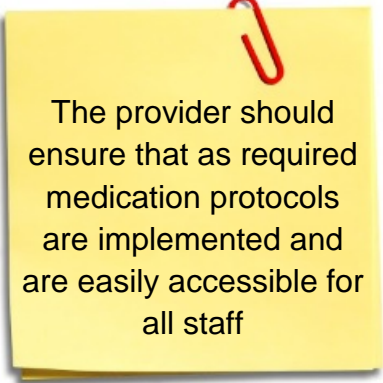


These are a sample of the recommendations & requirements made by the Care Inspectorate.

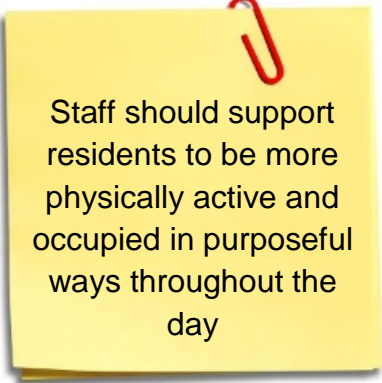
Recommendations




The service should consider how they meet the needs of people who have dementia at mealtimes



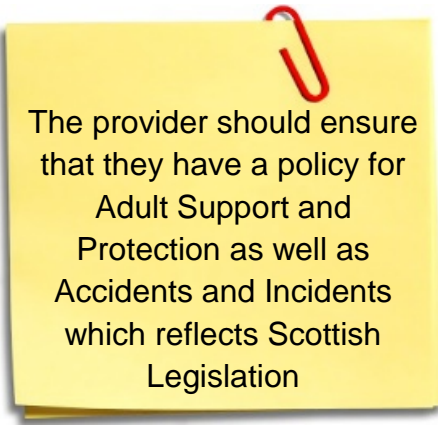
The provider should ensure that as required medication protocols are implemented and are easily accessible for all staff



Staff should support residents to be more physically active and occupied in purposeful ways throughout the day




The way people are involved in directing and leading their own care and support should be revisited to embed more of a shared ownership of personal planning




The provider should ensure that they have a policy for Adult Support and Protection as well as Accidents and Incidents which reflects Scottish Legislation

Requirements



The service must comply with the expectations of regulated services to make notifications to the regulator of significant events



The provider must ensure all baths and showers within the home are in working order and available for use

Access 1st



The objective of the Access 1st approach is to provide a single contact point to patients, service users, carers, partners and stakeholders to make new referrals to our adult Health and Social Care Service across Inverclyde.

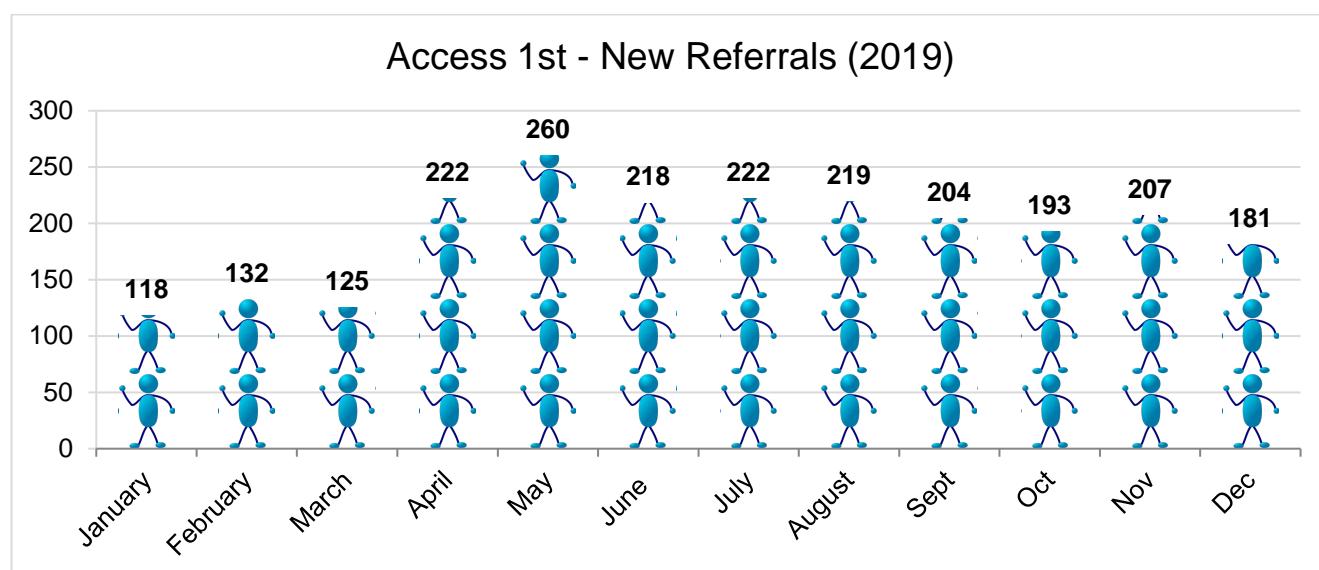
Access 1st will assess the need for support or intervention required based on our eligibility criteria to promote:

- A healthy active and satisfying life
- Wellbeing safety and protection of vulnerable people
- Respect and inclusion in our community
- Independence and the same opportunities as others who do not have a long term health condition or disability
- Equality and dignity
- The rights of carers

Access 1st provides:-

- Signposting to relevant local organisations for services available to the whole community including Inverclyde Carers Centre, Community Connectors, Community Link Workers and advocacy services
- Providing information and advice around health and social care services
- Access to equipment to assist with daily living
- Services which can enable individuals to enjoy a full life with a little short term assistance
- Long term support for individuals who require ongoing services due to their health or disability
- Protection and safeguarding for adults who may be at risk

Referrals can be made by Individuals, family members, friends, carers, members of the public and professionals.



As part of our overall assessment process, Access 1st will promote a person's abilities and skills as well as involvement of partner's family's friends and neighbours to meet the assessed needs of the person.

For more information about services we can provide or access on your behalf please contact Access 1st or visit our web page:

Telephone 01475 714646

Email: access1st@inverclyde.gov.uk

We are based at: Greenock Health Centre, 20 Duncan Street Greenock, PA15 4LY

<https://www.inverclyde.gov.uk/health-and-social-care/adults-older-people/homecare>

Compassionate Inverclyde

Compassionate Inverclyde was approached by Breast Feeding Scotland for advice in becoming a social movement. We were



asked to present to a Scotland wide group of professionals leading breast-feeding projects across Scotland and it was identified they wanted to pilot an innovative project in Inverclyde.

The local infant feeding team and Compassionate Inverclyde have been working in partnership to develop an exciting programme of local volunteers "New mum companions" to support new mums just after birth. This support to new mums would allow bonding with the new baby and reduce feelings of isolation and help support new mums who choose to breast feed.

15 new mum companions have been trained however due to COVID-19 this has had to be put on hold. The group are keen to start as soon as possible when it is safe to do so.

Knitted Blanket donation

When a male patient was at the end of life and on his own, he was tucked in with a knitted blanket as he was beginning to fail. He looked better and this gave him some dignity and comfort towards the end. He was also given a knitted heart and his daughter received a matching one as she could not be with him at the end. This local initiative is a great example of the kindness and compassion within Inverclyde.



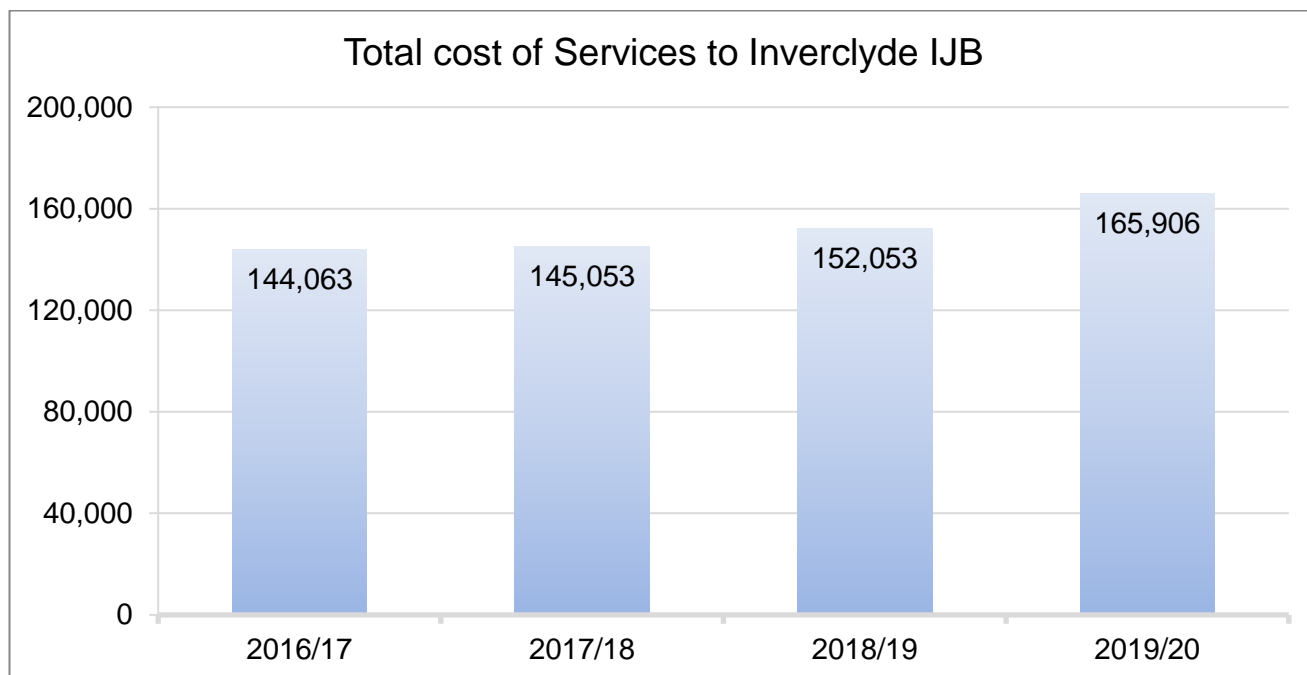
The feel good factor for those making and those receiving the donations is incredible.

Finance

Inverclyde IJB Financial Summary by Service

	2016/17 £000	2017/18 £000	2018/19 £000	2019/20 £000
Strategy and Support Services	2,992	2,591	2,416	2,111
Older Persons	27,527	26,867	27,020	28,407
Learning Disabilities	11,028	10,653	11,898	12,545
Mental Health – Communities	5,748	5,804	6,712	7,101
Mental Health – In Patients	9,543	9,338	8,729	9,737
Children and Families	12,979	12,986	13,738	14,114
Physical and Sensory	2,714	2,659	3,117	3,203
Addiction / Substance Misuse	3,345	3,389	3,464	3,181
Assessment and Care Management / Health and Community Care	6,031	7,772	8,258	9,981
Support / Management / Administration	3,520	3,807	4,174	4,339
Criminal Justice / Prison Service	55	(38)	26	49
Homelessness	859	967	791	1,043
Family Health Services	21,800	21,766	25,547	27,056
Prescribing	18,136	18,817	18,591	18,359
Change Fund	1,347	1,236	1,133	1,044
Cost of Services directly managed by Inverclyde IJB	127,624	128,614	135,614	142,270
Set aside	16,439	16,439	22,632	23,635
Total cost of Services to Inverclyde IJB	144,063	145,053	158,246	165,905
Taxation and non-specific grant income	(148,023)	(146,889)	(159,731)	(167,074)
Surplus on provision of Services	3,960	1,836	1,485	1,169

The IJB works with all partners to ensure that Best Value is delivered across all services. As part of this process the IJB undertakes a number of service reviews each year to seek opportunities for developing services, delivering service improvement and generating additional efficiencies.



Budgeted Expenditure vs Actual Expenditure per annum

	2016/17 £000	2017/18 £000	2018/19 £000	2019/20 £000
Projected surplus / (deficit) at period 9	0	(1,426)	(897)	(37)
Actual surplus / (deficit)	3,960	1,836	1,485	1,169
Variance in Under/(Over) Spend	3,960	3,262	2,382	1,206

Explanation of variances

The 2017/18 and 2018/19 variances were due to a combination of factors, including spend on earmarked reserves being lower than anticipated and a higher than anticipated overall underspend on services, mainly Social Care.

The 2019/20 variance is due to a combination of delayed spend on some earmarked reserve funded projects, delays in filling vacancies and one off additional income received in year.

The Annual Accounts are published each year and these provide additional detail on the financial performance in year and more detailed explanation on in year variances.

The IJB is not currently able to report on Outcome Based spend or overall spend by locality as this information is not held by either partner organisation.

Children's Services

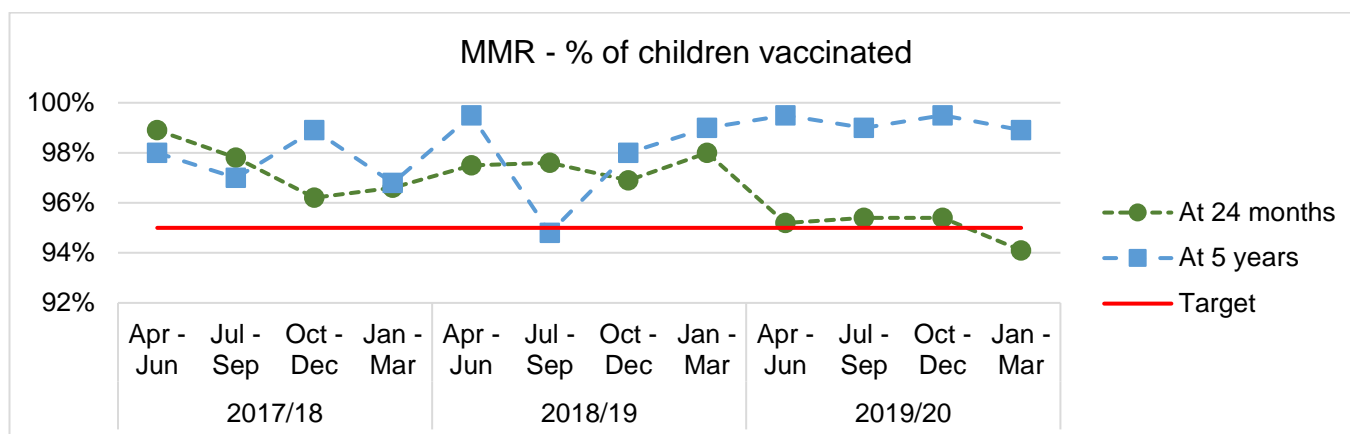
National Outcomes for Children	
10	Our children have the best possible start in life.
11	Our young people are successful learners, confident individuals, effective contributors and responsible citizens.
12	We have improved the life chances for children, young people and families at risk.

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

Immunisations

Immunisation levels for common diseases provide a gauge on the health of the child population of the area. In August 2019, management of pre-5 immunisations was centralised with this becoming a Board-wide service. Immunisations continue to be primarily delivered by the same staff at the same clinics as before, and Health Visitors remain key in advocating and supporting parents to access immunisations. The new arrangement is working well, with all families being offered immunisation appointments within the required timescale.

Statistical information published by Public Health Scotland (PHS), demonstrates that in 2019 Inverclyde as a local authority area consistently outperformed National uptake data at all data points. In respect to Measles, Mumps and Rubella (MMR) immunisations, at both 24 months and 5 years, we continue to exceed the target of 95%.



Higher figures = better performance

Immunisation remains a public health imperative in ensuring overall population health and the upcoming flu season (amidst the ongoing COVID-19 pandemic) is a key focus for the HSCP in general and the Children & Families / Immunisations teams in particular. Supporting parents to attend remains a key focus and improvement area to target; in particular Measles, Mumps and Rubella (MMR) uptake for both 1st and 2nd doses remain improvement targets. In addition, the flu campaign for under 5s is entering a planning phase and a whole system approach will be required to support improved uptake.

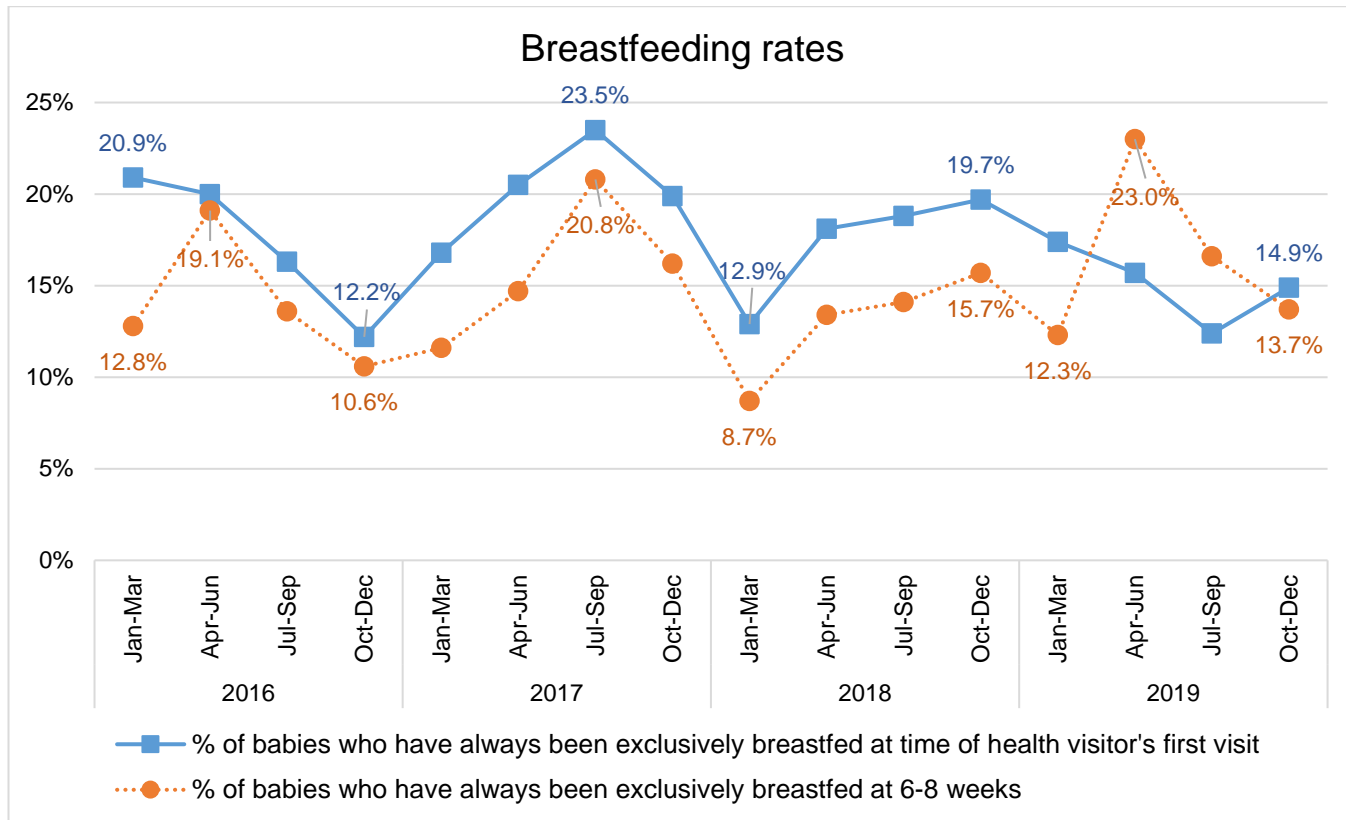
Infant Breastfeeding

Inverclyde continues with the progression of the Programme for Government work stream to support and promote cultural change in relation to breastfeeding in the community. The focus of this work will also be to increase overall breastfeeding rates annually by an extra 3% by 2022. We are also looking to improve how we support women who experience problems breastfeeding and advocate for breastfeeding so that women feel supported in their communities. Over 50 local businesses have already signed up to Breastfeeding Friendly Scotland and multiple partners across Inverclyde are engaging in collective impact work to see what we can do together to support breastfeeding in Inverclyde.

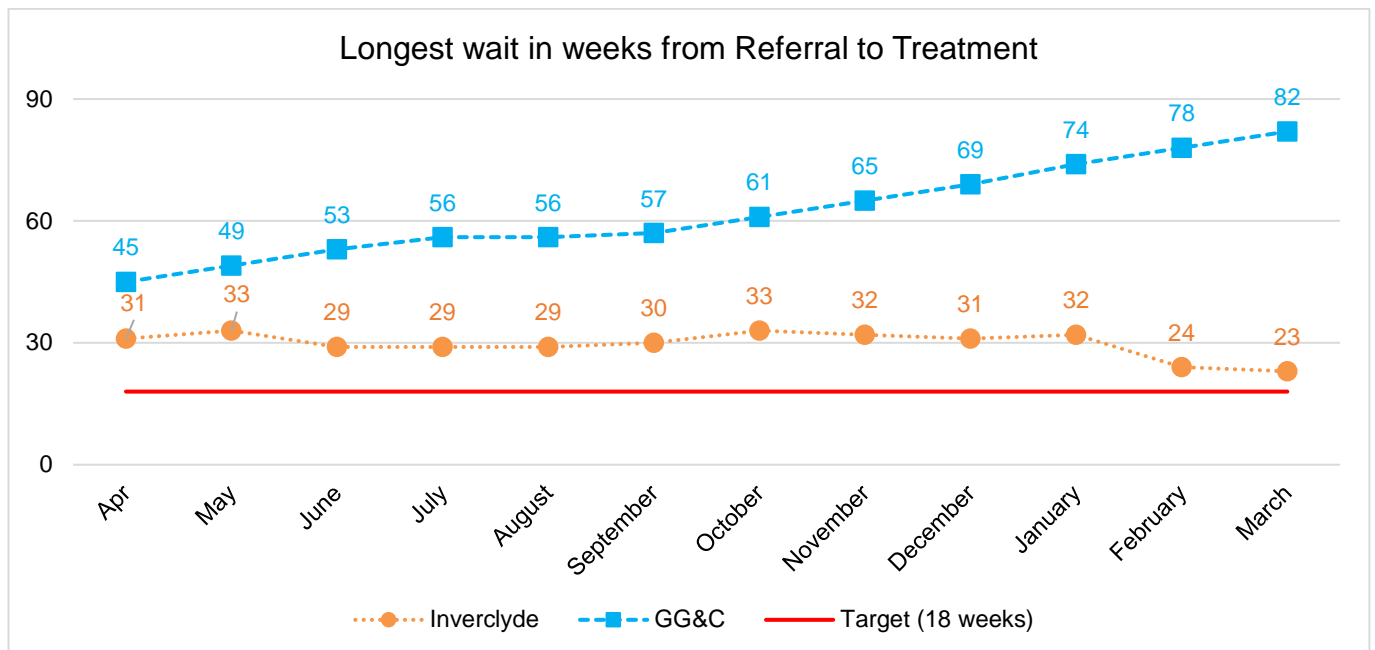
Our Port Glasgow breastfeeding group, supported by local mums, has been successful and although on hold currently, we plan to extend this support to Greenock and Gourock areas as soon as is practicable. We have linked in with Compassionate Inverclyde and 6 helpers have been trained to support Breastfeeding Mums and parents in their local community.

The Inverclyde HSCP continues to support an Infant Feeding Lead and the Programme for Government has funded an Infant Feeding Advisor and a soon to be recruited Health Improvement Specialist to help with engaging the community in the breastfeeding agenda. A number of small projects are underway to support young mums, mums whose infant are accommodated and mums in the early part of their baby's life 2-10 days after delivery to establish and continue breastfeeding.

We continue to maintain the Gold UNICEF Baby Friendly Initiative accreditation and have recently submitted our revalidation report.



Child and Adolescent Mental Health Services (CAMHS)



Lower figures = better performance

CAMHS Inverclyde continues to perform well.

At this stage 92% of young people referred are being seen within the 18 weeks of referral.

The team continue to manage the service despite challenges, including those related to the COVID-19 pandemic. They are adopting;

- A blended approach to access and care with Attend Anywhere and Telephone consultations and face to face assessments as required
- Continued use of eHealth and digital technologies as they become available and approved
- Neurodevelopmental pathway review and consideration for this service in line with Scottish government guidance and plans (anticipated October 2020)
- Tier 2 school counselling service successfully commissioned with 3rd sector and implementation date September 2020
- Adherence to newly launched CAMHS service specification
- Ongoing team developments and supports to meet local needs within the GGC CAMHS waiting list initiative work plan

Revised Universal Pathway (Health Visiting)

The health visiting workforce is now at the Scottish Government end point of 25 Whole Time Equivalent (WTE) Health Visitors in post within Inverclyde. This has facilitated the reduction of caseloads in line with the weighting tool in order to support assessment and planning for children in their early years, and provided greater capacity to support families with additional needs and child protection concerns. The Revised Universal Pathway for pre-5 children is almost at full implementation, hindered only by a delay at NHS Board level in relation to the antenatal contact. All families are now supported with a minimum of 10 face to face home

contacts which provide the opportunity to develop therapeutic relationships and enhance health and wellbeing at an individual and population level.

There are a number of projects that serve to create streamlined pathways between Children's and Specialist Children's Services including a test of a joint speech and language (SLT) assessment process to support early access to SLT following the 27-30 month assessment (Child Health Surveillance) and a new nursery nurse post to work across both service areas designed to support pre-5 children and their parents with neurodevelopmental needs.

School Nursing

In School Nursing, the Scottish Government commitment to increasing the number of Public Health Nurses (SCPHN) for school age children has facilitated an increase in SCPHN from 0.69 to 1.6 WTE with another 1.0 SCPHN due to return to Inverclyde early next year. This is linked to the Transforming Roles agenda (Scottish Government, 2018) which identified a number of key priorities for school nursing and an embedding of multidisciplinary working to support better outcomes for children.

The School Nursing service provide both universal services and targeted provision for school age children and young people. The universal services offered include population screening (Primary 1 and 7 health screening) and vision screening in P7; our data for 2019 demonstrates that vision screening uptake in Inverclyde was the highest amongst other GGC areas at 87.5%.



Early support for mental health has been facilitated by Inverclyde's inclusion in the Let's Introduce Anxiety Management pilot (LIAM). LIAM is a training and intervention package developed by NHS Education for Scotland and delivers a Cognitive Behavioural Therapy informed intervention to children and young people aged 8-18 years who are experiencing milder difficulties with anxiety in a one-to-one or group format. Preliminary data from the pilot evaluation was positive and demonstrated a reduction in anxiety symptoms. 8 children have been supported during 2019/20 with a further 11 waiting who should be able to start very soon with an additional school nurse now in place.

As one of the pilot sites, Inverclyde HS CP was identified as a particularly successful example of a multi-agency pilot with stakeholder representatives from School Nursing, Educational Psychology and Barnardo's, as well as support from NHS Service Manager for Children and Families and Head of Inclusion in Education. The strategic and joined-up approach to the delivery of LIAM allowed for multi-agency working which enabled subsequently creative ideas and solutions to be generated. Although the COVID-19 pandemic has impacted on the Partnerships ability to deliver the programme, it is hoped that once practicable, plans to explore small group delivery in addition to 1:1 and also to expand early tests of whole class approaches to build resilience in relation to identification and intervention for anxiety symptoms can be put in place.

Child Protection

The Inverclyde Child Protection Committee is committed to ensuring that our children and young people are offered the highest level of protection within our power, using best practice learning from research and operational experience.

Practice in this area has continued to improve with the Initial Referral Discussion process coordinated by senior social workers now fully embedded. The consistent and effective application of this has resulted in positive improvements in the quality of initial response to child protection concerns.



Between April 2019 and March 2020, 111 Child Protection (CP) referrals were received. As a result of these, 218 children were subject to Initial Referral Discussions (IRDs) between Social Work, Health and Police representatives during this period and this in turn resulted in 68 child protection investigations being undertaken.

Criminal Justice

National Outcomes for Justice	
13	Community safety and public protection.
14	The reduction of reoffending.
15	Social inclusion to support desistance from offending.

There have been significant changes in Criminal Justice Social Work (CJSW) over the last decade including the introduction of Community Payback Orders (CPO). Effective community based sentencing options are essential in achieving the National Outcomes for Justice. In July and August 2019 a team from the Care Inspectorate visited Inverclyde to assess how well the Criminal Justice Social Work Service was implementing and managing Community Payback Orders (CPOs) as well as how effectively the Service was achieving positive outcomes.

The inspection involved reviewing a representative sample of records of 90 people who were or had been subject to a CPO, meeting 40 people subject to CPOs and undertaking focus groups and interviews with key members of staff, partner agencies, stakeholders and senior managers with responsibility for the Criminal Justice Social Work Service.

The inspection report was published in December 2019 and noted numerous key strengths within the Service including:

Leaders demonstrate a strong commitment and vision to improve outcomes for individuals.

There is a well-embedded performance management framework and access to high quality data analysis that shows strong Criminal Justice Social Work Service performance that exceeded national targets, sometimes by a considerable margin.

A range of positive outcomes had been achieved for individuals.

The Service is proactive in responding to the poverty, disadvantage and needs profile of individuals by providing person-centred services that adopt a public health model.

The Service is well integrated into the Health and Social Care Partnership which strengthened governance arrangements and supported quick and easy access to services for individuals including those aimed at addressing mental health and addiction issues.

The Unpaid Work Service was operating effectively and played an important role in improving outcomes for individuals while ensuring payback to communities.

Individuals subject to CPOs experienced positive relationships with staff that were characterised by respect, support and appropriate challenge. Staff were found to be honest, straightforward, trustworthy and reliable.

Of the five quality indicator that the Service was assessed against, 3 were noted as 'Very Good' and 2 were 'Good'.

Quality Indicator	Rating
Improving the life chances and outcomes for people subject to a community payback order	Very Good
Impact on people who have committed offences	Very Good
Assessing and responding to risk and need	Good
Planning and providing effective intervention	Good
Leadership of improvement and change	Very Good

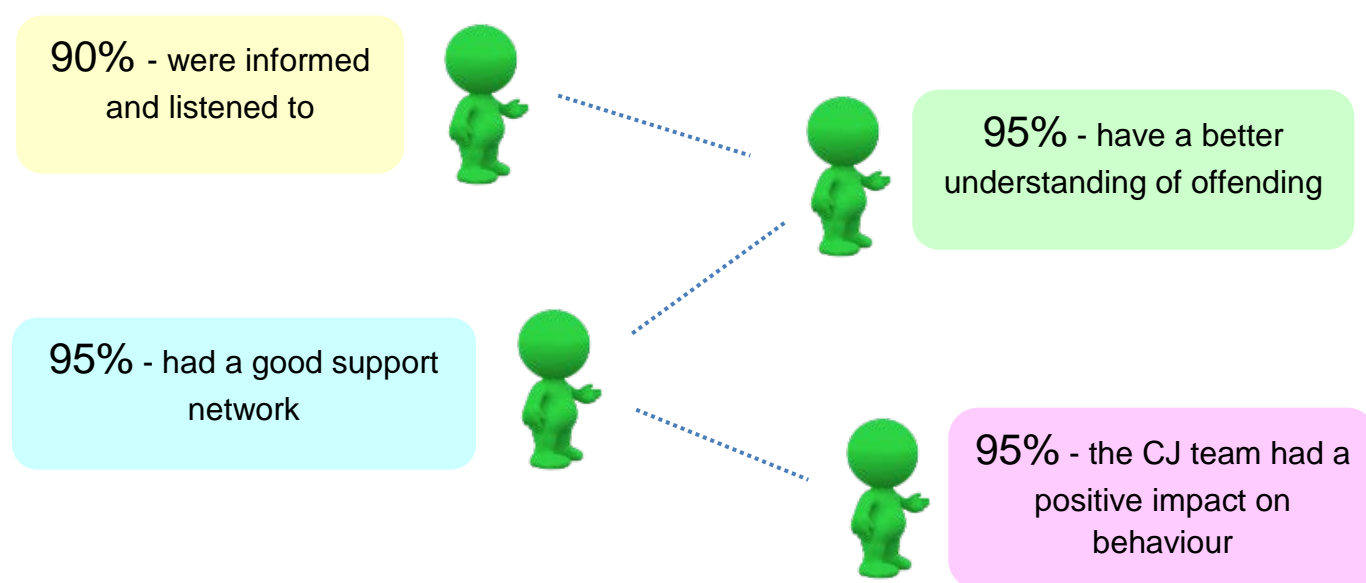
Impact on those who have committed offences

In April 2018 the Service, with support from the HSCP Performance & Information Team, introduced a bespoke Criminal Justice Needs Review tool to capture a range of data both at the commencement and completion of our involvement with individuals in the Criminal Justice system. This includes:

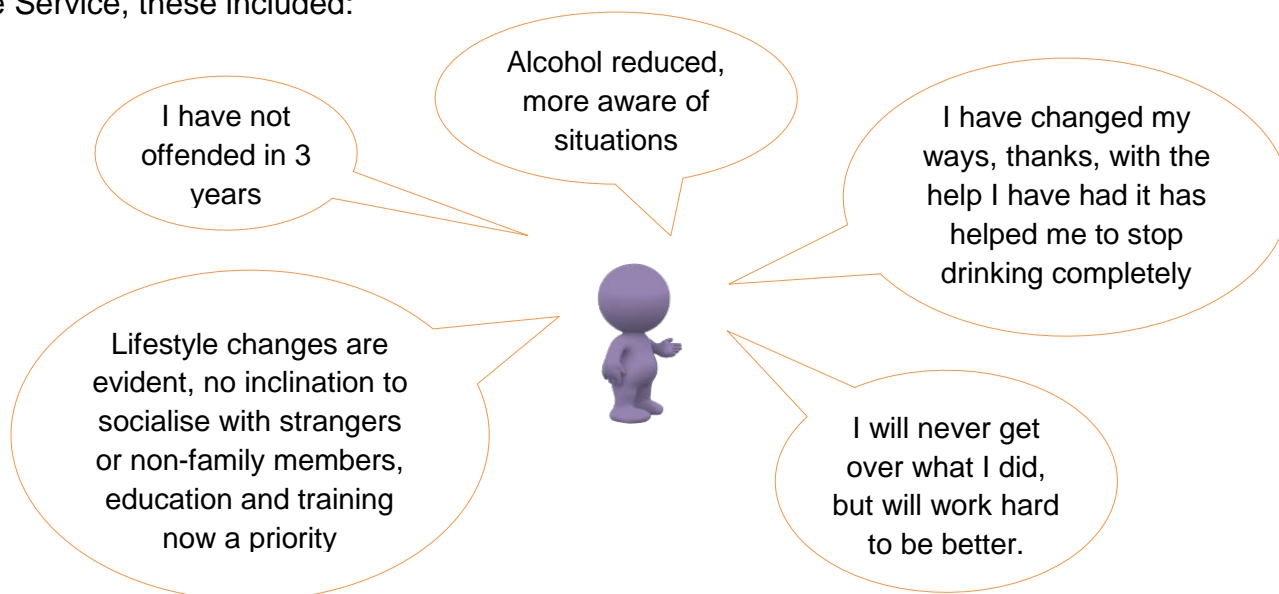
- Self-scoring on nine separate lifestyle areas: health, self-care, emotional well-being, alcohol and drug use, offending behaviour, training and employment, housing, relationships with friends and family life
- Feedback on the Service experience
- Identifying organisations/services the individual has been referred to
- Suggestion box relating to potential Service improvements

To date the Service has collected 94 forms at the commencement of their involvement with Criminal Justice Social Work (stage 1) and 53 on completion (stage 2). Analysis of the 21 forms completed at stage 2 for 2019/2020 evidences:

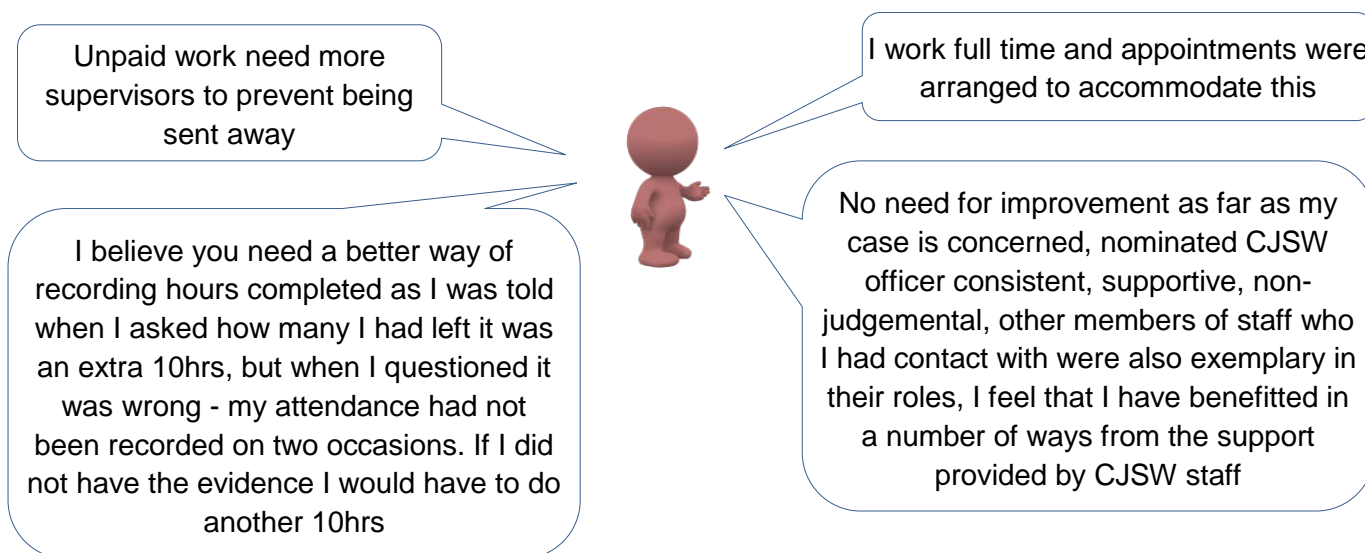
Percentage of individuals who 'agreed' or 'strongly agreed' that they felt:



In addition comments were captured on changes that individuals' had made whilst engaged with the Service, these included:



Comments were also captured on areas the Service could either improve upon or already doing well in. These included:



The Service is committed to achieving positive change in the life circumstances of the individuals it engages with. Our Criminal Justice Needs Review tool is one such mechanism to help capture data on key outcomes. Whilst early analysis on outcomes demonstrates that the Service is achieving its intended outcomes, we also recognise that we still have some way to go to demonstrate year-on-year trend data showing sustainable impact in this area.

The Service is aware that placement availability for those individuals sentenced by the Courts to carry out Unpaid Work in the community can at times be challenging. This has also been reflected in some comments made by individuals too. To help build resilience in this area the Service is working with the Inverclyde Community Justice Partnership to explore the potential for the local third sector to assist with the provision of individual placements. This work will be ongoing throughout 2020/21 and brings with it the possibility of helping individuals reconnect with their community.

Innovation



Innovation

Up 2 U

The Up2U Creating Healthy Relationships Domestic Abuse and Violence Intervention Programme has commenced within Inverclyde HSCP. Although this has recently been affected by COVID-19 pandemic Social Workers have been working with service users who accept they use abuse and violence in their relationship and want to change.

As part of the Up2U programme we now have in place a Partner Support Assessment. This is for all services users who have been identified as using unhealthy behaviours or are the non-abusive partner. This programme includes motivational interviewing techniques which are used to promote positive engagement with partner support, build on motivation in order to increase the effectiveness in intervention.

As public health guidance allows for sessions to re-commence following COVID-19 the plan is for social workers to begin this assessment with our service users who have been identified through child protection or multi agency plans.

The key for all of the Up2U programmes is the positive working relationship between social worker and service user and their wish to make changes and our support for them to do so. The partner support assessment will only add to the programme already in place.

Adoption Comic Book & Reflection Workbook

The adoption service in partnership with adopted young people, adoptive parents, Your Voice, the Children's Rights Officer and Magic Torch Comics developed a comic book named "Just Ask" to support all adoptive families to explore their children's right to Information and where they can access support safely to do this.

The adoption service worked alongside adopted young people with the support of Your Voice and the Children's Rights Officer to develop an assessment tool and the opportunity for those with lived experience to contribute to the assessment of prospective adopters. The reflection workbook includes questions that young people identified as being important areas of exploration for the applicants on their adoption journey and has been fully designed by them with their guidance on how this they would like this resource to be used during the assessment process.

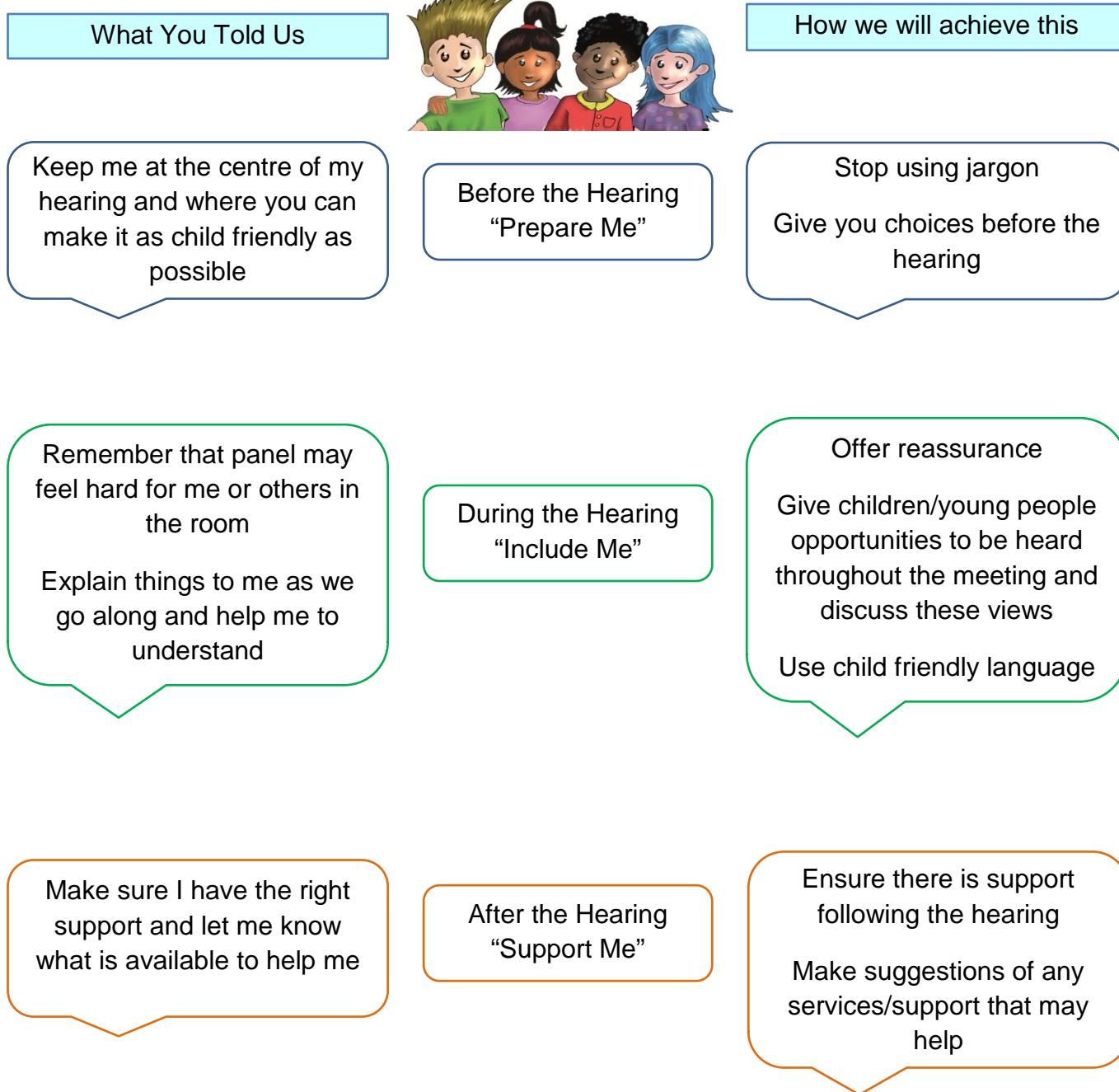
Better Hearings

Inverclyde's Champions Board 'Proud2Care' hosted a local event called Proud2Hear to allow all those who have experience of Children's Hearings to come together to look at ways this could be improved using a variety of perspectives. Proud2Care set the areas for discussion and over 80 people were in attendance including teachers, social workers, panel members, children's reporters, residential staff, advocacy workers and young people etc. The information gathered

has allowed a collaborative approach to the ongoing action plan towards 'Better Hearings' which includes a range of resources and solutions being identified, created and implemented by young people in collaboration with Children's Hearing System, Scottish Children's Reporter Administration and other partner organisations. This includes a jargon buster and "did you know" wall, young person led training for panel members etc. and the full development of a young person friendly action plan that will be accessible to children and young people. Young people themselves are fully involved in developing and helping to action this work.



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Children's Rights Award

As part of the framework towards Inverclyde's Children's Rights Report 2020 as a response to the duties placed under the Children & Young People Act (Scotland) 2014. The Children's Rights Officer in partnership with Your Voice and Inverclyde primary and secondary schools, consulted with over 200 children and young people to develop an award that services and teams can participate in to enhance their knowledge and practice of Children's Rights across the authority. This award has been named the "IROC Award" (Inverclyde Rights of the Child Award). Targeted and voluntary teams/organisations who participated in the award also agree that the evidence provided will be utilised to create a state of children's rights magazine that will fulfil the duties of the act whilst being an exciting and accessible report to showcase the work of services across the authority. Children and young people have been involved in the development of the award from its name, its design, setting the criteria as well as volunteering to be young assessors and eventually being involved in the development of the report (magazine) itself, which will be promoted and shared with young people and relevant services across Inverclyde.

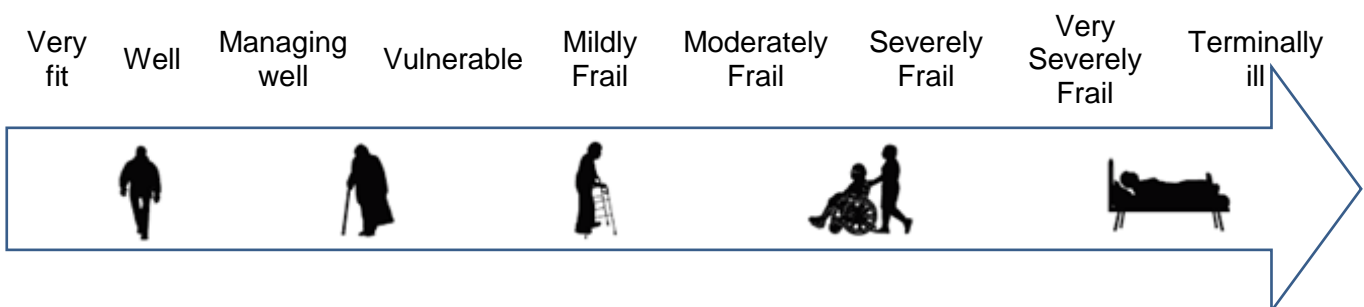
Rockwood Frailty Tool

The Rockwood Frailty assessment tool was rolled out across all community services that are involved with assessment of people over the age of 65. The main strength of the tool is to quantify the level of frailty, within the community, for those who access our services.

This tool is beginning to be used across different areas of our services and Inverclyde HSCP have this tool embedded in both health and social care recording systems.

An initial analysis is being undertaken and it's hoped the tool will offer stronger triaging decisions and identify opportunities for preventative support for people earlier in the care pathway.

There may also be opportunities to expand use of this tool into self-assessment models, Anticipatory Care Planning, falls risks and as a potential model of allocation around Sheltered Housing.



Step up at home

There has been a Step Up Model in Inverclyde for several years. To avoid hospital admission where someone needed enhanced rehabilitation and support but were medically fit they were assessed and where appropriate were admitted short term to local care homes for a period of enhanced rehabilitation and support. This was done in partnership with the Rehabilitation and Enablement Team, Assessment and Care Management and Community Nursing Colleagues and GP's.

This model has proven successful. To build on this and due to the large demand for urgent referrals for rehabilitation, and to support the model of discharge from A&E an enhancement to this model has been developed to support people to remain within their own homes where possible with enhanced care from reablement, and intensive rehabilitation for the community of Inverclyde.

Long Term Conditions Management

Working alongside GP practice colleagues in an in-reach capacity to identify potential patients and facilitate early intervention, work has focused on providing short term, intensive support and education to patients diagnosed with a long term condition (Diabetes, COPD and Hypertension). This has included the use of Home and Mobile Health Monitoring Technology such as Florence (FLO) a text messaging service and Docobo Care Portal - Home Health Monitoring Hubs.

In this area there has been significant collaborative work with the acute diabetes specialist teams in both hospital and community. This involved the consultant physician reviewing patients on the District Nurse caseload via a virtual clinic to optimise treatment plans and include health improvement measures. This approach proved both successful and innovative with primary and secondary teams working jointly. All 32 patients on the caseload have now been reviewed and the number of required visits reduced by 165 each week. It is intended that the consultant physician will continue to review these patients on a regular basis to ensure optimal treatment plans are in place.

This work allows the HSCP to:

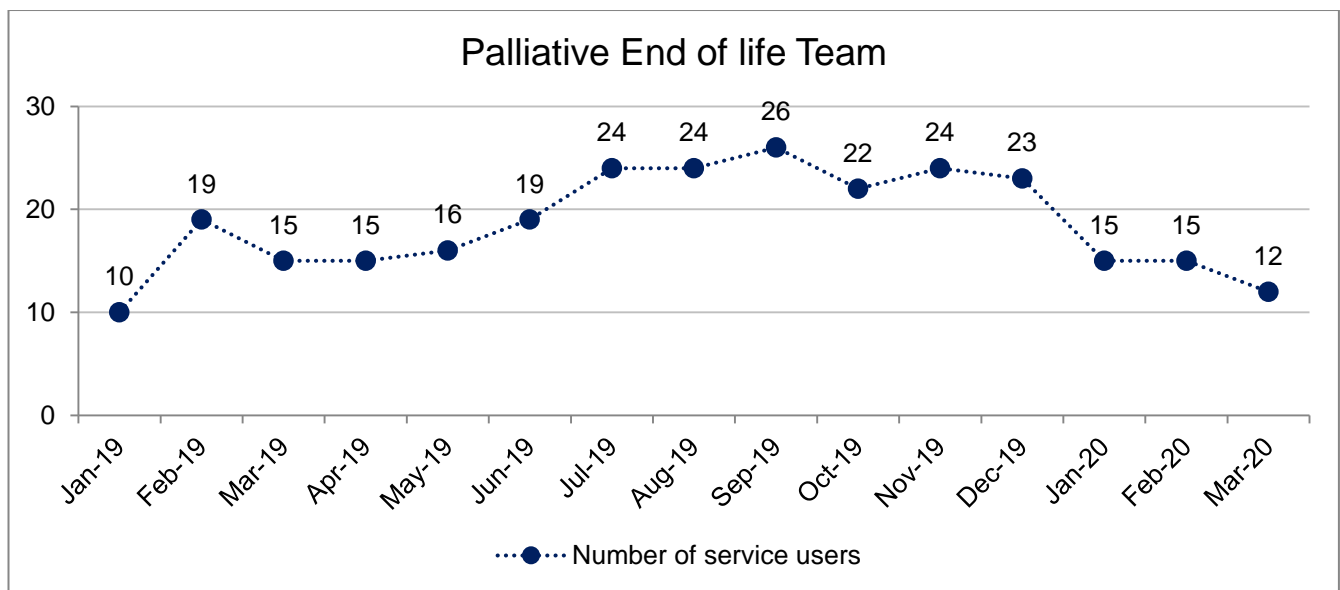
- Continue to support an increase in numbers of patients living with chronic conditions with a focus on self-management leading to improved health and wellbeing
- Use technology to support patients affected by COVID-19 on discharge to help monitor their condition and offer support for a short term period
- Provide additional training and support to GP practices to expand the use of technology like Florence and Docobo allowing patients to be more engaged in interventions and their treatment plans
- Continue collaborative working to ensure appropriate referrals and a decrease in numbers dependant on the District Nursing service
- Continue to review treatment plans of Diabetic patients on the District Nurse caseload
- To pilot support to women who have been diagnosed with gestational diabetes for a temporary period during pregnancy
- Evidence a reduction in GP appointments, hospital admissions and District Nurse visits

- Ensure professionals are able to access robust reporting and analysis of symptom management from the use of technology

Care and Support at home services

Palliative Team

The service introduced a Palliative, End of Life team in Jan 2019. The Palliative Team was created to improve the overall quality of service provided to service users who were in the end stage of life and assist family members/carers at this difficult time. We are working towards these goals by ensuring that shift patterns optimise the continuity of care, providing additional training and supports for staff and gathering feedback from family members.



Response Team

The service introduced a Response team in February 2019, the main objective of this team is to have available resource to respond to any significant change in service user's health / care requirements by increasing the existing care package to meet the urgent change in need. The response team will respond to these increases and ensure a smooth transition of service to the appropriate team. The team is also available to respond to any rapid discharges from hospital and facilitate any weekend discharges during the out of hour's period. This service has been beneficial to the service in having the ability to respond immediately to significant changes without impacting on other teams or resources.

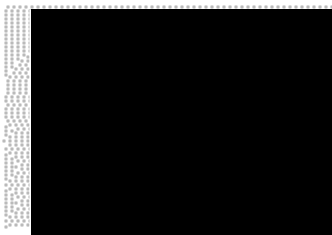
Chief Officer's concluding remarks

This is the fourth HSCP published Annual Performance Report reporting our progress in delivering the National Health and Wellbeing Outcomes.

The HSCP has faced a number of challenges during the year between COVID-19 and our performance in some areas requiring further improvement. In the coming year we will continue to work to address these challenges and improve outcomes across all services. It has also been an exciting year with Inverclyde being recognised through a number of local and national awards as well as the ongoing positive Care Inspectorate inspections across all registered services.

The focus on outcomes has given us an opportunity to think differently about how we deliver services and how we being to address inequalities. The 5 year strategic plan ensures we focus how the HSCP our partners can best work together to address inequalities and improve outcomes for people living in Inverclyde. A strong alliance with the Council led to a joint commitment to 1million anti-poverty fund. Throughout this report we reinforce the need to focus on outcomes and with this in mind, we have tried to use a format that is easy to read and visibly shows how and where we are indeed making a difference and ultimately improving the lives of the citizens of Inverclyde. The case studies are real life examples of how we are achieving our vision.

It has been a year of challenge, some disappointments and some success however, Inverclyde is ambitious, we always want to do better. As we work to improve and strive for excellence, it is important we continue to learn and develop. The impact of COVID will have a lasting legacy on Inverclyde however we have excellent staff and communities who care deeply about Inverclyde. We have a responsibility to deliver high quality service that make a difference to people lives. In 2019/20 we made significant strides forward however there is still much to do.



Louise Long
Corporate Director (Chief Officer)
Inverclyde HSCP, Municipal Buildings
Clyde Square, Greenock
PA15 1LY

Appendix: Glossary of abbreviations

A&E	Accident and Emergency department
ADL	Aids for Daily Living
ADRS	Alcohol and Drug Recovery Service
ANP	Advanced Nurse Practitioner
ASP	Adult Support and Protection
AWI	Adults With Incapacity
CAMHS	Child and Adolescent Mental Health Services
CJ / CJSW	Criminal Justice Social Work
CLW	Community Link Worker
CMHT	Community Mental Health Team
COPD	Chronic Obstructive Pulmonary Disease
CPO	Community Payback Orders
CRS	Community Response Service
DN	District Nurse
DZ	Data Zone
ESA	Employment Support Allowance
FLO	Florence
GGC	Greater Glasgow and Clyde Health Board
GP	General Practitioner
HSCP	Health and Social Care Partnership
IJB	Integration Joint Board
LD	Learning Disability
LIAM	Let's Introduce Anxiety Management
LPGs	Locality Planning Groups
MDT	Multi-Disciplinary Team
MMR	Measles, Mumps and Rubella
MSG	Ministerial Strategic Group
NHS	National Health Service
NRS	National Records for Scotland
OPCMHT	Older Persons Community Mental Health Team
OT	Occupational Therapist
PCIP	Primary Care Improvement Plan
PCMHT	Primary Care Mental Health Team
PDS	Post Diagnostic Support
PHS	Public Health Scotland
RRTP	Rapid Rehousing Transition Plan
SCPHN	Specialist Community Public Health Nursing
SIMD	Scottish Index of Multiple Deprivation
SLT	Speech and Language Therapy
SMR	Scottish Morbidity Record
SPG	Strategic Planning Group
TEC	Technology Enabled Care
UNICEF	United Nations International Children's Emergency Fund

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

Arabic

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

Cantonese

本文件也可應要求，製作成其他語文或特大字體版本，也可製作成錄音帶。

Gaelic

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

Hindi

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

Mandarin

本文件也可应要求，制作成其它语文或特大字体版本，也可制作成录音带。

Polish


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


Punjabi

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

Urdu

درخواست پر یہ دستاویز دیگر زبانوں میں، بڑے حروف کی چھپائی اور سننے والے ذرائع پر بھی میسر ہے۔

 Inverclyde HSCP, Clyde Square, Greenock, PA15 1NB

 01475 715365

Inverclyde Health and Social Care Partnership

Hector McNeil House

Clyde Square

Greenock

PA15 1NB



Report To:	Inverclyde Integration Joint Board	Date:	21 September 2020
Report By:	Louise Long, Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	Report No:	VP/LP/095/20
Contact Officer:	Vicky Pollock	Contact No:	01475 712180
Subject:	Non-Voting Membership of the Integration Joint Board		

1.0 PURPOSE

- 1.1 The purpose of this report is to advise the Inverclyde Integration Joint Board (“IJB”) of a change in its non-voting membership arrangements.

2.0 SUMMARY

- 2.1 The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 sets out the arrangements for the membership of all Integration Joint Boards.
- 2.2 The Council staff representative on the IJB, Ms Robyn Garcha, has intimated her resignation from the IJB. It is proposed to appoint Ms Gemma Eardley in her place.
- 2.3 This report sets out the revised non-voting membership arrangements for the IJB.

3.0 RECOMMENDATIONS

- 3.1 It is recommended that the Inverclyde Integration Joint Board:-
- (1) notes the resignation of Ms Robyn Garcha as the Council staff representative non-voting member of the Inverclyde Integration Joint Board; and
 - (2) agrees the appointment of Ms Gemma Eardley as the Council staff representative non-voting member of the Inverclyde Integration Joint Board.

4.0 BACKGROUND

- 4.1 The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 (“the Order”) sets out the arrangements for the membership of all Integration Joint Boards.
- 4.2 The third sector representative member on the IJB, Ms Robyn Garcha, has intimated her resignation from the IJB with effect from 19 August 2020. It is proposed to appoint Ms Gemma Eardley in her place. Ms Eardley has, since 29 January 2019, been the proxy member for the Council staff representative on the IJB to cover attendance at meetings for a period of extended absence.
- 4.3 In terms of the Order, the IJB is required to appoint stakeholder members who are non-voting members. These must comprise at least one Council staff representative.

5.0 PROPOSALS

- 5.1 It is proposed that the IJB agree the revised IJB non-voting membership arrangements as set out in Appendix 1 Section C.

6.0 IMPLICATIONS

Finance

- 6.1 None.

Financial Implications:

One Off Costs

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

Annually Recurring Costs/ (Savings)

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

Legal

- 6.2 The membership of the IJB is set out in the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014.

Human Resources

- 6.3 None.

Equalities

- 6.4 There are no equality issues within this report.

- 6.4.1 Has an Equality Impact Assessment been carried out?

YES (see attached appendix)

X

NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

6.4.2 How does this report address our Equality Outcomes

There are no Equalities Outcomes implications within this report.

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

Clinical or Care Governance

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

National Wellbeing Outcomes

6.6 How does this report support delivery of the National Wellbeing Outcomes
There are no National Wellbeing Outcomes implications within this report.

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	None

continuously improve the information, support, care and treatment they provide.	
Resources are used effectively in the provision of health and social care services.	None

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 CONSULTATIONS

8.1 The Corporate Director (Chief Officer) has been consulted in the preparation of this report.

9.0 BACKGROUND PAPERS

9.1 N/A

Inverclyde Integration Joint Board Membership as at 31 August 2020

SECTION A. VOTING MEMBERS		
		Proxies (Voting Members)
Inverclyde Council	Councillor Jim Clocherty (Chair) Councillor Luciano Rebecchi Councillor Lynne Quinn Councillor Elizabeth Robertson	Councillor Robert Moran Councillor Gerry Dorrian Councillor Ronnie Ahlfeld Councillor John Crowther
Greater Glasgow and Clyde NHS Board	Mr Alan Cowan (Vice-Chair) Mr Simon Carr Ms Dorothy McErlean Ms Paula Speirs	
SECTION B. NON-VOTING PROFESSIONAL ADVISORY MEMBERS		
Chief Officer of the IJB	Louise Long	
Chief Social Worker of Inverclyde Council	Sharon McAlees	
Chief Finance Officer	Lesley Aird	
Registered Medical Practitioner who is a registered GP	Inverclyde Health & Social Care Partnership Clinical Director Dr Hector MacDonald	
Registered Nurse	Chief Nurse Dr Deirdre McCormick	
Registered Medical Practitioner who is not a registered GP	Dr Chris Jones	
SECTION C. NON-VOTING STAKEHOLDER REPRESENTATIVE MEMBERS		
A staff representative (Council)	Ms Gemma Eardley	
A staff representative (NHS Board)	Ms Diana McCrone	
A third sector representative	Ms Charlene Elliott Chief Executive CVS Inverclyde	Proxy - Mr Bill Clements Programme/Deputy Manager CVS Inverclyde

A service user	Mr Hamish MacLeod Inverclyde Health and Social Care Partnership Advisory Group	Proxy - Ms Margaret Moyse
A carer representative	Ms Christina Boyd	Proxy – Ms Heather Davis
SECTION D. ADDITIONAL NON-VOTING MEMBERS		
Representative of Inverclyde Housing Association Forum	Mr Stevie McLachlan, Head of Customer Services, River Clyde Homes	

INVERCLYDE INTEGRATION JOINT BOARD – 24 AUGUST 2020

Inverclyde Integration Joint Board

Monday 24 August 2020 at 2pm

Present: Councillors J Clocherty, L Quinn, L Rebecchi and E Robertson, Mr S Carr, Mr A Cowan, Ms D McErlean, Ms P Speirs, Dr D McCormick, Ms L Long, Ms S McAlees, Ms L Aird, Ms G Eardley, Ms D McCrone, Mr H MacLeod and Ms C Elliott.

Chair: Councillor Clocherty presided.

In attendance: Mr A Stevenson, Head of Health & Community Care, Ms A Malarkey, Interim Head of Homelessness, Mental Health and Drug & Alcohol Recovery Services, Ms V Pollock (for Head of Legal & Property Services), Ms S Lang and Ms D Sweeney (Legal & Property Services) and Mr G Barbour, Service Manager Communications, Tourism and Health & Safety.

The meeting took place via video-conference.

69 **Apologies, Substitutions and Declarations of Interest**

69

Apologies for absence were intimated on behalf of Dr H MacDonald, Ms C Boyd and Mr S McLachlan.

Councillor Robertson declared an interest in Agenda Item 12 (Reporting by Exception – Governance of HSCP Commissioned External Organisations).

Prior to the commencement of business the Integration Joint Board welcomed Ms Paula Speirs who had recently been appointed as a voting member by Greater Glasgow & Clyde NHS Board.

70 **HSCP COVID-19 Recovery Planning Update**

70

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on the COVID-19 recovery planning process prior to entering Phase 3 of the recovery plan which runs from August 2020 until February 2021.

The Board also heard a presentation by Ms Long on Inverclyde's response to the COVID-19 pandemic. The presentation provided information on the impact of the pandemic, the position in relation to care homes, an overview of the planning approach adopted and established principles applied, the recovery strategy put in place and the learning experience and strengths which had become apparent as a result of the crisis. Thereafter Ms Long and other officers answered a number of questions from IJB members.

During the course of discussion on this item, it was noted that a report would be submitted to the September meeting of the IJB on the proposed response to the upcoming flu season, including any staffing implications.

Decided:

- (1) that the progress made with regard to local services and plans in preparation for the transition to Phase 3 of the HSCP recovery plan which runs from August 2020 until February 2021 be noted; and
- (2) that the communication plan be submitted to the next meeting of the IJB.

INVERCLYDE INTEGRATION JOINT BOARD – 24 AUGUST 2020

- 71 Voting Membership of the Inverclyde Integration Joint Board and Audit Committee 71**
- There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership (1) advising the IJB of a change in its voting membership arrangements and (2) requesting agreement of the appointment of a voting member of the IJB to the Inverclyde Integration Joint Board Audit Committee (“IJB Audit Committee”).
- Decided:**
- (1) that the appointment by Greater Glasgow & Clyde NHS Board of Ms Paula Speirs as a voting member of Inverclyde Integration Joint Board be noted; and
- (2) that Paula Speirs be appointed to serve on the Inverclyde Integration Joint Board Audit Committee as a Greater Glasgow & Clyde NHS Board voting member.
- 72 Minute of Meeting of Inverclyde Integration Joint Board of 23 June 2020 72**
- There was submitted the minute of the Inverclyde Integration Joint Board of 23 June 2020.
- Decided:** that the minute be agreed.
- 73 Rolling Action List 73**
- There was submitted the rolling action list of items arising from previous decisions of the Integration Joint Board.
- Decided:**
- (1) that the rolling action list be noted; and
- (2) that the format of the rolling action list be revised, following consideration by the senior management team and taking account of the comments made at the IJB and that the revised rolling action list be submitted to the September meeting.
- 74 HSCP Workforce Plan 2020-2024 74**
- There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership seeking approval of the HSCP Workforce Plan 2020-2024 appended to the report which replaces the previous People Plan and supports the IJB’s Strategic Plan 2019-2024.
- Decided:**
- (1) that the work undertaken to date be noted;
- (2) that the HSCP Workforce Plan 2020-2024 be noted and approved;
- (3) that approval be given to the creation of a Staff Development Fund;
- (4) that the Chief Officer be authorised to issue Directions to the Council and Health Board on the basis of the report and the specific Direction at Appendix A; and
- (5) that a workforce update report be submitted to the June meeting of the IJB.
- 75 Staff Wellbeing and Resilience 75**
- There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on (1) the approach adopted, and support measures in place, to support staff wellbeing and resilience in Inverclyde and (2) progress towards development of a Wellbeing Plan.
- Decided:**
- (1) that the progress to date to support staff wellbeing and resilience be noted;

INVERCLYDE INTEGRATION JOINT BOARD – 24 AUGUST 2020

- (2) that it be noted that the approach undertaken aligns with the National Wellbeing Network led by the Minister for Health;
- (3) that it be noted that the approach taken is inclusive and integrated and includes Third and Independent Sector providers;
- (4) that approval be given to the approach to developing a Wellbeing Plan; and
- (5) that a further detailed report be submitted to the September meeting of the IJB.

76 Health & Social Care Additional Staffing – COVID-19

76

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership seeking approval for additional Health & Social Care staffing to address COVID-19 pressures and to enable the HSCP to deliver a safe and effective recovery plan within an acceptable timescale.

Decided:

- (1) that the current demands as detailed in the report and the implications of restarting court, children's hearing and hospital systems and the expected surge in activity be noted;
- (2) that approval be given to all new posts as outlined in section 6 of the report funded through existing budgets, additional funding and the COVID-19 Mobilisation Plan;
- (3) that the Chief Officer be authorised to issue Directions to the Council and Health Board on the basis of the report and the specific Direction at Appendix A; and
- (4) that regular updates on COVID-19 testing be provided to members of the Integration Joint Board and Elected Members.

77 HSCP Digital Strategy 2020-2024 – Proposed Direction of Travel

77

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership seeking approval of the appendix to the report which sets out the proposed direction of travel in relation to the HSCP Digital Strategy.

Decided:

- (1) that the work carried out to date be noted;
- (2) that agreement be given to the direction of travel as set out in the report and that a future report be submitted to the IJB on finance connected to Digital services.

78 Learning Disability (LD) Services

78

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on current issues in relation to the provision of Learning Disability Services in Inverclyde.

Decided:

- (1) that the recovery plan to recommence centre-based learning disability day services at the Fitzgerald Centre for 20% of service users by 11 August 2020 be noted and approved;
- (2) that the incremental approach which will be taken at first to embed social distancing, respiratory hygiene processes and PPE (including transport requirements) to allow a recommencement of learning disability day services support be noted;
- (3) that the potential steps which will be required for an anticipated second wave of COVID-19 infection which may require the stepping down of day services if recommended by Public Health Scotland be noted;
- (4) that the loss of income of £34,200 during the temporary closure to building-based services at the Fitzgerald Centre be noted; and

INVERCLYDE INTEGRATION JOINT BOARD – 24 AUGUST 2020

(5) that it be noted that the status of older people's day care will be reviewed by the service.

79 Learning Disability Redesign – LD Community Hub

79

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership (1) informing the IJB of the decision taken by Inverclyde Council in early 2020 to include £7.4m funding within the 2020/23 Capital Programme for the new learning disability (LD) community hub at the former Hector McNeil Baths site and (2) advising of ongoing development work relative to design of the LD community hub.

Decided:

- (1) that the decision of Inverclyde Council in early 2020 to include £7.4m within the 2020/23 Capital Programme for the new learning disability community hub at the former Hector McNeil Baths site be noted;
- (2) that it be noted that despite services being diverted to respond to COVID-19, structural work continues with Property Services to develop the site in terms of the early building concept and that online consultation has been carried out with service users facilitated by The Advisory Group; and
- (3) that a further report providing a more detailed timeline around the project build be submitted to a future meeting of the IJB.

Councillor Robertson declared a financial interest in Agenda Item 12 (Reporting by Exception – Governance of HSCP Commissioned External Organisations) as a paid consultant for Spark of Genius, one of the organisations listed in the report, and she left the meeting at this juncture, prior to its consideration.

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 during consideration of the following item on the grounds that the business involved the likely disclosure of exempt information as defined in Paragraphs 6 and 9 of Part I of Schedule 7A of the Act.

80 Reporting by Exception – Governance of HSCP Commissioned External Organisations

80

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on matters relating to the HSCP governance process for externally commissioned Social Care Services.

Decided:

- (1) that the governance report for the period 25 March to 20 July 2020 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.

INVERCLYDE INTEGRATION JOINT BOARD

ROLLING ACTION LIST

Meeting Date and Minute Reference	Action	Responsible Officer	Timescale	Progress/Update/Outcome	Status
10 September 2019 (Para 76(3))	Technology Enabled Care (TEC) – Further report on conclusion of feedback from National Workstreams	Head of Health & Community Care	June 2020	Update Report	March 2021
4 November 2019 Para 94(5)	Mental Health Strategy – Outcome of Peer Recovery Model	Head of Mental Health, Addictions & Homelessness	September 2020	Progress on pilot	March 2021
4 November 2019 Para 98(2)	Implementation of Primary Care Improvement Plan Update (May 2020)	Head of Health & Community Care	May 2020	Update report	December 2020
28 January 2020 Para 8(2)	Criminal Justice Social Work Inspection – Update on Improvement Action Plan	Health of Children & Families & Criminal Justice	May 2020	Update report Updated report will be presented to the next committee cycle	December 2020
28 January 2020 Para 9(3)	Review of Support to Locality Planning Groups (after first year)	Head of Strategy & Support Services	June 2021	Review report	Delayed
28 January 2020 Para 12(2)	Living Well – Proposals to Progress Model	Head of Health & Community Care	June 2020	Update report	December 2020
17 March 2020 (Para 28(9))	Relationship between Joint Commissioning Plan for Unscheduled Care and Set Aside Budget	Head of Strategy & Support Services	June 2020	Update report	COMPLETE
17 March 2020 (Para 29(2))	EIA – GP Out-of-Hours Service and Equity of Access (September 2020)	Head of Health & Community Care	September 2020	Update report	October 2020

Meeting Date and Minute Reference	Action	Responsible Officer	Timescale	Progress/Update/Outcome	Status
17 March 2020 (Para 32(2))	Hard Edges – Evaluation Report (Later in 2020)	Health of Children & Families & Criminal Justice	November 2020	Update report Updated report will be prepared for next committee cycle , main issue will be care navigator posts and voluntary through care work	November 2020
17 March 2020 (Para 39(2))	Immunisations and Screenings Uptake by People with a Learning Disability	Head of Health & Community Care	September 2020	Update report	November 2020
12 May 2020 (Para 51(2))	Presentation on COVID-19 deaths analysis once completed	Head of Strategy & Support Services	June 2020	Report on agenda	COMPLETE
12 May 2020 (Para 51(3))	Funding for IT for Portable Work Expansion	Head of Strategy & Support Services	June 2020	Report on the agenda	COMPLETE
12 May 2020 (Para 51(4))	HSCP Draft Digital Strategy	Head of Strategy & Support Services	August 2020	SPG in summer	COMPLETE
12 May 2020 (Para 51(6))	Plans for Development of Humanitarian Work	Chief Officer	September	Meeting has taken place and term of reference agreed	September 2020 THEREAFTER COMPLETE
23 June 2020 (Para 62(5))	Report on Care Homes including analysis of implications of COVID-19	Head of Health & Community Care	December		December 2020
23 June 2020 (Para 63(3))	Finalised Unscheduled Care Commissioning Plan	Head of Strategy & Support Services	March 2021		March 2021
23 June 2020 (Para 65(2))	Use of Staffing Underspend for Succession Planning	Chief Financial Officer	December 2020	Will be included in P7 IJB monitoring report in January 2020	December 2020
24 August 2020 (Para 70(2))	COVID-19 Recovery Communication Plan (September 2020)	Chief Officer	September 2020	Report on agenda	November 2020
24 August 2020 (Para 73(2))	Updating of Rolling Action List (September 2020)	Head of Strategy & Support Services	September 2020	Report on Agenda	September 2020 THEREAFTER COMPLETE

Meeting Date and Minute Reference	Action	Responsible Officer	Timescale	Progress/Update/Outcome	Status
24 August 2020 (Para 74(5))	Workforce Update Report – June IJB	Head of Strategy & Support Services	June 2021	Annual report which will be presented each June	June 2021
24 August 2020 (Para 75(4))	Staff Wellbeing & Resilience – Detailed Report (September 2020)	Health of Children & Families & Criminal Justice	September 2020		November 2020
24 August 2020 (Para 77(2))	In-Year Plan for Digital Investment (late in 2020)	Head of Strategy & Support Services	September 2020	Report on Agenda	September 2020 THEREAFTER COMPLETE
24 August 2020 (Para 77(3))	Future Digital Plans – March IJB	Head of Strategy & Support Services	March 2021	Annual report which will be presented each March	March 2021
24 August 2020 (Para 79(3))	LD Community Hub – Detailed Timeline for Project Build	Head of Health & Community Care			

Report To:	Inverclyde Integration Joint Board	Date:	21 September 2020
Report By:	Louise Long, Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	Report No:	VP/LP/094/20
Contact Officer:	Vicky Pollock	Contact No:	01475 712180
Subject:	Inverclyde Integration Joint Board - Directions		

1.0 PURPOSE

- 1.1 The purpose of this report is to provide the Inverclyde Integration Joint Board (IJB) with a new Directions policy which has been developed in line with the provisions of the Public Bodies (Joint Working) (Scotland) Act 2014 and statutory guidance from the Scottish Government.

2.0 SUMMARY

- 2.1 The existing IJB policy on directions dates from August 2016 and has not been reviewed or updated since this time.
- 2.2 The Directions policy at Appendix 1 has been developed to ensure compliance with the statutory guidance on Directions issued by the Scottish Government in January 2020. It seeks to enhance governance, transparency and accountability between the IJB and its partner organisations – Inverclyde Council and NHS Greater Glasgow and Clyde - by setting out a clear framework for the setting and review of Directions and confirming governance arrangements. It also implements the actions contained within the agreed action plan made by Internal Audit in respect of the IJB's use of Directions from the 2018/19 audit of IJB Directions.

3.0 RECOMMENDATIONS

- 3.1 It is recommended that the Inverclyde Integration Joint Board:
- Notes the content of this report, the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 and the statutory guidance issued by the Scottish Government in January 2020 in relation to Directions; and
 - Approves the IJB Directions Policy and Procedure and IJB Directions template set out in Appendices 1, 2 and 3 of this report.

4.0 BACKGROUND

- 4.1 The Public Bodies (Joint Working) (Scotland) Act 2014 (“the Act”) established the legal framework for integrating health and social care in Scotland. The Act required Integration Authorities to integrate strategic planning and service provision arrangements, and develop a Strategic Plan for the integrated functions and budgets delegated by Health Boards and Local Authorities.
- 4.2 Inverclyde IJB was established as a separate legal entity in 2015. The IJB has the full autonomy and capacity to act on its own behalf and so can make decisions about its function and responsibilities as it sees fit. The IJB then directs NHS Greater Glasgow and Clyde and Inverclyde Council to act on its behalf.
- 4.3 The Inverclyde Health and Social Care Partnership (HSCP) published its Strategic Plan 2019 – 24 in April 2019 and associated Six Big Actions setting out how it will plan for and delivery services for the area over the medium term, using delegated integrated budgets under its control, to drive forward transformational change.
- 4.4 In line with Sections 26 to 28 of the Act, Inverclyde IJB has in place a mechanism to action its Strategic Plan, and this mechanism takes the form of binding directions from the IJB to one or both of NHS Greater Glasgow and Clyde and Inverclyde Council.
- 4.5 Directions are the means by which the IJB tells the Health Board and the Council what is to be delivered using the integrated budget, and for Inverclyde IJB to improve the quality and sustainability of care, as outlined in its Strategic Plan and in support of transformational change. A direction must be given in respect of every function that has been delegated to the IJB. Directions are a legal mechanism, the use of directions is not optional for IJBs, Health Boards or Local Authorities, it is obligatory.
- 4.6 Directions are a key aspect of governance and accountability between partners. Nationally, this has previously been unrecognised, with the effect that there is a lack of transparency, governance and accountability for integrated functions that are under the control of IJBs, and delivered by Health Boards and Local Authorities.
- 4.7 The Ministerial Strategic Group for Health and Community Care (MSG) published its report on the review of progress with integration (February 2019). This contained 25 proposals intended to increase the pace and effectiveness of integration, and one of the proposals was that statutory guidance on directions would be published to support improved practice in issuing and implementing directions.
- 4.8 The Directions policy at Appendix 1 has been developed to ensure compliance with the statutory guidance on Directions issued by the Scottish Government in January 2020. It seeks to enhance governance, transparency and accountability between the IJB and its partner organisations – Inverclyde Council and NHS Greater Glasgow and Clyde - by setting out a clear framework for the setting and review of Directions and confirming governance arrangements.
- 4.9 Inverclyde IJB has, since 2016, issued high level directions which are continually reviewed as part of the IJB Chief Financial Officer’s regular financial reporting and this practice will continue. The updated Directions policy, together with the associated Directions procedure (Appendix 2) will provide the IJB with an effective method of issuing and monitoring directions.
- 4.10 The key elements of the new direction policy are:
 - i. Enhanced governance arrangements to ensure that directions are clearly associated with an IJB decision, with clear roles and responsibilities defined.
 - ii. A focus on delivering change by ensuring that directions are formulated or revised at any point during the year in response to service redesign, transformation and financial developments.
 - iii. A clear statement in respect of partner responsibilities around the implementation of directions.

- iv. Enhanced performance monitoring arrangements including the development of a directions log.
- v. A commitment to reviewing the directions policy every two years or sooner in the event of new guidance or good practice becoming available.

5.0 FORMAT OF DIRECTIONS

- 5.1 No template or model for Directions has been prescribed by the Scottish Government. The format of Directions is therefore a matter for each individual IJB, subject to the requirements detailed in the Act and the statutory guidance. A revised template for IJB Directions is attached at Appendix 3. It ensures consistency with the templates used by other IJBs in the NHS GG&C area and completion of the template will ensure that Directions issued by the IJB comply with the statutory requirements.
- 5.2 A Directions log will be established and will be maintained and updated by the Council's Legal Services.
- 5.3 Subject to IJB approval, the new policy will be implemented by the end of September 2020 and will be reviewed every 2 years.

6.0 PROPOSALS

- 6.1 It is proposed that the IJB agree the Directions Policy and Procedure and Directions template set out at Appendices 1, 2 and 3 of this report.

7.0 IMPLICATIONS

Finance

- 7.1 There are no financial implications arising from this report.

Financial Implications:

One Off Costs

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

Annually Recurring Costs/ (Savings)

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

Legal

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

Human Resources

- 7.3 There are no HR implications arising from this report.

Equalities

- 7.4 There are no equality issues within this report.

7.4.1 Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
X	NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy which has a differential impact on any of the protected characteristics. Therefore, no Equality Impact Assessment is required.

7.4.2 How does this report address our Equality Outcomes

There are no Equalities Outcomes implications within this report.

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

Clinical or Care Governance

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

National Wellbeing Outcomes

7.6 How does this report support delivery of the National Wellbeing Outcomes
There are no National Wellbeing Outcomes implications within this report.

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	None

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.	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

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	

9.0 CONSULTATIONS

8.1 The Corporate Director (Chief Officer), Chief Financial Officer and Chief Internal Auditor have been consulted in the preparation of this report.

10.0 BACKGROUND PAPERS

10.1 Link to Scottish Government Statutory Guidance on Directions:
<https://www.gov.scot/publications/statutory-guidance-directions-integration-authorities-health-boards-local-authorities/>



INVERCLYDE INTEGRATION JOINT BOARD

DIRECTIONS POLICY

SEPTEMBER 2020

DOCUMENT CONTROL

Document Responsibility		
Name	Title	Service
IJB Standards Officer	IJB Directions Policy	Legal & Property Services

Change History		
Version	Date	Comments
1.0	September 2020	Approved by IJB - TBC

Policy Review		
Review Date	Person Responsible	Service
September 2022	IJB Standards Officer	Legal & Property Services

Directions Policy

1	Introduction	4
2	Policy Aims	4
3	Legislative/Policy Framework	4
4	Definition and Purpose of Directions.....	4
5	Policy Implementation.....	5
6	Review of policy.....	5

1 Introduction

- 1.1 Inverclyde Health and Social Care Partnership (HSCP) has a duty to develop a strategic plan for integrated functions and budgets under its control. Integrated Authorities require a mechanism to action the strategic plans and this mechanism takes the form of binding directions from the Integration Joint Board to one or both of the Health Board (NHS Greater Glasgow and Clyde) and Local Authority (Inverclyde Council).

2 Policy Aims

- 2.1 The policy seeks to enhance governance, transparency and accountability between the IJB and its partner organisations, Inverclyde Council and NHS Greater Glasgow and Clyde, by clarifying responsibilities and relationships. The policy has been developed to ensure compliance with Scottish Government statutory guidance on directions.

3 Legislative/Policy Framework

- 3.1 The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) states that an Integration Joint Board must give a direction to a constituent authority to carry out each function delegated to the integration authority.
- 3.2 The final report of the Ministerial Strategic Group (MSG) Health and Community Care Review of Progress with Integration, published February 2019, proposed enhanced governance and accountability arrangements.
- 3.3 Revised statutory guidance on directions was finalised by the Scottish Government in January 2020. This statutory guidance informed the development of this policy, to ensure it meets key requirements to improve governance, transparency and accountability between partners.

4 Definition and Purpose of Directions

- 4.1 Directions are a legal mechanism intended to clarify responsibility requirements between partners. Directions are the means by which the IJB directs Inverclyde Council and NHS Greater Glasgow and Clyde on what services are to be delivered using the integrated budget - (i.e. the budget which is allocated to the IJB and for which the IJB is responsible).
- 4.2 Directions must be given in respect of functions that have been delegated to the IJB. They must provide sufficient detail to enable Inverclyde Council and NHS Greater Glasgow and Clyde to discharge their statutory duties under the Act.
- 4.3 Specific directions can be given to NHS Greater Glasgow and Clyde, Inverclyde Council or both depending on the services to be provided. However, directions should not be issued unnecessarily and should be proportionate.
- 4.4 A direction will stand until it is revoked, varied or superseded by later direction in respect of the same function.
- 4.5 In summary, the purpose of directions is to set a clear framework for the operational delivery of the functions that have been delegated to the IJB. All

directions must be in writing. Functions may be described in terms of delivery of services, achievement of outcomes and/or the strategic plan priorities.

5 Policy Implementation

- 5.1 This policy has been developed in line with the provisions set out in the Public Bodies (Joint Working) (Scotland) Act 2014 and Scottish Government statutory guidance January 2020.
- 5.2 The policy defines what a direction is and is underpinned by the directions procedure, which has been put into place to support the development of new or revised directions.
- 5.3 Directions are informed by a number of factors, including but not limited to:
 - i. Content of the IJB Strategic Plan;
 - ii. Specific service redesign or transformation programmes linked to an approved co-produced business case;
 - iii. Financial changes or developments (e.g. additional funding opportunities, matters relating to set-aside budgets or requirement to implement a recovery plan);
 - iv. A change in local circumstances; and
 - v. A fundamental change to practice or operations.

6 Review of policy

- 6.1 This Directions Policy will be reviewed every two years or sooner in the event of new guidance or good practice becoming available.

Background reading / reference documents

- Public Bodies (Joint Working) (Scotland) Act 2014
- Good Practice Note: Directions from Integration Authorities to Health Boards and Local Authorities (The Scottish Government, March 2016)
- Ministerial Strategic Group (MSG) Health and Community Care Review of Progress with Integration
- Statutory Guidance: Directions from Integration Authorities to Health Boards and Local Authorities (The Scottish Government, January 2020)



INVERCLYDE INTEGRATION JOINT BOARD

DIRECTIONS PROCEDURE

SEPTEMBER 2020

DOCUMENT CONTROL

Document Responsibility		
Name	Title	Service
IJB Standards Officer	IJB Directions Procedure	Legal & Property Services

Change History		
Version	Date	Comments
1.0	September 2020	Approved by IJB - TBC

Policy Review		
Review Date	Person Responsible	Service
September 2022	IJB Standards Officer	Legal & Property Services

Directions Procedure

1	Introduction.....	4
2	Formulating Directions.....	4
3	Approving and issuing directions.....	4
4	Implementation and monitoring of directions	5
5	Performance and Effectivness Controls	5
	Background reading / reference documents	6
	Appendix A – Summary of Procedure.....	7
	Appendix B - Directions Template.....	8

Integration Joint Board Directions Procedure

1 Introduction

- 1.1 This procedure sets out the process for formulating, approving, issuing and reviewing directions for the Inverclyde Integration Joint Board (IJB) to issue to partner organisations Inverclyde Council (IC) and NHS Greater Glasgow and Clyde (NHSGCC). A summary of the procedure is outlined at Appendix A.

2 Formulating Directions

- 2.1 Directions provide the mechanism for delivering the strategic plan, for conveying and enacting the decisions of the IJB, clarifying responsibilities between partners, and improving accountability.
- 2.2 The direction template (Appendix B) will be used to formulate each direction and will be clearly associated with an IJB decision, for example to approve a specific change or to transform a service.
- 2.3 Directions must identify the integrated health and social care function it relates to, and include information on the financial resources that are available for carrying out this function and provide information on the delivery requirements.
- 2.4 The Senior Management Team (SMT) currently has responsibility for considering all draft decisions before submission to the IJB and overseeing the delivery of the strategic plan and therefore will play a key role in helping to shape directions.
- 2.5 As directions are formulated at the end of a process of decision-making which has included wider engagement with partners as part of commissioning and co-production, a direction should therefore not come as a surprise to either partner.
- 2.6 As directions will continue to evolve in response to service change/redesign and investment priorities, new or revised directions may be formulated at any point during the year and submitted to the IJB for approval

3 Approving and issuing directions

- 3.1 The IJB is responsible for approving all directions. They will mainly be issued at the start of the financial year. However, in order to provide flexibility and take account of strategic and financial developments and service changes, or a change in local circumstances, directions may be issued at any time, subject to formal approval by the IJB.
 - 3.2 All reports to the IJB will identify the implications for directions and will make a clear recommendation regarding the issuing of directions, for example if a new direction is required, or an existing direction is to be varied or revoked.
 - 3.3 The detail of the new or revised direction will be appended to the IJB report using the direction template (Appendix B), following the direction reference naming convention and will be submitted to the IJB for approval.
 - 3.4 Once approved, written directions and the associated report will be emailed, within 7 days of IJB approval, by the Chief Officer, on behalf of the IJB, to the Chief Executives of either or both partner organisations (NHSGGC and IC). Chief Executives will be asked to acknowledge receipt of directions.
-

4 Implementation and monitoring of directions

- 4.1 IC and NHSGCC are responsible for complying with and implementing the IJB's directions. Should either partner experience difficulty in implementing a direction, or require further detail regarding expectations, this should be brought to the attention of the Chief Officer in the first instance.
- 4.2 The Chief Officer will ensure that all directions are reviewed annually through the work of the IJB Audit Committee and IJB.
- 4.3 The IJB's Audit Committee will assume responsibility for maintaining an overview of progress with the implementation of directions, requesting a mid-year progress report, and escalating key delivery issues to the IJB.
- 4.4 The responsibility for maintaining an overview of directions and ensuring that these reflect strategic needs and priorities sits with the Chief Financial Officer and Chief Officer
- 4.5 A direction log has been developed which includes the function(s) covered, direction reference number, and date of issue, identification of which delivery partner is issued with the direction and the total resource committed. This log will be used to monitor and report progress on the delivery of each direction.
- 4.6 Recommendations for variation, closure and new directions will mainly be brought to the IJB at the start of each financial year. However it is expected that new directions will be brought forward throughout the year to reflect strategic developments and service transformation

5 Performance and Effectiveness Controls

- 5.1 The performance and effectiveness controls will inform the review of directions set by the IJB. The following controls will inform the annual review:
 - A policy is in place to define the aims and purpose of directions
 - The requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 have been met
 - The directions have been clearly stated
 - The directions issued comply with the Scottish Government's Statutory Guidance
 - The procedure ensures directions clearly align to the Strategic Plan
 - The procedure ensures directions are communicated with IC and NHSGCC, including setting expectations for their completion.
 - A procedure is in place to ensure directions are subsequently revised during the year in response to developments and there is a process in place to revoke/supersede previous versions.
 - There is a robust process in place for annual reporting and monitoring arrangements, ensuring they are clear and implemented in practice.
-

Appendices

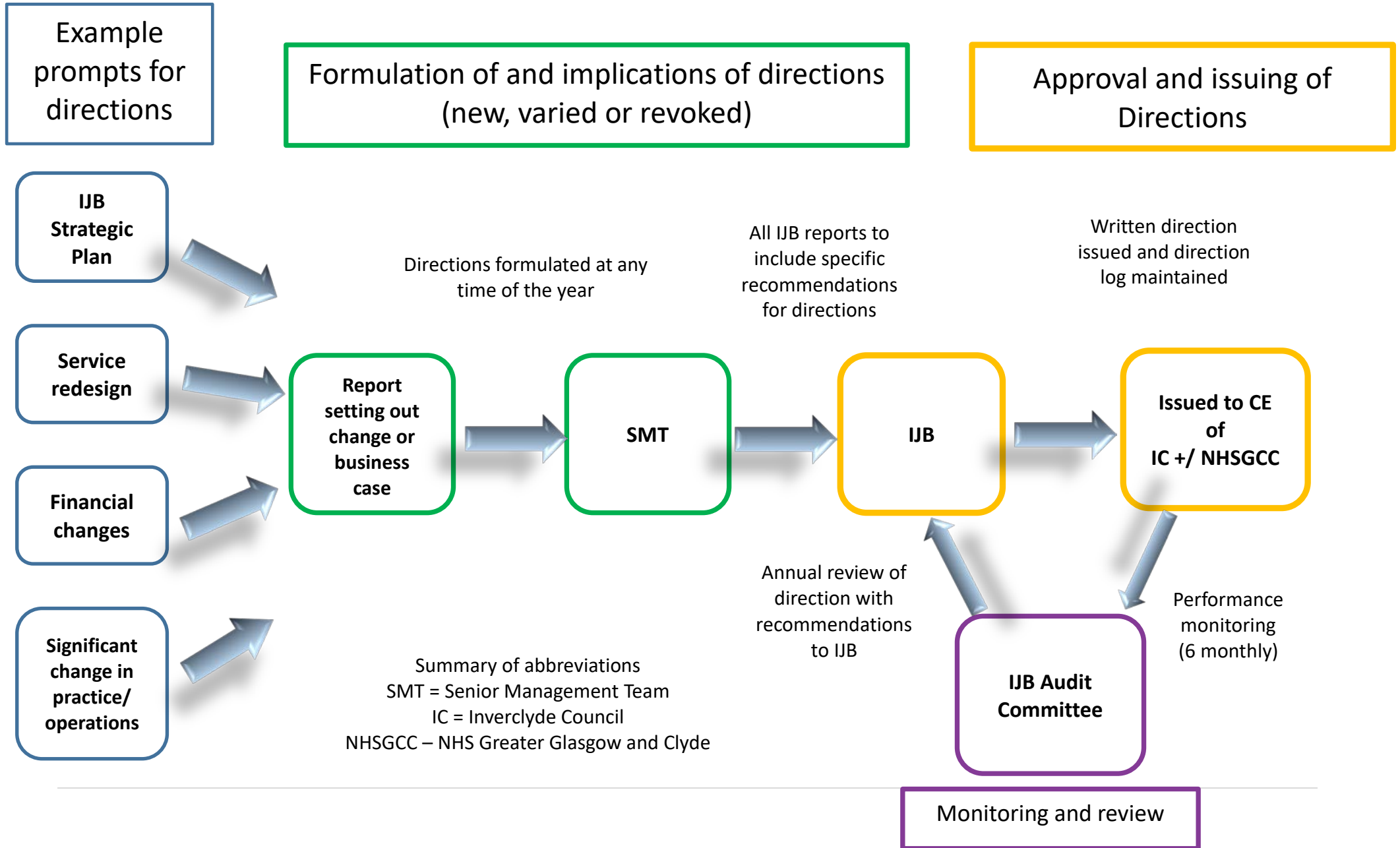
Appendix A provides a summary of process outlined in the direction procedure.

Appendix B provides the Template for formulating and issuing direction(s).

Background reading / reference documents

- Public Bodies (Joint Working) (Scotland) Act 2014
 - Good Practice Note: Directions from Integration Authorities to Health Boards and Local Authorities (The Scottish Government, March 2016)
 - Ministerial Strategic Group (MSG) Health and Community Care Review of Progress with Integration
 - Statutory Guidance: Directions from Integration Authorities to Health Boards and Local Authorities (The Scottish Government, January 2020)
-

Appendix A – Summary of Procedure



Appendix B - Directions Template.



INVERCLYDE INTEGRATION JOINT BOARD

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

1	Reference number	<i>Date of IJB Meeting-Agenda item number e.g. IJB/51/2020/LL</i>
2	Report Title	<i>Title of report to IJB</i>
3	Date direction issued by IJB	<i>Date of IJB meeting</i>
4	Date from which direction takes effect	<i>Date determined by IJB, cannot pre-date the meeting where the direction is made</i>
5	Direction to:	Inverclyde Council only NHS Greater Glasgow and Clyde only Inverclyde Council and NHS Greater Glasgow and Clyde jointly <i>(delete as appropriate)</i>
6	Does this direction supersede, revise or revoke a previous direction – if yes, include the reference number(s)	No Yes (reference number:_____) Supersedes / Revises / Revokes <i>(delete as appropriate)</i>
7	Functions covered by direction	<i>List all functions subject to direction, e.g. Residential Care for Older People, Occupational Therapy, Mental Health Services etc.</i>
8	Full text of direction	<i>Outline clearly what the IJB is directing the Council, Health Board or both to do.</i> <i>The level of specificity is a matter of judgement to be determined by the IJB in relation to each Direction.</i>

9	Budget allocated by IJB to carry out direction	<i>State the financial resources allocated to enable the Council, Health Board or both to carry out the direction. Where the direction relates to multiple functions or care groups, the financial allocation for each need to be specified/listed. The Direction will specify any savings to be made.</i>
10	Outcomes	<i>Detail of what the Direction is intended to achieve. What is the link to the Strategic Plan and the National Health and Wellbeing Outcomes.</i>
11	Performance monitoring arrangements	In line with the agreed Performance Management Framework of the Inverclyde Integration Joint Board and the Inverclyde Health and Social Care Partnership. This Direction will be monitored and progress reported bi-annually. <i>(use alternative text if different arrangements in place)</i>
12	Date direction will be reviewed	<i>Date, no more than 1 year in the future</i>

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

1	Reference number	<i>Date of IJB Meeting-Agenda item number e.g. IJB/51/2020/LL</i>
2	Report Title	<i>Title of report to IJB</i>
3	Date direction issued by IJB	<i>Date of IJB meeting</i>
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7	Functions covered by direction	<i>List all functions subject to direction, e.g. Residential Care for Older People, Occupational Therapy, Mental Health Services etc.</i>
8	Full text of direction	<i>Outline clearly what the IJB is directing the Council, Health Board or both to do. The level of specificity is a matter of judgement to be determined by the IJB in relation to each Direction.</i>
9	Budget allocated by IJB to carry out direction	<i>State the financial resources allocated to enable the Council, Health Board or both to carry out the direction. Where the direction relates to multiple functions or care groups, the financial allocation for each need to be specified/listed. The Direction will specify any savings to be made.</i>
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11	Performance monitoring arrangements	In line with the agreed Performance Management Framework of the Inverclyde Integration Joint Board and the Inverclyde Health and Social Care Partnership. This Direction will be monitored and progress reported bi-annually. <i>(use alternative text if different arrangements in place)</i>
12	Date direction will be reviewed	<i>Date, no more than 1 year in the future</i>

Report To: Inverclyde Integration Joint Board **Date:** 21 September 2020

Report By: Louise Long **Report No:** IJB/60/2020/LA
Corporate Director (Chief Officer)
Inverclyde Health & Social Care
Partnership

Contact Officer: Lesley Aird **Contact No:** 01475 715381
Chief Financial Officer

Subject: FINANCIAL MONITORING REPORT 2020/21 – PERIOD TO 30 JUNE
2020, PERIOD 3

1.0 PURPOSE

- 1.1 The purpose of this report is to advise the Inverclyde Integration Joint Board (IJB) of the Revenue and Capital Budgets, other Income Streams and Earmarked Reserves position for the current year with a detailed report as at Period 3 to 30 June 2020.

2.0 SUMMARY

- 2.1 The detailed report outlines the financial position at Period 3 to the end of June 2020. The Covid-19 pandemic has created significant additional cost pressures across the Health & Social Care Partnership (HSCP). While funding is anticipated from the Scottish Government to cover projected, costs this report only reflects funding that has been confirmed/received to date.
- 2.2 The current year-end operating projection for the Partnership includes £6.653m of net Covid-19 costs for which £1.203m of funding has been already been confirmed/received. Funding is anticipated but not yet confirmed for the balance of £5.450m (£4.077m Social Care Services and £1.373m Health). This is partially offset by an anticipated underspend of £0.035m on Social Care core budgets bringing the overall potential budget pressure to £5.415m. A further £25m of national funding for social care has been announced but the amount being distributed to each HSCP is still to be confirmed. For Health initial funding is expected in September but at this stage the amount of that is unconfirmed.
- 2.3 As in previous years, the IJB has financial commitments in place in relation to a net £3.001m spend against its Earmarked Reserves in year for previously agreed multi-year projects and spend, including the impact of any transfers to/from reserves as a result of anticipated over and under spends.
- 2.4 The Chief Officer and Heads of Service will continue to work to mitigate any projected budget pressures and keep the overall IJB budget in balance for the remainder of the year. It is proposed that as in previous years, any over or under spend is taken from or added to IJB reserves.
- 2.5 The report outlines the current projected spend for the Transformation Fund.
- 2.6 The assets used by the IJB and related capital budgets are held by the Council and Health Board. Planned capital spend in relation to Partnership activity is budgeted as

£0.175m for 2020/21 with no actual spend to date.

- 2.7 The IJB holds a number of Earmarked and General Reserves; these are managed in line with the IJB Reserves Policy. The total Earmarked Reserves available at the start of this financial year were £7.709m, with £0.741m in Un-Earmarked Reserves, giving a total Reserve of £8.450m. The projected year-end position is a carry forward of £5.449m.

3.0 RECOMMENDATIONS

3.1 It is recommended that the Integration Joint Board:

1. Notes the current Period 3 forecast position for 2020/21 and Period 3 detailed report contained in (Appendices 1-3);
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. Approves the planned use of the Transformation Fund (Appendix 6)
4. Notes the current capital position (Appendix 7);
5. Notes the current Earmarked Reserves position (Appendix 8).

Louise Long
Corporate Director (Chief Officer)

Lesley Aird
Chief Financial Officer

4.0 BACKGROUND

- 4.1 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.
- 4.2 The IJB Budget for 2020/21 was set on 17 March 2020. The table below summarises the agreed budget and funding together with the projected operating outturn for the year as at 30 June:

	Revised Budget 2020/21 £000	Projected Projected Outturn £000	Projected Over/(Under) Spend £000
Social Work Services	70,646	74,688	4,042
Health Services	75,092	76,465	1,373
Set Aside	23,956	23,956	0
HSCP NET EXPENDITURE	169,694	175,109	5,415
FUNDED BY			
Transfer from / (to) Reserves	0	(35)	(35)
NHS Contribution to the IJB	117,342	117,342	0
Council Contribution to the IJB	52,352	52,352	0
HSCP FUNDING	169,694	169,659	(35)
Unfunded Covid Costs	0	5,450	5,450
Planned Use of Reserves	(3,036)	(3,001)	35
Annual Accounts CIES Position (if anticipated Covid costs aren't covered in full)	(3,036)	(8,451)	(5,415)

4.3 Updated Finance Position and Forecasting to Year-end

Timelines for Committee paper submission mean that, by necessity, finance reports are often a couple of months old by the time they come to the IJB. To address this an updated finance summary detailing any significant changes to financial forecasts from the report date to the current period will be provided as part of the monitoring report presentation from the October report onwards each year.

This ensures that the Board continues to receive the full detailed finance pack but is also updated on any substantive changes to the forecast position between the pack date and the meeting date.

4.4 Covid-19 Mobilisation Plans

Local Mobilisation Plan (LMP) submissions are made monthly through the Health Board to the Scottish Government detailing projected and actual covid costs on a month to month basis. This report reflects the current projected costs and confirmed income in relation to this.

- 4.5 Appendix 1A details the current projected covid costs and confirmed income, this ties back with the latest LMP.

- Projected costs for the year based on the August submission are £6.653m (£5.280m Social Care and £1.373m Health).

- Funding of £1.203m has been confirmed/received for Social Care.
- Health funding is expected to be confirmed mid September.
- A further £25m of national funding for social care has been announced but the amount being distributed to each HSCP is still to be confirmed.
- Further funding for both Health and Social Care is expected and will be reflected in future monitoring reports once amounts are confirmed.
- The table at the top of Appendix 1a details the spend across social care and health on Employee costs, Supplies and Services etc.
- Within the body of the report some social care net covid costs totalling £3.250m have been included in specific budget lines. A balance of £0.827m per the LMP is not specifically allocated at this stage in the Council ledger so is shown separately in the report
- Within Health the entirety of the net covid cost is shown separate to core budgets, totalling £1.373m
- The table at the bottom of Appendix 1a shows a summary of the specific areas this spend is projected across
- Actual costs to 31st July are £2.313m (£1.296m Social Care, £1.017m Health

5.0 SOCIAL WORK SERVICES

- 5.1 For Social Care Covid spend is projected to be £5.280m for the year with the biggest elements of that being provider sustainability payments and additional staffing costs. That projection is still based on high level estimates for payments to providers at this stage while claims are still being submitted so the final cost may be lower. Covid funding confirmed/received to date from the Scottish Government is £1.203m. The projected outturn for social work services at 30 June 2018 is £4.077m potential overspend, however, it is anticipated that further Covid funding will be confirmed which will substantially reduce or remove this projected pressure. The Social work pressure is partially offset by a £0.035m underspend for core social work services.
- 5.2 The Social Work budget includes agreed savings of £1.044m. £0.050m of this related to income growth which as a result of the Covid-19 pandemic is not expected to be realised. This has been reflected within this report and the Mobilisation Plan which captures all Covid related spend and underspends. The Mobilisation Plan is updated and submitted to the Scottish Government monthly. It is anticipated that the remaining savings will be delivered in full during the year.

Appendix 2 contains details of the Social Work outturn position. The main projected variances are linked to Covid. Appendix 2A provides an extract from the Council's report to the Health & Social Care Committee. Other key projected social work budget variances include the following.

Underspends due to:

- A projected underspend of £1.102m within Residential and Nursing Care client commitments as a result of a reduction in the number of beds.
- A £0.281m projected underspend within External Homecare based on the invoices received, projecting up to the end of the year, as well as an additional £0.150m adjustment for packages on the assumption that full service delivery will be reintroduced now that lockdown is easing.
- Additional turnover savings being projected across services £0.083m
- A projected underspend of £0.040m on Domiciliary & Short Breaks Respite.
- A £0.025m projected underspend of £0.025m within ADRS client commitments.

Offset in part by:

- A projected overspend of £0.578m within Learning Disability Client commitments with the increased costs reflecting necessary uplifts in clients' packages relating to increased needs.
- Within Criminal Justice a £0.342m projected overspend as a result of shared client package costs with Learning Disabilities on the assumption that there will be no

additional funding from the Scottish Government.

- A projected overspend of £0.297m in Children's Residential Placements after full utilisation of the smoothing Earmarked Reserve.
- A £0.157m projected overspend on agency staff costs within Mental Health.
- A projected overspend of £0.106m within Physical Disabilities Client commitments, which is the full year impact of new clients in 2019/20.

6.0 HEALTH SERVICES

6.1 For Health Covid spend is projected to be £1.373m for the year with the biggest elements of that being additional staffing costs and support agreed nationally for Hospices. Covid funding for Health is expected to be confirmed/received in September. The projected outturn for health services at 30 June 2018 is £1.373m potential overspend pending Covid funding confirmation, the rest is in line with the revised budget.

6.2 The total budget pressure for Health was £1.924m which was covered in full by the 3% funding uplift.

6.3 Mental Health Inpatients

When it was originally established the IJB inherited a significant budget pressure related to mental health inpatient services due to the high levels of special observations required in that area. Work has been ongoing locally to minimise this pressure. In addition Mental Health provision across GG&C is under review and it is anticipated that this, together with local work, will address this budget pressure for this and future years.

6.4 At Period 3 the year to date overspend on Mental Health is £0.128m.

6.5 The service has successfully addressed elements of the historic overspend. This budget is closely monitored throughout the year and work will be done to ensure that the underlying budget is sufficient for core service delivery going forward.

6.6 Prescribing

Currently projected as in line with budget. This has been based on latest advice from the prescribing teams. Any overall over or underspend on prescribing will be taken from or transferred to the Prescribing Smoothing Reserve. The prescribing position will be closely monitored throughout the year.

6.7 To mitigate the risk associated with prescribing cost volatility, the IJB agreed as part of this and prior year budgets to invest additional monies into prescribing. However, due to the uncertain, externally influenced nature of prescribing costs, this remains an area of potential financial risk going forward. This year Covid 19 and Brexit both add to the complexity around forecasting full year prescribing costs.

6.8 GP Prescribing is experiencing in-year pressure due to increased premiums paid for drugs that are on short supply, many as a result of the pandemic causing supply line delays. These short supply issues may continue for the remainder of the financial year, therefore, in line with advice from the NHS GG&C Prescribing Team we have estimated using our full prescribing budget. GP Prescribing remains a volatile budget, a drug going on short supply can have significant financial consequences.

6.9 Set Aside

- The Set Aside budget in essence is the amount "set aside" for each IJB's consumption of large hospital services.
- Initial Set Aside base budgets for each IJB were based on their historic use of certain Acute Services including: A&E Inpatient and Outpatient, general medicine,

- Rehab medicine, Respiratory medicine and geriatric medicine.
- Legislation sets out that Integration Authorities are responsible for the strategic planning of hospital services most commonly associated with the emergency care pathway along with primary and community health care and social care.
- The Set Aside functions and how they are used and managed going forward are heavily tied in to the commissioning/market facilitation work that is ongoing

Work is continuing across GG&C around Unscheduled Care to further refine the Set Aside position within GG&C for each HSCP. Further updates will be brought to the IJB as available.

7.0 VIREMENT AND OTHER BUDGET MOVEMENTS AND DIRECTIONS

7.1 Appendix 4 details the virements and other budget movements that the IJB is requested to note and 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. The updated Directions linked to these budget changes are shown in Appendix 5. These require both the Council and Health Board to ensure that all services are procured and delivered in line with Best Value principles.

8.0 TRANSFORMATION FUND

8.1 Transformation Fund

The Transformation Fund was set up at the end of 2018/19. The Fund has since been replenished from further year-end underspends. At the beginning of this financial year the Fund balance was £2.045m. Spend against the plan is done on a bids basis through the Transformation Board. Appendix 6 details the current agreed commitments against the fund. At Period 3 there is £0.666m still uncommitted. Proposals with a total value in excess of £0.100m will require the prior approval of the IJB.

- The SWIFT Replacement Project Proposal, if approved, would represent an additional investment from the fund of £0.359m.

9.0 CURRENT CAPITAL POSITION - nil Variance

9.1 The Social Work capital budget is £9.753m over the life of the projects with £0.175m budgeted to be spent in 2020/21.

9.2 Crosshill Children's Home:

- The former Neil Street Children's Home is in use as temporary decant accommodation for the Crosshill residents.
- The demolition of the existing Crosshill building was completed in Autumn 2018. Main contract works commenced on site in October 2018.
- As previously reported the contract had experienced delays on site and was behind programme. The Main Contractor (J.B. Bennett) ceased work on site on 25th February 2020 and subsequently entered administration. The site was secured with arrangements made to address temporary works to protect the substantially completed building.
- Following contact with the Administrators it was confirmed that the Council would require to progress a separate completion works contract to address the outstanding works. A contract termination notice has been issued for the original contract.
- The ability to progress the preparation of a completion works contract for re-tender has been impacted due to the Covid-19 lockdown and restrictions with consultants

only having recently returned from furlough. Tender documents are currently being prepared. A revised programme to completion will be advised post tender return.

9.3 New Learning Disability Facility

The project involves the development of a new Inverclyde Community Learning Disability Hub. The new hub will support and consolidate development of the new service model and integration of learning disability services with the wider Inverclyde Community in line with national and local policy. The February 2020 Health & Social Care Committee approved the business case, preferred site (former Hector McNeil Baths) and funding support for the project with allocation of resources approved by the Inverclyde Council on 12th March 2020. The Covid-19 situation has impacted the ability to progress the project with the construction industry phased re-start only approved as of mid-June 2020 and with the supply chain and consultants return from furlough still on-going. The progress to date is summarised below:

- Additional site information being procured following supply chain return / availability e.g. extended topographical information.
- Initial space planning and accommodation schedule interrogation work being undertaken through Technical Services to inform outline design in preparation for wider stakeholder consultation.
- Preparation of external consultant tender documents for remainder of design team appointments following supply chain return and ability to tender.
- Work through Legal Services in connection with the public consultation required in respect of the re-appropriation of the Hector McNeil site will recommence shortly as had been suspended due to the Covid-19 situation.

9.4 Swift Upgrade

The project involves the replacement of the current Swift system. In March the Council and IJB approved spend of £0.843m for the system, £0.6m from the Council and £0.243m from prudential borrowing funded by the the IJB. There has been a delay going back out to tender because of Covid. An update report will be brought to the September IJB meeting detailing the impact of the delay and other proposed changes.

10.0 EARMARKED RESERVES

- 10.1 The IJB holds a number of Earmarked and Un-Earmarked Reserves; these are managed in line with the IJB Reserves Policy. Total Earmarked Reserves available at the start of this financial year were £7.709m, with £0.741m in Un-Earmarked Reserves, giving a total Reserve of £8.450m. To date at Period 3, £1.347m of new reserves are expected in year, £0.359m has been spent, projected carry forward at the year-end is £5.449m. Appendix 8 shows all reserves under the following categories. The projected movement in reserves for the year is £3.001m:

	Opening Balance	New Funds in Year	Spend to Date	Projected C/fwd
Ear-Marked Reserves				
Scottish Government Funding - funding ringfenced for specific initiatives	749	0	0	0
Existing Projects/Commitments - many of these are for projects that span more than 1 year	3,259	1,293	327	2,097
Transformation Projects - non recurring money to deliver transformational change	2,853	0	32	2,053
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	848	54	0	523
TOTAL Ear-Marked Reserves	7,709	1,347	359	4,673
General Reserves	741	0	0	741
TOTAL Reserves	8,450	1,347	359	5,414
Projected Movement (use of)/transfer in to Reserves				(3,001)

11.0 STATUTORY ACCOUNTS COMPREHENSIVE INCOME & EXPENDITURE STATEMENT (CIES)

11.1 The creation and use of reserves during the year, while not impacting on the operating position, will impact the year-end CIES outturn. For 2020/21, it is anticipated that as a portion of the brought forward £8.450m and any new Reserves are used the CIES will reflect a deficit. At Period 3, that CIES deficit is projected to be the same as the projected movement in reserves detailed in Paragraph 10.1 above and Appendix 8.

12.0 DIRECTIONS

12.1 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

13.0 IMPLICATIONS

13.1 FINANCE

All financial implications are discussed in detail within the report above.

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
N/A					

Annually Recurring Costs / (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From	Other Comments

N/A					
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LEGAL

13.2 There are no specific legal implications arising from this report.

HUMAN RESOURCES

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

EQUALITIES

13.4 There are no equality issues within this report.

Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
√	NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

13.5 How does this report address our Equality Outcomes?

There are no Equalities Outcomes implications within this report.

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

13.6 **CLINICAL OR CARE GOVERNANCE IMPLICATIONS**

There are no governance issues within this report.

13.7 **NATIONAL WELLBEING OUTCOMES**

How does this report support delivery of the National Wellbeing Outcomes

There are no National Wellbeing Outcomes implications within this report.

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for	None

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	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

14.0 CONSULTATION

- 14.1 This report has been prepared by the IJB Chief Financial Officer. The Chief Officer, the Council's Chief Financial Officer and Director of Finance NHSGGC have been consulted.

15.0 BACKGROUND PAPERS

- 15.1 None.

INVERCLYDE HSCP**REVENUE BUDGET 2020/21 PROJECTED POSITION****PERIOD 3: 1 April 2020 - 30 June 2020**

SUBJECTIVE ANALYSIS	Budget 2020/21 £000	Revised Budget 2020/21 £000	Projected Out-turn 2020/21 £000	Projected Over/(Under) Spend £000	Percentage Variance
Employee Costs	52,285	53,929	54,647	718	1.3%
Property Costs	1,095	1,108	1,513	405	36.6%
Supplies & Services	49,969	50,064	52,324	2,260	4.5%
Family Health Services	25,973	27,352	27,352	0	0.0%
Prescribing	18,535	18,086	18,086	0	0.0%
Transfer from / (to) Reserves	0	0	0	0	0.0%
Income	(3,970)	(4,801)	(4,969)	(168)	3.5%
Covid-19 Unallocated & Unfunded costs (net)	0	0	2,200	2,200	0.0%
HSCP NET DIRECT EXPENDITURE	143,887	145,738	151,153	5,415	3.7%
Set Aside	23,956	23,956	23,956	0	0.0%
HSCP NET TOTAL EXPENDITURE	167,843	169,694	175,109	5,415	3.2%

OBJECTIVE ANALYSIS	Budget 2020/21 £000	Revised Budget 2020/21 £000	Projected Out-turn 2020/21 £000	Projected Over/(Under) Spend £000	Percentage Variance
Strategy & Support Services	2,095	2,109	2,194	85	4.0%
Older Persons	30,253	30,697	31,465	768	2.5%
Learning Disabilities	12,241	12,319	12,848	529	4.3%
Mental Health - Communities	6,833	6,946	7,089	143	2.1%
Mental Health - Inpatient Services	9,051	9,336	9,336	0	0.0%
Children & Families	14,013	14,252	14,893	641	4.5%
Physical & Sensory	3,009	2,911	3,130	219	7.5%
Alcohol & Drug Recovery Service	3,490	3,516	3,457	(59)	-1.7%
Assessment & Care Management / Health & Community Care	9,867	9,567	9,571	4	0.0%
Support / Management / Admin	6,318	7,280	7,256	(24)	-0.3%
Criminal Justice / Prison Service **	0	63	418	355	0.0%
Homelessness	1,095	1,097	1,651	554	50.5%
Family Health Services	25,973	27,352	27,352	0	0.0%
Prescribing	18,744	18,294	18,294	0	0.0%
Covid-19 Unallocated & Unfunded costs (net)	0	0	2,200	2,200	0.0%
Unallocated Funds	905	0	0	0	0.0%
HSCP NET DIRECT EXPENDITURE	143,887	145,738	151,153	5,415	3.7%
Set Aside	23,956	23,956	23,956	0	0.0%
HSCP NET TOTAL EXPENDITURE	167,843	169,694	175,109	5,415	3.2%
FUNDED BY					
NHS Contribution to the IJB	91,598	93,386	93,386	0	0.0%
NHS Contribution for Set Aside	23,956	23,956	23,956	0	0.0%
Council Contribution to the IJB	52,289	52,352	52,352	0	0.0%
Projected Covid Costs for which funding is not yet confirmed	0	0	5,450	5,450	0.0%
Transfer from / (to) Reserves	0	0	(35)	(35)	0.0%
HSCP NET INCOME	167,843	169,694	175,109	5,415	3.2%
HSCP OPERATING SURPLUS/(DEFICIT)	0	0	0	0	-0.5%
Anticipated movement in reserves ***	(3,036)	(3,036)	(3,001)		
HSCP ANNUAL ACCOUNTS REPORTING SURPLUS/(DEFICIT)	(3,036)	(3,036)	(3,001)		

** Fully funded from external income hence nil bottom line position.

*** See Reserves Analysis for full breakdown

INVERCLYDE HSCP - COVID 19**REVENUE BUDGET 2020/21 PROJECTED POSITION****PERIOD 3: 1 April 2020 - 30 June 2020**

SUBJECTIVE ANALYSIS - COVID 19 based on August 2020 Mobilisation Plan submission and confirmed funding	Social Care Projected Out-turn 2020/21 £000	Health Projected Out-turn 2020/21 £000	TOTAL Projected Out-turn 2020/21 £000
Employee Costs	1,544	688	2,232
Property Costs	3	3	6
Supplies & Services	3,521	585	4,106
Family Health Services			0
Prescribing		97	97
Loss of Income	212		212
PROJECTED COVID RELATED NET SPEND	5,280	1,373	6,653

Confirmed Scottish Government Funding	(1,203)		(1,203)
POTENTIAL PROJECTED COVID RELATED OVERSPEND	4,077	1,373	5,450

Allocated vs Unallocated costs in the monitoring report			
Spend Allocated in Monitoring Report to specific services/cost lines	3,250	0	3,250
Balance of unallocated anticipated costs	827	1,373	2,200
	4,077	1,373	5,450

Summarised Mobilisation Plan	Social Care	Health	Revenue
H&SCP Costs	2020/21	2020/21	2020/21 £000
Delayed Discharge Reduction- Additional Care Home Beds	374		374
Personal protection equipment	156	52	208
Deep cleans	3	3	6
Additional staff Overtime and Enhancements	84	252	336
Additional temporary staff spend - Student Nurses & AHP		367	367
Additional temporary staff spend - Health and Support Care Workers	615		615
Additional costs for externally provided services (including PPE)	2,392		2,392
Social Care Support Fund- Costs for Children & Families Services	844		844
Additional FHS Prescribing		97	97
Community Hubs		140	140
Loss of income	212		212
Other- Revenue Equipment and Supplies	67	67	135
Other- Homelessness and Criminal Justice	476		476
Hospices		396	396
Staffing support, including training & staff wellbeing	6		6
Expected underachievement of savings (HSCP)	50		50
Total	5,280	1,373	6,653

SOCIAL CARE**REVENUE BUDGET 2020/21 PROJECTED POSITION****PERIOD 3: 1 April 2020 - 30 June 2020**

SUBJECTIVE ANALYSIS	Budget 2020/21 £000	Revised Budget 2020/21 £000	Projected Out-turn 2020/21 £000	Projected Over/(Under) Spend £000	Percentage Variance
SOCIAL CARE					
Employee Costs	28,573	29,531	30,249	718	2.4%
Property costs	1,090	1,103	1,508	405	36.7%
Supplies and Services	860	870	1,416	546	62.8%
Transport and Plant	376	379	379	0	0.0%
Administration Costs	755	758	700	(58)	-7.7%
Payments to Other Bodies	41,285	41,639	43,411	1,772	4.3%
Resource Transfer	(16,723)	(18,294)	(18,294)	0	0.0%
Income	(3,927)	(3,634)	(3,802)	(168)	4.6%
Balance of Covid-19 unallocated costs (net)	0	0	827	827	0.0%
SOCIAL CARE NET EXPENDITURE	52,289	52,352	56,394	4,042	7.7%

OBJECTIVE ANALYSIS	Budget 2020/21 £000	Revised Budget 2020/21 £000	Projected Out-turn 2020/21 £000	Projected Over/(Under) Spend £000	Percentage Variance
SOCIAL CARE					
Strategy & Support Services	1,590	1,664	1,749	85	5.1%
Older Persons	30,253	30,697	31,465	768	2.5%
Learning Disabilities	11,732	11,783	12,312	529	4.5%
Mental Health	3,654	3,696	3,839	143	3.9%
Children & Families	10,766	10,800	11,441	641	5.9%
Physical & Sensory	3,009	2,911	3,130	219	7.5%
Alcohol & Drug Recovery Service	1,799	1,771	1,712	(59)	-3.3%
Business Support	2,788	3,283	3,259	(24)	-0.7%
Assessment & Care Management	2,326	2,882	2,886	4	0.1%
Criminal Justice / Scottish Prison Service	0	63	418	355	0.0%
Resource Transfer	(16,723)	(18,294)	(18,294)	0	0.0%
Homelessness	1,095	1,097	1,651	554	50.5%
Balance of Covid-19 unallocated costs (net)	0	0	827	827	0.0%
SOCIAL CARE NET EXPENDITURE	52,289	52,352	56,394	4,042	7.7%

COUNCIL CONTRIBUTION TO THE IJB	Budget 2020/21 £000	Revised Budget 2020/21 £000	Projected Out-turn 2020/21 £000	Projected Over/(Under) Spend £000	Percentage Variance
Council Contribution to the IJB	52,289	52,352	52,352	0	
Projected Covid Costs for which funding is not yet confirmed	0	0	4,077	4,077	
Transfer from / (to) Reserves	0	0	0	(35)	

SOCIAL CARE
PERIOD 3: 1 April 2020 - 30 June 2020

Extract from report to the Health & Social Care Committee

This is the current projected overspend including covid related pressures contained within the Covid 19 Local Mobilisation Plan.

<p>Children & Families: Projected £641,000 (5.93%) overspend Included in the projection are Covid costs of £374,000 re additional staffing costs, of which £46,000 can be funded via Attainment Grant funding.</p> <p>The balance of the projected overspend primarily relates to External Residential Placements, which is showing a net overspend against Core of £297,000. We currently have 11 children in external placements, which is unchanged from the position at the end of 2019/20.</p> <p>Where possible any over/ underspends on adoption, fostering, kinship and children's external residential accommodation and continuing care are transferred from/ to the earmarked reserves at the end of the year. These costs are not included in the above figures.</p> <p>The opening balance on the children's external residential accommodation, adoption, fostering and kinship reserve is £325,000. At period 3 there is a projected net overspend of £622,000 of which £325,000 would be funded from the earmarked reserve at the end of the year if it continues, leaving an overspend against Core of £297,000 as referenced above.</p> <p>The opening balance on the continuing care reserve is £565,000. At period 3 there is a projected net overspend of £119,000 which would be funded from the earmarked reserve at the end of the year if it continues.</p>
<p>Criminal Justice: Projected £355,000 (17.96%) overspend Included in the projection are Covid costs of £20,000 re additional staffing costs, which can be funded by the Section 27 Grant.</p> <p>The projected overspend primarily relates to client package costs of £342,000 shared with Learning Disabilities on the assumption that there will be no additional funding from Scottish Government.</p> <p>It should be noted that the percentage variance is based on the grant total not the net budget.</p>
<p>Older People: Projected £768,000 (2.90%) overspend Included in the projection are Covid costs of £2,061,000 which relate to the 12-week block purchase of 32 care home beds, care home sustainability payments to 15 July 2020, additional external homecare costs based on payment for planned hours, additional PPE & equipment costs and additional staffing costs within Homecare.</p> <p>The residual projected underspend of £1,293,000 mainly comprises:</p> <p>A projected underspend of £1,102,000 within Residential and Nursing Care as a result of a significant reduction in the number of beds, projecting at 501 beds for the remainder of the year.</p> <p>A projected underspend of £281,000 within External Homecare based on the invoices received, projecting up to the end of the year, as well as an additional £150k adjustment for packages on the assumption that full service delivery will be reintroduced now that lockdown is easing.</p> <p>A projected net overspend of £76,000 on Employee Costs of which in the main due projected overspends against the turnover target and travel & subsistence</p> <p>Historically, any over / underspends on residential & nursing accommodation are transferred from /to the earmarked reserve at the end of the year. These costs are then not included in the above figures. The balance on the reserve is £223,000. However, as at period 3 we are not showing any transfer of the residential & nursing underspend to the earmarked reserve. There is the potential that the £1.102m may need to be used to fund the additional care home costs arising due to Covid, which would change the projected outturn in future reports.</p>
<p>Learning Disabilities: Projected £529,000 (6.49%) overspend Included in the projection are Covid costs of £116,000 which relate to lost day services income and additional staffing costs.</p> <p>The residual projected overspend comprises:</p> <p>A projected overspend of £578,000 within Client commitments which is comparable with the position reported for 2019/20 with the increased costs reflecting necessary uplifts in clients' packages relating to increased needs.</p> <p>A projected underspend of £165,000 on employee costs mainly due to vacant posts within day services resulting in additional turnover being achieved.</p>
<p>Physical & Sensory: Projected £219,000 (8.95%) overspend Included in the projection are Covid costs of £56,000 which relate to additional staffing costs and lost income.</p> <p>The residual overspend comprises:</p> <p>A projected overspend of £106,000 within Client commitments, which is the full year impact of new clients in 2019/20.</p> <p>A projected overspend of £58,000 within Employee Costs, which is due to the projected shortfall of £49,000 against the turnover target and minor overspends against other employee costs.</p>
<p>Assessment and Care Management: Projected £4,000 (0.18%) overspend Included in the projection are Covid costs of £31,000 which relate to additional staffing costs.</p>

The residual projected underspend reflects in the main a projected underspend of £40,000 against Respite provision.

Mental Health: Projected £143,000 (9.68%) overspend

The projected overspend comprises:

A £157,000 projected overspend on agency staff costs as approved by CMT in 2019/20.

A projected underspend within administration costs of £20,000 against legal fees, which is consistent with the 2019/20 outturn position.

Alcohol and Drugs Recovery Service: Projected £59,000 (5.95%) underspend

Included in the projection are Covid costs of £16,000 which relate to client-related transportation costs.

The projected underspend comprises:

A net over-recovery of turnover target of £50,000 on employee costs due to vacancies being held in connection with the addictions review.

An underspend of £25,000 within client commitments

Homelessness: Projected £554,000 (50.92%) overspend

Included in the projection are Covid costs of £589,000 which relates to the costs of additional Temporary Furnished Flats in connection with both the Covid-related reduced capacity of the Inverclyde Centre and the early release of prisoners as well as additional costs of B&Bs.

Strategy and Support Services: Projected £85,000 (5.11%) underspend

Included in the projection are Covid costs of £47,000 which relate to additional staffing costs

The residual projected overspend consists mainly of a shortfall of £38,000 against a planned saving re the upgrade of Swift which has been delayed. This will be funded via the Transformation earmarked reserve and this funding is included as a planned use of reserves in the Table in section 6.0.

Business Support: Projected £24,000 (0.83%) underspend

Included in the projection are Covid costs of £6,000 which relate to additional staffing costs.

The residual projected underspend comprises a projected net underspend of £23,000 on employee costs mainly due to vacant posts resulting in additional turnover being achieved.

HEALTH**REVENUE BUDGET 2020/21 PROJECTED POSITION****PERIOD 3: 1 April 2020 - 30 June 2020**

SUBJECTIVE ANALYSIS	Budget 2020/21 £000	Revised Budget 2020/21 £000	Projected Out-turn 2020/21 £000	Projected Over/(Under) Spend £000	Percentage Variance
HEALTH					
Employee Costs	23,712	24,398	24,398	0	0.0%
Property	5	5	5	0	0.0%
Supplies & Services	6,693	6,418	6,418	0	0.0%
Family Health Services (net)	25,973	27,352	27,352	0	0.0%
Prescribing (net)	18,535	18,086	18,086	0	0.0%
Resource Transfer	16,723	18,294	18,294	0	0.0%
Income	(43)	(1,167)	(1,167)	0	0.0%
Covid-19 costs (net)	0	0	1,373	1,373	0.0%
HEALTH NET DIRECT EXPENDITURE	91,598	93,386	94,759	1,373	1.5%
Set Aside	23,956	23,956	23,956	0	0.0%
HEALTH NET DIRECT EXPENDITURE	115,554	117,342	118,715	1,373	1.2%

OBJECTIVE ANALYSIS	Budget 2020/21 £000	Revised Budget 2020/21 £000	Projected Out-turn 2020/21 £000	Projected Over/(Under) Spend £000	Percentage Variance
HEALTH					
Children & Families	3,247	3,452	3,452	0	0.0%
Health & Community Care	7,541	6,685	6,685	0	0.0%
Management & Admin	3,530	3,997	3,997	0	0.0%
Learning Disabilities	509	536	536	0	0.0%
Alcohol & Drug Recovery Service	1,691	1,745	1,745	0	0.0%
Mental Health - Communities	3,179	3,250	3,250	0	0.0%
Mental Health - Inpatient Services	9,051	9,336	9,336	0	0.0%
Strategy & Support Services	505	445	445	0	0.0%
Family Health Services	25,973	27,352	27,352	0	0.0%
Prescribing	18,744	18,294	18,294	0	0.0%
Unallocated Funds/(Savings)	905	0	0	0	0.0%
Resource Transfer	16,723	18,294	18,294	0	0.0%
Covid-19 costs (net)	0	0	1,373	1,373	0.0%
HEALTH NET DIRECT EXPENDITURE	91,598	93,386	94,759	1,373	1.5%
Set Aside	23,956	23,956	23,956	0	0.0%
HEALTH NET DIRECT EXPENDITURE	115,554	117,342	118,715	1,373	1.2%

HEALTH CONTRIBUTION TO THE IJB	Budget 2020/21 £000	Revised Budget 2020/21 £000	Projected Out-turn 2020/21 £000	Projected Over/(Under) Spend £000	Percentage Variance
NHS Contribution to the IJB	115,554	117,342	117,342	0	

Budget Movements 2020/21

Appendix 4

Inverclyde HSCP Service	Approved Budget		Movements			Transfers (to)/ from Earmarked Reserves £000	Revised Budget
	2020/21 £000	Inflation £000	Virement £000	Supplementary Budgets £000	2020/21 £000		
Children & Families	14,013	0	239	0	0	14,252	
Criminal Justice	0	0	0	63	0	63	
Older Persons	30,253	0	444	0	0	30,697	
Learning Disabilities	12,241	0	78	0	0	12,319	
Physical & Sensory	3,009	0	(98)	0	0	2,911	
Assessment & Care Management/ Health & Community Care	9,867	0	(626)	326	0	9,567	
Mental Health - Communities	6,833	0	113	0	0	6,946	
Mental Health - In Patient Services	9,051	0	285	0	0	9,336	
Alcohol & Drug Recovery Service	3,490	0	26	0	0	3,516	
Homelessness	1,095	0	2	0	0	1,097	
Strategy & Support Services	2,095	0	14	0	0	2,109	
Management, Admin & Business Support	6,318	0	549	413	0	7,280	
Family Health Services	25,973	0	330	1,049	0	27,352	
Prescribing	18,744	0	(450)	0	0	18,294	
Resource Transfer	0	0	0	0	0	0	
Unallocated Funds *	905	0	(905)	0	0	0	
Totals	143,887	0	0	1,851	0	145,738	

* Unallocated Funds are budget pressure monies agreed as part of the budget which at the time of setting had not been applied across services eg pay award etc

Virement Analysis

	Increase Budget £000	(Decrease) Budget £000
Budget Virements since last report		
<u>Health - Reallocation of Unallocated Funds and in year uplifts as at P3</u>		
Children & Families	205	
Learning Disabilities	27	
Mental Health - Communities	71	
Mental Health - Inpatient Services	285	
Addiction / Substance Misuse	54	
Strategy & Support Services		60
Management, Admin & Business Support	54	
Family Health Services	330	
Prescribing - decrease in community tariff		450
Health & Community Care - transfer to Resource Transfer - Change Fund		1,182
Unallocated Funds/(Savings) - reallocated to specific budgets		905
<u>Social Care - Reallocation of Unallocated Funds and in year uplifts as at P3</u>		
Children & Families	35	
Learning Disabilities	50	
Physical Disabilities		98
Health & Community Care	443	
Mental Health - Communities	42	
Homelessness	2	
Addiction / Substance Misuse		28
Strategy & Support Services	74	
Assessment & Care Management	556	
Management, Admin & Business Support	495	

<u>Change Fund transfer from Health to Social Care budgets</u>		
Resource Transfer Health - mainly transfer from HCC - Change Fund	1,571	
Resource Transfer Social Care - mainly transfer from HCC - Change Fund		1,571
	4,294	4,294

Supplementary Budget Movement Detail

£000

£000

Criminal Justice		63
Additional in year CJ Funding	63	
Health & Community Care		326
Additional SG funding for Hospices partially offset by RT adjust	326	
Management & Admin		413
Balance of uplift	413	
Family Health Services		1,049
Non Cash Limited Budget Adjustment	1,049	
		1,851

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 2020/21 £000
SOCIAL CARE	
Employee Costs	29,531
Property costs	1,103
Supplies and Services	870
Transport and Plant	379
Administration Costs	758
Payments to Other Bodies	41,639
Income (incl Resource Transfer)	(21,928)
Social Care Transfer to EMR	0
SOCIAL CARE NET EXPENDITURE	52,352
Health Transfer to EMR	0

OBJECTIVE ANALYSIS	Budget 2020/21 £000
SOCIAL CARE	
Strategy & Support Services	1,664
Older Persons	30,697
Learning Disabilities	11,783
Mental Health	3,696
Children & Families	10,800
Physical & Sensory	2,911
Alcohol & Drug Recovery Service	1,771
Business Support	3,283
Assessment & Care Management	2,882
Criminal Justice / Scottish Prison	63
Change Fund	0
Homelessness	1,097
Unallocated Budget Changes	0
Resource Transfer	(18,294)
SOCIAL CARE NET EXPENDITURE	52,352

This direction is effective from 21 September 2020.

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 2020/21 £000
HEALTH	
Employee Costs	24,398
Property costs	5
Supplies and Services	6,418
Family Health Services (net)	27,352
Prescribing (net)	18,086
Resources Transfer	18,294
Unidentified Savings	0
Income	(1,167)
Transfer to EMR	0
HEALTH NET DIRECT EXPENDITURE	93,386
Set Aside	23,956
NET EXPENDITURE INCLUDING SCF	117,342

OBJECTIVE ANALYSIS	Budget 2020/21 £000
HEALTH	
Children & Families	3,452
Health & Community Care	6,685
Management & Admin	3,997
Learning Disabilities	536
Alcohol & Drug Recovery Service	1,745
Mental Health - Communities	3,250
Mental Health - Inpatient Services	9,336
Strategy & Support Services	445
Family Health Services	27,352
Prescribing	18,294
Unallocated Funds/(Savings)	0
Resource Transfer	18,294
HEALTH NET DIRECT EXPENDITURE	93,386
Set Aside	23,956
NET EXPENDITURE INCLUDING SCF	117,342

This direction is effective from 21 September 2020.

INVERCLYDE HSCP
TRANSFORMATION FUND
PERIOD 3: 1 April 2020 - 30 June 2020

Total Fund at 31/03/20	2,045,000
Balance Committed to Date*	1,379,339
Balance Still to be Committed	665,661

Current Projects List

*Balance Committed to Date excludes commitments funded in previous financial years

Ref	Project Title	Service Area	Approved IJB/TB	Date Approved	Updated Agreed Funding	Project Complete	Spend to date	Balance to spend
008	Sheltered Housing Support Services Review	Health & Community Care	TB	27/09/18	59,370		22,543	36,827
009	Equipment Store Stock system - £50k capital plus 1.5 yrs revenue costs up to £20k in total	ICIL	TB	09/01/19	70,000		69,784	216
010	TEC Reablement & Support to live independently. 6 month extension of H Grade post approved.	Homecare	TB	09/01/19	22,340		14,558	7,782
012	Long Term Conditions Nurses - 2 x 1wte Band 5 nurses to cover Diabetes, COPD and Hyper-tension for a fixed term of one year.	Community Nursing	IJB	29/01/19	80,500		60,300	20,200
013	Match Funding for CORRA bid to pilot 7 day Addictions Services	Addictions	IJB	29/01/19	150,000		0	150,000
014	Localities Engagement Officer - 2 years	Strategy & Support Services	IJB	27/03/19	121,000		70,583	50,417
015	Young Persons Engagement Officer 18 mths Big Actions 1 & 2	Children's Services	TB	27/03/19	51,100		0	51,100
018	CAMHS - Tier 3 service development - for 3 years	Children & Families	IJB	24/06/19	150,000		50,400	99,600
020	Legal Support - Commissioning £85k over 2 years. Approved 1 year initially.	Quality & Development	TB	01/05/19	42,500		5,729	36,771
022	SWIFT replacement project - extension of Project Manager contract by one year and employ fixed term Project Assistant for one year.	Quality & Development	TB	26/06/19	114,240		67,024	47,216
024	Temp HR advisor for 18 months to support absence management process and occupational health provision within HSCP.	Strategy & Support Services	TB	26/06/19	66,000		3,118	62,882

Ref	Project Title	Service Area	Approved IJB/TB	Date Approved	Updated Agreed Funding	Project Complete	Spend to date	Balance to spend
027	Autism Clinical/Project Therapist	Specialist Children's Services	TB	28/08/19	90,300		60,200	30,100
028	Strategic Commissioning Team - progressing the priorities on the Commissioning List.	Strategy & Support Services	IJB	10/09/19	200,000		5,597	194,403
030	Care Navigator Posts - Hard Edges report	Homelessness	IJB	17/03/20	100,000		0	100,000
031	Proud2Care - 18 months	Health & Community Care	IJB	23/06/20	110,000		0	110,000
032	SWIFT - deferred P&I Team Saving	Performance & Info	IJB	17/03/20	114,000		0	114,000

APPENDIX 7

INVERCLYDE HSCP - CAPITAL BUDGET 2020/21

PERIOD 3: 1 April 2020 - 30 June 2020

<u>Project Name</u>	<u>Est Total Cost</u> <u>£000</u>	<u>Actual to 31/3/20</u> <u>£000</u>	<u>Approved Budget 2020/21</u> <u>£000</u>	<u>Actual YTD</u> <u>£000</u>	<u>Est 2021/22</u> <u>£000</u>	<u>Est 2022/23</u> <u>£000</u>	<u>Future Years</u> <u>£000</u>
SOCIAL CARE							
Crosshill Children's Home Replacement	1,730	1,359	100	0	271	0	0
Inverclyde Centre for Independent Living Equipment Store Upgrade	7,400	0	75	0	3,825	3,500	0
SWIFT Upgrade	843	0	0	0	843	0	0
Completed on site	23	0	0	0	23	0	0
Social Care Total	9,996	1,359	175	0	4,962	3,500	0
HEALTH							
Health Total	0	0	0	0	0	0	0
Grand Total HSCP	9,996	1,359	175	0	4,962	3,500	0

EARMARKED RESERVES POSITION STATEMENT

APPENDIX 8

INVERCLYDE HSCP

PERIOD 3: 1 April 2020 - 30 June 2020

<u>Project</u>	<u>Lead Officer/ Responsible Manager</u>	<u>Planned Use By Date</u>	<u>b/f Funding 2019/20 £000</u>	<u>New Funding 2020/21 £000</u>	<u>Total Funding 2020/21 £000</u>	<u>YTD Actual 2020/21 £000</u>	<u>Projected Net Spend 2020/21 £000</u>	<u>Amount to be Earmarked for Future Years £000</u>	<u>Lead Officer Update</u>
Scottish Government Funding			749	0	749	0	749	0	
Mental Health Action 15	Anne Malarkey	31/03/2021	132		132		132	0	In year underspend will be carried forward earmarked for use on this SG initiative. Slippage in year will be carried forward
ADP	Anne Malarkey	31/03/2021	93		93		93	0	In year underspend will be carried forward earmarked for use on this SG initiative. Slippage in year will be carried forward
Covid-19	Louise Long	31/07/2021	400		400		400	0	SG funding for 2019/20 Covid-19 costs
PCIP	Allen Stevenson	31/03/2021	124		124		124	0	In year underspend will be carried forward earmarked for use on this SG initiative. Slippage in year will be carried forward
Existing Projects/Commitments			3,259	1,293	4,552	327	2,455	2,097	
Self Directed Support	Alan Brown	31/03/2021	43		43	0	43	0	This supports the continuing promotion of SDS.
Growth Fund - Loan Default Write Off	Lesley Aird	ongoing	24		24	0	1	23	Loans administered on behalf of DWP by the credit union and the Council has responsibility for paying any unpaid debt. This requires to be kept until all loans are repaid and no debts exist. Minimal use anticipated in 2020/21.
Integrated Care Fund	Allen Stevenson	ongoing	81	959	1,040	204	947	93	The Integrated Care Fund funding has been allocated to a number of projects, including reablement, housing and third sector & community capacity projects.
Delayed Discharge	Allen Stevenson	ongoing	195	334	529	85	479	50	Delayed Discharge funding has been allocated to specific projects, including overnight home support and out of hours support.
CJA Preparatory Work	Sharon McAlees	31/03/2021	112		112	20	93	19	Funding for temp SW within prison service £65k, fund shortfall of Community Justice Co-ordinator post £11k, Whole Systems Approach 20/21 £19k and £17k to contribute to unpaid works supervisor post
Continuing Care	Sharon McAlees	ongoing	565		565		254	311	To address continuing care legislation.
Rapid Rehousing Transition Plan (RRTP)	Anne Malarkey	31/03/2021	83		83	0	73	10	RRTP funding. Proposals taken to CMT and Committee - progression of Housing First approach and the requirement for a RRTP partnership officer to be employed, post was approved by CMT, March 2020. Expect post to be filled in 20/21. Some slippage in 2020-21 due to Covid - full spend is reflected in 5 year RRTP plan
Dementia Friendly Inverclyde	Anne Malarkey	tbc once Strategy finalised	100		100	0	100	0	Now linked to the test of change activity associated with the new care co-ordination work.
Primary Care Support	Allen Stevenson	31/03/2021	272		272	0	272	0	Funding for GP premises spend etc carried forward at yearend. Expected to be used
Contribution to Partner Capital Projects	Lesley Aird	ongoing	632		632			632	
LD Redesign	Allen Stevenson	31/03/2021	352		352	4	74	278	Balance of original £100k approved for spend to be spent in 2020/21. No further expenditure anticipated in year due to Covid.
Older People WiFi	Allen Stevenson	31/03/2021	20		20	0	20	0	Quotes being sought. Will be fully spent.

<u>Project</u>	<u>Lead Officer/ Responsible Manager</u>	<u>Planned Use By Date</u>	<u>b/f Funding 2019/20 £000</u>	<u>New Funding 2020/21 £000</u>	<u>Total Funding 2020/21 £000</u>	<u>YTD Actual 2020/21 £000</u>	<u>Projected Net Spend 2020/21 £000</u>	<u>Amount to be Earmarked for Future Years £000</u>	<u>Lead Officer Update</u>
Refugee Scheme	Sharon McAlees	31/03/2025	432		432	14	50	382	Funding to support Refugees placed in Inverclyde. Funding extends over a 5 year support programme. We anticipate further increasing this balance in 2020/21 due to the front-end loading of the income received from the Home Office. Funding agreed by the IJB for a 2 year CAHMS post EMR covers the contract term - potentially to 31 July 2024, if 1 year extension taken. Contract commences 1 August 2020 thus no use of EMR anticipated in 2020-21.
CAMHS Post	Sharon McAlees	31/03/2022	90		90	0	49	41	
Tier 2 School Counselling	Sharon McAlees	31/03/2024	258		258	0	0	258	
Transformation Projects			2,853	0	2,853	32	800	2,053	
Transformation Fund	Louise Long	ongoing	2,045		2,045	32	800	1,245	The impact of covid may delay spend against this project
Mental Health Transformation	Louise Long	ongoing	610		610			610	The impact of covid may delay spend against this project
Addictions Review	Anne Malarkey	31/03/2022	198		198		0	198	The impact of covid may delay spend against this project
Budget Smoothing			848	54	902	0	379	523	
C&F Adoption, Fostering Residential Budget Smoothing	Sharon McAlees	ongoing	325		325	0	325	0	This reserve is used to smooth the spend on children's residential accommodation, adoption, fostering & kinship costs over the years. Projection assumes EMR will be fully utilised in year
Residential & Nursing Placements	Allen Stevenson	ongoing	223		223	0	0	223	No use of this reserve anticipated at this time in 2020-21
Advice Services	Lesley Aird	31/03/2022	0	54	54	0	54	0	Smoothing reserve to aid the £105k 19/20 savings within advice service to be fully achieved by 21/22
Prescribing	Louise Long	ongoing	300		300	0	0	300	Smoothing reserve to cover any one off above budget costs within the Prescribing Budget such as short supply issues.
TOTAL EARMARKED			7,709	1,347	9,056	359	4,383	4,673	
UN-EARMARKED RESERVES									
General			741		741			741	
			741	0	741	0	0	741	
In Year Surplus/(Deficit) going to/(from) reserves									35
TOTAL IJB RESERVES			8,450	1,347	9,797	359	4,383	5,449	

b/f Funding 8,450
 Earmark to be carried forward 5,449
 Projected Movement in Reserves **(3,001)**

Report To: Inverclyde Integration Joint Board **Date:** 21 September 2020

Report By: Louise Long
Corporate Director
Chief Officer
Inverclyde Health & Social Care
Partnership (HSCP) **Report No:** IJB/63/2020/AS

Contact Officer: Allen Stevenson
Head of Service
Health and Community Care
Inverclyde Health & Social Care
Partnership (HSCP) **Contact No:** 01475 715283

Subject: UPDATE -TECHNOLOGY ENABLED CARE (TEC)

1.0 PURPOSE

- 1.1 This report provides an update on the development of Technology Enabled Care (TEC) within Inverclyde over the last 12 months.

2.0 SUMMARY

- 2.1 The main focus has been on the implications of the national move to digital technology. By 2025, telecoms companies will have replaced analogue telephone lines with digital equivalents. This means that the current telephony that telecare relies upon to operate will discontinue and therefore have a significant impact on the service as analogue telecare equipment cannot be guaranteed to operate reliably over digital telephone lines. The strategic agenda to address this issue is outlined within Scotland's Digital Health and Care Strategy and Delivery Plan and in order to deliver solutions to this complex problem, the Scottish Government's Technology Enabled Care Programme (TEC) has invested in the Local Government's Digital Office (LGDO), Digital Telecare portfolio of programmes.
- 2.2 Digital Telecare has developed a "Playbook" containing best practice for implementing digital telecare. This includes guidelines on technical solutions; cyber security and data protection; implementation; migration and testing and operational processes.
- 2.3 In October 2019, Inverclyde made a joint bid to the Scottish Government's TEC Programme Board for one-off test of change funding. This was successful and has allowed the HSCP to work alongside neighbouring authority, Renfrewshire HSCP, to progress the testing of new digital alarm units within service users' homes.
- 2.4 The potential financial implications associated with the move from analogue to digital telephony were highlighted in the IJB report dated 10 September 2019. All non digital alarm devices will need to be replaced.
- 2.5 Due to the pandemic a significant amount of work has been paused however, the service has introduced ARMED (HAS Technology Ltd) as a response to the impact of isolation on vulnerable and older people. It has been identified that service users have experienced significant loss of function around mobility and cognitive ability. There is a

subsequent impact on resources as this decline is resulting in an increase in demand for service as well as the adverse effect on quality of life. As a result, Inverclyde HSCP has introduced remote ways of working to support service users living at home who are at risk of losing their abilities due to reduced activity levels or social isolation.

- 2.6 Digital technology is also a focus of the Inverclyde Health and Social Care Strategic Plan 2019-2024, and as part of our vision and value, is underpinned by the “Big Actions”
The use of technology to support and manage long-term conditions forms part of Big Action 4. Inverclyde HSCP continues to make headway in supporting people to self manage their long term conditions through transformation funding using remote home and mobile health monitoring. This is in line with the Scottish Government’s drive to encourage greater self-management and has also been a strong focus of the TEC Programme which includes COPD, diabetes and hypertension.

While there has been number of service users participating in home and mobile health monitoring, there has been a delay in progress due to COVID 19. A report is expected to be produced in January 2021 detailing the progress of this piece of work.

- 2.7 The current Scottish Executive priority is to fund future tests of change. The aim of any proposed test “must align with the overarching TEC programme aim which is to support more citizens to make greater use of technology to manage their own health and wellbeing at home and in the community”. It has recently been announced that the TEC Programme, in partnership with Digital Telecare, will shortly be issuing an invitation to apply for funding to progress telecare service development in one or more of four areas:

- The transition from analogue to digital telecare
- Telecare proactive outbound calling (Test of Change)
- Remote working for call handlers (Test of Change)
- Data collection, extraction and reporting

Inverclyde HSCP intends to put a case forward for funding in one or more of the above areas when nominations are invited in the first week of September 2020.

3.0 RECOMMENDATIONS

- 3.1 That the Integration Joint Board notes the progress and achievements within TEC over the past 12 months, supports our continued role in the national digital transformation and continues to promote digital telecare through the test of change opportunities from Scottish Government.
- 3.2 That the Integration Joint Board agrees the requirement for the establishment of a working group to manage securely, the safe and sustainable transition and deployment of a digital telecare service in Inverclyde.
- 3.3 That the Integration Joint Board notes the future financial pressure for the Council as a result of the changeover from analogue to digital and that there will be a further update following the outcome of the digital test of change.

Louise Long
Corporate Director (Chief Officer)
Inverclyde HSCP

4.0 Background

- 4.1 There are approximately 2,100 service users within Inverclyde with a community alarm service. Of this number, over 520 also have enhanced telecare packages or standalone equipment which accounts for 970 pieces of kit in use. These packages consist of a wide variety of environmental sensors such as smoke, flood and heat detectors as well as personal sensors like fall detectors, bed exit monitors and door contacts. Of those utilising technology, 72% are over 75 years old which is an increase of 12% from last year. (see appendix 1 for the breakdown of enhanced telecare).
- 4.2 The service has seen a decrease in the total number of service users from 2200 in 2019 to under 2100 in 2020, as well as a reduction in the number of referrals from 619 in 2019 to 241 up until August 2020. This reduction is most likely due to the impact of the COVID 19 pandemic and it is expected that the number of referrals will start to increase during the last quarter of 2020. The number of people with enhanced TEC packages has, however, increased from 400 to over 500 which includes standalone equipment, this is equipment that is not monitored by the alarm receiving centre and is, instead, responded to by family living at the same address or by staff in supported living accommodation. This demonstrates that enhanced TEC is a major component in keeping people at home, independently for longer.
- 4.3 By 2025, telecoms companies will have replaced analogue telephone lines with digital equivalents. Openreach (part of the BT group) has confirmed that the process of migrating to digital telephone lines has already started and the rollout is scheduled to be completed by 2025. Details of initial telephone exchanges where analogue services will no longer be available for sale have been set to end in June 2021 (although existing analogue in these exchanges will continue to operate after this date). There are no exchanges in this initial group located within Inverclyde. The Digital Office (DO) will monitor the announcements by Openreach and keep partnerships up to date. The DO is in regular contact with Ofcom, allowing any issues or questions relating to telecom companies, plans or performance to be raised.
- 4.4 Other local authorities are beginning to get underway with their plans for implementing digital telecare which falls into three categories:-
- 1) Ensuring the continued ability to deliver reliable and safe telecare services
 - 2) Meeting increased demand for telecare services, and
 - 3) Developing and improving the range of telecare services that are offered to users.

The “Playbook” is an interactive resource guide to assist partnerships in their transition planning and implementation to digital telecare and provides an outline business case for the roll-out of digital telecare in Scotland.

It is intended over the next few months to establish a working group with representation from other services to start to look at Inverclyde’s position with regard to the impending transition and requirement to develop a plan for implementation.

- 4.5 The test of change will see Inverclyde and Renfrewshire HSCPs; Bield (BR24) Alarm Receiving Centre; the Local Government Digital Office and 2 equipment manufacturers, TeleAlarm and Legrand working together to trial and test 50 digital alarm units across both local authority areas installed in service users’ homes for a period of three months.

While the project has been delayed due the COVID 19 pandemic, between November 2019 and August 2020, the service has:-

- Established a project team which is being supported by the Local Government Digital Office
- Worked with Bield (alarm receiving centre) to ensure that their call handling platform is digital ready with appropriate software installed to ensure connectivity,

- and penetration testing completed.
- Completed cyber security questionnaire with digital alarm suppliers
- Data Protection Impact Assessment and Risk Register completed
- Initial in house testing completed over several months using SCAIP digital protocol
- Staff training on the new equipment and management portals completed.

The project is scheduled to commence live on 14th September 2020 and will run for approximately three months. It is expected that the results will confirm the benefits associated with digital technology in that there will be better connectivity; increased reporting on failing equipment; improved voice quality; faster connection to the ARC; simpler installation and reconfiguration to name but a few. Inverclyde HSCP has agreed to carry out an evaluation of the test of change and will inform the TEC Programme Board and Digital Office by January 2021.

- 4.6 From 24th August 2020, a Technology Enabled Care (TEC) pilot using ARMED, (HAS Technology Ltd) will facilitate the monitoring of service users' activity levels enabling people to be more aware of how much they are moving and to work towards personal targets to improve their physical and mental wellbeing as well as identify and escalate any potential risks. The pilot will involve service users who are able to use and understand the benefits of the equipment and set personal goals. The system will also be given to people who are at risk of falls.

Fifty service users participating in the pilot will receive two pieces of equipment, the Armed device and a mobile phone. The Armed Device is worn on the wrist and works very much like a "fit bit" linked to a mobile phone. This would be used as part of the support package identifying safe exercise and activity within the current social distancing guidance. The device also enables monitoring of over-activity and sleep patterns where there may be an impact on peoples wellbeing or a risk of falls.

The Armed Device works in conjunction with the home care monitoring system storing data collected from devices used by service users in the community. This will enable our long term condition nurse to monitor results, respond to triggers and participate in regular discussions with service users about progress and their health and wellbeing.

Progress will be reported in January 2021 and evaluation will be carried out.

- 4.7 The use of technology to support and manage long term conditions forms part of Big Action 4.

Chronic Obstructive Pulmonary Disease (COPD)

In the last 12 months, the service has replaced its Docobo home health monitoring hubs and also introduced the Docobo App for those who are confident in using this preferred method of communication. This has allowed the service increased capacity to use and recycle the home health hubs to a larger cohort of people. There are currently 32 people being supported using this method.

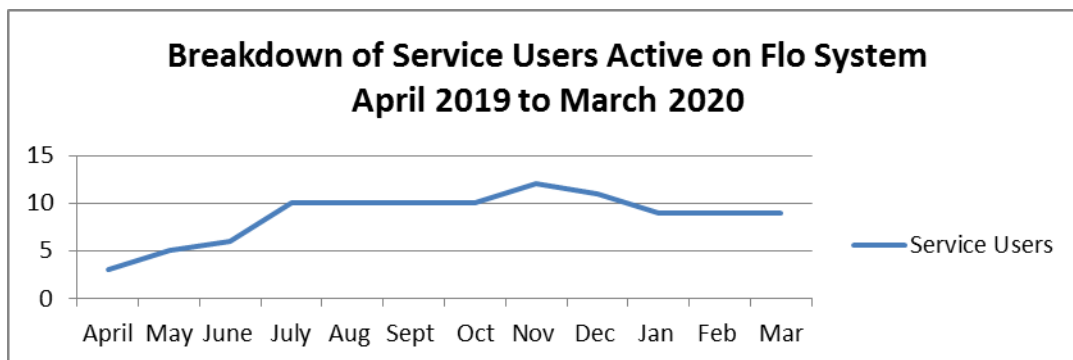
Data taken from the Docobo system has evidenced that there has been a reduction of 83 hospital admissions from the period April 2019-March 2020 which equates to a significant cost saving.

(see appendix 2 for Case Study Mr R)

(see appendix 3 for Case Study Mr H)

Diabetes

Florence (FLO) (mobile App) is also being used to improve self-care in Type 1 Diabetes and increase the number of patients self-administering insulin, thus reducing the number of home visits required by the community nursing team.



The above chart highlights the number of users currently using FIO from April 2019 – March 2020. (See Appendix 5 for Case Study Mrs B)

In addition to the above, collaborative work with the acute diabetes specialist teams in both the hospital and community has been ongoing. This has involved the consultant physician reviewing all diabetic patients on the District Nursing caseload via a virtual clinic to optimise treatment plans and include health improvement measures.

All 32 patients have now been reviewed resulting in a reduction of 373 visits per week to 208. The consultant physician has agreed to carry out these reviews on a regular basis.

Hypertension

Florence (FLO) is also being used by patients in the community to both diagnose and monitor hypertension. This has meant clinicians have saved time in a reduction of face to face consultations and allowed patients to be more in control of their condition.

There are currently 21 patients being monitored across 3 GP Practices using FLO. This has meant a saving of 21 hours in health practitioners' time.

- 4.8 As part of planning for the transition and implementation, Inverclyde HSCP will require to consider all costs associated with implementing and operating the chosen digital telecare deployment approach including costs for staffing resources and supporting infrastructure.

5.0 IMPLICATIONS

FINANCE

5.1

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments

Annually Recurring Costs / (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From	Other Comments

LEGAL

- 5.2 There are no legal implications arising from this report.

HUMAN RESOURCES

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

EQUALITIES

5.4 Has an Equality Impact Assessment been carried out?

	YES
X	NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	TEC is inclusive of people with protected characteristics
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	TEC reduces risk in the community for vulnerable groups
People with protected characteristics feel safe within their communities.	TEC equipment can reduce risks and can ensure a greater feeling of safety in the community.
People with protected characteristics feel included in the planning and developing of services.	TEC is promoted in many different locations, including Your Voice, acute setting, Carers Centre, and other events
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	This is included in mandatory training for staff
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	TEC reduces risk in the community for vulnerable groups
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	TEC is open to the Refugee community.

5.5 CLINICAL OR CARE GOVERNANCE IMPLICATIONS

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

5.6 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.	Services support greater self-management of chronic conditions through remote home health monitoring. Services also support the use of technology to enhance independence and wellbeing through safer walking

	initiatives.
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	Services support people to live independently, for longer at home using a variety of technologies that can summon assistance in an emergency, monitor activity and provide reassurance for carers.
People who use health and social care services have positive experiences of those services, and have their dignity respected.	Services are delivered in line with National Care Standards and comply with Scottish Social Services Council and Care Inspectorate requirements.
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Services support people to have a greater choice and control in their care and wellbeing.
Health and social care services contribute to reducing health inequalities.	Where inequalities arise, services are provided to those with assessed needs and are given early intervention and support
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.	Unpaid carers are supported and are involved in care planning taking into account their role. Carers are signposted to other support organisations.
People using health and social care services are safe from harm.	Services are delivered in line with National Care Standards and comply with Scottish Social Services Council and Care Inspectorate requirements.
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.	Staff are recruited and supported develop their skills and knowledge through continuous professional development, supervision, training, team development sessions, briefings.
Resources are used effectively in the provision of health and social care services.	Resources are used appropriately and as an integral part of quality cost effective care and support.

6.0 DIRECTIONS

Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	
	2. Inverclyde Council	X
	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 Breakdown of Enhanced TEC (appendix 1)
- Case Study Mr R (appendix 2)
- Case Study Mr H (appendix 3)
- Case Study Mrs B (appendix 4)

APPENDIX 1 – Enhanced TEC

Equipment Type	Numbers of TEC Equipment in Use
Fall Detector	283
Smoke Detector	203
Heat Detector	81
Flood Detector	3
Gas Detector	20
Bed Exit	81
Chair Exit	25
Carer Alert	53
Sensor Controller	49
Door/Window Contacts	85
Epilepsy Monitor	37
Passive Infra-Red (PIR)	2
CO2 Monitor	0
Big Button	2
Key Switch	1
Enuresis Monitor	1
Falls X	9
GPS Safer Walking Technology	37
Total	972

APPENDIX 2 – Case Study Mr R

How Telehealth has helped change my life.

Mr R is a 73 year old gentleman who has Chronic Obstructive Pulmonary Disease (Stage 3) and requires oxygen. He lives alone and maintains his independence which includes driving his car.

Mr R has been using the new Docobo remote home health hub for approximately 2 years and agreed to participate in a promotional video for the service about how he finds using the equipment.

Question – How long does it take you each day to put your readings in?

“About two minutes in the morning then you can get on with your daily life. If anything goes wrong they will get in touch with you one way or another, either by phone or through the tablet. It’s no bother, if I can do it, anyone can do it rest assured. It gives you more independence.”

Question - How do you feel about nursing involvement ?

“The nurses are never in your face. You’re on your own, given slack to do what you want to do. Unrestricted is a better word I think”

“Since I’ve started using this the visits from my GP have been few and far between, because I self medicate so I’m not really waiting for prescriptions or anything like that and the chemist will deliver them to your door when ready. I try to keep it to a minimum, but I do keep a prescription for antibiotics and steroids in the house, that if I feel I’m not well or have a chest infection, I can decide either or both of them. It’s me that decides. If I’m not sure, I can phone the doctor for advice. So you’re not stuck in any way or restricted in any way”

“I used to be sitting in the hall with the hub next to the phone line, now I don’t need to bother, I just take my tablet (with the App downloaded) into the kitchen or living room and sit and do it. So I put on my band (blood pressure cuff) for my blood pressure and take my oxygen saturation levels and that’s me, put it into the tablet right away and it’s not any more than two minutes in the morning. I only do it once a day anyway. Oh aye, you’ll get plenty of help, if you cannae get it in the one they will come back and tell you. If I can dae it anyone can dae it believe you me. I wasn’t brought up with computers or modern technology - that left me behind. I couldn’t dial a phone, work a mobile phone. Now I can send texts, I’m on Face book, I’m just a dandy”. Mr R laughs “you can cut that out.”

The Patient's Journey 28/11/19

Mr H has been using the Docobo remote Home Health Hub for approximately five years. Mr H believes that having the hub at home has saved him from hospital on a few occasions, as he had a quick response from the district nurses who monitor his daily results.

“The nurses have been a great support and call to check I'm okay”

Mr H feels that with this support he can now self manage his condition more sufficiently, which in turn has given him confidence to be more in control of his health and treatment.

“Before I would wait on the nurse or GP telling me to start my standby medication, now I feel I don't need to do this. I now know when I need to start.”

When asked if doing this daily was a nuisance Mr H responded saying,

“No, no, it doesn't take long and knowing a professional is looking over my results is a comfort.”

Mr H feels the main benefit is being in control of his own health issues and feels his views are important.

He further asked if the app was on his mobile would it work in England. When the reply was yes he said

“Great! I haven't been able to visit my daughter in England for a long time as you can't take the hub.”

15/01/2020. Following on from previous visit to Mr H nurses visited today and applied the docobo App to both Mr H mobile phone and his tablet. Whilst there Mr H completed his question set and observations on his phone with no issues. He again mentioned how this App would give him the freedom to visit his daughters and their families who both live out with the local area. This is another way in which Mr H feels more in control of his own health and by changing over from the home health hub to the App he feels he is no longer tied to the house.

APPENDIX 5 – Case Study Mrs B

Mrs B is a 76 year old lady who has been an insulin dependent diabetic for many years. She has always dealt with her own medication regime and felt she was doing well.

Recently however this has changed.

Mrs B explained “My husband was diagnosed with dementia, which at the start was okay; things seemed to be just the same at home. Then as things got worse for him, I found my diabetes was getting more and more out of control and I was forgetting to take my readings and insulin, especially at tea time.”

Mrs B feels she manages in the morning as she gets up first and takes her blood glucose readings and insulin before attending to her husband.

“Once I do my insulin in the morning, I get Mr B up and we have breakfast together.”

Mrs B attended the nurse specialist regarding her diabetic control and spoke to the long term condition nurse there regarding FLO a text messaging service. It was explained that the service would prompt her when readings were due and when she needed to take her insulin.

Mrs B agreed and enrolled on 22nd November 2019. It was agreed that FLO would send her a daily text at 5pm in the evenings. Since starting using FLO Mrs B has been very consistent and has inputted daily readings when FLO requests this information.

Mrs B said “This is a great wee service; it’s like having a wee person in your ear reminding you to do your stuff”

“My results have improved and I am managing things better, I know I miss an odd time but all in all, I’m a lot better than I was beforehand.”

Report To: Inverclyde Integration Joint Board **Date:** 21 September 2020

Report By: Louise Long
Corporate Director (Chief Officer)
Inverclyde Health & Social Care Partnership **Report No:** IJB/67/2020/DMcC

Contact Officer: Deirdre McCormick
Chief Nurse **Contact No:** 715283

Subject: HSCP CLINICAL AND CARE GOVERNANCE STRATEGY 2019-24

1.0 PURPOSE

- 1.1 The purpose of this report is to provide a summary of the new HSCP Clinical and Care Governance Strategy 2019 – 24 which the Integration Joint Board (IJB) is asked to consider for approval.

2.0 SUMMARY

- 2.1 The Public Bodies (Joint Working) (Scotland) Act 2014 includes a number of integration principles that must be taken into account when services are planned and delivered, and includes the nine national health and wellbeing outcomes that Integration Authorities are required to improve and deliver.
- 2.2 To achieve the requirements outlined, health and social care professionals and the wider workforce need to work in a way that supports the integration of services. We need to capitalise on the valuable and varied skills, experience, knowledge and perspectives staff have so they are used to best effect and aligned to support the outcomes that service users seek from the care and support they receive. This will require an explicit clinical and care governance framework (strategy) within which professionals and the wider workforce operate and a clear understanding of the contributions and responsibilities they have. This also applies to services provided on behalf of the HSCP by third and independent agencies. Fundamentally, clinical and care governance is everyone's responsibility.
- 2.3 The Inverclyde HSCP Clinical and Care Governance Strategy describes a clinical and care governance framework that fosters and embeds a culture of excellence in clinical and care practice, enables and drives forward the delivery of safe, effective, high quality, sustainable person-centred care based on clinical evidence and service user experience, resulting in positive outcomes for everyone.
- 2.4 To support the Clinical and Care Governance Strategy, an Action Plan will be developed and implemented to ensure delivery against the clearly defined domains as outlined in the Strategy and within agreed timeframes. A short life working group has been established to develop the Action Plan.

3.0 RECOMMENDATIONS

3.1 It is recommended that the Integration Joint Board (IJB) :

- a) approves the HSCP Clinical and Care Governance Strategy;
- b) notes that a short life working group has been established to develop the Clinical and Care Governance Strategy Action Plan in readiness for implementation.

Louise Long
Chief Officer

4.0 BACKGROUND

- 4.1 The Public Bodies (Joint Working) (Scotland) Act 2014 includes a number of integration principles that must be taken into account when services are planned and delivered, and includes the nine national health and wellbeing outcomes that Integration Authorities are required to improve and deliver.
- 4.2 The Inverclyde HSCP strategic direction is clearly set out in its Strategic Plan 2019 – 24 and associated 6 Big Actions. Driving forward continuous quality improvement throughout the organisation, streamlining patient / service user care pathways resulting in improved outcomes and achieving greater consistency of care in the planning and delivery of health and social care is the key priority.
- 4.3 In October 2015, the Scottish Government published the “Clinical and Care Governance Framework” providing an oversight of clinical and care governance for integrated services. The framework was developed on the understanding that integration authorities will build on the existing professional and service governance arrangements already on place within the Health Board and Local Authority. The framework provides an overview of the key elements and principles that should be reflected in local agreed clinical and care governance processes.
- 4.4 In addition to the national framework, the Scottish Government’s “Health and Social Care Standards : My Support, My Life” (2017) outlines standards on what should be expected when people access and use health and social care services in Scotland. The five standards provide additional principles on which the HSCP Clinical and Care Governance Strategy is based.

More recently the Ministerial Strategic Group for Health and Community Care, Review of Progress with Integration of Health and Social Care - Final Report was published in February 2019 with a commitment to produce revised statutory guidance to ensure “effective, coherent and joined up clinical and care governance arrangements” to be available in August 2019. Work is underway to take this forward nationally which includes background analysis of the current clinical and care governance systems and processes within IJBs and H&SCPs, as well as considering local and international best practice. Whilst this guidance was further anticipated earlier this year work has progressed locally to develop the HSCP Clinical and Care Governance Strategy which may require to be refreshed after the national guidance is available.

- 4.5 The Ministerial Strategic Group for Health and Community Care, Review of Progress with Integration of Health and Social Care - Final Report was published in February 2019 with a commitment to produce revised statutory guidance to ensure “effective, coherent and joined up clinical and care governance arrangements” to be available in August 2019. Work is underway to take this forward nationally which includes background analysis of the current clinical and care governance systems and processes within IJBs and H&SCPs, as well as considering local and international best practice. We understand the guidance will now be available in May 2020 therefore our strategy may require to be refreshed after this guidance is available.
- 4.6 To achieve the requirements outlined, health and social care professionals and the wider workforce need to work in a way that supports the integration of services. We need to capitalise on the valuable and varied skills, experience, knowledge and perspectives staff have so they are used to best effect and aligned to support the outcomes that service users seek from the care and support they receive. This will require an explicit clinical and care governance framework (strategy) within which professionals and the wider workforce operate and a clear understanding of the contributions and responsibilities they have. This also applies to services provided on behalf of the HSCP by third and independent agencies. Fundamentally, clinical and care governance is everyone’s responsibility.

- 4.7 The Inverclyde HSCP Clinical and Care Governance Strategy describes a clinical and care governance framework that fosters and embeds a culture of excellence in clinical and care practice, enables and drives forward the delivery of safe, effective, high quality, sustainable person-centred care based on clinical evidence and service user experience, resulting in positive outcomes for everyone.
- 4.8 Inverclyde HSCP has clearly defined scope (domains) for clinical and care governance, these being :
- adverse event and clinical risk management
 - continuous improvement
 - person-centredness
 - clinical effectiveness
- 4.9 The HSCP Clinical and Care Governance Strategy covers both structures and processes at all levels within the Partnership and services provided on behalf of the HSCP, leading to and supporting continuous quality improvement.
- 4.10 To support the Clinical and Care Governance Strategy, an Action Plan will be developed and implemented to ensure delivery against the clearly defined domains as outlined in the Strategy and within agreed timeframes. A short life working group has been established to develop the Action Plan

5.0 IMPLICATIONS

FINANCE

5.1

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
N/A					

Annually Recurring Costs / (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From	Other Comments
N/A					

LEGAL

5.2 There are no legal implications from this report.

HUMAN RESOURCES

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

EQUALITIES

5.4 Has an Equality Impact Assessment been carried out?

	YES
X	NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

5.4.1 How does this report address our Equality Outcomes?

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

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

5.5 The HSCP Clinical and Care Governance Committee has been involved in the development of the Clinical and Care Governance Strategy and related Action Plan, and will be responsible for overseeing its implementation, driving forward continuous quality improvement for our health and social care services and the key aspects outlined in the Strategy.

5.6 NATIONAL WELLBEING OUTCOMES

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

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	The Strategy support this outcome
People, including those with disabilities or long-term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	The Strategy support this outcome
People who use health and social care services have positive experiences of those services, and have their dignity respected.	The Strategy support this outcome
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	The Strategy support this outcome
Health and social care services contribute to reducing health inequalities.	The Strategy support this outcome

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.	The Strategy support this outcome
People using health and social care services are safe from harm.	The Strategy support this outcome
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	The Strategy support this outcome
Resources are used effectively in the provision of health and social care services.	The Strategy support this outcome

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 "Clinical and Care Governance Framework", Scottish Government, 2015
 "Health and Social Care Standards : My Support, My Life", Scottish Government, 2017



Inverclyde
Health and Social Care Partnership

Annual Clinical & Care Governance Report
2019-2020

Principal Author:	Dr Hector MacDonald
Co-Authors:	
Approved by:	
Date approved:	

1. Foreword

- 1.1 Inverclyde Health and Social Care Partnership is built on established integration arrangements (through the former CHCP), and has been set up in response to the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014, often referred to as the integration legislation.
- 1.2 Inverclyde Health & Social Care Partnership includes all community health, social care, and community justice services along with the budgets and staff associated with them. These services are delivered by the Health & Social Care Partnership and overseen by the Integration Joint Board (IJB).
- 1.3 Inverclyde Health and Social Care Partnership has a history of strong partnership working with communities, patients, service users, local GP's and hospitals, the independent and third sector service providers, council partners and housing providers.
- 1.4 The Annual Report for Clinical and Care Governance reflects the work of the Clinical and Care Governance Group (CCGG). The Annual Report is structured around the three main domains set out in the National Quality Strategy namely Safe, Effective and Person Centred Care. The work of the Clinical and Care Governance Group reflects the substantial activity in local governance structures and the report is an illustration of the activity in improving the quality of care in Inverclyde Health and Social Care Partnership.
- 1.5 The Health and Social Care Partnership is continuing to experience significant challenges in the ongoing response to the COVID 19 pandemic. This report will reflect the governance arrangements that have been in place since January 2020. This is still an evolving situation and there is full acknowledgement of the intensive staff focus since the turn of the year on the operational and governance response to COVID 19. There will be a specific section in this report that will provide an overview of arrangements that are in place as they have evolved.

2. Clinical Governance Arrangements

2.1 Definition of Clinical and Care Governance

Clinical and care governance is the process by which accountability for the quality of health and social care is monitored and assured. It should create a culture where delivery of the highest quality of care and support is understood to be the responsibility of everyone working in the organisation, and those organisations that provide services on its behalf, and built upon partnership and collaboration within teams, between health and social care professionals and managers, and those who use and access our services.

2.2 Clinical and Care Governance in Inverclyde HSCP

There is a Clinical and Care Governance Group who convene quarterly with meetings held on 14th May 2019, 17th September 2019, 19th November 2019, and 14th January 2020. The group is co-chaired by the Clinical Director and the Chief Social Work Officer and is attended by the Chief Officer, Chief Nurse, Head of Mental Health, Recovery & Homelessness, Clinical Risk Co-coordinator NHS Greater Glasgow and

Clyde, Service Manager Integrated Care and Support, Head of Service Health and Community Care, Head of Service Strategy and Support Services and the Clinical and Care Governance Facilitator. Representatives from Unison (staff side) also attend the meeting.

2.3 **Key responsibilities of the Inverclyde HSCP Clinical and Care Governance Group:**

- Providing assurance to the Integration Joint Board (IJB), the Council and NHS, via the Chief Officer, that the Professional standards of staff working in Integrated Services are maintained and that appropriate professional leadership is in place.
- Reviewing significant and adverse events and ensure learning is applied.
- Supporting staff in continuously improving the quality and safety of care.
- Ensuring that service user/patient views on their health and care experiences are actively sought and listened to by services.
- Creating a culture of quality improvement and ensuring that this is embedded in the organisation
- The Clinical Director completes an exception report 6 times per year to submit to the NHS Greater Glasgow and Clyde Community Clinical and Care Governance Forum (PCCCGF). The Chief Nurse also attends this group.

2.4 Areas of Clinical and Care Governance developed by the group in 2019-2020 are:

2.4.1 The Clinical and Care Governance Group now receive an updated version of the risk register that has been amended to reflect the risks for clinical and care governance and this is a standard agenda item.

2.4.2 The Mental Health, Recovery and Homelessness governance arrangements are being reviewed. The Chief Nurse is interim chair of the review group to oversee the work. This group had its first meeting on the 14th February 2020 and the follow up meeting of the 14th April 2020 was cancelled due to the COVID 19 response. The group met on the 3rd September 2020 and meetings are scheduled for the rest of 2020. The ongoing findings and recommendations will be discussed and reported to the Clinical and Care Governance Group. A Terms of Reference for the group has been agreed and a work plan for the group is currently being developed.

2.4.3 Work on the Clinical and Care Governance Strategy commenced in 2019 -2020. This work is led by the Chief Nurse and supported by the Clinical Director and Chief Social Work Officer. The initial scoping work was presented by the Chief Nurse at a work shop session that took place on the 6th December 2019 with the Clinical and Care Governance Group and the Strategic Planning Group. The recommendations from this work were to simplify the key concepts and to consider views of the Your Voice Working Group. In order to achieve this there was a focus group that took place with the Your Voice Working Group on the 11th March 2020 that was chaired by Dr Deirdre McCormick and supported by Karen Haldane.

The Clinical and Care Governance Strategy is to be presented to the IJB in 2020 and there is ongoing work with the Your Voice Working Group on the Action Plan that will accompany the Clinical and Care Governance Strategy.

2.5 Current Mental Health Governance Arrangements

- 2.5.1 Health and Social Care Partnerships (HSCPs) are committed to the delivery of whole system Mental Health Service delivery to meet the mental health needs of the Greater Glasgow & Clyde population. Mental Health Service delivery spans across the full range of inpatient and community settings involving the six partner HSCPs. The whole system governance structure fulfils the organizations statutory responsibility, assuring the quality of safe and effective health service delivery.
- 2.5.2 Glasgow City HSCP, through its Chief Officer, has a responsibility for co-ordinating the strategic planning of adult mental health services on behalf of other HSCPs within Greater Glasgow and Clyde. Glasgow City HSCP also hosts a number of NHS Greater Glasgow and Clyde wide professional leadership roles for adult mental health services, including for medical, nursing and psychology staff. These professional roles also have a strong connection with NHS GG&C Board responsibilities for governance and public health.
- 2.5.3 System-wide governance is coordinated by the Mental Health Quality and Care Governance Committee, chaired by the Associate Medical Director for Mental Health, and reported through the Board Quality and Governance Committee to the NHS Greater Glasgow and Clyde Medical Director and ultimately to the NHS Greater Glasgow and Clyde Chief Executive. In addition, HSCP governance structures and arrangements are in place to oversee local operational matters. Within Inverclyde HSCP we have the monthly Integrated Mental Health Clinical Services Group. This is shared with Renfrewshire HSCP and contributes to system wide governance across adult and older adult mental health in-patient and community settings. The regular membership comprises Heads of Service, Service Managers, Clinical Directors, Professional leads and Clinical Governance Facilitator for each area. The forum is extended each quarter to Mental Health Team Leads to support the broader Clinical Governance agenda. The Renfrewshire and Inverclyde Drugs and Alcohol Services Addictions Clinical Services Group also support the governance and quality assurance process within Inverclyde HSCP.
- 2.5.4 The Inverclyde Mental Health and Addictions Clinical Services Group remit is to provide a focus for all quality clinical & care governance activity associated with Mental Health and Addictions Services.

The group's main function is to:

- Review, quality assure and agree remedial action where required by developing action plans for all incidents, investigations, Significant Clinical Incidents and complaints.
- Provide a governance forum to discuss and review clinical practice, service improvement and consistency of service delivery.
- Consider themes arising from incidents, including Datix reports, to inform learning outcomes and service improvements across appropriate services.
- Review external reports on our services from agencies such as Care Inspectorate, Mental welfare Commission and HIS.
- Share learning from internal and external reviews throughout Inverclyde HSCP and Greater Glasgow and Clyde.
- Have a key role in assuring the application and implementation of policies in relation to incident management e.g. SCI Policy, complaints policy and

management of employee conduct and capability policies across both Health and Social Work services.

- Ensure appropriate implementation of Health & Safety guidance and learning from adverse events.
- Ensure staff governance support and development processes are effectively implemented.
- Ensure services are delivered in person centred way with particular attention to obligations of HSCP in relation to protected characteristics.
- Ensure legislative and regulation requirements are met.

2.5.5 The local governance arrangements for mental health, recovery and homelessness are currently being reviewed as mentioned previously.

2.6 Social Work Governance

The Chief Social Work Officer (CSWO) meets at regular intervals with the Chief Executive of the Council in respect of matters relating to the delivery of social work and social care, is a non-voting member of the IJB and a member of the strategic planning group.

In representing the unique contribution of social work services in the delivery of public protection the CSWO is a member of the Inverclyde Chief Officers Group, Chair of the Inverclyde Child Protection Committee and the Public Protection Forum and sits on the Adult Protection Committee.

The Social Work Practice and Care Governance Group considers three priority themes of Practice Governance, Practice Development and Distributed Leadership.

The Children and Families Health Care and Justice Governance Group discuss operational and governance matters with the CSWO. This group has met on 11th July 2019, 8th November 2019 and the meeting that was planned for 31st March 2020 is to be rescheduled due the COVID 19 response.

2.7 Health and Community Care Governance

The Health and Community Clinical and Care Governance group sits as a sub group of Inverclyde Health and Social Care Partnership's Clinical and Care Governance Group. The group meets every eight weeks and is chaired by the Head of Service and there is representation from team leaders and service managers from all areas of Health and Community Care. Submissions are also noted from NHS board wide Greater Glasgow and Clyde Learning Disability Group and other professional forums. The Health and Community Care Governance Group met on 25th April 2019, 20th June 2019, 10th October 2019 and 8th January 2020. The group meetings were paused due to the requirements for the governance and operational issues that arose from COVID 19 and the meetings for 2020 have been scheduled. The Health and Community Care Clinical and Care Group have an item of the agenda to both report issues of exception and escalation to the Clinical and Care Governance Group and also receive an update and minutes from the Clinical and Care Governance Group to keep staff up to date.

3 SAFE

3.1 Significant Clinical Incidents (SCI)

The work of the Clinical and Care Governance Group is supported by regular updates from the Clinical Risk Co-ordinator from NHS Greater Glasgow and Clyde. This is an important link for assurance for Inverclyde HSCP and NHS Greater Glasgow and Clyde that safe, effective and person centred care is proceeding as planned.

However where there is a risk of significant harm there is a responsibility to ensure these incidents are appropriately investigated to minimise the risk of recurrence through learning. This opportunity for learning exists at times without a significant adverse outcome for the patient, e.g. a near miss or a lower impact incident which exposes potential system weaknesses that could lead to further significant harm. Such events have been traditionally referred to as Significant Clinical Incidents.

The process for Significant Clinical Incidents is that once identified, they are closely monitored by Inverclyde HSCP local governance groups, overseen by the Clinical and Care Governance Group. Incidents of concern for the HSCP are reported on Datix and require to be investigated before sign off.

Table 1 below describes the 7 SCI's for the reporting period 2019-2020. 2 were closed, 1 is on hold due to COVID 19, 3 are under review and 1 is in Quality Assurance process.

3.1.2 Table 1 Significant Clinical Incidents 2019 -2020 Inverclyde HSCP

Speciality	Category	Risk SCI Description	Risk SCI Status
Community Nursing	Other Incidents	SCI –choking	On hold - COVID
Addiction Services	Suicide	SCI – suicide	Closed
Integrated Alcohol Team	Other Incidents	SCI –unexpected death	In Quality Assurance
Community Mental Health Team	Other Incidents	SCI –unexpected death	Closed
Community Mental Health Team	Suicide	SCI –suicide	Under review

Community Mental Health Team	Unexpected Death	SCI –unexpected Death	Under review
Addictions Service	Unexpected Death	SCI –unexpected Death	Under review

The Clinical and Care Governance group reviews progress and Improvement Plans in order to seek assurance that the appropriate actions have been implemented alongside the essential learning and development.

3.2 Significant Case Review

- 3.2.1 A Significant Case Review has been commissioned by the multi-agency partnerships for child and adult protection (the Child Protection Committee and Adult Protection Committee).

In terms of this multi-agency approach, both the Child and Adult Protection Committees made a recommendation to the Inverclyde Chief Officers' Group (comprised of the senior officers from each of the partners) to appoint an independent Chair to complete the critical work of the Significant Case Review.

On 8 January 2020, Professor MacLellan intimated her acceptance of the role of independent chair of the SCR. Professor MacLellan met with the review team on 6 February 2020. Stage 1 of the review has been scoped and commenced. The outcome of the review will be reported to the IJB and the Clinical and Care Governance Group. It is anticipated that there will be significant learning for the HSCP as well as multi agency and national learning to arise from the findings.

The Significant Case Review process had been paused due to the response required for COVID 19.

- 3.2.2 NHS Greater Glasgow and Clyde became aware via a BBC news report on the 17th November 2018 of a fraudulent medical practitioner following conviction and imprisonment for fraud of an elderly person in England. Employees of the former Argyll & Clyde Health Board confirmed this individual as having worked in the former Board area between the 9th May 2005 and the 27th July 2006 as a locum Consultant Psychiatrist in Learning Disability. The areas covered, namely Inverclyde, Renfrewshire and part of East Renfrewshire, became part of NHS Greater Glasgow and Clyde in April 2006. Chief Officers of these areas, the clinical and medical director, and the Board were notified.

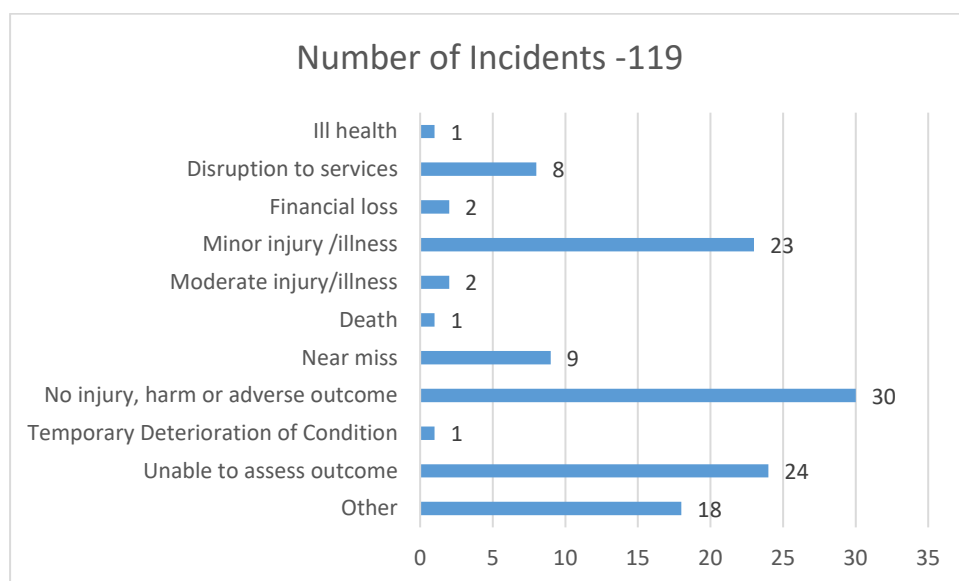
The Clinical Director for Learning Disability, Dr Elita Smiley and General Manager for Specialist Learning Disability Services, Tom Kelly commenced a preliminary investigation to establish the facts pertaining to the individual's practice in the Board area. In so doing, various discussions have taken place with both internal departments and colleagues, and external organisations such as the Mental Welfare Commission, the Mental Health Tribunal Service, the Office of the Public Guardian and the General Medical Council.

Inverclyde HSCP has completed a case note review to assess for any evidence of possible harm as part of the overall coordinated response involving the Scottish Government. One SCI was undertaken as a result of this.

3.3 Health and Community Care Datix incident Summary

- 3.3.1 The Health and Community Care Clinical and Care Governance Group proactively review all Datix incidents to ensure that the necessary actions identified take place to deadline and that the learning from these incidents is identified and shared.
- 3.3.2 The Datix overview for 2019 - 2020 for Health and Community Care is shown below in Table 2. There were 119 incidents reported for Health and Community Care in the reporting period. There was 1 death reported for which a local investigation was convened which was not considered to be a Significant Clinical Incident.

Table 2 Number of Incidents Reported by Final Outcome from 1st April 2019 to 1st April 2020 inclusive



3.4 Health and Community Care

3.4.1 Diabetes

There has been a governance framework established for the Community Diabetes Nurse and that a data collation template is being developed to evaluate the impact and effectiveness of the new CDN role. The ongoing progress is reported and discussed at the Health and Community Care Clinical and Care Governance meeting.

Clinical outcome measures audit and patient experience survey is ongoing, with the completion date expected December 2019. The findings will be reviewed with staff.

3.4.2 Rehabilitation and Enablement Service

A Clinical Frailty pilot project has been completed. Training has been undertaken with all relevant services. One of the outcomes that has improved collaborative working is that reports are now available on EMIS (Health) and SWIFT (Social Work). This training ties in with work being done by Service Managers and Frailty Lead Joyce Allan and e-frailty work being undertaken by Service Manager Emma Cummings.

3.5 Immunisation

3.5.1 The IJB meeting of the 17th March 2020 considered a report on uptake of immunisations, vaccinations and the national cancer screening programmes. As can be seen in Table 2, in most categories Inverclyde's performance exceeds both the Scottish and Greater Glasgow & Clyde averages. The increase in performance coincides with the movement of childhood vaccinations solely to the HSCP Children and families nursing teams. As previously reported Inverclyde piloted this change as part of the prelude to the new GP contract. During the reporting period increased rates of influenza vaccination were also noted with the move to community clinics.

Table 2 Uptake Immunisations, Vaccinations in Inverclyde HSCP

Disease	Age of Child	Inverclyde	NHS GGC	Scotland
6 –in-1	0-12 months	97.9%	96.0%	95.8%
	13-24 months	98.7 %	97.2%	97.2%
	5 years	98.8%	97.5%	97.8%
PCV	0-12 months	98.1%	96.7%	96.3%
	13-24 months	97.7%	94.6%	94.5%
Rotavirus	0-12 months	96.7%	92.0%	92.7%
Men B	0-12 months	97.8%	95.5%	95.4%
	12-24 months	97.7%	93.3%	93.6%
MMR1	12-24 months	97.4%	94.2%	94.0%
	5 years	98.1%	96.4%	96.8%
	6 years	97.5%	96.0%	96.4%
Hib/Men C	13-24 months	98.3%	94.4 %	94.4%
	5 years	98.2%	95.4 %	95.9%
4 –in – 1	5 years	95.4%	90.0 %	91.9%
	6 years	95.6%	92.8%	93.8%
MMR 2	5 years	95.1%	89.9%	91.5%
	6 years	95.1%	92.4%	93.3%

3.5.2 In August 2019, management of pre-5 immunisations was centralised, with this becoming a Board-wide service. Immunisations continue to be primarily delivered by the same staff at the same clinics as before, and Health Visitors remain key in advocating and supporting parents to access immunisations. The new arrangement

is working well, with all families being offered immunisation appointments within the required timescale.

Statistical information is extracted from the Scottish Immunisation and Recall Systems (SIRS) quarterly and published by ISD Scotland. Annual ISD data from 1 January to 31 December 2019 demonstrates that Inverclyde as a local authority area consistently outperforms National uptake data at all data points and the latest quarterly data is expected to show a downward trend in uptake secondary to Covid 19.

Covid 19 has negatively impacted on immunisation uptake and measures by the Immunisation Team, Children and Families and Health and Safety to reassure parents and put in place safe and effective measures have seen presentation increase over the previous 2-3 months. Local Immunisation team data had shown a 32% non-attendance rate to 1st invite in March 2020 however this has improved month on month and reduced to 27% and 22% respectively for months April and May.

Immunisation remains a public health imperative to ensuring population health and the upcoming flu season amidst Covid is a key focus for the HSCP in general and the Children and Families Immunisations teams in particular. Supporting parents to attend remains a key focus and improvement work to target in particular Measles, Mumps and Rubella (MMR) uptake for both 1st and 2nd doses remain improvement targets. In addition, the flu campaign for under 5s is entering a planning phase and a whole system approach will be required to support uptake beyond the baseline which is consistently below 50% for 2-5 year olds.

3.6 Adult Protection

3.6.1 Adult Protection Mental Health and Addictions Audit took place on 23rd May 2019. The ongoing compliance with this audit are discussed and actioned and the Chief Social Work Officer will highlight issues with the Clinical and Care Governance Group as all Heads of Service report issues of exception and escalation.

This audit has highlighted issues with:

- completion and understanding of the requirements of the Adult Protection Swift Module ;
- interface between Health and Social Work Management Information systems for adult protection situations;
- Consistency of adult protection recording and document storage within EMIS.

3.7 Professional Nursing Assurance Framework and Work Plan Nursing

3.7.1 The professional nursing assurance work plan has been developed from the Professional Nursing Assurance Framework. Three documents have specific relevance to the development of the framework and should be seen as underpinning documents. These include: the Joint Declaration on Nursing, Midwifery and AHP

Leadership¹; the Chief Nursing Officer's paper on Professionalism in the NMAHP professions in Scotland² and the Care Governance Framework³. The framework based on the national nursing and midwifery professional framework⁴ developed on behalf of the Scottish Executive Nurse Directors (SEND) with local interpretation to show local assurance systems which are in place and being monitored.

The Chief Nurse receives assurance through the Chief Nurse and Senior Nurse Leaders meeting on compliance and the Chief Nurse provides an update as required to the Clinical and Care Governance Group for exception and escalation reporting.

3.8 Out of Hours Review

- 3.8.1 Since the HSCP was established, it has been working in a context of rising levels of need and demand, within both in-hours and out of hours provision. These rising levels were predicted within the Commission on the Future Delivery of Public Services, 2011 (otherwise known as the Christie Commission Report), and it was recognised that integrating health and social care services was an important enabler to ensuring that people received the best possible support in terms of both quality and value for money.

In Inverclyde, officers have taken a wide view of integration, recognising that to be fully effective, integration of health and social care services presents an opportunity to redefine our relationship with service users; carers, and third and independent sector providers. This is true for both in-hours and out of hours services, so much can be learned from the work to date on in-hours services.

Our local review therefore aims to:

- identify the totality of HSCP out of hours working
- identify associated but non-HSCP out of hours working
- review the connections between these, with a view to strengthening links, referral routes and handovers
- define how local supports and services will link with the proposed NHS Greater Glasgow and Clyde (NHSGGC) Urgent Care Resource Hub (UCRH) model.

A local out of hours review group has been established, including representatives from services that currently provide a 24/7 or extended hours response.

Although the HSCP does not manage Inverclyde Royal Hospital, the group also includes representation from the hospital, to support the development of clear referral

¹ NHS Scotland (2010) Joint Declaration Available online
http://www.knowledge.scot.nhs.uk/media/CLT/ResourceUploads/1005857/Joint_Declaration_-_final.pdf

² Scottish Government (2012) Professionalism in nursing, midwifery and the allied health professions in Scotland: a report to the Coordinating Council for the NMAHP Contribution to the Healthcare Quality Strategy for NHSScotland, CNOPPP, Scottish Government

³ Scottish Government (2012), Care Governance Framework: Shared Accountability and Assurance of High Quality Care and Experience, CNOPPP, Scottish Government

⁴ Scottish Government (2014) Turning Tides - Nursing and Midwifery Professional Assurance Framework for Scotland. Scottish Executive Nurse Directors in Association with the Chief Nursing Officer
FINAL Inverclyde HSCP Annual Clinical Governance Report 2019-2020
Dr Hector MacDonald, Clinical Director

and redirection routes relating to unplanned out of hours activity at the IRH. This will also support clarification of how local activity fits with the wider NHSGGC urgent out of hours care review and its proposed Urgent Care Resource Hub model.

The local review will consider the totality of our out of hours response, including both planned and unplanned care. This recognises that in order to sustain people safely and comfortably in their own homes, there can be a need for routine out of hours or through the night care.

3.9 Specialist Learning Disability Services

- 3.9.1 Specialist learning disability services have a system wide clinical governance structure which has representation at meetings from learning disability managers and senior clinicians from all of the six health and social care partnership areas, specialist learning disability inpatient services, the Learning Disability Clinical Director and general manager with input from the clinical effectiveness team, clinical risk, academia and service users and carers.
- 3.9.2 The overall aim of the clinical governance model in Specialist Learning Disability Services is to improve quality, ensure safe, effective and person centred equitable services. There are two clinical governance work plans (in patient and Health and Social Care Partnership Board wide) which focus on the following areas: patient safety, clinical effectiveness, clinical audit, learning and education, research and development, involvement of patient and carers and development of practice and clinical networks.
- 3.9.3 Both the in-patient clinical governance and Health and Social Care Partnership wide clinical governance meetings are held on a bi monthly basis. The inpatient clinical governance activity is reported via the health and Social Care partnership Primary Care and Community Governance Forum meeting.
- 3.9.4 Each Health and Social Care Partnership area completes an exception report in advance of the bi monthly meetings. Exception reports are a standing agenda item at the meeting. All Learning Disability Significant Clinical Incidents reports and all community learning disability Datix incidents are reviewed at the meetings. Progress with any board wide pathway or network development is also reviewed.
- 3.9.5 Inverclyde Community Learning Disability Services has representation of NHS Greater Glasgow & Clyde Learning Disability Governance Forum where learning summaries from SCIs are shared across the services to ensure that learning and developments are implemented.
- 3.9.6 There are close links to Inverclyde with the Lead Professional Nurse Advisor (Learning Disability) and Psychology to ensure clinical care development within the services and to support professional operational issues. The professional Nurse Advisor is professional accountability to the Chief Nurse (Inverclyde and East Renfrewshire) HSCPs.

Areas of ongoing care governance within NHS Greater Glasgow and Clyde Learning Disability are:

- Updating of the Learning Disability operational processes and standards
- Epilepsy Risk Questionnaire

- EMIS steering group
- Information sessions relating to gender based violence and routine sensitive enquiry
- Establish a food, fluid and nutrition group

3.10 **Pharmacy and Prescribing**

3.10.1 All GP practices took part in the Repeat Prescribing LES to support accurate and efficient repeat prescribing processes with minimal medication waste, and used ScriptSwitch Prescribing Decision Support System to support safe and cost effective prescribing, and improve formulary compliance. Practices all benefit from the input of the HSCP Pharmacy team of Pharmacists and technicians as which has been enhanced significantly by the new GP contract. The changes that have occurred as a result are improved formulary compliance and safer and more efficient prescribing. However prescribing cost efficiencies continue to be a challenge due to unstable medication costs in part due to worldwide supply issues.

3.11 **Primary Care Improvement Plan Progress**

3.11.1 **The Vaccination Transformation Programme (VTP)**

There is an existing NHS GGC wide co-ordinated approach for the Vaccination Transformation Programme (VTP) with phased implementation of the programme to be fully complete by April 2021.

During winter 2019 a pilot of the new clinic model for pre-school flu vaccination took place in Port Glasgow Health Centre .This was successful and for winter 2020 will be board wide.

There are significant cross system challenges to delivering the range of adult Immunisation programmes which include availability of staff at key times (such as during flu season), clinic accommodation and IT infrastructure. A national group has recently been convened involving colleagues from NHS NES, Scottish Government Primary Care Directorate, Health Protection Scotland and other stakeholders to plan the way forward for discussion of the professional, governance and employment issues surrounding the possible use of Health Care Support Workers in delivering flu vaccination (across all care groups). A pan NHS Greater Glasgow and Clyde Adult Immunisation Group meets monthly to progress plans.

3.11.2 **Pharmacotherapy Services**

There is good evidence to show both the shift in GP workload and the increase in patient safety that our local model has enabled however we now recognise that this model relies heavily on highly banded, senior pharmacists. Development is underway to skill mix appropriate workload to Technician and Assistant grade staff. There has been significant impact of maternity leave within this team and we have also started to see vacancies not being filled with staff choosing to work in or closer to Glasgow. As a whole, the pan NHS Greater Glasgow and Clyde recruitment approach is now seeing a decline in applicants and available posts filled.

3.11.3 Community Treatment & Care Services (CTCS)

The development of the service remains limited with pace and capacity being determined by availability of the Primary Care Improvement Fund which will continue to be a limiting factor in fully developing this service in line with the Memorandum of Understanding commitments. We will continue to engage with our local GPs on how this service develops and the associated timescales

3.11.4 Urgent Care (Advanced Practitioners)

Plans to maintain our existing Advanced Nurse Practitioner (ANP) capacity continue with further roll out of ANPs in the next financial year. Based on our experience and that across the board, it is evident that we will be required to recruit trainee ANPs to support our workforce implementation plan due to the lack of suitably qualified staff to fill these relatively new posts in primary care.

Funded by SAS, we continue to have the support of specialist paramedics within two practices however the staffing has reduced from four to two staff and SAS have continued to have challenges recruiting to Inverclyde. Whilst there has been a hiatus within Gourrock Medical practice, this service has now recommenced with a trainee specialist paramedic joining in the last few weeks. We expect to have these staff deployed from SAS until the end of 19/20 however we await confirmation from SAS.

3.11.5 Additional Professionals -Advanced Physiotherapy Practitioners

Recruitment and retention continues to be an issue for delivery of the Advanced Physiotherapy service due to post holders leaving to work elsewhere in Glasgow. A further recruitment process is underway however if this post cannot be filled in October then we will ask our GPs if they wish to convert this post to an ANP post and begin rolling out ANPs earlier than planned. There is also significant impact on the existing MSK services in NHS Greater Glasgow and Clyde as it is this pool of staff who predominantly apply for these new posts.

3.11.6 Additional Professionals – Mental Health

There is congruence with the work to develop Action 15 of the five year mental health strategy and an engagement workshop focussing on primary care was held in June 2019. Our current focus is on developing the approach to mental wellbeing and to responding to distress in primary care, both of which were a focus of discussion at the workshop. Engagement is underway with the national lead for Distress Brief Interventions (DBI). DBI is about offering timely Connected Compassionate Support to those in distress. Based on our exploration of commissioning and delivering this service, a proposal is to be written outlining the case for implementation in Inverclyde.

3.11.7 Community Link Workers (CLW)

Community Link Workers are in place within all 14 GP practices CLWs continue to have a significant impact on those with whom they work who often have particularly complex and/ or chaotic lives. The CLW service along with Community Connectors are subject to a commissioning process which is expected to be completed in time for April 2020.

The impact of this project is also included in the case studies in Appendix 1.

4. EFFECTIVE

4.1 Technology Enabled Care

- 4.1.1 Technology enabled care supports people to have greater choice, control and confidence in their care and wellbeing. Technology can deliver better outcomes for those using our health, housing, care and support services and assist them to remain more independent and safer at home for longer. TEC provision supports a reablement approach, hospital discharge and reduction in bed days as well as avoiding unscheduled care.

There are approximately 2,200 service users within Inverclyde with a community alarm service. Of this number, over 400 also have enhanced telecare packages. These packages consist of a wide variety of environmental sensors and personal sensors such as fall detectors, and bed exit monitors. Of those utilising enhanced technology, 60% are over 75 years old.

The use of technology enabled care continues to expand with new developments within home and mobile health monitoring seeing those with long term conditions such as COPD, Diabetes and Hypertension having greater choice, control and self-management over their condition. This has been possible using simple digital technology in the form of a phone app (FLO) and (Docobo) home health monitoring hubs. Significant training and awareness with colleagues in community nursing; acute and community services has led to increased joint working and new ways of working just starting to be rolled out.

4.2 Revised Universal Pathway (Health Visiting)

- 4.2.2. The health visiting workforce is now at the Scottish Government end point of 25 Whole Time equivalent Health Visitors in post. This has facilitated the reduction of caseloads in line with the weighting tool in order to support assessment and planning for children in their early years, and provide greater capacity to support families with additional needs and child protection concerns. The Revised Universal Pathway for pre-5 children is almost at full implementation, hindered only by a delay at a NHS Board level in relation to the antenatal contact. All families are now supported with a minimum to 10 face to face home contacts which provide the opportunity to develop therapeutic relationships and enhance health and wellbeing at an individual and population level. Getting it Right for Every Child is well embedded in practice and improvement work in relation to effective team around the child meetings, assessment and planning in relation to child neglect and building collaborative and facilitative relationships across the Partnership are progressing well. There are a number of projects that serve to create streamlined pathways between Children's and Specialist Children's Services including a test of a joint speech and language (SLT) assessment process to support early access to SLT following the 27-30 month assessment (Child Health Surveillance) and a new nursery nurse post to work across both service areas designed to support pre-5 children and their parents with neurodevelopmental needs.

4.3 Sandstories Training

4.3.1 Child neglect accounts for the highest proportion of substantiated cases of maltreatment in high income countries and locally is an area of improvement work in relation to the ANEW project (Addressing Neglect and Enhancing Wellbeing in Inverclyde) and the collaborative working. Based on a body of research undertaken in the UK and informed by an international literature review it is proposed that a model of authoritative practice is required when working with neglect. (Daniels, B. 2016). Sandstories was identified as learning experience that facilitates authorities practice and focuses on “how we keep children’s needs at the centre of all we do, even when the adults’ interests are very compelling and attention grabbing” (Sue Woolmore, Sandstories trainer).

The training creates a safe, reflective space in which practitioners can explore some of the most familiar and complex stories in their professional lives. Sue uses a unique and visual method of exploring the challenge of maintaining child centred practice whilst working with resistant and/or neglectful families. This is underpinned with messages from research and lessons from Significant Case Reviews. This is a course steeped in authoritative practice, where practice that is supportive and compassionate and protective and evidence based is promoted.

An improvement science approach has been planned to help embed the approach in practice across social work, health and education. Once it is safe to proceed, two pilot cohorts of 20 multidisciplinary staff from health, social work and education, will be offered a package of 1 day Sandstories training followed by 3, monthly (90 minute) facilitated supervision sessions, and then a half day follow up with Sue 4 months after the initial training. In addition, a manager’s session will be offered to support leadership of authoritative practice and facilitate buy in for staff release/training commitments.

This whole system approach aims to:

- Embed authoritative practice
- Facilitate increased collaboration
- Facilitate a shared language for articulating neglect and understanding thresholds.

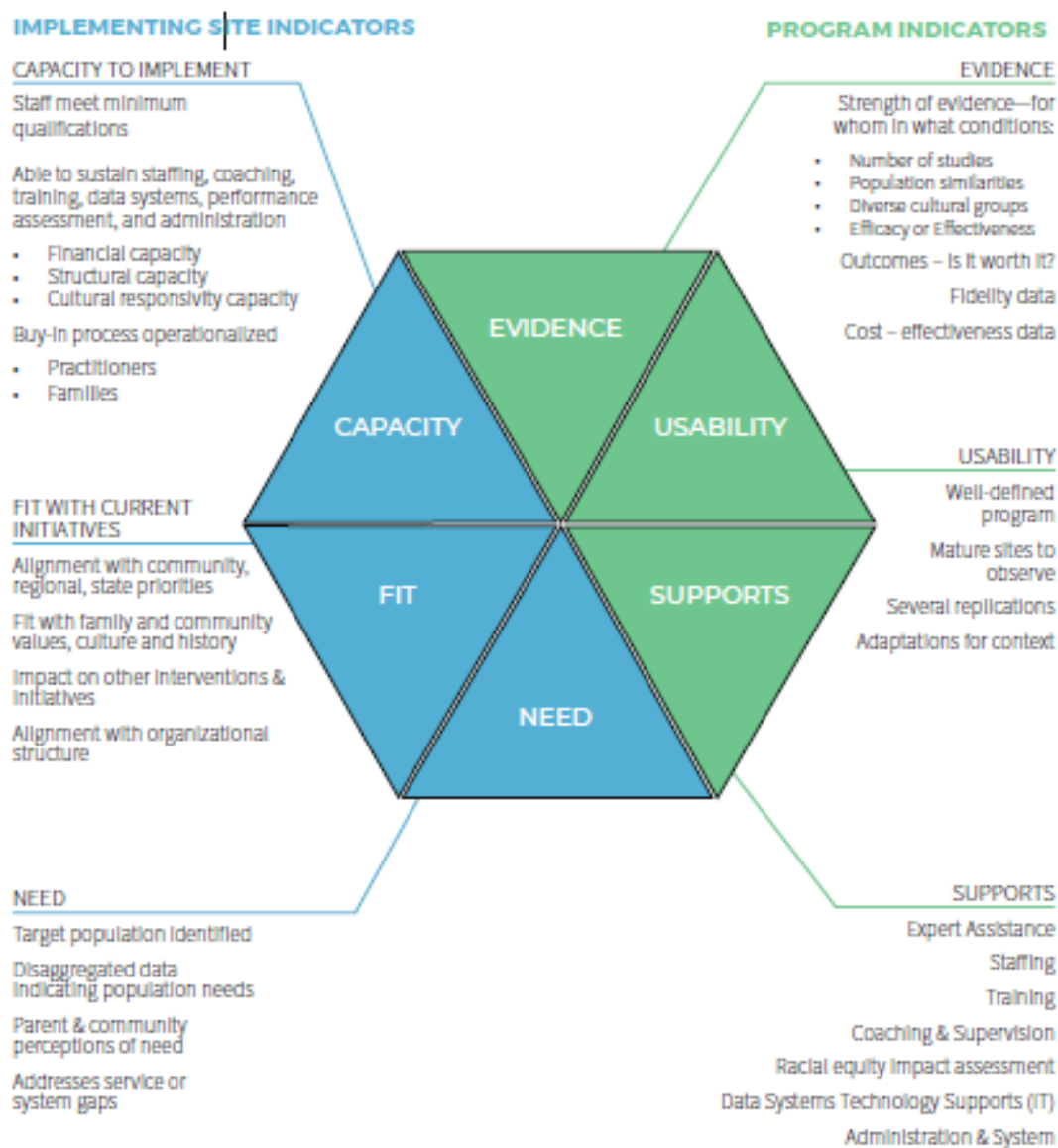
The pilot will be fully evaluated in order to inform future direction. The areas of Branchton and Port Glasgow have been identified as high priority by Inverclyde Integration Joint Board and the Strategic Needs assessment. As soon as is practicable, this work will be progressed.

4.4. Psychology of Parenting Project

4.4.1 The Psychology of Parenting Project (PoPP), is aimed at improving the availability of the highest quality evidence-based parenting interventions (namely the Incredible Years Preschool and Level 4 Group Triple P). The groups are intended to be targeted at families of the 10% of 3-6 year-old children who have concerning levels of behaviour problems (Strengths and Difficulties Questionnaire scores (SDQ) greater than or equal to 17). PoPP sites are provided with a number of supports (provision of staff training and supply of parenting materials, implementation and data collection support) usually over a twelve to eighteen month period. The PoPP team have engaged in exploration

with the CSWO in relation to the fit of the programme to local needs. The programme options were explored and Incredible Years was selected as the favoured approach.

A working group with representatives from health, education and 3rd sector undertook a local analysis using The Hexagon: An Exploration Tool (National implementation Research Network) which demonstrated a good local fit for Incredible Years Preschool. Photograph of assessment and analysis domains below:



Incredible Years Preschool aims to:

- Build strong parent-child relationships
- Empower families and support parents to promote resilience in their children
- Develop parental behaviour that supports child brain development most notably in terms of executive functioning and self-regulation
- Strength parental competence and confidence in relation to empathy, understanding and patience in parenting their child, especially during times when it is challenging.

This helps to not only improve the child's behaviour, but positive parenting has been shown to buffer the impact of adverse childhood experiences (ACES).

The analysis concluded that PoPP fits within the current Inverclyde HSCP Parenting Strategy, GIRFEC strategic delivery and the Children's Services Plan which is embedded within the Inverclyde HSCP Strategic plan 2019-2024. Incredible Years Preschool dovetails with Solihull Approach and 5 to thrive in which the majority of staff have already been trained. PoPP data collection of SIMD demonstrates that a high proportion of PoPP attendees are from the most deprived postcodes areas of Scotland; PoPP therefore has the potential to support reduced upstream inequalities in health for our population. Discussion between the PoPP team and the Chief Social Work Officer and Education were making good progress pre-covid, and the plan is to recommence talks into August 2020 to see how we might take this proposal forward.

4.5 Inspection of Children's Residential Care Homes

- 4.5.1 The Care Inspectorate regulates all regulated care services in Scotland and completed an unannounced inspection of The View on 28th October 2019 and Kylemore on 1st November 2019.

The results for both on 'how well do we support children and young people's wellbeing' and 'how well is our care and support planned' were Very Good for the View and Excellent for Kylemore. The full report was presented to the IJB on 17th March 2020.

4.6 Social Work and Children and Families Team Collaboration

- 4.6.1 When a cross section of Inverclyde Social Workers (SW) and Health Visitors (HV) were asked to rate between 1 and 5 (5 being most important), how important interagency collaboration was to positive outcomes for children they all collectively agreed it was of the upmost importance (all scored 5), conversely they rated their collaborative working as 3.8 agreeing that it could be improved. In order to facilitate better collaboration and build professional connections, an initial collaboration event took place in November 2019. For three hours, 33 staff from across Social Work, Health Visiting and Family Nurse Partnership (FNP) came together to connect.

The session theme was similarities and differences across the professional groups and started with a fun icebreaker. "*A day in the life of*" the Health Visitor (HV) Family Nurse (FN) and Social Worker (SW) followed. A representative from each profession presented a short presentation or narrative of their typical day. These were very well received and although all 3 took a different approach, similarities were evident; these included, keeping the child at the centre, the contribution of colleagues in supporting each other, and the importance of a cup of coffee/tea! The next part of the session involved the Leadership Compass tool. 4 "compass" points (North, South, East and West) were marked on the floor and participants asked to align themselves with the point that most represented their natural or preferred operating/working style and provided opportunities to recognise similarities and differences in the peer groups and how this may impact on the work we do. It also helped raised personal awareness of preferences and the potential for conflict related to difference in style, particularly in high stakes/stressful situations.

To end, small mixed groups discussed what brings [you] joy in your role; and a common misconception about [my]. Joy was associated with making a difference, helping, seeing children thrive, building relationships and working in a team/organisation that has a learning/supportive culture. Common misconceptions included Social Workers take [your] children away, Health Visitors only weigh babies and Family Nurse Partnership must be a really lovely job with low number of cases.

The session also gave the opportunity to mix and talk to colleagues and to introduce new staff to the wider interagency group. The session evaluated very well. “Light bulb” moments included the comments that “everyone is working hard towards the same goal”, and that there are “more similarities across services Supporting families”. The relaxed and collegiate atmosphere of the session was well received and participants went away with a renewed commitment to creating more time to work collaboratively. Suggestions for how collaboration could be supported going forward included collaborative coffees (colleagues coming together over a coffee to explore a case you’re working on together), more collaborative/fun sessions and more joint training.



Since this session a small Collaborative Christmas event with snacks and tea/coffee took place on the 20th December 2019 and further events were planned to create opportunities to come together informally to connect with the shared aim of increasing collaboration and ultimately contributing to improved outcomes for the children in Inverclyde. Covid-19 has unfortunately put a pause on the formal work however feedback from HV and FNP is that relationships and collaboration with SW colleagues have been augmented due to Covid and much more frequent communication and coordination of support for families.

4.7 **UNICEF Baby Friendly Initiative Gold Sustainability**

- 4.7.1 Inverclyde Health and Social Care Partnership’s health visiting service continues to practice in ways that prioritise close loving relationships and support effective and responsive infant feeding. The 2020 submission of our Gold revalidation is currently with UNICEF and we are encouraged by the full entry detailing the breadth and depth of breastfeeding support/promotion and advocacy work across the partnership. It is a testament to the team’s collective commitment to the Gold standards set out in UNICEF’s Baby Friendly Initiative and contributes to Inverclyde Health and Social Care

Partnership's Strategic vision for our children to live in a nurturing Inverclyde that gives children and young people the best start in life.

With the support of the Programme for Government and additional Health and Social Care Partnership funding we have managed to increase our dedicated infant feeding capacity which has given us the ability to test out approaches that target breastfeeding continuation and initiation, and better support women. We have an array of test of change activity at different scales across Inverclyde including a collective impact approach which includes work with businesses and organizations across Inverclyde to support the embedding the Breastfeeding etc.(Scotland) Act 2005 and the Equality Act 2010 through Scotland Breastfeeding Friendly award. This had been adopted by more than 50 business's pre-covid.

This additional breastfeeding support has strengthened our health visiting team efforts through the increased universal pathway contacts, and our BFI champions who tirelessly support the infant feeding agenda and provide excellent advice and support, evidenced by our 90-100% scores for maternal and practitioner audits. Our local MINF has consistent Champion attendance demonstrating on-going high levels of engagement. We have challenged ourselves (including leaders) to complete the 5 NES infant feeding modules by the end of 2020 and are working tirelessly to build community capacity and capability in order to sustain our improvements in initiation and continuation rates.

Inequalities and particularly inequalities in health are a significant issue for Inverclyde. Our 2019 infant feeding data demonstrated that less than a quarter of SIMD 1 woman initiated breastfeeding and of those who did, less than 25% continued to breastfeed at the 6-8 weeks health visitor contact. We also recognised that 42% of women (SIMD 1) stopped breastfeeding before the 1st HV contact at 11-14 days, and in the last 6 month no women from the most deprived communities were continuing to breastfeed compared to 84% in the least deprived. For this reason the infant feeding team concentrated their efforts in supporting breastfeeding within SIMD 1 and 2 areas and targeted early help working alongside midwifery colleagues to provide quick access to support (from 2 days post-delivery). This has now been extended to support to all Mums in Inverclyde. In addition, a breastfeeding support group within an SIMD 1 data zone had been running successfully for a year with peer supporters in addition to the infant feeding advisor facilitation.

Furthermore, a small test of change between the infant feeding team and social work teams, supported by our 3rd sector partners Barnardos is underway. This project seeks to facilitate children who are looked after and/or accommodated or at risk of being looked after gain access to breastmilk by supporting birth mothers to express, while staff coordinate safe transport and storage. Looked after children and those in need of protection can experience significant health gains from breastmilk and the commitment to improving outcomes for our most disadvantage children is commendable.

Recent data demonstrates encouraging trends; an independent analysis of mother's confidence in their ability to breastfeed rose by 2 points above the median of 3 following infant feeding advisor support. In addition, run chart data from 2019-2020 demonstrated a five point non-random run 3 points above the established median of 22, from November to March 2020. Promoting safe infant feeding practices and ensuring mums receive the highest standard of care incorporating all of UNICEF Baby

Friendly Standards will continue to be a priority for Inverclyde Health and Social Care Partnership. Close and loving relationships are key to the development of optimal health and wellbeing in our children and the standards support our vision for children and young people to experience a nurturing Inverclyde that will give them the best start in life.

4.8 **CELSIS/ Addressing Neglect and Enhancing Wellbeing (ANEW)**

- 4.8.1 The aim of the project involved working collaboratively with CELCIS from 2018 to develop and implement improvements and innovations in relation to addressing neglect. The multidiscipline team included a member each from Social Work, Education and Health (Health Visitor) spent the front end of the project holding focus groups and gathering views of professional across each of the three professional groups. A thematic analysis identified common needs, identified strengths in the local system and areas for improvement which were viewed as potentially able to contribute to sustainable and improved outcomes for vulnerable children and families.

The overarching aim of the project therefore was to better address neglect and enhance wellbeing through engagement with the workforce and learning from their experiences. The process was guided by the science and practice of implementation with particular attention to:

- Building local capacity in the system
- Supporting effective spread and scale of improvement efforts
- Using data to inform decision making and ongoing continuous improvement
- Developing the necessary implementation infrastructure to sustain the system improvement

The work led to the identification of three areas of priority, all aligned with the local enactment of GIRFEC. The priorities were:

- Transition points along the GIRFEC pathway
- Collaboration across key agencies
- Confidence and competence of Named Person in enacting GIRFEC policy, in particular the Team around the Child (TAC) process.

Following in-depth engagement and analysis of the data, four improvement options were presented in January to the multiagency Senior Managers. The options appraisal included:

1. Continue existing implementation of GIRFEC policy with current guidelines and procedures
2. Refresh of GIRFEC policy at local level supported by updated guidance from Scottish Government and multi-agency training opportunities.
3. Includes option 2 with sustainable continuous professional development facilitated by the appointment of a full time GIRFEC Lead Officer and up skill three multi-agency GIRFEC Coaching and GIRFEC Advisors.

4. To add sustainability and resilience to the system by creating the long term appointment of the lead officer and support team to continually improve the provision of early and effective support to children/families.

The final decision in relation to the options have been overtaken somewhat by Covid 19 and the project work has naturally come to an end due to the paused situation however the hope is that this work will be picked up again as we move into the recovery phase.

4.9 Mental Health, Addictions and Homelessness Services

4.9.1 The New Pathways for Service users programme has received £300,000 funding over two years from the CORRA Foundation and the Inverclyde IJB Transformation Fund. The programme commenced in October 2019.

The New Pathways for Service users programme aims to test change in three main areas:

- Improving engagement with hard to engage, hard to reach and hidden population by providing new routes to access services from Community outreach provision at GP practices and access to services across extended hours.
- Preventing alcohol and drug-related admissions to acute services and presentations at emergency departments supporting a more appropriate response to people in crisis.
- Providing a community-based treatment option for supported Home alcohol detoxification.

The project is underway with progress in a number of key areas including successful recruitment of workforce and a detailed first year project plan report in conjunction with the CORRA Foundation.

The project is integral to the ongoing redesign of the current Inverclyde Alcohol and Drug Service (ADRS) and will help test new ways of working and development for future service delivery.

4.9.2 The action plan for the Mental Welfare Commission unannounced visit to Willow ward, Orchard View that took place on 6 February 2020 was signed off 5 March 2020. The progress on the Action Plan has been reported to the Clinical and Care Governance Group.

4.10 Review of Inverclyde HSCP Alcohol and Drug Services

4.10.1 The review of alcohol and drug service provision within Inverclyde is underway with an aim to develop a cohesive and fully integrated whole system approach for service users affected by alcohol and drug issues.

The review is now in Phase three - the implementation phase, with extensive progress made in all the key areas of Prevention; Assessment Treatment and Care; and Recovery. In addition, a workforce plan is underway to ensure the new

integrated Alcohol and Drug Service (ADRS) has the appropriate roles and skills required to deliver the new service model.

The Inverclyde Alcohol and Drug Programme Board is continuing to oversee the implementation plan for the review with an implementation timescale of April 2020.

A review of alcohol and drug service provision within Inverclyde is underway with an aim to develop a cohesive and fully integrated whole system approach for service users affected by alcohol and drug issues. The review is fully aligned to the Scottish Government Drug and Alcohol Strategy: Rights, Respect and Recovery: Scotland's strategy to improve health by preventing and reducing alcohol and drug use, harm and related deaths.

The review of the Inverclyde Alcohol and Drug Services has been undertaken in three distinct phases with Phases one and two now complete. Phase two produced a number of recommendations for substantial transformational change to be considered. An implementation plan with 20 key actions has been developed with appropriate timescales for delivery and encompasses the three main areas of Prevention; Assessment Treatment and Care; and Recovery. It was agreed that these areas would be taken forward as follows:

- Prevention - through the Alcohol and Drug Partnership
- Assessment, Treatment and Care - through the Alcohol and Drug Review Programme Board
- Recovery - through a wider HSCP recovery development approach with mental health; supported self-care and commissioning.

The majority of the actions in the implementation plan relate to the core service therefore to ensure steady progress is ongoing in this key area, additional team lead capacity has been introduced into the internal HSCP alcohol and drug service. This has enabled a range of actions to be undertaken to integrate the separate alcohol and drug services into one integrated service collocated at the Wellpark Centre.

Key areas progressed under Assessment, Treatment and Care include:

- Rebranding of the service has been undertaken to "Inverclyde Alcohol and Drug Recovery Service" (ADRS). All external and Internal communications now incorporate the new name and work to redesign leaflets/social media etc. for the service, which are being co-produced with the Service User Reference Group at Your Voice, is ongoing.
- A single point of access email address has been set up for receipt of all alcohol and drug referrals; updated referral forms for use by partners are now available. Discussion is ongoing with Access First regarding HSCP single point of access and the integration of alcohol and drugs services in 2020.
- A new integrated duty system is in development with appropriate paperwork to capture both alcohol and drug information and updated to incorporate a validated screening tool. Guidelines from point of self-referral to allocation have been developed

- Systems are now integrated to provide a single service chronological account of care as opposed to the previous separate alcohol and drug service records. Screening and allocation of all cases are now jointly reviewed by team leads.
- New pathways into service, and combined assessment paper work to provide holistic, recovery orientated assessment of both alcohol and drug use are now in place.
- An eligibility criteria for the new model has been agreed and will be implemented when appropriate 3rd sector pathway and referral route is in place.
- A single pathway has been agreed for individuals who do not attend (DNA) and criteria agreed for assertive outreach in line with Greater Glasgow & Clyde (GG&C) DNA Policy). Meetings are on-going with team leads and medical staff to incorporate a single discharge pathway and multidisciplinary team meeting within this process.
- The alcohol and drug liaison team have introduced an emergency department (ED) repeat presentations standard operating procedure and put into operation a multidisciplinary team meeting to support the board wide initiative and encourage better integration with ED. This will link closely with the CORRA Foundation funded test of change project New Pathways for Service Users.
- Work on the single pathway model of intake and core has commenced. Functions of intake, complex case, addiction liaison, shared care and core have been identified.
- A review of family support has been undertaken by Scottish Families affected by Drugs and Alcohol (SFAD) with a recommendation to consider a development post to build appropriate family support networks in Inverclyde. A test of change to develop this is currently being commissioned from the 3rd sector

4.10.2 Work is ongoing to develop the new workforce profile for the HSCP Alcohol and Drug Service (ADRS). The timescale to have the workforce plan delivered is April 2020. Working closely with HR and staff representatives, a draft structure, which details new and existing roles, within the service is in development; caseload profiling and redrafting of job descriptions underway. To ensure all staff are supported in the transition to a new integrated model training needs analysis is underway across the staff group. Development days, shadowing and other opportunities for joint learning are underway to fully integrate the alcohol and drugs services.

5. PERSON CENTRED CARE

5.1 Primary Care

5.1.1 Co-ordination of integrated acute and community diabetes care

There is development of joint diabetes interface working, focusing on facilitation of a more seamless discharge process for people who may need specialist diabetes support (and not currently receiving it) and to provide specialist diabetes interventions for people being discharged to District Nurse caseload or those who default to the

District Nurse caseload. This will enable supported self-management of diabetes and to provide access to specialist diabetes education, advice and support to District Nurse colleagues in management of people with diabetes.

5.1.2 **Inverclyde Autism Strategy**

In 2019 the responsibility for leading the Autism Strategy been transferred to Inverclyde HSCP. The formation of the Autism Implementation Group will aim to develop a delivery plan to meet the intended outcomes of the Strategy. The Autism Implementation Group will aim to compliment the work of the Autism Practitioners Forum, Support Groups in Schools and other Community Networks.

In October 2019 Changing Places campaigner Jill Clark came to Inverclyde to deliver a presentation to representatives from The Way Forward Group and Staff from across learning disability service. Jill helped us to kick off a string of accessibility awareness events in Inverclyde to try and encourage local services, businesses and shopping facilities to consider how accessible they are.

On the 3rd of February 2020, an 'Accessibility Awareness Event' in Greenock Town Hall was held. The aim was to encourage people from across services and the wider community to come along and contribute to the conversation and help with ideas on Inverclyde becoming more accessible for everyone.

The Learning Disability Advisory and Action group gives people the opportunity to meet other carers and families and get an update on the ongoing work of the redesign. The purpose of the group is to give carers a platform to influence and shape the direction of the redesign.



5.2 HSCP Complaints

- 5.2.1 The Clinical and Care Governance Group seek assurance that associated improvements plans and learning from complaints are addressed. The number of complaints and themes are reported to the Clinical and Care Governance Group.
- 5.2.2 The reporting year 2019 -2020 had 84 complaints that were reported to Inverclyde HSCP.

Table 3 shows the breakdown of Total Complaints for the HSCP 1st April 2019-31st March 2020 by service area.

Table 3 Breakdown of Complaints by Service Area

	Strategy and Support Services	Health and Community Care	Mental Health Recovery and Homelessness	Children Services and Criminal Justice	Total
Q1	0	8	2	5	15
Q2	0	7	10	6	23

Q3	2	13	6	4	25
Q4	2	4	9	6	21

5.2.3 The themes of the complaints for each service area are shown in the charts below. Staff Professional Practice and Services not been provided to the appropriate standard are the most common themes. Heads of Service will review complaints with their service managers to provide a response to the complainant. There are Service Improvement Action Plans created for managers to summarise actions that have been taken and to track improvement.

Table 4 Strategy and Support Services complaints by theme



Table 5 Health and Community Care Complaints by theme

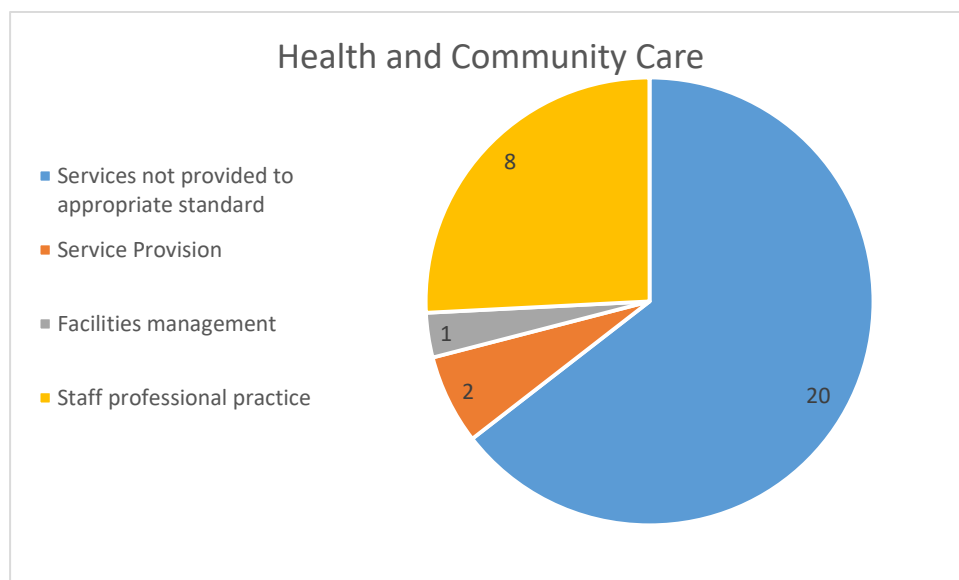
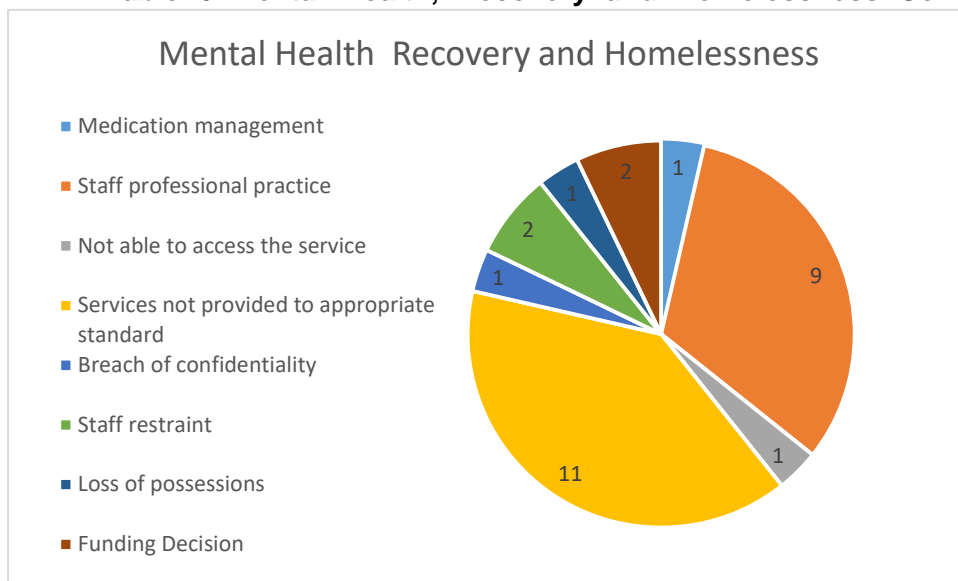


Table 6 Mental Health, Recovery and Homelessness Complaints by theme**Table 7 Children's Services and Criminal Justice Complaints by theme**

5.2.4 Scottish Public Sector Ombudsman Complaint Reviews

7 Scottish Public Sector Ombudsman (SPSO) complaint reviews were undertaken between 1 April 2019 and 31 March 2020. Of these 1 was not upheld with no recommendations, 2 were upheld with recommendations, 1 was partially upheld with recommendations and 3 are ongoing.

5.2.5 GP and Optometry Complaints

14 GP Practices and 11 Optometry Practices in Inverclyde Health and Social Care Partnership report on complaints received by members of the public. This information is reviewed by the Clinical Director and any significant issues and themes are discussed at the GP Forum. Themes arising from complaints and any learning are also taken to the Post Graduate Education Forum for information and to help plan local learning and development. Complaints that are passed to the Scottish Public Services Ombudsman are reviewed by the Clinical and Care Governance Group and Decision letters are routinely shared with the group for their information and comment.

The last survey that ran was 2019-20 Quarter 3, which means there is no data available for quarter 4 to conclude the entire year. This was due to COVID 19 pressures. Table 9 shows information for GP and Optometry complaints from 1st April 2019 to 31 December 2019.

Table 8 GP / Optometry Complaints 2019

	1st April 2019 -30th June 2019	1st July 2019 -30 September 2019	1st October 2019 - 31 December 2019
GP Complaints Total	18	10	17
GP Complaints Closed Stage 1	15	7	12
GP Complaints Closed Stage 2	3	3	4
Irresolvable			1
Number completing returns	14/14	11/14	14/14
Optometry Complaints	0	0	0
Optometry Complaints Closed Stage 1	0	0	0
Optometry Complaints Closed Stage 2	0	0	0
Number completing returns	9/11	8/11	8/11

6. COVID 19 RESPONSE

6.1 The response to the COVID 19 Pandemic

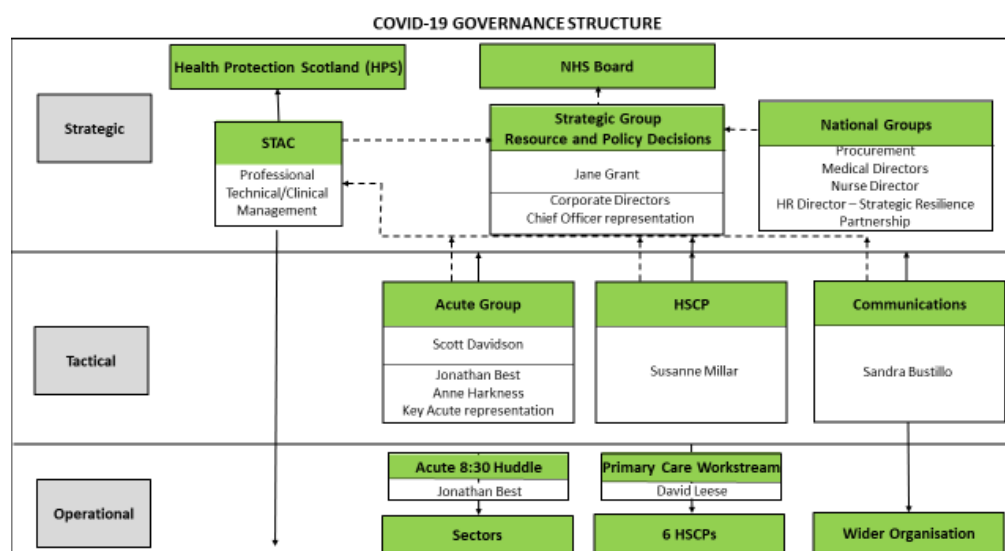
The HSCP requires to report and align its recovery strategy with both the Council's and the Health Board's processes and therefore is currently developing a separate and parallel recovery process. Over the course of the coming months, the HSCP requires to restore 'business as usual' services, including an element of catching up with activity that may have been scaled down or ceased as part of the pandemic response. This will require to be planned in a way which allows for flexibility to enable sufficient preparation and response to resurgence of waves of COVID activity.

The HSCP has to consider services that will see an increased demand as a result of COVID-19 mitigation measures. To do this effectively, it cannot simply return to previous ways of working. The HSCP needs to understand the changes it has made to services, assess the risks and opportunities in continuing with these changes and apply learning from the COVID response to its recovery planning.

The HSCP has a thrice weekly Local Resilience Management Team (LRMT) which reports through both the Council and Health Board structures. The two processes are aligned through cross representation.

6.2 Governance Structure for NHS and Inverclyde HSCP COVID 19

Inverclyde HSCP put into place a COVID 19 Governance Structure to provide assurance and the structure is summarised below.



Given the ongoing pressures presented in managing the challenge of Covid-19, it has not been possible to maintain the normal range of clinical and care governance and functions. The NHS Strategic Executive Group approved adaptations to the arrangements for governance of healthcare quality. This includes suspension of the strategically supported Quality Improvement programmes, revisions to processes for

clinical guidelines, audit and clinical incident management. NHS Acute, Partnership and Board Clinical Governance Forums are currently suspended.

Within Inverclyde HSCP there was a temporary suspension of our clinical and care governance meetings. However it is important to note that the legal duty of quality and the requirement to maintain health and care quality continue to be standing obligations, therefore where local arrangements cannot be sustained, operational oversight of healthcare quality and clinical governance has been maintained by embedding the following essential functions in the local management arrangements:

- Responding to any significant patient feedback
- Responding to any significant clinical incident
- The approval and monitoring of any clinical guidelines or decision aids that are required for the Covid-19 pandemic emergency
- Responding to any significant concerns about clinical quality

6.3 Mobilisation Plan

All NHS Boards were required to submit a Mobilisation Plan to the Scottish Government covering all services by 19th March 2020. The plan represents a whole system response to the service challenges presented by the evolving situation, and is being updated in response to new guidance. A further update to the Plan was submitted detailing additional actions regarding HSCPs and finance. Increasing data requests are submitted daily to the Scottish Government, covering many aspects of the Mobilisation Plan.

The implications for clinical and care governance in recovery planning for Inverclyde HSCP are complex in scope and responding to challenges that are still emerging requires flexibility and collaboration with strategic partners and the public. The challenge of what an essential core data set to respond to the COVID 19 pandemic as well as the impact on services that the HSCP will seek to deliver will be the primary focus of the Clinical and Care Governance Group. There is a meeting scheduled on the 26th May 2020 for the Clinical and Care Governance Group to map out what the requirements are, referencing the COVID 19 risk register that is being maintained by the HSCP as well as aligning the governance requirements of the NHS and Local Authority.

6.4 Public Protection

Inverclyde HSCP continues to work to delivery their core statutory public protection duties.

Public protection encompasses the following areas of work:

- Child and Adult Protection services,
- Multi-Agency Public Protection Arrangements (MAPPA), which focuses on assessing and managing the risks posed by sexual and violent offenders,
- Multi-Agency Risk Assessment Conferences (MARAC), where agencies and aim to manage the risk of future harm to people experiencing domestic abuse,

- The work of local partnerships that are focussed on reduction of domestic abuse and violence against women; and
- The work of local Alcohol and Drug Partnerships

These key public protection functions continue to be a priority for delivery. Should resource challenges arising from COVID-19 lead to any risk of inability to meet statutory duties, partnerships will collaborate at a whole system level to ensure those most at risk are effectively protected. The position in relation to this will be kept under regular review through the Chief Social Work Officer.

6.5 Use of technology during COVID 19

Inverclyde CAMHS team were recognised and received a Learning from Excellence Award from the Specialist Children's Services Learning from Excellence team.

The Inverclyde child and adolescent mental health team was put forward as a nominee, one of eight organisations to be nominated.

The department understood the value they held in the local community despite a change in practice and service moving to Virtual digital technologies with COVID19.

The team wish to continue to engage with local communities and utilise current communities/ systems in the HSCP to do this. The power of social media via face book and twitter to engage with stakeholders and service users will be used more in future.

7. CONCLUSION

7.1 The Clinical and Care Governance arrangements within Inverclyde remain robust.

7.2 The Clinical and Care Governance Strategy will be presented to the IJB in 2020 by the Chief Nurse. The arrangements for the Action Plan that will accompany the Strategy will be overseen by the Chief Social Work Officer and this work is expected to commence September 2020.

7.3 The unprecedented response from our staff and local citizens to the unprecedented challenge that came with Covid-19 has been both innovative and compassionate. Despite the terrible impact the virus has had, the responses across Inverclyde community and services has been and continues to be phenomenal and provides a solid foundation upon which to build towards a new future.

The HSCP Recovery Plan has been developed to enable us to navigate our way through the uncertainties that the virus has created and rebuilding our public services and the local economy. We need to plan in a way that allows for flexibility to enable preparation and response to resurgence of waves of Covid-19 activity with little notice.

The HSCP Recovery Plan was developed by the Strategic Management Team (SMT), further developed by the HSCP Recovery Group which is responsible for overseeing the implementation of the plan and monitoring progress.

The HSCP Recovery Plan has been based on a set of principles and is one where we learn and understand what the impact of our response to Covid-19 will, or perhaps should, have on how we deliver services in the future, and follows a phased approach to restarting services.

At the end of each phase there is reflection and learning before moving to the next phase.

The HSCP is now preparing to enter into Phase 3 of the Recovery Plan and will run from August until February 2021.

The HSCP is working closely with NHS Greater Glasgow & Clyde to ensure our plans are aligned. The Chief Officers are represented on the Health Boards Recovery Tactical Group and Inverclyde has a representative on the Board-wide Planning Group.

- 7.4 The IJB considered an update at its meeting on the 23rd June 2020 on the epidemiological review by Public Health into the excess deaths in Inverclyde associated with COVID19.

Excess deaths associated with the COVID19 pandemic had been raised as an issue affecting the population of Inverclyde. The report considered a number of potential explanations for this, including age profile, socioeconomic deprivation and an earlier date of sustained transmission.

The report concludes that “the most likely scenariois that the pandemic took hold earlier in Inverclyde in comparison with other areas of Scotland and NHSGGC. This fits with the higher positive rates of COVID19 testing in Inverclyde, and with the higher admission rates of patients with COVID19 in Inverclyde”.

There is no evidence that the quality of care or access to care was worse in Inverclyde, as the admission rates were higher than across the rest of NHSGGC, and there was no difference in the death rates from those in Inverclyde admitted with Covid19 in comparison with NHSGGC as a whole. This would not support the access and quality of care hypothesis.

Appendix 1

INVERCLYDE COMMUNITY LINK WORKERS

The Community Link Worker programme in Inverclyde was established in November 2017 as a partnership between Inverclyde HSCP and CVS Inverclyde.

Funded by the HSCP, the Community Link Workers initially worked within 6 GP practices. This increased to 11 GP practices during the 2018-2019 financial year, with the final 3 practices gaining a Community Link Worker in November 2019.

Referrals to the Community Link Workers usually come from the practice team including GPs, nurses and reception staff; however, individuals are also able to self-refer.

Since 2017, the Community Link Workers have received 1,823 referrals, with more than half of those referrals received during 2019. This demonstrates the increasing value and benefit primary care staff, and the service users themselves, place on the programme and the support it provides.

All Community Link Workers are embedded in their practices where they have been given consultation space and time. While the Community Link Workers use some of their time for community visits and mapping of local services, their presence in the practices has allowed strong relationships to develop between them and the GP practices. This has had a positive impact on how service users experience their interactions with the Community Link Workers,

The top 6 reasons for referral are

- Finance 30.5%
- Stress 23.1%
- Social prescribing for mental health 22.2%
- Housing 14.6%
- Employability 14.3%
- Carer issues 9.9%

The work of the Community Link Workers team supports Inverclyde HSCP's 6 Big Actions. While this work more directly impacts some Big Actions more than others, everything they do promotes:

- Improving physical and mental wellbeing
- Giving children and young people the best start in life by supporting the parents of families with a range of complex issues
- Protecting the population by addressing the social disadvantages that can lead people to substance misuse, homelessness and offending
- People's right to live independently at home or in a homely setting by identifying support within the community for people facing homelessness, those who would benefit from anticipatory care planning and carers who need further support to continue in their caring role
- Recovery services that are available across Inverclyde and linking directly with those supports offered by partners in the community.

Working within our compassionate community, the Community Link Workers will be instrumental in addressing many of the aspects of Big Action 6 that are relevant to the complex needs of some of the most vulnerable members of our community in Inverclyde.

Case Study

Case Study

Mr J was struggling with debt and this was causing him anxiety. He was visiting the GP regularly as a safe space in which to express his feelings and concerns. Over a 5 month period Mr J's GP suggested several times that he take up the opportunity for a referral to the CLW based in the practice but each time Mr J refused because he was embarrassed about his situation. Due to strong buy-in by the primary care team, the GP was able to fully explain the CLW role and the possible benefits of engaging with them. Eventually, Mr J's agreed to the referral.

Because Mr J felt comfortable at his GP practice, he and the CLW agreed to meet there. He explained that he was in the final year of a debt plan but hadn't managed to make payments the past few months. He was receiving universal credit but did not receive enough money to cover the repayments for the debt in addition to his normal monthly expenses. He also spoke about his mother's death and that he was still struggling to come to terms with his loss. This also led him to disclose that he did not know how to use any of his household appliances because he had previously never had need to use them.

Having discussed Mr J's priorities, the CLW supported him to contact the debt company and explain his situation. Mr J was asked to send over proof of income and once this was processed, he was notified that he no longer had to make payments.

After the debt situation was resolved, Mr J said he needed support to manage his money better, learn to cook and keep a house. The CLW supported Mr J to access a cookery class at Belville Community Gardens and once his confidence grew, to ask his neighbour to show him how to use the washing machine. Because of this support, Mr J was able to save money on food and laundry facilities and was generally better equipped to manage his finances.

Mr J stated that he felt like a huge weight had been lifted off his shoulders. 'I wish I had come to see you earlier when the doctor first told me about you all those months ago'.

Community Connectors

The Community Connector project was set up as a pilot in June 2016. The project is now successfully established and has developed partnerships with both HSCP staff and community groups and organisations across Inverclyde. Community Connectors enable local people to develop meaningful social support networks through person centred conversations and one to one support.

Community Connectors work alongside people to identify their specific needs and appropriate interventions to reconnect with their communities. Community Connectors work in the 6 localities across Inverclyde and deliver assistance to a wider range of local people. The emphasis of the Community Connector role is on creating opportunities to bring people together, maintaining, encouraging and creating networks and friendships, and promoting activities that help to overcome any barriers. With an ageing population, increasing loneliness, isolation and the increasing prevalence of poor mental health, there is a real need for this community-based approach.

Community Connectors work with individuals for an average of 12 weeks. A clear referral pathway has been developed between the Community Links Workers, Social Prescribing Co-ordinator and the Community Connectors.

Case Study - Isobel

Isobel was referred by the Reablement Team. She lives in Kilmacolm and due to her poor mobility and deterioration in vision was no longer able to use her car. Connectors met with Isobel and she expressed her love of shopping and disappointment that she is no longer able to do this, Isobel stated "There's a reason that they call solitary confinement a punishment ". CC suggested she register with My Bus and she was eager to give this a try. As a result of this, Isobel now uses My Bus every Wednesday and says that the Community Connector have given her her life back. The Community Connectors keep in touch with Isobel and she loves to hear from the Team.

CLINICAL & CARE GOVERNANCE STRATEGY

2019 - 2024



Principal Author	Caroline Champion Service Development Manager
Responsible Head of Service / Lead	Hector MacDonald Clinical Director Sharon McAlees Head of Service / Chief Social Work Officer Deirdre McCormick Chief Nurse
Approved By	Inverclyde Integration Joint Board (IJB)
Date Approved	21 st September 2020
Date for Review	September 2024
Version	V0.6
Replaces Previous Version	

CONTENTS

1. Forward 3

2. Introduction 5

3. Purpose of the Clinical and Care Governance Strategy 7

4. Domains of Clinical and Care Governance 10

 4.1. Adverse Event and Clinical Risk Management 12

 4.2. Continuous Improvement 14

 4.3. Person-Centredness 16

 4.4. Clinical Effectiveness 18

5. Measuring and Monitoring Quality and Safety 21

6. Governance and Accountability 23

APPENDIX 1 HSCP Clinical & Care Governance Structure 24

APPENDIX 2 National Health & Wellbeing Outcomes 25

APPENDIX 3 Scotland's Public Health Priorities 26

APPENDIX 4 Reference Documents 27

1. FORWARD

Inverclyde Health and Social Care Partnership (HSCP) was established in response to the requirements outlined in the Public Bodies (Joint Working) (Scotland) Act 2014, often referred to as Integration Legislation.

What the Act aimed to do was draw together the planning and delivery of services to better support the delivery of improved outcomes for people who receive care and support from across health and social care. Prior to Legislation, services have been integrated in Inverclyde since 2010.

The Act includes a number of integration principles that must be taken into account when services are planned and delivered, and includes the nine national health and wellbeing outcomes (Appendix 2) that Integrated Authorities are required to improve and deliver.

To achieve the requirements outlined, health and social care professionals and the wider workforce need to work in a way that supports the integration of services. We need to capitalise on the valuable and varied skills, experience, knowledge and perspectives staff have so they are used to best effect and aligned to support the outcomes that service users seek from the care and support they receive. This will require an explicit clinical and care governance framework (strategy) within which professionals and the wider workforce operate and a clear understanding of the contributions and responsibilities they have. This also applies to services provided on behalf of the HSCP by third and independent agencies. Fundamentally, clinical and care governance is everyone's responsibility.

The Act does not, however, change the current or indeed future regulatory framework within which health and social care professionals practice, and does not change the already established professional accountabilities that are currently in place (NHS or Local Authority). Arrangements may need to be reviewed and adapted to reflect any changes in circumstances but the core principles of clinical and care governance must be consistent and applied across those services which are integrated and those which are not.

The Inverclyde HSCP Clinical and Care Governance Strategy describes a clinical and care governance framework that fosters and embeds a culture of excellence in clinical and care practice, enables and drives forward the delivery of safe, effective, high quality, sustainable person-centred care based on clinical evidence and service user experience, resulting in positive outcomes for everyone.

The global pandemic Novel Coronavirus (Covid-19) resulted in extensive measures being put in place to suppress the virus and protect our staff and wider communities. The virus has had a wide impact on our health and social care service, having had to mobilise our service in ways never anticipated and suspend some non-essential care and treatment. The HSCP is now well into its recovery phase, stepping up to support people to adapt to the new world that lies ahead knowing our health and social care services will also have to change to help our communities and staff to recover from 'shock' left in the wake of Covid-

19. It is important that when the time is right, we fully reflect from the experience and ensure that our business continuity planning arrangements are better able to respond to future emergency planning requirements.

This Strategy will provide the foundation upon which to build on and influence other HSCP strategies / plans / policies including our Strategic Plan to ensure we deliver health and social care standards as we move forward.



Hector MacDonald
Clinical Director



Sharon McAlees
Head of Service / CSWO



Deirdre McCormick
Chief Nurse

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2. INTRODUCTION

Inverclyde Health and Social Care Partnership (HSCP) strategic direction is clearly set out in our Strategic Plan 2019 – 24 and associated 6 Big Actions. Driving forward continuous quality improvement throughout the organisation, streamlining patient / service user care pathways resulting in improved outcomes, and achieving greater consistency of care in the planning and delivery of health and social care is our priority.

In October 2015, the Scottish Government published the “Clinical and Care Governance Framework” providing an oversight of clinical and care governance for integrated services which is the responsibility of Integration Authorities. The framework was developed on the understanding that Integration Authorities will build on the existing professional and service governance arrangements already in place within the Health Board and Local Authorities. The framework provides an overview of the key elements and principles that should be reflected in local agreed clinical and care governance processes.

The national framework describes five key principles of Clinical and Care Governance which must be taken into account when developing and implementing the Inverclyde HSCP Clinical and Care Governance Strategy. These are :

1. Clearly defined governance functions and roles are performed effectively
2. Values of openness and accountability are promoted and demonstrated through actions
3. Informed and transparent decisions are taken to ensure continuous quality improvement
4. Staff are supported and developed
5. All actions are focused on the provision of high quality, safe, effective and person-centred services

In addition to the national framework, the Scottish Governments “Health and Social Care Standards : My Support, My Life” (2017) outlines standards on what should be expected when people access and use health and care services in Scotland. The five standards provide additional principles on which this Strategy is based, these include :

1. I experience high quality care and support that is right for me
2. I am fully involved in all decisions about my care and support
3. I have confidence in the people who support and care for me
4. I have confidence in the organisation providing my care and support
5. I experience a high quality environment if the organisation provides me with premises

The Clinical and Care Governance Strategy covers both structures and processes at all levels within Inverclyde HSCP and services provided on behalf of the HSCP, leading to and supporting continuous quality improvement. The Strategy must therefore address the following :

- The clinical and care governance arrangements and responsibilities
- The need to continuously improve performance in clinical governance issues through communication, education and training
- The creation of an environment which secures support and commitment towards safety and high quality within our health and social care services

To support the Clinical and Care Governance Strategy, an Action Plan will be developed and implemented around these key aspects.

3. PURPOSE OF CLINICAL AND CARE GOVERNANCE STRATEGY

What is Clinical Governance?

Clinical Governance has been defined as :

“A framework through which NHS organisations are **accountable for continually improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care can flourish**”

A First Class Service : Quality in the New NHS , Scally & Donaldson, 1998

Clinical governance is a combination of structures and processes at all levels within the organisation that leads to and drives forward continuous quality performance. It is crucial that we focus on experience and learning in order to improve clinical outcomes for those accessing and using our services, improve the working environment for our staff, assess and where possible anticipate risk, and also eliminate or reduce risk or harm.

This Strategy details the responsibilities that all staff working for Inverclyde HSCP, and partners commissioned to provide services on its behalf, have in contributing to the quality of care for our citizens, and the importance of ensuring we have a culture and organisational arrangements in place to achieve safe, effective and person-centred care.

In 2000, the Scottish Government described four levels of clinical and care governance responsibilities, these are :

Overseeing	Members of the Clinical and Care Governance Committee
Delivering	Managers, clinicians involved in management, management leads, clinical governance leads
Practising	Professional, clinical, administrative and support staff
Supporting	Staff employed in activities underpinning clinical and care governance, e.g. those involved in clinical effectiveness, audit, complaints handling and risk management

Each of these roles is important if quality of care is to be given the highest priority across Inverclyde HSCP and its partner organisations. Every member of staff, and those who are commissioned to provide services on behalf of the Partnership, has a role in standards and quality of care, and this Strategy helps staff understand their role across the entire scope of clinical and care governance and the crucial role they have in contributing to continuous quality improvement.

Clinical and care governance is the process by which accountability for the quality of health and social care is monitored and assured. It should create a culture where delivery of the highest quality of care and support is understood to be the responsibility of everyone working in the organisation, and those organisations that provide services on its behalf, and built upon partnership and collaboration within teams, between health and social care professionals and managers, and those who use and access our services.

It is the way by which structures and processes assure the Integration Joint Board (IJB), Health Board and Local Authority that this is happening whilst at the same time empowering clinical and care staff to contribute to the improvement of quality, and making sure that there is a strong voice of the people and communities who use services.

Clinical and care governance should have a high profile, to ensure that quality of care is given the highest priority at every level within Inverclyde HSCP. Effective clinical and care governance will provide assurance to people who access and use our services, clinical and care staff and managers that :

- Quality of care, effectiveness and efficiency drives decision – making about planning, development, delivery and management of services
- The planning and delivery of services takes full account of the perspective of those use access and use our health and social care services
- Unacceptable clinical and care practice will be detected and addressed building confidence in our structures and processes

The focus of the Strategy is to :

1. Promote and encourage appropriate involvement from people receiving care, carers and families in how we plan, develop and delivery health and social care services

2. Deliver high quality, safe, effective, person-centred and evidence based care
3. Encourage and enable staff to work collaboratively in multi-disciplinary, multi-agency and multi-professional teams, and use reflective practice
4. Anticipate and prevent harm through reliable and robust systems for clinical risk, safety of those receiving health and care, and investigation of adverse events
5. Understand and minimise unnecessary variation by the intelligent use of data, measurement and improvement science
6. Demonstrate learning and sustainable change from adverse events and past harm

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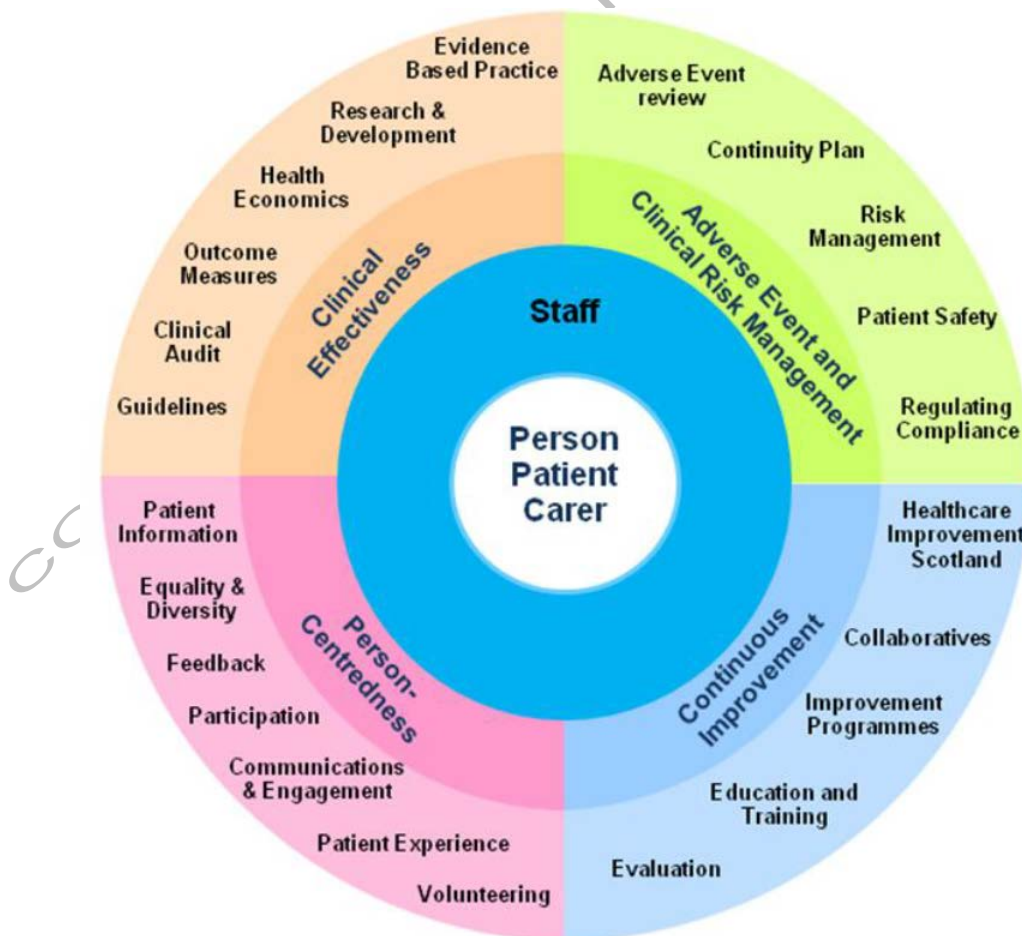
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4. DOMAINS OF CLINICAL AND CARE GOVERNANCE

Clinical and care governance broadly encompasses inter-related themes identified from both national and local quality strategies, policies, programmes and guidelines, and is a system to facilitate the co-ordination of multiple activities and key elements to inform and progress quality improvement of health and social care services across Inverclyde, ensuring they are safe, effective, sustainable and person-centred, and based on best available evidence and practice.

Inverclyde HSCP has a clearly defined scope (domains) for clinical and care governance, as described and illustrated below :

- Adverse event and clinical risk management
- Continuous improvement
- Person-centredness
- Clinical effectiveness



The delivery of effective clinical and care governance relies on a blend of key elements being brought together through analysis, scrutiny, reporting and escalation processes and by adopting a risk management approach that ensures person-centred, safe, sustainable and effective clinical health and care.

Clinical and care governance is the process by which accountability for the quality of health and social care is monitored and assured. It should create a culture where delivery of the highest quality of care and support is understood to be the responsibility of everyone working in the organisation, and those organisations that provide services on its behalf, and built upon partnership and collaboration within teams, between health and social care professionals and managers, and those who use and access our services.

All staff have a responsibility and are accountable for clinical and care governance. This strategy supports staff to understand the part which they play in ensuring its success and how the care and support we deliver across Inverclyde contributes to safe, effective, sustainable and person-centred care.

All staff must feel that they have permission in their own team or area to make decisions on :

- What is most important for the person or people they care for or support (“What Matters To Me”)
- What they can do to change and improve care, prevention and treatment
- What they have to do to make those changes including any escalation processes
- What to monitor and how to report how changes and improvements are progressing
- The provision of high quality, evidence-based and risk-managed care and support

The following describes the individual domains of clinical and care governance.

4.1. Adverse Event and Clinical Risk Management

The aim of this domain is to ensure there are adequate and effective adverse event and risk management processes in place throughout the partnership to enable learning from adverse events which will reduce the risk of future harm.



It focuses on the reporting and reviewing of adverse events and near misses

- in an open, honest, transparent and safe environment
- continually highlighting and learning from good practice
- identifying improvements, ensuring business continuity plans are in place
- implementation of patient and care safety programmes

Included in this domain are :

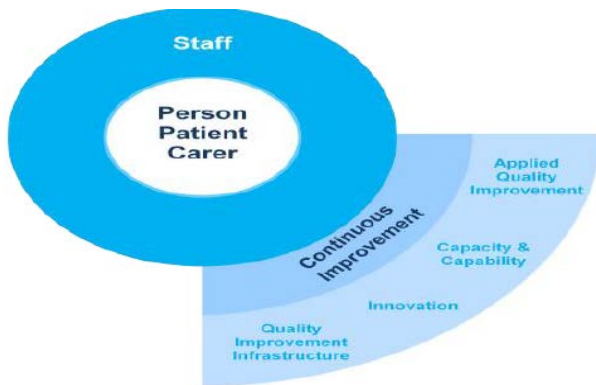
Adverse Event Review	Reviewing adverse events and near misses at an appropriate level to ensure continual learning and improvement to services for people who access our services and staff. Important to be fair and just, transparent, minimise risk and maximise opportunities to learn and keep people safe and support staff <i>The primary purpose of adverse event reporting and review is to improve systems, practice and care, it is NOT to apportion blame</i>
Duty of Candour	Ensuring that people receiving care, their families and carers are informed when they have been harmed, either physically or psychologically as a result of the care provided. This ensure that services are compliant with the Duty of Candour Procedure (Scotland) Regulations
Risk Management	Continual development, monitoring and review of service and strategic level risks to ensure these are proactively managed and progressed across the organisation with clear timescales and action plans associated to these
Business Continuity Plan	Development, reviewing and maintaining effective, up to date business continuity plans to increase the resilience of the HSCP so that it is able to continue to deliver the critical services that people who access and use our services rely upon. Ensuring our services are compliant with the

	business continuity plans element of the Civil Contingencies Act 2004
Patient Safety	Working collaboratively and in conjunction with services, partners, staff and people who use our services, develop approaches that systematically improve the safety for those we provide health and care for through generating new ideas, sharing knowledge and spreading safe practice

Under the described four levels of clinical and care governance, staff responsibilities under this domain are :

Overseeing	Through the HSCP Clinical and Care Governance Committee, seek assurances that processes on all aspects of adverse event and clinical risk management are in place and carried out, and ensure actions and learning have been identified and shared throughout the organisation. Produce an annual Duty of Candour report that is available in the public domain
Delivering	Provide assurance that there are appropriate structures and mechanisms are in place to consider and act on information, highlight good practice and identify and share learning to ensure there is continual improvement in systems, practice and care for people accessing and using our services
Practising	Ensure all staff are able to report adverse events, are aware of Duty of Candour legislation, and patient safety initiatives, and can access information regarding any aspect of adverse event and clinical risk management as required. Have open and honest discussion with people who use our services and their families, carers when there has been harm
Supporting	Provide training, information, tools and methods to enable teams to report, monitor and learn from their adverse events and near misses, and ensure they are proactively monitoring and mitigating risks across their services. Support teams to ensure they are meeting legal and national requirements in relation to Duty of Candour, continuity planning and patient safety.

4.2. Continuous Improvement



The aim of this domain is to ensure that all our services learn about what works and from examples of good practice, we identify and learn from what works less well or not at all, and we support teams to make improvements.

There are two key drivers for embedding continuous quality improvement into the HSCPs day to day business, the Realistic Medicine Chief Medical Officer's Annual Reports and Excellent in Care approaches. These reports emphasise the need to ensure the person receiving health and care is at the heart of decision – making, and the HSCP operates in a way that creates a personalised approach to their care, all the time.

The documents also recognise the importance of valuing and supporting all health and care staff as this is vital to improving outcomes for the people in our care, but also ensures we embed continuous quality improvement.

Included in this domain are :

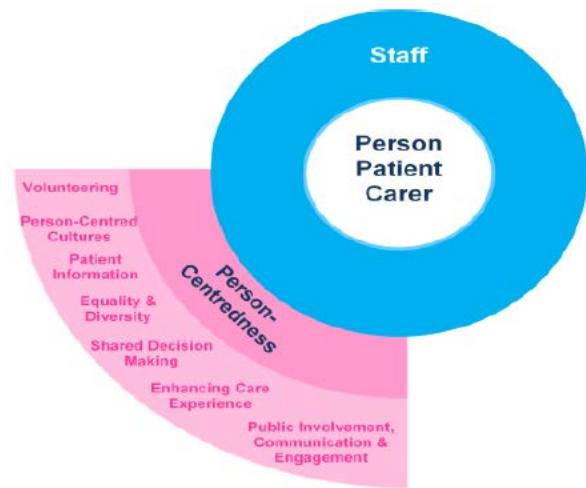
Applied Quality Improvement	Across the HSCP, apply improvement models, tools and techniques, such as the 'Model for Improvement'
Capacity & Capability	Within our workforce, build capacity and capability in quality improvement skills through a variety of courses and programmes, such as "Scottish Improvement Leadership" (SciL)
Innovation	Develop and maintain strong partnership with academia, consider funding applications to facilitate continuous evaluation and improvement in all our systems, research and publishing examples of good evidence – based practice so we continually learn from these and adopt across the HSCP
Quality Information Infrastructure	Management and co-ordination of both a physical and virtual infrastructure to support innovation, collaboration and embedding continuous quality improvement into our day to day business

Under the described four levels of clinical and care governance, staff responsibilities under this domain are :

Overseeing	Inverclyde HSCP is committed to continuous quality improvement, this is highlighted in the HSCP Strategic Plan 2019 – 24 vision, values and Big Actions backed by the National Outcomes. The Clinical and Care Governance Committee supports and facilitates quality improvement at all levels, providing the platform for assurance, the identification of areas where quality improvement is required, and supporting quality improvement and learning
Delivering	Support from senior management and clinical and care leads by ensuring resources are in place to drive forward continuous quality improvement across the organisation and effectively used. Clinical leads and managers have a responsibility to develop programmes of quality improvement adopting evidence-based and appropriate improvement models. This will ensure quality improvement is the fundamental principle of how health and care is delivered across Inverclyde, and working in collaboration we ensure the person receiving health and care is at the heart of decision – making, and the HSCP operates in a way that creates a personalised approach to their care, all the time
Practising	Health and care teams identify areas for quality improvement through self-evaluation, evidence (e.g. feedback), other types of learning opportunities, and then applying improvements. It is important to enable a flexible use of a range of quality improvement methods across the range of settings to maximise impact of opportunity and positive outcomes
Supporting	Staff will be supported to access training and development opportunities, access to tools and techniques to enable teams to undertake continuous quality improvement

4.3. Person-Centredness

The aim of this domain is to health and care professionals and leaders to develop and maintain a culture of person-centredness that positively contributes to the wellbeing of the people who receive health and care, and our staff. It focuses on :



- enhancing the experience of those who access and use our health and care services
- shared decision – making
- enhancing how we engage with local communities in planning, developing and delivering health and social care
- implementing best person – centred practices as advocated in the “Excellence in Care” (Scottish Government and Health Improvement Scotland)
- developing capacity and capability across the HSCP to ensure we create an environment where staff feel valued, can flourish and positively contribute to continuous quality improvement, and improve outcomes in health and care

Included in this domain are :

<p>Shared Decision Making</p>	<p>Enable people who access and use our health and care services and staff engage in how services are planned, developed and delivered so that they meet the needs of people, and their preferences and values are respected – “What Matters to Me”</p>
<p>Enhancing Care Experience</p>	<p>It is essential that the Patient Rights (Scotland) Act 2011 is complied with in terms of patient feedback. The Act gives people the legal right to give feedback on their experience of health, care and treatment, and to provide comments or raise concerns or complaints. To support this, it is crucial the HSCP has a culture where it listens to people, learns from their experiences and uses this insight to guide what we do, and we make it safe for people to do so without fear of recrimination. We need to ensure we have processes in place that encourages feedback from people who access and use our services, this can include surveys, capturing ‘live’ stories, Care Opinion, and informal verbal and written comments</p>

Public Involvement, Communication & Engagement	<p>Ensuring that the voices of communities across Inverclyde are heard and listened to in order to improve the quality and delivery of local services. The HSCP recognises that individuals are key partners in improving their own health and wellbeing, and reducing health inequalities. We support the vision where “People who use local services will be enabled to engage purposefully with service providers to continuously improve and transform services.” As outlined in the HSCP Communications and Engagement Strategy (December 2019), it is essential the HSCP communicates and engages with local people in an effective and meaningful way so that those who use local services, their families and carers are always at the heart of everything we do. First class communication and engagement is essential to the delivery of excellent, high quality health and social care services. Effective, robust communication and engagement plays a crucial role in supporting us to achieve our visions, ambitions and delivering our strategic objectives. The purpose of the HSCP Communications and Engagement Strategy is to set out a clear and consistent approach to communicate and engage with all our stakeholders in decision making, building on and learning from past experiences and best practice. The Strategy and its implementation underpins our decision – making processes, protects and enhances the reputation of the HSCP, and builds confidence within our local communities that we are a listening organisation.</p>
Person-Centred Cultures	<p>Embeds a culture and care through the delivery of person – centred practice across the organisation and we ensure this is also a key principle adopted by partners who deliver health and care on our behalf therefore ensuring consistent standards of practice</p>
Patient Information	<p>Information should be developed, maintained and reviewed in line with good practice principles. This will ensure that everyone accessing and using our services receives information in a format that meets their needs, is current and relevant, and written in plain English. It is good practice to develop information with partner organisations representing people who use health and care services</p>
Equality & Diversity	<p>Ensuring that staff and people accessing and using local services can do so in a way that meets their diverse needs and given equal access irrespective of their protected characteristics. Ensuring compliance with the Equality Act 2010</p>

Volunteering	Alongside staff, volunteers provide a valuable contribution to enhance the quality of health and care we provide for the people we care for. We will ensure we have structures in place for our volunteers so they are valued and supported
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Under the described four levels of clinical and care governance, staff responsibilities under this domain are :

Overseeing	As part of its annual report, the Clinical and Care Governance Committee will provide assurance on progress against the Clinical and Care Governance Strategy Action Plan including person-centredness
Delivering	Senior management, clinical and care leads ensure person –centredness is applied across all services, and that staff are supported to understand and practice in accordance with best person – centred principles and practice
Practising	Staff should understand the principles of person – centred practice and contribute to the development of more person – centred culture resulting in improved health and care outcomes and experiences
Supporting	Ensure systems and processes are in place that supports the application of person – centred practices, this includes learning, clinical supervision, guidance, training and research. Production of regular reports on progress against each aspect of this domain



4.4. Clinical Effectiveness

The aim of this domain is to ensure that people who access and use health and social care services get the right care, at the right time and in the right way. It focusses on ensuring staff and services are informed and up to date with evidence based practice, research and development, and guidelines as well as

highlighting the importance of having agreed outcome measures and established clinical audits.

Included in this domain are :

Evidence – Based Practice	Evidence – based practice provides the foundation for staff to base their clinical and care practice on, and ensure that up to date information is used to inform clinical and care practice. An evidence base, presented as either advice, guidelines or standards, is also relevant for other quality improvement activities across the organisation.
Research & Development	Enables clinical and care practice to be progressed and developed, finding new ways of doing things and supporting continuous quality improvement
Outcome Measures	Indicators that support judgements on whether or not interventions have resulted in change in outcomes for people who access and use our services
Clinical Audit	Enables areas of clinical and care practice to be measured against standards in support of quality improvement, safety and provides assurances regarding safe, effective, sustainable practice

Under the described four levels of clinical and care governance, staff responsibilities under this domain are :

Overseeing	Clinical and Care Governance Committee provides assurance on processes covering all aspects of clinical effectiveness and governance, and delivery of the Clinical and Care Governance Strategy Action Plan
Delivering	Senior management, clinical and care leads ensure there are appropriate structures and mechanisms in place to support learning from research and development opportunities. Ensures continual quality improvement in practice for people accessing and using health and care services by identifying and sharing learning in relation to clinical effectiveness. Provide timely collated quality of care self-assessments as requested by Healthcare Improvement Scotland
Practising	Staff will contribute to quality of care self-assessments and reviews, and clinical audits and research. The HSCP will support staff to keep up to date with evidence based practice according to relevant standards, guidelines and research.
Supporting	The HSCP will support and encourage continuous quality improvement but providing training and development opportunities, information, tools and methods to enable

	<p>teams to undertake audit and research, learn from adverse events and feedback from people who access and use our services in a safe environment, and share relevant links to information and guidelines to ensure they remain current in their practice.</p>
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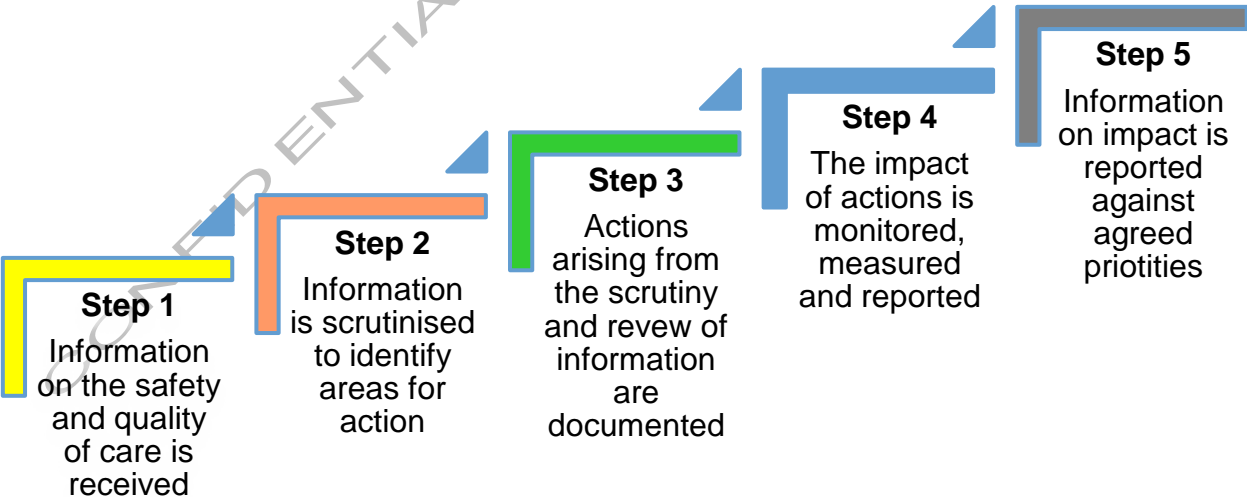
5. MEASURING AND MONITORING QUALITY AND SAFETY

Inverclyde HSCP must be able to assure people receiving health and care support, families, carers and the general public, as well as Government and regulatory bodies, that high quality care and a good experience for every person is provided, every time from all staff that are engaged and supporting the organisation.

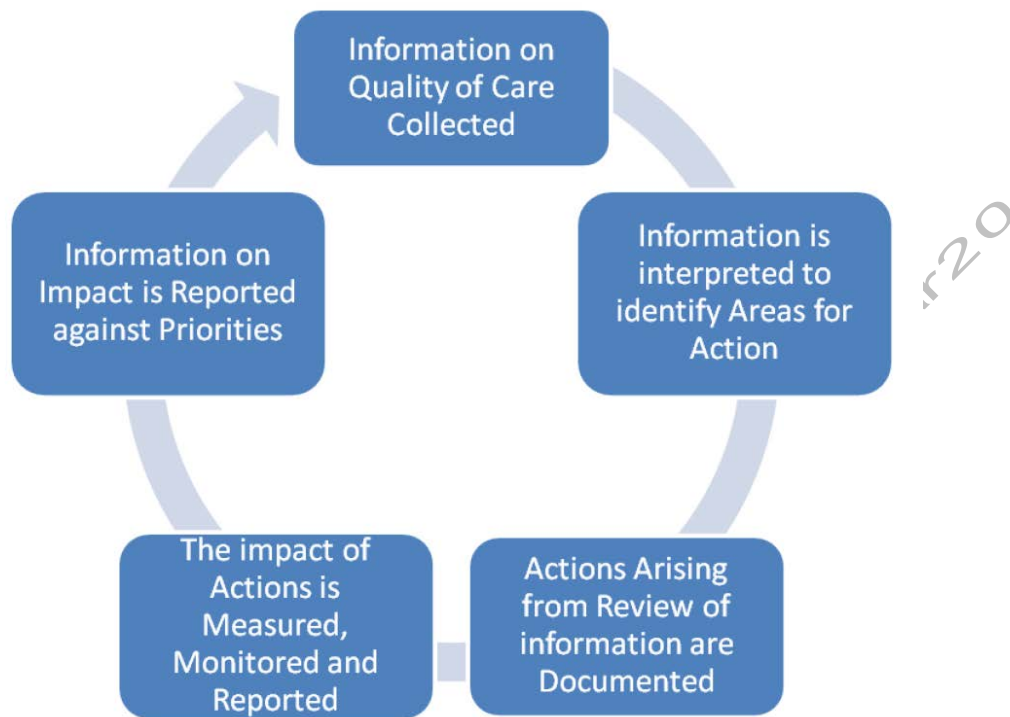
To ensure the HSCP has in place a systematic approach to reporting data and information that provides assurances that safe, effective, sustainable and person-centred care is being delivered, there needs to be a focus on monitoring performance to identify areas where improvements can be made or good practice can be shared.

The five step process outlined by the Scottish Government’s Clinical and Care Governance Framework (2014) shall be adopted to ensure delivery of this Strategy and related Action Plan.

The five steps to support clinical and care governance are :



The Improvement Focused Governance Cycle



Inverclyde HSCP will use the five step process and concepts within the Strategy to review and strengthen the existing systems for monitoring and measuring the quality of care, experience and outcomes.

6. GOVERNANCE AND ACCOUNTABILITY

NHS Greater Glasgow & Clyde and Inverclyde Council as parent bodies, retain responsibility for all clinical and care governance relating to the direct delivery of care and treatment and the associated systems, procedures, guidelines and protocols.

Parent bodies have to assure themselves that appropriate, effective and sustainable systems are in place, monitored and working effectively.

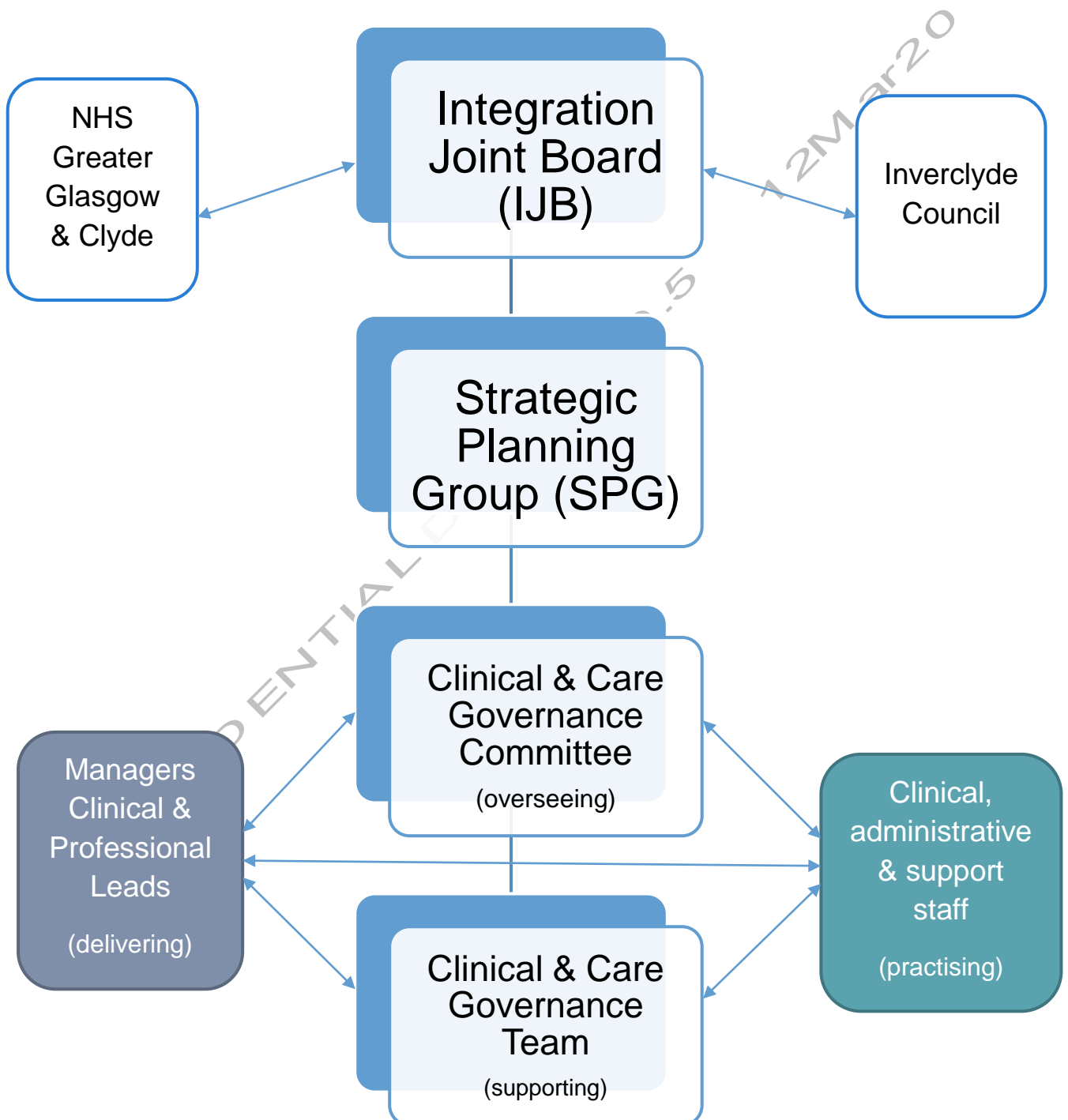
The Integration Joint Board (IJB) has lead responsibility for the strategic planning of health and social care for delegated services. The IJB must satisfy itself that the parent body organisations have effective governance systems in place. Assurance must also be provided to the Scottish Government and regulatory bodies.

The Clinical and Care Governance Committee will be responsible for developing and overseeing implementation of the Clinical and Care Governance Strategy and related Action Plan driving forward continuous quality improvement for our health and social care services and the key aspects outlined in this Strategy.

The Clinical and Care Governance Strategy and related Action Plan will be reviewed and updated every five years in line with the HSCP Strategic Plan.

APPENDIX 1

HSCP CLINICAL & CARE GOVERNANCE STRUCTURE



APPENDIX 2

NATIONAL HEALTH & WELLBEING OUTCOMES

The National Health and Wellbeing Outcomes are high- level statements of what health and social care partners are attempting to achieve through integration and ultimately through the pursuit of quality improvement across health and social care. The table below provides an overview of how our Big 6 Actions meet the national outcomes

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Outcome	BIG Action 1	BIG Action 2	BIG Action 3	BIG Action 4	BIG Action 5	BIG Action 6
People are able to look after and improve their own health and wellbeing and live in good health for longer.	X	X		X	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	X	X
People who use health and social care services have positive experiences of those services, and have their dignity respected.	X		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	X	
Health and social care services contribute to reducing health inequalities.	X			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 well-being.	X			X		X
People using health and social care services are safe from harm.	X	X	X	X	X	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			X		X
Resources are used effectively and efficiently in the provision of health and social care services.	X		X			X
Children and Criminal Justice Outcomes						
Our children have the best start in life and are ready to succeed.		X				X
Our young people are successful learners, confident individuals, effective contributors and responsible citizens.		X				X
We have improved the life chances for children, young people and families at risk.		X				X
Community safety and public protection.	X		X			
The reduction of re-offending.	X				X	
Social inclusion to support desistance from offending.	X			X	X	

APPENDIX 3

SCOTLAND'S PUBLIC HEALTH PRIORITIES

The table below provides an overview of how our Big 6 Actions meet Scotland's Public Health Priorities

Public Health Priority	BIG Action 1	BIG Action 2	BIG Action 3	BIG Action 4	BIG Action 5	BIG Action 6
A Scotland where we live in vibrant, healthy and safe places and communities.			X			
A Scotland where we flourish in our early years.		X				
A Scotland where we have good mental wellbeing.	X					
A Scotland where we reduce the use of and harm from alcohol, tobacco and other drugs.					X	
A Scotland where we have a sustainable, inclusive economy with equality of outcomes for all.	X			X		
A Scotland where we eat well, have a healthy weight and are physically active.						X

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APPENDIX 4

REFERENCE DOCUMENTS

The table below lists existing guidance on governance and accountability along with links to other key strategies, plans and policies.

Strategy / Policy / Plan

Web link

Inverclyde HSCP Strategic Plan 2019 - 24	https://www.inverclyde.gov.uk/health-and-social-care/health-and-social-care-partnership-strategic-plan
Inverclyde HSCP Strategic Plan 2019 – 24 Children & Young People Edition	https://www.inverclyde.gov.uk/health-and-social-care/health-and-social-care-partnership-strategic-plan
Strategic Needs Assessment 2019	https://www.inverclyde.gov.uk/health-and-social-care/health-and-social-care-partnership-strategic-plan
Commissioning Strategy 2012 – 2022	https://www.inverclyde.gov.uk/health-and-social-care/health-and-social-care-partnership-strategic-plan
HSCP Communications & Engagement Strategy 2019 - 24	Awaiting IJB approval
NHS Greater Glasgow & Clyde - Moving Forward Together Strategy	www.movingforwardtogetherggc.org
Patient Rights (Scotland) Act 2011	www.legislation.gov.uk/asp/2011/5/pdfs/asp_20110005_en.pdf
Community Empowerment (Scotland) Act 2015	https://www.gov.scot/policies/community-empowerment/
Realistic Medicine	https://www.realisticmedicine.scot/ https://www.gov.scot/news/realising-realistic-medicine
CEL 8 (2012) “Guidance on Handling and Learning from Feedback, Comments, Concerns and Complaints about NHS Care Services” Scottish Government	https://www.sehd.scot.nhs.uk/mels/CEL2012_08.pdf
Codes of Practice for Social Service Workers and Code of Practice for Employers of Social Service Workers Scottish Social Services Council	https://www.sssc.uk.com/the-scottish-social-services-council/sssc-codes-of-practice
Clinical & Care Governance Framework, Scottish Government, Oct'15	https://www.gov.scot/publications/clinical-care-governance-framework/
Nursing and Midwifery Professional Assurance Framework for Scotland (2014) Scottish Executive Nurse Directors & Chief Nursing Officer for Scotland	www.nhsggc.org.uk/media/243389/nursing-and-midwifery-assurance-framework-final-version.pdf
Codes of Practice for Healthcare Quality in	

Scotland – An Agreement (2013) Scottish Social Services Council	
Governance for Healthcare Quality in Scotland – An Agreement (2013) Scottish Government Health Directorates	https://tinurl.com/qualitygovernance
Governance for Quality Social Care in Scotland – An Agreement (2013) Social Work Scotland – available via the Social Work Scotland website	https://socialworkscotland.org/
Practice Government Framework : Responsibility and Accountability in Social Work Practice (2011)	https://www.gov.scot/Resource/Doc/347682/0115812.pdf
The Role of the Chief Social Work Officer (2010) Scottish Government	https://www.gov.scot/Publications/2010/01/27154047/0
The Role of Registered Social Worker in Statutory Interventions : Guidance for local authorities (2010) Scottish Government	https://www.gov.scot/Resource/Doc/304823/0095648.pdf
Governance for Joint Services : Principles and Advice (2007) COSLA, Audit Scotland and Scottish Government	
NHS HDL (2001) 74 Clinical Governance Arrangements Scottish Executive	https://www.sehd.scot.nhs.uk/mels/HDL2001_74.htm
NHS MEL (2000) 29 Clinical Governance Scottish Executive	https://www.sehd.scot.nhs.uk/mels/2000_29final/htm
NHS MEL (1998) 75 Clinical Governance Scottish Executive	https://www.sehd.scot.nhs.uk/mels/1998_75.htm
Public Bodies (Joint Working) (Scotland) Act 2014 Scottish Government	https://www.legislation.gov.uk/asp/2014/9/contents/enacted
NHS Scotland : The Healthcare Quality Strategy for NHS Scotland, May 2010	https://www.gov.scot/publications/healthcare-quality-strategy-nhsscotland/
Equality Act 2010	https://www.legislation.gov.uk/ukpga/2010/15/

“Future Approach to Governance” 2010 Scottish Government draft policy paper	
NHS Scotland Framework for Developing Boards, Board Diagnostic Tool, 2010	
NHS Scotland Efficiency & Productivity : Framework for SR10, 2011 – 15	https://www.gov.scot/publications/nhsscotland-efficiency-productivity-framework-sr10/
Clinical Governance & Patient Safety Support Unit Work Programme 2005 - 07 Health Improvement Scotland (HIS) Quality Improvement Scotland	https://nhshealthquality.org
Seven Steps to Patient Safety : The Full Reference Guide 2004” The National Patient Safety Agency	www.npsa.uk/sevensteps
Draft Healthcare Quality Standard July 2011 Assuring Person-Centred, Safe and Effective Care : Clinical Governance and Risk Management	www.healthcareimprovementscotland.org
NHS Scotland Efficiency and Productivity Programme : Delivery Framework June 2009	https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2011/02/nhsscotland-efficiency-productivity-framework-sr10/documents/0113614-pdf/govscot%3Adocument/0113614.pdf
Delivering for Health : Guidance on Implementation NDL (2006) 12 Scottish Executive	
Significant Reports to Underpin Clinical Governance	
Health & Social Care Standards : My Support, My Life 2017 Scottish Government	https://www.gov.scot/publications/health-social-care-standards-support-life/
Pursuing Excellence in Healthcare NHS Greater Glasgow & Clyde Healthcare Quality Strategy 2019 / 23	
Must Do With Me	https://www.healthcareimprovementscotland.org/our_work/person_centred_care/person-centred_collaborative.aspx

Monitoring for Safety Framework Action Plan	https://health.org.uk/publication/measurement-and-monitoring-safety
Excellence in Care (EiC)	https://www.nhsggc.org.uk/about-us/professional-support-sites/nurses-midwives/care-assurance-system-excellence-in-care
National Clinical Strategy	https://www2.gov.scot/Publications/2016/02/8699
Healthcare Quality Strategy for Scotland	https://www2.gov.scot/Publications/2010/05/10102307/2
Carers (Scotland) Act 2018	https://www.legislation.gov.uk/asp/2016/9/contents/enacted
Carers (Scotland) Act 2018 Statutory Guidance	https://www.gov.scot/publications/carers-scotland-act-2016-statutory-guidance

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Report To: Inverclyde Integration Joint Board **Date:** 21 September 2020

Report By: Louise Long
Chief Officer
Inverclyde Health & Social
Care Partnership **Report No:** IJB/62/2020/LA

Contact Officer: Lesley Aird
Chief Finance Officer **Contact No:** 01475 715381

Subject: HSCP STRATEGIC PLAN – IMPLEMENTATION PROGRESS
REPORT YEAR 1 APRIL 2019-MARCH 2020

1.0 PURPOSE

- 1.1 The purpose of this report is to provide the IJB with an update on progress achieved towards meeting the objectives and driving forward transformational change as outlined in, and in support of, the HSCP Strategic Plan and Big 6 Actions. This report provides an implementation progress report for year 1, to March 2020.

2.0 SUMMARY

- 2.1 The Strategic Plan and Big 6 Actions outline the many commitments we set out to achieve through a programme of transformational change, and how this will be delivered over the next 5 years.
- 2.2 Overall, progress has been positive and achievements have been outlined in the progress report along with specific highlights from the past twelve months.
- 2.3 It should, however, be noted that the outbreak of the Covid-19 pandemic has had an impact on all organisations. This report highlights the process to date and plans to continue transformational change during the forthcoming year, noting that due to Covid-19, progress in some areas will inevitably be slower than planned.
- 2.4 Plans for Strategic Planning Group to review priorities for 2020/21 and reprioritise achievability due to COVID.

3.0 RECOMMENDATIONS

- 3.1 That the IJB notes:
- the progress to date;
 - the efforts of staff and managers to continue effectively the delivery of services and strategic plan outcomes even in the midst of a global pandemic;
 - the uncertain nature of recovery and what the future will look like, and
 - plans to, where possible, continue to deliver transformational change in line with the HSCP Strategic Plan 2019 – 2020 and its Big 6 Actions.

Louise Long
Chief Officer

4.0 BACKGROUND

- 4.1 Inverclyde Health and Social Care Partnership (HSCP) services have been integrated since 2010 as we recognised that the health and care needs of our population are better met by delivering services in a more joined-up way. The benefits of working jointly have been evidenced for a while now with high performance in a number of areas resulting in improved outcomes and lives for our citizens. The Strategic Plan 2019-2024, which is the second Inverclyde IJB Strategic Plan developed in partnership with local people, aims to maintain and build on the high performance levels.
- 4.2 The Strategic Plan and Big 6 Actions outline the many commitments we set out to achieve through a programme of transformational change, and how this will be delivered over the next 5 years.
- 4.3 The Year 1 Progress Report outlines progress against each of the Big 6 Actions, specifically focusing on the key actions which we set out to achieve by March 2020.
- 4.4 Overall, progress in the first year of the plan, 2019/20, has been positive and specific achievements have been outlined in the progress report along with key highlights from the past twelve months.

Status	Blue - Complete	Green – on Track	Amber – slight slippage	Red – significant slippage
As at 31/03/2020	-	4	2	-

- 4.5 The format of the progress report was approved by the Strategic Planning Group (SPG) in February 2020 and supports the Strategic Plan Implementation Plans for each of the Big 6 Actions.
- 4.6 Whilst progress has been generally positive, the outbreak of the Covid-19 pandemic in March 2020 resulted in a range activities being in abeyance as the HSCP initiated its Business Continuity Plan to focus on ensuring we continued to deliver essential services and support our staff and citizens during this unprecedented time.
- 4.7 Covid-19 has meant that it has not been possible to communicate and engage with staff and service users in traditional ways. This has the potential to significantly impact on some of our more vulnerable service users. Services have worked to adapt working practices and communication routes to ensure that effective communication has been maintained but IT issues within the HSCP and digital access inequalities for some service users make that challenging at times.
- 4.8 As it becomes apparent that some element of social distancing is likely to remain in place longer term this potentially impacts on delivery of the strategic plan in both positive and negative ways. For example, the growth in community engagement and support through social prescribing linked to Big Action 6 has been a big positive to come out of the pandemic. On the other hand, across the country we have seen increased incidences of domestic abuse and violence. It is unclear what levels of hidden harm will be uncovered post lockdown that has an impact on Children' & Families, Mental Health and Adult Protection services across the country.
- 4.9 The Year 1 Progress Report highlights plans to pick up the pace of transformational change, where possible, during the forthcoming year however it should be noted that progress will be slower than planned. Once a semblance of normality resumes, the pace of change will continue with the aim of ensuring the Strategic Plan is delivered in full by March 2024.

- 4.10 The year 2 plan is being prioritised in light of COVID. A report will be scrutinised by the Strategic Planning Group.

5.0 IMPLICATIONS

FINANCE

5.1

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
N/A					

Annually Recurring Costs / (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From	Other Comments
N/A					

LEGAL

- 5.2 There are no legal implications from this report.

HUMAN RESOURCES

- 5.3 There are no human resources implications arising from this report.

EQUALITIES

- 5.4 Has an Equality Impact Assessment been carried out?

	YES
X	NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

- 5.4.1 How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	None
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	None
People with protected characteristics feel safe within their communities.	None
People with protected characteristics feel included in the planning and developing of services.	None
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	None

Opportunities to support Learning Disability service users experiencing gender-based violence are maximised.	None
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	None

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

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

5.6 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

6.0 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 and the Strategic Planning Group (SPG).

8.0 BACKGROUND PAPERS

8.1 Inverclyde HSCP Strategic Plan 2019 - 2024

STRATEGIC PLAN 2019 – 24

IMPLEMENTATION PROGRESS REPORT

Year 1 April 2019 – March 2020



R.A.G. Progress Status

Red = significant slippage


Amber = slight slippage

Green = on track

Grey = future work

Blue = complete

Principal Author	Caroline Champion Service Development Manager
Responsible Head of Service	Lesley Aird Chief Finance Officer
Report Date	28 th May 2020

BIG ACTION 1: REDUCING INEQUALITIES BY BUILDING STRONGER COMMUNITIES AND IMPROVING PHYSICAL AND MENTAL HEALTH		RAG STATUS 
Objective	We will promote health and wellbeing by reducing inequalities through supporting people, including carers to have more choice and control	
Progress Achieved	<p>Progress towards achieving the outcomes for Big Action 1 has been steady during the first year. There are a number of key deliverables identified for completion in the first year of the HSCP Strategic Plan.</p> <p>Health Learning (BA1.2, BA1.3) The HSCP has a key role in educating the public to understand their own health needs, the services available to them, and our collective responsibility on how to use our services appropriately and effectively, and to support our vision to assist everyone to live active, healthy and fulfilling lives. Promotion of ‘Choose the Right Service’ has seen positive progress, with 450 primary school children engaged in various workshops, however further work is required to achieve the target of 90% of primary care and reception staff trained in ‘sign post and care navigation’. Locality Planning Communications and Engagement Groups have now being established, and they can have a role in promoting and developing Choose the Right Service.</p> <p>One key deliverable where progress had been less positive is the plan to reduce demand on A&E services by supporting people to understand the available care pathways they can use. The target 3% reduction during 2019 / 20 was ambitious and has not been achieved. The number of A&E attendances across Greater Glasgow & Clyde HB area has seen little improvement in meeting national target reduction and the trend has been no different in Inverclyde. Work will continue to target this key area for improvement including stepping up the ‘Choose the Right Service’ campaign. Additional funding for alcohol/drug liaison nurse as part of CORRA project have seen a reduction in alcohol related admissions to hospital Since March 2020 Covid 19 has had an impact nationwide and A&E attendances have dramatically dropped. It will be important to consider this as part of the longer term recovery to see if there are any potential lessons to keep numbers down.</p> <p>Digital Platforms (BA1.8 – 1.10) From 2019, we set out to explore the benefits and opportunities that technology will offer our local citizens. The HSCP is developing a Digital Strategy which will include self-management of long term conditions (FLORENCE), Technology Enabled Care (TEC), Webchat advice model and new social care case recording system. To date we now have TEC being used by several people, despite being at an early stage 22 people are using FLORENCE, 17 Docobo have been deployed and installed in 17 patient homes with a further 13 planned in the near future. The HSCP Digital Strategy is</p>	

being developed with implementation originally due in 2021. Covid-19 has meant that some of this digital strategy work has been accelerated to support home and agile working across the HSCP. To enhance information access the Inverclyde aspects of the Scottish Services Directory are still being developed. Near Me technology was expedited with all primary care practice now using Near me the roll out of this technology in mental Health and alcohol and drug services is being progressed as part of the recovery agenda.

Access (BA1.11, BA1.12)

Educating the public is an ongoing process and apart from Choose the Right Service, the HSCP aims to ensure people have easy access to information, advice and support when they need it. Our aim is to build on current models that connect people with a range of services when they need them, or point them to less formal support that might be more effective for them. Six Locality Communications and Engagement Groups will give us the opportunity to build on our existing resources and engage with wider communities and other partners to explore ways to improve access to information and support for local people, including options on supporting education, health literacy and self-management. Recruitment of community members to join their local Locality Communications and Engagement Groups has commenced and all six groups are now established – these Groups will support Locality Planning Groups (LPGs) to develop and implement Locality Action Plans driving forward transformational change in support of the HSCP Strategic Plan 2019 – 24. Resources have been identified to refresh the HSCP website which was one of the key deliverables, and to date 1,010 contacts to Access 1st have been made. Covid 19 has meant that a number of services are now being delivered virtually through phone, video conferencing and text reminders. Nearly 4000 keeping in touch calls made by Your Voice and Compassionate Inverclyde during the COVID19 crisis. Services like Near Me are being rolled out across Social Care services as well as Health to support this.

Social Prescribing to Improve Physical and Mental Wellbeing (BA1.16 – BA1.18)

By 2019 / 20, the HSCP aimed to have developed its approach to social prescribing. Community Connectors and Community Link Workers are now in place and making a positive impact on people's lives. The tender process was delayed due to COVID19

Community Connectors

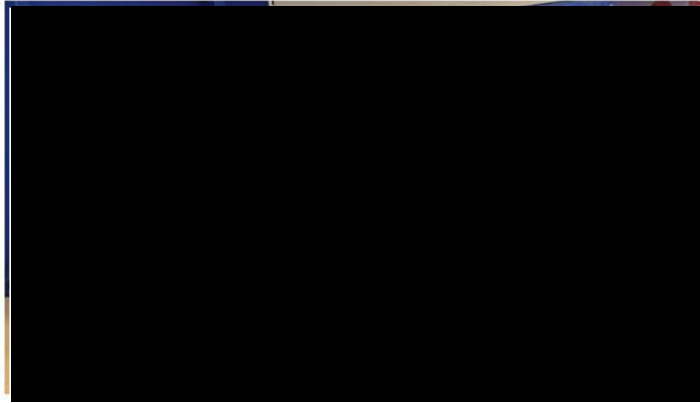
Community Connectors have been well established within the community for the past 4 years, working across the community they have developed good relationships with a variety to local assets, and assist with the various health hubs and 'pop ups' within the community. A total of 3,186 people have been referred to the project, enabling local people to develop meaningful social support networks through person centred conversations and one to one support. Community Connectors work with individuals for an average of 12 weeks – 1,909 people were supported for 1 – 6 weeks, 631 for 6 – 8 weeks, and 646 for 8 – 12 weeks. The type of 'connections' included access to physical support groups (435 people),

	<p>social / peer support groups (875), training / education (145), church groups (176), volunteering opportunities (133), and helping agencies (582). A Community Champion programme has also been developed through Your Voice.</p> <p>The Community Link Workers programme was established in 2017 as a partnership between the HSCP and CVS Inverclyde. Community Link Workers initially worked within 6 GP practices, this increased to 11 practices in 2018 / 19, and by the end of 2019 a CLW was based in every GP practice. A total of 1,823 people were referred to the programme, the top 6 main reasons for referral were finance (30.5%), stress (23.1%), mental health and wellbeing (22.2%), housing (14.6%), employability (14.3%) and carer issues (9.9%). Clear pathways have been developed between the Community Link Workers, Social Prescribing Co-Ordinators and Community Connectors.</p>
Next Steps	<p>Progress on some of the key deliverables was initially slower than hoped but steps are now in place to pick up the pace of change and continue towards achieving the key deliverables within agreed timescales. Regular implementation plan progress updates will continue to be discussed at Strategic planning Group (SPG). The template for monitoring implementation has been amended to focus more on progress since the last update and now includes planned next steps, this will support continuation of driving forward transformational change in support of the HSCP Strategic Plan.</p> <p>The two areas where particular focus is required are :</p> <ul style="list-style-type: none"> • to achieve the target of 90% of primary care and reception staff trained in 'sign post and care navigation' • to continue to look at proactive ways to reduce demand on A&E services by supporting people to understand the available care pathways they can use, this will include stepping up / refreshing the Choose the Right Service campaign • Promote Community Champion approach with communities one current restriction on social distancing have been lifted
Issues / Risks	<p>Whilst some key deliverables are progressing slower than planned, there are no significant risks / issues to report. This position will continue to be monitored by SPG.</p>
Highlights	<p>The following extracts have been taken from the Social Prescribing Update Report, October 2019</p>

Billy

SPRING Case Study

One of our biggest social prescribing success stories, Billy has been coming to Your Voice since the project began and has been connected to the Recovery Music Jam. Billy suffers from depression and low mood, he has found a real sense of purpose and direction in his day to day life. Billy's mood has improved and he looks forward to getting out of the house, whereas before he couldn't face even doing simple things like picking up the telephone. Billy has even gained the confidence to perform on stage with the Recovery Band at several events!



From a GP:

"A huge success from Community Connectors with a patient of mine who is now engaged with Stepwell training programme. In the past 6 months I have seen more and more uptake of this resource."

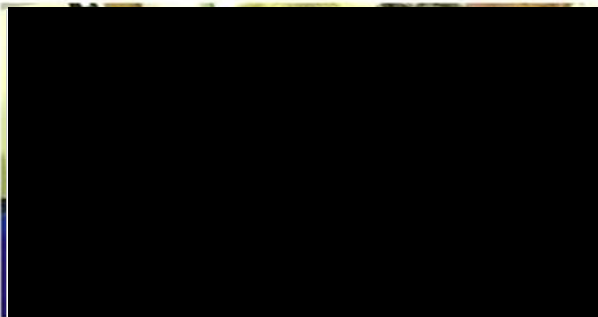
– **Dr Luty**
Dorema Surgery


Case Study - Pearl

Pearl is a lady who receives HSCP services including Homecare and as a victim of crime, was reluctant to get out and about - she was feeling particularly isolated and vulnerable.

Together we discussed various opportunities available within the community and Pearl expressed she would like to access somewhere to learn how to use her recently purchased iPad.

Pearl decided she would like to come along to the Your Voice Digital Peer Support Group, and hasn't looked back since - she attends every week and has made lots of new friends, and learned new digital skills.



BIG ACTION 2: A NURTURING INVERCLYDE WILL GIVE OUR CHILDREN AND YOUNG PEOPLE THE BEST START IN LIFE		RAG STATUS 
Objective	We will ensure our children and young people have the best start in life with access to early help and support, improved health and wellbeing with opportunities to maximise their learning, growth and development. For the children we take care of, we will also ensure high standards of care, housing and accommodation	
Progress Achieved	<p>Progress towards achieving the outcomes for Big Action 2 has been steady during the first year. There are a number of key deliverables identified for completion in the first year of the HSCP Strategic Plan.</p> <p>Access to early help and support – enhancing and further embedding the Inverclyde GIRFEC Pathway (BA2.1, BA2.2)</p> <p>The health visiting workforce is now at the Scottish Government end point of 25 Whole Time equivalent HVs in post. This has facilitated the reduction of caseloads in line with weighting tool in order to support assessment and planning for children in their early years, and provide greater capacity to support families with additional needs and child protection concerns. The Revised Universal Pathway for pre-5 children is almost at full implementation, hindered only by a delay at a Board level in relation to the antenatal contact. All families are now supported with a minimum to 10 (11 including A/N contact when introduced) face to face home contacts which provide the opportunity to develop therapeutic relationships and enhance health and wellbeing at an individual and population level. Getting it Right for Every Child is well embedded in practice and improvement work in relation to effective team around the child meetings, assessment and planning in relation to child neglect and building collaborative and facilitative relationships across the Partnership are progressing well. There are a number of projects that serve to create streamlined pathways between Children’s and Specialist Children services including a test of a joint speech and language (SLT) assessment process to support early access to SLT following the 27-30 month assessment (Child Health Surveillance) and a new nursery nurse post to work across both service areas designed to support pre-5 children and their parents with additional needs relating to autism for example. In School Nursing, the Scottish Government commitment to increasing the number of Public Health Nurses (SCPHN) for School age children has facilitated an increase in SCPHN from 0.69 to 1.6 whole time equivalent with another 1.0 SCPHN due to return to Inverclyde early next year. This facilitates an increased ability to support children and young people in relation to child protection needs, emotional and mild mental health difficulties using LIAMs (an anxiety management intervention) and in supporting effective transitions. This increased capacity feeds directly into an ability to offer early interventions.</p>	

Improved health and wellbeing – support and improve children and young people’s mental health (BA2.8, BA2.9)

It is crucial that our staff are skilled and confidently equipped to recognise and support young people’s mental health and wellbeing, and we stated that by 2019 we would have directed investment to up-skilling our workforce. The HSCP is developing a training needs analysis to identify specific specialised training requirements for staff.

Discussions are currently ongoing and aligned to the HSCP People Plan and implementation on the HSCPs Training Board programme. Inverclyde Mental Health Program Board has developed and help to deliver train to schools throughout Inverclyde

Work has been progressing towards developing support for families affected by parental mental illness and substance misuse which we said we would achieve by 2020. Available data suggests that January – June 2019, 123 children were on Kinship placement with 82% of primary concern of substance misuse or parental mental health. The Kinship Through Family Ties Group have identified the need for specific support around bereavement and in response a bereavement group is being established for kinship carers, and young people will have the opportunity of support through the Seasons for Growth programme. Further work is being undertaken to identify young carers who are known to education and health but not known to social work services so that appropriate support can be offered. Further work is required to deliver on this action and this will be taken forward during 2020.

There has been a delay in deliver the tender for a tier 2 wellbeing services for school age children due to COVID19.A joint initiative between Education and the HSCP it will deliver wellbeing service from September 2020.During 2019/20 in the absences in the teir2 additional temporary investment in Child and Adolescent Mental Health services to cope with additional demands. The capacity for this services will need to be reviewed within the HSCP recovery plan.


Opportunities to maximize learning, achievements and skills for life (BA2.11)

In order to support maximizing opportunities for learning, maximize achievements and attain skills for life, by 2020 we set out to increase the availability of high quality support for families supported on a voluntary basis. The HSCP commissions Barnardos to provide a range of services to vulnerable children and families, many of whom are supported on a voluntary basis. Barnardos offer a wide range of interventions to promote whole family wellbeing, using a range of individual and group work supports at the service base, within the family and in school or nursery. Barnardos have developed bespoke support in line with children’s developmental needs and key transition stages. The range and scope of delivery has grown over the years and development in line with the needs of commissioners and families. We will continue to explore more opportunities and look to evaluate provision to ensure we provide safe, sustainable, effective and high quality parenting support for all our families.

Access to high quality care, accommodation and housing that will meet the needs of looked after children,

	<p>corporate parenting (BA2.14 – BA2.15)</p> <p>In order to support access to high quality care, accommodation and housing that will meet the needs of looked after children (Corporate Parenting), as part of the revised Learning Disability Services model, we stated technology and support would be available to help young people with disabilities and support them to live as independently as possible. As part of the learning disabilities service redesign, an independent travel training pilot commenced and following the pilot, an evaluation will take place to support development of the travel training programme which will be available to young people transitioning between children and adult services. The pilot and evaluation will continue into 2020 and further developmental work will follow.</p> <p>The development of Proud2Care, a group for young people who are looked after by the local authority or extended family has been a triumph. Engaging young people in a meaningful way to help to develop and shape services. The group will lead aspects of Inverclyde’s response to the national care review</p> <p>We also set out to implement an accessible model of service to meet the housing and support needs of young people entitled to continuing care, in particular the development of 4 supported tenancies. The service is supported by existing staff plus the addition of two Grade E posts through the family support model, and underpinned by an Outcome Star Assessment based on health and wellbeing. The Core and Cluster accommodation model has been delivers with two flats ready for any young adult wishing to move.</p>
<p>Next Steps</p>	<p>Progress on some of the key deliverables has been slower than hoped but steps are now in place to pick up the pace of change and continue towards achieving the key deliverables within agreed timescales. Regular implementation plan progress updates will continue to be discussed at Strategic planning Group (SPG). The template for monitoring implementation has been amended to focus more on progress since the last update and now includes planned next steps, this will support continuation of driving forward transformational change in support of the HSCP Strategic Plan and Big Action 2.</p> <p>The five areas where particular focus is required are :</p> <ul style="list-style-type: none"> • whilst progress is already being made, continued implementation of the Universal Pathway will be pushed forward to ensure all 0 – 5 year olds receive Core Up provision by the end of 2020 • progress development of support for families affected by parental mental illness and substance misuse • completion of the independent travel training pilot and evaluation in support of the development of the travel training programme which will be available to young people transitioning between children and adult services • progress towards local implementation of the recommendations outlined in the national review of the care system

Issues / Risks	Whilst some key deliverables are progressing slower than planned, there are no significant risks / issues to report. This position will continue to be monitored by SPG.
Highlights	<ul style="list-style-type: none"> • Proud 2 Care • TAG report • Fostering & Adoption Inspection Report • Children's Houses Inspection Reports • Home Start Report • Bardardos report

BIG ACTION 3: TOGETHER WE WILL PROTECT OUR POPULATION		RAG STATUS 
Objective	We will reduce the risk of harm to everyone living in Inverclyde by delivering a robust public protection system with an emphasis on protecting the most vulnerable in our communities	
Progress Achieved	<p>Progress towards achieving the outcomes for Big Action 3 has been steady during the first year. There are a number of key deliverables identified for completion in the first year of the HSCP Strategic Plan.</p> <p>Raising Awareness (BA3.1, BA3.2) From 2019 onwards, the intention was to develop a plan to raise awareness about topics such as protection of children, vulnerable adults and those affected by serious and violent crime. The main focus of our engagement activities in 2019 were around locality planning and child poverty, however there are now plans in place to start a new round of social media activity in relation to key themes concerning adult support and protection and the many forms of abuse that can affect vulnerable adults.</p> <p>An initial joint Alliance and HSCP Communications and Engagement Strategy and related Action Plan has been drafted setting out standards for all communications and engagement activities, and guidance for the locality planning Communications and Engagement Groups. The Action Plan provides clear objectives including the need to raise the profile of the HSCP and the Integration Joint Board (IJB), this will provide focus for specific activities required to bridge the gap in people’s knowledge and understanding of the organisation and support the crucial work of the Locality Planning Groups (LPS). The draft joint Alliance and HSCP Communications and Engagement Plan was approved by the Strategic Planning Group (SPG) on 21st February 2020. This is now sitting with Corporate Communications at the Council for further development and the plan needs to link to locality planning for the Alliance Board prior to being presented to the Integration Joint Board (IJB) for approval in May 2020 this has been delayed due to COVID19</p> <p>Within the Strategic Plan, the HSCP, working in partnership with the Alliance, agreed to establish six Locality Planning Groups (LPGs) and their respective Locality Communications and Engagement Groups. The proposed framework to establish six Locality Planning Groups (LPGs) was approved by the Integration Joint Board (IJB) in June 2019. The Port Glasgow Locality Planning Group (LPG) was established on 1st April 2020 as the pilot site prior with the five remaining groups due to become operational by the end of May 2020. The Communications and Engagement Groups have now been established in all six localities, these Groups will support Locality Planning Groups (LPGs) to develop and</p>	

implement Locality Action Plans driving forward transformational change in support of the HSCP Strategic Plan 2019 – 24 and ensure the voice of local people is taken into account when planning service redesign and improvements for local communities.

All 6 local plans have been developed however there are no locality groups in place yet to progress them

Planning (BA3.4, BA3.5)

We stated that by 2019 and thereafter the duration of the Strategic Plan, we will have in place an annual business plan to deliver consistently high quality child and adult protection and MAPPA (Multi-Agency Public Protection Arrangements) services. A MAPPA business plan is currently in place for North Strathclyde and covers Inverclyde area. The Adult Protection Committee (APC) business plan accompanies the Biennial Report, the next being due to be submitted to the Scottish Government in October 2020.

We also stated that by 2020, the Alcohol and Drug Partnership (ADP) and Violence Against Women Partnership planning process would be aligned with existing public protection process, under the governance of the Public Protection Chief Officers Group (PPCOG). The review of alcohol and drug services and governance arrangements is underway and due to be completed in 2020.


Interventions (BA3.7 - BA3.9)

By 2020, we said we would have in place a new model for women involved in offending and over the course of the last twelve months, positive progress has been made. The Women's Project aims to achieve a change in the response to women in the criminal justice system, with proposals developed by women themselves focusing on a fundamental shift towards effective early intervention. Since funding was awarded in 2019, project staff have been appointed and a one year milestones document produced and agreed with the funder. A review of existing literature on women involved in the criminal justice system, gendered approaches to service provision and methods of analyzing interventions has been completed. Methodology for assessing financial viability of potential service change has also been completed drawing on a framework for calculating the costs and benefits of potential interventions or service change from basic data and applying government – calculated estimates of the unit costs and benefits of interventions to public sector budgets, to the economy, and to the wellbeing of society generally. Initial mapping of the current service provision and engagement by women through discussion with service providers has been completed and such engagement will continue throughout the duration of the project. A co-production group of women with lived experience of the criminal justice system is being established to inform the project, with recruitment is due to commence in April 2020. The qualitative data gathering process in relation to women with lived experience is on track to commence from April 2020 and will continue throughout this phase of the project.

We further stated that in 2020, we will have commissioned an evidence-based approach to reducing gender based

	<p>violence and domestic abuse in our community, and we are on track to deliver against this key objective. Eighteen (18) staff have now been trained in the UP2U programme. This is a trauma informed approach that has been commissioned by the HSCP to work with perpetrators of domestic abuse and support victims in order to reduce gender based violence and abuse. The programme can be adapted to the individual circumstances of perpetrators. Ten (10) staff from criminal justice team and eight (8) from children and families team have now been trained in the programme. There are nine (9) interventions currently underway with nine (9) people. Current focus is on establishing quality assurance mechanisms and setting up support mechanisms for victims and children involved.</p> <p>Ensuring Quality (BA3.11 – BA3.13)</p> <p>The HSCP Clinical and Care Governance Strategy was due to be completed by the end of 2019, but this along with an implementation Action Plan has now been drafted and will be presented to the Strategic Planning Group (SPG) in June then submitted to the Integration Joint Board (IJB) for approval. Once ratified, the Strategy and Action Plan will be implemented. Members of the Your Voice Advisory Group contributed to its development to help us adopt the person – centered culture which is one of the key domains of clinical and care governance.</p> <p>The Ministerial Strategic Group for Health and Community Care, Review of Progress with Integration of Health and Social Care - Final Report was published in February 2019 with a commitment to produce revised statutory guidance to ensure “effective, coherent and joined up clinical and care governance arrangements” to be available in August 2019. Work is underway to take this forward nationally which includes background analysis of the current clinical and care governance systems and processes within IJBs and HSCPs as well as considering local and international best practice. Whilst this guidance was further anticipated earlier this year work has progressed locally to develop the HSCP Clinical and Care Governance Strategy which had been due to be completed at the end of 2019.</p> <p>To support the implementation of the Clinical and Care Governance Strategy, an Action Plan will be developed to ensure delivery against the clearly defined domains as outlined in the Strategy and within agreed timeframes. A short life working group has recently been established to develop the Action Plan. The plan will ensure continued support from key stakeholders including members of the Your Voice Advisory Group who contributed to the development of the strategy helping us adopt the person – centered culture which is one of the key domains of clinical and care governance.</p>
<p>Next Steps</p>	<p>Progress on some of the key deliverables has been delayed due to COVID19. Regular implementation plan progress updates will continue to be discussed at Strategic Planning Group (SPG). The template for monitoring implementation has been amended to focus more on progress since the last update and now includes planned next steps, this will support continuation of driving forward transformational change in support of the HSCP Strategic Plan and Big Action 3.</p> <p>The areas where particular focus is required are :</p>

	<ul style="list-style-type: none"> • continue focus on establishing quality assurance mechanisms in relation to reducing gender based violence and domestic abuse, and setting up support mechanisms for victims and children involved • continue to ensure staff working in public protection are supported and equipped to provide appropriate relationship-based and trauma informed support to victims and perpetrators of abuse • work will continue to ensure we have in place appropriate support for young people involved in offending • further develop a self-evaluation framework with agreed minimum standards applied across public protection services and implementation of the HSCP Quality Assurance Framework • Clinical Care Governance Strategy
Issues / Risks	Whilst some key deliverables are progressing slower than planned, there are no significant risks / issues to report. This position will continue to be monitored by SPG.
Highlights	<div data-bbox="443 651 719 863" data-label="Image"> </div> <div data-bbox="443 914 864 967" data-label="Section-Header"> <h2>Leadership Award</h2> </div> <div data-bbox="443 991 1084 1059" data-label="Text"> <p>Derek Flood Inverclyde Health & Social Care Partnership</p> </div> <div data-bbox="1196 651 1957 1082" data-label="Image"> </div> <div data-bbox="427 1098 2011 1230" data-label="Text"> <p>Derek has brought 3 separate teams together under a single vision of improving the lives of our most vulnerable citizens, inspiring confidence and a passion for the possible. The team still carries out the three elements of Social Security advice and information; Welfare Rights representation, and Specialist Money Advise, however this is done in a joined up way that minimises duplication and maximises long-term and sustainable gain for the citizen</p> </div>

BIG ACTION 4: TOGETHER WE WILL SUPPORT MORE PEOPLE TO FULFILL THEIR RIGHT TO LIVE AT HOME OR WITHIN A HOMELY SETTING AND PROMOTE INDEPENDENT LIVING, TOGETHER WE WILL MAXIMISE OPPORTUNITIES TO PROVIDE STABLE SUSTAINABLE HOUSING FOR ALL		RAG STATUS 
Objective	We will enable people to live as independently as possible and ensure people can live at home or in a homely setting including people who are experiencing homelessness, enhancing their quality of life by supporting independence for everyone	
Progress Achieved	<p>Progress towards achieving the outcomes for Big Action 4 has been steady during the first year. There are a number of key deliverables identified for completion in the first year of the HSCP Strategic Plan.</p> <p>Access (BA4.2, BA4.4)</p> <p>The review of NHS Greater Glasgow and Clyde wide Out of Hours (OOHs) service and future development was underway as planned however early 2020, the difficult and contentious decision was made to temporarily withdraw OOHs service for Inverclyde. This was due to a number of operational challenges but ultimately the inability to maintain a safe and sustainable service for our local community was the primary reason. Patients are currently receiving OOHs support via NHS 24 and Royal Alexandra Hospital in Paisley. This position will be subject to ongoing review.</p> <p>The HSCP undertook to complete the full business case for a new Learning Disability Hub to be based in Greenock. The service model and business case was completed after an options appraisal was carried out, this included input from Property Services, architect and other key stakeholders. Two locations were fully evaluated and one identified as the preferred site. In March 2020, full approval was granted and capital funding approved by the Council for the new £7.4 million state of the art Hub for adults with learning disabilities on the site of the former Hector McNeil Baths.</p> <p>By 2020, the HSCP set out to define the role of Allied Health Professionals (AHPs) in relation to how they support independent living. The first part of the review has been undertaken (Occupational Therapy), an implementation plan approved and the service is now moving towards implementing proposed changes. The next phase of the review will focus on Speech and Language Therapy, Physiotherapy and Dietetics, this is due to be completed by the end of the year.</p> <p>In our Strategic Plan, we stated we would ensure health and social care services will have a single point of access through Access 1st. During the last twelve months, the Access 1st Team has been recruited to and more referrals are</p>	

being made to the team. This will be subject to ongoing review and progress towards the HSCP having a single point of access for adults ensuring they have the right help and the right advice when they need it. The current pandemic pressures has tested the robustness of the current process and despite the increased difficulties has shown to be able to maintain performance around hospital discharges and Adult Protection and Welfare. It was also key as a frontline response to enquiries by the people of Inverclyde.

An evaluation was planned for Spring 2020 but this has been partially completed and will be finalized as part of the HSCP recovery plan.

Inverclyde Home 1st Plan is the Unscheduled Care Plan for Inverclyde in collaboration of colleagues from Inverclyde Royal hospital. It is also the HSCP Health & community Care development plan tying directly into Inverclyde HSCP 6 Big Actions Strategic Plan. The Home 1st incorporates the special measures required to meet the challenges of seasonal variance in particular Winter and these measures are clearly identified (Winter Plan)

Inverclyde Home 1st plan has been in place for 3 years and up to now has focused correctly on managing the length of time people spend in hospital when they are physically fit for discharge. For 2020/21 Inverclyde will increase emphasis on the community

Over past 12 months Inverclyde has continued to develop and improve services with a clear emphasis on preventing hospital attendance and admissions whilst facilitating fast safe discharge.

- Develop Home1st team bringing together ACM, Enablement, in reach team and discharge team to move the emphasis of discharge planning from hospital to community provision. Discharge planning begins in the community and assessments completed in the service users home.
- Discharge to assess approach, when an individual is medically fit to be discharged they return home when assessment for future needs is completed by the new Home 1st (Enablement) Team.
- Reviewed the partnership staff involved in Discharge to ensure a smooth patient pathway, early referral for social care assessment and reduce duplication develops and expands the 7 day service. Include development of the Discharge Hub at the IRH.
- Care Home Liaison Nurses including CPN support involvement in supporting care homes to maintain residents in community and avoid hospital admission

The continuing focus is on the Home1st Plan _ Getting it Right First Time 7 Essential Actions

	<ol style="list-style-type: none"> 1. Support improved 7 day Service 2. Communication – cultural change in Inverclyde 3. Distress support to people at times of crisis to remain in own home and engage services to reduce frequency of episodes 4. Assess to Admit (Acute) Discharge to assess (HSCP) 5. Frequent Attenders (Flow 1&2 – attendances at IRH (frequent attendees by flows) Evaluate the Winter Plan initiative in identifying frequent attenders and developing ACP 6. Alcohol, drug, Recovery CMHT address individual frequent attenders 7. Frequent Attendees – HSCP GP utilising Primary Care Link Workers <p>Housing (BA4.19, BA4.20)</p> <p>A Housing Contribution Statement was developed in 2019 as planned. A comprehensive review of specialist housing demand is now underway, looking into future demand for specialist housing provision which will influence allocations and future builds in Inverclyde. The draft report was circulated in March 2020 for comment by the Housing Partnership Group and once comments have been received, the report will be finalized and recommendations implemented.</p> <p>In addition, by 2020 we set out to ensure housing providers were supported to provide a re-ablement model of care across Inverclyde. Following the Supporting People review, the recommendation was to recruit to a temporary post to support the change in approach within sheltered housing. Part of the work plan is to implement a re-ablement approach within sheltered housing across Inverclyde. Training is currently being developed to support implementation.</p> <p>By 2020, we set out to have in place community support to reduce homelessness across Inverclyde. A Rapid Rehousing Transition Plan (RRTP) has been developed and a Partnership Officer recruited to support this work. The intention now is to implement Housing First approach working with Registered Social Landlords (RSLs) and Third Sector commissioned partners. Housing First Sub Group was established in March and the inaugural meeting due to take place in later that month.</p>
<p>Next Steps</p>	<p>Progress on some of the key deliverables has been slower than hoped but steps are now in place to pick up the pace of change and continue towards achieving the key deliverables within agreed timescales. Regular implementation plan progress updates will continue to be discussed at Strategic planning Group (SPG). The template for monitoring implementation has been amended to focus more on progress since the last update and now includes planned next steps, this will support continuation of driving forward transformational change in support of the HSCP Strategic Plan and Big Action 4.</p>

	<p>The areas where particular focus is required are :</p> <ul style="list-style-type: none"> • continue implementation of free personal care for under 65s • continue to review and update existing and new Anticipatory Care Plans (ACPs) to support improved information sharing across health and social care • review of care and support at home service including commissioned provision commenced late 2019 and will be completed during 2020 • further work is required to develop pathways for people with long term conditions (LTCs) including use of technology • continue to develop and monitor single point of contact through Access 1st • work to reduce activity at hospital including delayed discharges throughout the remainder of the Strategic Plan • work to continue the review of community transport & a new Transport Policy within the Learning Disability and Older People services • continue to develop community support to reduce homelessness
<p>Issues / Risks</p>	<p>Whilst some key deliverables are progressing slower than planned, there are no significant risks / issues to report. This position will continue to be monitored by SPG.</p>
<p>Highlights</p>	<div data-bbox="488 901 763 1114" data-label="Image"> </div> <p data-bbox="878 906 1854 944">The Campbell Christie Public Service Reform Award Finalists</p> <ul style="list-style-type: none"> • Mental Health Hub, NHS 24 • Home 1st, Inverclyde Health & Social Care Partnership • The Borderlands Deal, UK & Scottish Governments, Dumfries & Galloway, Cumbria, Carlisle, Northumberland and Scottish Borders Councils

£7.4m set aside for new community hub

Thursday 19 March 2020

People with learning disabilities and autism in Inverclyde are set to benefit from a new, £7.4m, state-of-the-art daytime activity hub.

Pictured, from left, support worker James Haggerty, service users Steven Sweeney and Allan Pace, Senior Day Care Officer Debbie Taggart, and Learning Disability Operations Officer Heather Simpson, with Councillor Robert Moran, Convener of Inverclyde Council's Health & Social Care Committee.



Proposals for the new community hub were included in Inverclyde Council's 2020-2021 capital budget, which councillors approved on Thursday 12 March.

The Community hub will replace the McPherson Centre in Gourrock, which has already closed, and the Fitzgerald Centre in Greenock.

Councillor Robert Moran, Convener of Inverclyde Council's Health & Social Care Committee, said, "We are delivering on the promise we made to people with learning disability who use the centre and their families. It's been our long term goal to provide people with learning disabilities with a centrally-located, daytime activity hub. Now that the money has been allocated for the project we can forge ahead and make this important, new facility a reality.

"Our intention is for the hub to be housed in a community building, which can also be used by the wider community. The ethos will be to provide a space where people with additional needs and the wider community can come together in a modern, open environment which has room for everyone.

"The hub will make sure that people with a learning disability get the support they need to achieve their ambitions to be as independent as possible and to be included in their community."

Thomas Arthur, 24, is looking forward to using the new Hub. Thomas moved to Fitzgerald Centre from McPherson Centre in Gourrock when the building closed in 2018. Thomas has a learning disability with complex health needs which means he needs full and constant support.


Mrs Arthur, Thomas' mother, said, "I was devastated when the McPherson Centre closed and was worried that the new Hub wouldn't happen. Now, I am over the moon that this has been given to go ahead and money invested in it, it has exceeded my expectations and I'm just on a high. Hats off to everyone who made this happen. Thomas will continue to get the support he needs but will have access to much better facilities and therapies and will get outdoor. He loves watching traffic go by so it's a great location."

The building will also accommodate the Integrated Learning Disability Team of specialist learning disability health and social Care staff, creating a new service which meets all the needs of people who have a learning disability along with day opportunities under one roof.

The new hub is intended to support people who have complex needs including autism, and to provide accessible therapeutic and personal care facilities.


Proposals for the new facility envisage a building:

- With a capacity for 50-plus service users
- That can be used as a drop-in base for any service user or member of the community who needs accessible personal care facilities, help with eating or specific therapies not accessible elsewhere
- With a café style facility that offers a service all day and is run as either a social enterprise by service users or is set up to offer employment training to anyone who requires a supported employment service
- With a therapeutic, learning and development model to meet personal health and social outcomes for a number of people with physical and learning disabilities and/or autism
- With flexible space and zoning to allow peer activities, therapies, quiet spaces and an attractive large area that can be used by community groups and day/evening adult education.


BIG ACTION 5: TOGETHER WE WILL REDUCE THE USE OF AND HARM FROM ALCOHOL < TOBACCO AND DRUGS		RAG STATUS 
Objective	<p>We will promote early intervention, treatment and recovery from alcohol, drugs and tobacco and help support ill health. We will support those affected to become more involved in their local community</p>	
Progress Achieved	<p>Progress towards achieving the outcomes for Big Action 5 has been steady during the first year. There are a number of key deliverables identified for completion in the first year of the HSCP Strategic Plan.</p> <p>Working with the Wider System (BA5.1, BA5.2) The HSCP set out to ensure it works with partners to facilitate a focus on alcohol, drug and tobacco prevention across all life stages, and developing digital support for people. Work is continuing through the Alcohol and Drugs Partnership (ADP) with a focus on recovery, education and prevention, especially establishing a pathway of support for young people.</p> <p>As planned, during 2019 the alcohol and drug service was reviewed with a view to developing an integration service located at Wellpark Centre. This review was completed, the new integrated alcohol and drug recovery service implemented and staff co-located at the Centre by autumn. A recovery lead was appointed and further work is ongoing with 3rd Sector partners. The review implementation has been delayed due COVID19.</p> <p>Ensure Appropriate Treatment (BA5.5, BA5.6) In 2019, we said we would develop further the addictions primary care model and other community based interventions. The CORRA project was implemented, a steering group established to take forward the delivery plan, outcomes and indicators for the project, and currently the CORRA project lead post is going through the recruitment process. Specialist drug treatment service staff have been working with GPs to enhance their primary care drug treatment provision, and Shared Care capacity for drug treatment has been extended to an additional practice in Inverclyde. There has been a delay in tendering for recovery family support service due to COVID19</p> <p>By the end of 2019, we set out to develop a pathway for those with long term conditions (COPD) including supported use of technology, with the aim of reducing unplanned hospital admissions relating to COPD. To support this, two Long Term Conditions district nurses have been appointed to work with adults with related conditions and aim to support these people at home. Telehealth Doc@Home Audit was carried out based on 32 patients using this technology to</p>	

	<p>monitor their conditions. Before being monitored with Doc@Home, there were 41 admissions to hospital, 87 occupied bed days and standby medication used 49 times. Once these patients moved onto Doc@Home, there was a significant reduction in activity with 8 hospital admissions, 34 occupied bed days, 5 GP visits, and standby medication used 31 times. This equates to 80% reduction in hospital admissions, 61% reduction in occupied bed days, and 89% reduction in GP visits. As at February 2020, there were 33 patients (21 using the Hub, 12 using the App) enrolled to use Doc@Home and it is anticipated further roll out will continue during the year with positive benefits for people who choose to enroll.</p> <p>Focus on Recovery (BA5.9 - BA5.11) It was agreed to develop a Recovery Strategy that outlines the HSCP vision to support people on the road to recovery, and this would be done in partnership with the 3rd Sector. Development of the Alcohol and Drug Recovery Strategy (ADRS) is underway with a focus on embedding recovery from initial engagement between the service and patients. By the end of 2020, all adults will have a recovery plan in place to ensure an individual focused approach is at the forefront of each persons' journey to recovery. A Recovery Development Group has been established, this Group will be responsible for furthering the work plan and commissioning support co-ordination and the development of peer support. There has been in a delay in tendering due to responding to COVID19.</p>
<p>Next Steps</p>	<p>Progress on some of the key deliverables has been slower than hoped but steps are now in place to pick up the pace of change and continue towards achieving the key deliverables within agreed timescales. Regular implementation plan progress updates will continue to be discussed at Strategic planning Group (SPG). The template for monitoring implementation has been amended to focus more on progress since the last update and now includes planned next steps, this will support continuation of driving forward transformational change in support of the HSCP Strategic Plan and Big Action 5.</p> <p>The areas where particular focus is required are :</p> <ul style="list-style-type: none"> • develop additional support to families with caring responsibilities for those with alcohol and drug problems through third sector • continue working with the recovery lead and 3rd Sector partners to further develop the integrated alcohol and drug recovery service • evaluation of the CORRA project and continue to develop further the shared care model within primary care and other community based interventions • continue to develop a pathway for those with long term conditions (COPD) including supported use of technology, with the aim of reducing unplanned hospital admissions relating to COPD • during 2020, we will continue to develop a seven (7) day service to support people with alcohol and drugs problems

	<ul style="list-style-type: none"> Implement the Alcohol & Drugs Recovery Service Review once NHS policies allow restructuring.
Issues / Risks	Whilst some key deliverables are progressing due to COVID19 this has impacted more on implementing the review of the Alcohol and Drugs services. The tendering process for recovery and family support were delayed are now being progressed.
Highlights	Stories

BIG ACTION 6: WE WILL BUILD ON THE STRENGTH OF OUR PEOPLE AND OUR COMMUNITY		RAG STATUS 
Objective	We will build on our strengths. This will include our staff, our carers, our volunteers and people within our community, as well as our technology and digital capabilities	
Progress Achieved	<p>Progress towards achieving the outcomes for Big Action 6 has been steady during the first year. There are a number of key deliverables identified for completion in the first year of the HSCP Strategic Plan.</p> <p>Building up Capacity in the Community (BA6.1) A nurturing Inverclyde has been key to our HSCP success, whether that is our staff, carers or communities.</p> <p>Inverclyde Cares Programme Board has been constituted and Terms of Reference have been drafted for review and agreement by the Programme Board at its first meeting to take place mid-June 2020. The Board will be chaired by Louise Long, HSCP Chief Officer and Corporate Director and Vice Chaired by Charlene Elliott, CVS Inverclyde Chief Executive and Sponsor of Big Action 6 of the HSCP Strategic Plan. The programme board will meet fortnightly to guide, develop and implement plans to achieve our ambition of Improving Lives through a vision to ensure that “Inverclyde is a caring, compassionate community working together to address inequalities and assist everyone to live active, healthy and fulfilling lives”. The group is responsible for developing a proposed framework which will be share with the Strategic Planning Group (SPG) prior to implementation. The proposed framework will include policy intentions and connections and incorporate Autism Friendly, Dementia Friendly, Compassionate Inverclyde, and Recovery Friendly Inverclyde and Carer Friendly.</p> <p>Inverclyde Cares is a social movement and Inverclyde’s response to the Covid-19 pandemic embodies all 3 of the guiding principles of engaging communities, connecting people and built on neighbourliness and kindness.</p> <p>Compassionate Inverclyde continues to develop supporting people in the community and those in hospital who are at end of life, or those who are isolated and lonely. In recognition of their support to Compassionate Inverclyde, Inverclyde HSCP and Ardgowan Hospice were finalists for the Colin Mair Award for Policy in Practice, and at the awards ceremony in December 2019, won the coveted award. A steering group is being established to develop an accreditation scheme for Compassionate Inverclyde.</p>	

	<p>We stated that in 2019, we would evaluate our approach to Community Champions and consider extending this to all communities across Inverclyde. Community Champions are volunteers who engage with people in their community, raise awareness of support available to them within their communities, and signpost people to access opportunities to suit their needs. Community Connector Community Champions already work across Inverclyde with a particular focus on isolation and those living with health issues. Community Champions will continue to be developed and extended. Big Action 1 includes a full update on Community Connectors and Social Prescribing.</p> <p>We stated that throughout 2019, we would build on the work of Proud2Care to develop and embed principles of co-production into all service planning, review, redesign and development. Co-production is very much at the heart of the joint Alliance and HSCP Communications and Engagement Strategy, once approved we will ensure the foundations and principles of Proud2Care are embedded into all our service planning and development practice.</p> <p>Community Strengths (BA6.10)</p> <p>By Spring 2019, we aimed to have scoped all community assets across Inverclyde. Locality profiles have been developed for the six Locality Planning Groups (LPGs) which were approved by the Strategic Planning Group (SPG) in November 2019, these were developed in line with the Strategic needs Assessment (SNA) and includes community assets for each locality. Locality Action Plans were approved prior to COVID19.</p> <p>Work has been progressing to build the new Greenock Health and Care Centre which will create a modern, state of the art community asset. Completion was due in Autumn 2020 however due to the impact of Covid- 19 with most building work ceased to comply with Government advice, it is anticipated the opening date will be pushed back.</p> <p>The HSCP, in partnership with the Alliance, carried out a series of locality planning community engagement events in August / September 2019. Over 750 people attended the six events. A feedback report was approved by the Inequalities Strategic Implementation Group in September 2019 which highlights key themes following discussion with local people. These themes are now the focus of the locality Communications and Engagement Groups who will be responsible for developing and implementing a robust, comprehensive involvement, engagement and where necessary formal consultation framework in support of their Locality Planning Group (LPG), and this will include further engagement within their own communities.</p>
<p>Next Steps</p>	<p>Progress on some of the key deliverables has been slower than hoped but steps are now in place to pick up the pace of change and continue towards achieving the key deliverables within agreed timescales. Regular implementation plan progress updates will continue to be discussed at Strategic planning Group (SPG). The template for monitoring implementation has been amended to focus more on progress since the last update and now includes planned next steps, this will support continuation of driving forward transformational change in support of the HSCP Strategic Plan</p>

	<p>and Big Action 6.</p> <p>The areas where particular focus is required are :</p> <ul style="list-style-type: none"> • Inverclyde Cares Working Group to developing a proposed framework for approval by the HSCP Strategic Planning Group (SPG) and thereafter implementation • continue to implement Inverclyde's Carer and Young Carer Strategy 2017 - 2022 • carry out an evaluation of current models of peer support to address stigma • work will continue to ensure we develop models of care for local people and choice for end of life • completion of the HSCP People Plan and approval by Strategic Planning Group (SPG) • we will continue to develop promotional material to support recruitment and training • progress further development of the SVQ Centre
Issues / Risks	<p>Whilst some key deliverables have been more significantly impacted by COVID19 the locality groups will need to be reinstated which will take time.</p>
Highlights	 <p>The logo for the 2019 Scottish Public Service Awards. It features a stylized blue figure holding a yellow star above its head. To the right of the figure, the text '2019' is in yellow, 'SCOTTISH PUBLIC SERVICE' is in blue, and 'AWARDS' is in white on a blue rectangular background.</p>

Colin Mair Award for Policy in Practice Inverclyde HSCP
and Ardgowan Hospice for support to Compassionate
Inverclyde
Inverclyde HSCP and Ardgowan Hospice



HSCP and Ardgowan hospice fund and support Compassionate Inverclyde a social movement that is helping to transform attitudes and everyday practices around loneliness, social isolation, death and bereavement across Inverclyde. The ethos about local people working alongside existing formal services enabling ordinary people to do ordinary things, tapping into our desire to be kind, helpful and neighbourly.

APPENDIX 1

HSCP Strategic Plan 2019 – 2024

6 Big Actions Corporate Sponsors

Big Action	Description	Corporate Sponsor
1	Reducing Inequalities By Building Stronger Communities & Improving Physical & Mental Health	Lesley Aird Chief Finance Officer
2	A Nurturing Inverclyde Will Give Our Children & Young People The Best Start In Life	Sharon McAlees Head of Children & Families & Criminal Justice / Chief Social Work Officer
3	Together We Will Protect Our Population	Sharon McAlees Head of Children & Families & Criminal Justice Allen Stevenson Head of Health & Community Care
4	We Will Support More People To Fulfil Their Right To Live At Home Or Within A Homely Setting & Promote Independent Living	Allen Stevenson Head of Health & Community Care
5	Together We Will Reduce The Use Of & Harm From Alcohol, Tobacco & Drugs	TBC Head of Mental Health, Addictions & Homelessness
6	We Will Build On The Strengths Of Our People & Our Community	Charlene Elliot Chief Executive, Inverclyde CVS

INVERCLYDE INTEGRATION JOINT BOARD AUDIT COMMITTEE – 17 MARCH 2020

Inverclyde Integration Joint Board Audit Committee

Tuesday 17 March 2020 at 1pm

Present: Councillor E Robertson, Mr A Cowan, Dr D Lyons (by telephone), Ms G Eardley and Mr S McLachlan.

Chair: Mr Cowan presided.

In attendance: Ms L Long, Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership, Ms A Priestman, Chief Internal Auditor, Ms L Aird, Chief Financial Officer, HSCP, Ms S McAlees, Head of Children's Services & Criminal Justice, Ms V Pollock (for Head of Legal & Property Services) and Ms S Lang (Legal & Property Services).

7 **Apologies, Substitutions and Declarations of Interest** 7

No apologies for absence or declarations of interest were intimated.

8 **Minute of Meeting of Inverclyde Integration Joint Board Audit Committee of 28 January 2020** 8

There was submitted the minute of the Inverclyde Integration Joint Board (IJB) Audit Committee of 28 January 2020.

Decided: that the minute be agreed.

9 **Internal Audit Progress Report – 6 January to 21 February 2020** 9

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership on the progress made by Internal Audit during the period from 6 January to 21 February 2020.

The Chief Internal Auditor presented the report, being the regular progress report, and advised as follows:

- (1) No audit reports had been finalised since the last IJB Audit Committee in January 2020. The report for the final review had now been completed and would be reported to the next meeting of the Committee;
- (2) In relation to audit reports from partner bodies, no audit reports had been issued to Inverclyde Council which were relevant to the IJB Audit Committee;
- (3) There continued to be a number of investigations carried out in relation to the misuse of blue badges and misuse of expired blue badges;
- (4) In relation to NHS Greater Glasgow & Clyde, no audit reports had been issued and approved by the Board which were relevant to the IJB Audit Committee;
- (5) With regard to action plan follow-up, there were no actions due for completion by 29 February and three current action points were being progressed by officers; and
- (6) New statutory guidance had been received in relation to IJB Directions and a revised date of 30 June had been set for the update of the policy, including issues identified by the audit review in December 2018.

The Chief Officer confirmed in relation to the IJB Directions, that work was progressing on the update of the policy, with support being provided by Internal Audit and Legal Services and that she was confident that the date of 30 June was achievable.

Decided: that the progress made by Internal Audit in the period from 6 January to 21

INVERCLYDE INTEGRATION JOINT BOARD AUDIT COMMITTEE – 17 MARCH 2020

February 2020 be noted.

10 Internal Audit – Annual Plan 2020 – 2021

10

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership requesting approval of the Internal Audit Annual Strategy and Plan for 2020 – 2021.

The Chief Internal Auditor advised the Committee that the key risks set out in the IJB's risk register had been reviewed for previous assurance work as well as planned assurance work in 2020 – 21.

Two advisory reviews would be undertaken by Internal Audit including:

- (1) IJB Directions – Internal Audit would be providing advice to IJB officers when reviewing and updating the current policy in line with the new guidance; and
- (2) The Risk Management Process – Internal Audit would provide advice to IJB members based on best practice guidance at a development day specifically for the review of the risk management process.

During the course of discussion on this item, Mr Cowan referred to Appendix 1 to the report which he indicated gave assurance regarding the systematic audit approach which matched audit activity with the risk register.

In relation to the development of other strands of assurance work, it was agreed that a report should be submitted to the September 2020 meeting of the IJB Audit Committee setting out the criteria used to define the various categories of reserves, with further detailed information being provided in respect of both smoothing and earmarked reserves. Detailed information in respect of the remaining categories of reserves would be submitted to future meetings of the Committee, if required.

Decided:

- (1) that the Internal Audit Annual Strategy and Plan 2020 – 2021 be approved; and
- (2) that it be agreed that a report be submitted to the September meeting of the Committee on reserves, as set out above.

11 External Audit – Annual Audit Plan 2019/20

11

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership on the External Audit Annual Audit Plan 2019/20 produced by Audit Scotland and appended to the report.

No officer was present from Audit Scotland to speak to the report due to the COVID-19 situation.

Arising from discussion on this item, it was noted that a letter had now been submitted to Audit Scotland on behalf of the Chief Finance Officers' network in relation to the proposed audit fee.

Decided: that the External Audit Annual Audit Plan 2019/20 be noted.