



Municipal Buildings, Greenock PA15 1LY

Ref: DS

Date: 2 May 2025

A meeting of the Inverclyde Integration Joint Board will be held on Monday 12 May 2025 at 2pm.

Members may attend the meeting in person at Greenock Municipal Buildings or via remote online access. Webex joining details will be sent to members and officers. Members are requested to notify Committee Services by 12 noon on Friday 2 May 2025 how they intend to access the meeting.

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

Please note that this meeting will be live-streamed via YouTube with the exception of any business which is treated as exempt in terms of the Local Government (Scotland) Act 1973 as amended.

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

LYNSEY BROWN

Head of Legal, Democratic, Digital & Customer Services

**** to follow**

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

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Enquiries to – Diane Sweeney - Tel 01475 712147
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INVERCLYDE INTEGRATION JOINT BOARD – 24 MARCH 2025

Inverclyde Integration Joint Board Monday 24 March 2025 at 2pm

PRESENT:

Voting Members:

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

Non-Voting Professional Advisory Members:

Kate Rocks	Chief Officer, Inverclyde Health & Social Care Partnership
Jonathan Hinds	Chief Social Work Officer, Inverclyde Health & Social Care Partnership
Craig Given	Chief Finance Officer, Inverclyde Health & Social Care Partnership
Laura Moore	Chief Nurse, Greater Glasgow and Clyde NHS

Non-Voting Stakeholder Representative Members:

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

Also present:

Vicky Pollock	Legal Services Manager, Inverclyde Council
Katrina Phillips	Interim Head of Mental Health and Alcohol & Drug Recovery Services, Inverclyde Health & Social Care Partnership
Alan Best	Interim Head of Health & Community Care, Inverclyde Health & Social Care Partnership
Margaret McIntyre	Head of Children & Families and Criminal Justice Services, Inverclyde Health & Social Care Partnership
Lesley Cockburn	Service Manager, Homelessness and Resettlement, Inverclyde Health & Social Care Partnership
Scott Bryan	Service Manager, Planning Performance & Equalities, Inverclyde Health & Social Care Partnership
Diane Sweeney	Senior Committee Officer, Inverclyde Council
Colin MacDonald	Senior Committee Officer, Inverclyde Council

INVERCLYDE INTEGRATION JOINT BOARD – 24 MARCH 2025

Emma Peacock
Alison Ramsey
Karen Haldane

Solicitor, Inverclyde Council
Corporate Communications, Inverclyde Council
Executive Officer, Your Voice, Inverclyde Community
Care Forum (public business only)

Chair: David Gould presided.

The meeting was held at the Municipal Buildings, Greenock with Councillor Jackson, Councillor Reynolds, Ms Turner, Ms Eardley and Ms Elliott attending remotely.

17 **Apologies, Substitutions and Declarations of Interest** 17

An apology for absence was intimated on behalf of:

Dr Hector MacDonald	Clinical Director, Inverclyde Health & Social Care Partnership
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18 **Minute of Meeting of Inverclyde Integration Joint Board of 27 January 2025** 18

There was submitted the Minute of the Inverclyde Integration Joint Board of 27 January 2025. The Minute was presented by the Chair and checked for fact, omission, accuracy and clarity.

Referring to minute reference 5 for 'Financial Monitoring Report 2024/25 Period 7' and the entry 'In response to comments about the impact of mandatory statutory functions on HSCP Budgets, Ms Rocks advised that a report would be brought to the March meeting clarifying this for Board Members', the Board noted that this report was not on the agenda. Mr Given advised that he would review this after the meeting.

Decided: that the Minute be agreed.

19 **Inverclyde Integration Joint Board – Audit Committee Membership** 19

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership seeking agreement for the appointment of a non-voting member of the IJJB to the IJJB Audit Committee following the resignation of Charlene Elliott.

Decided:

- (1) that the resignation of Ms Elliott as a non-voting member of the IJJB Audit Committee be noted;
- (2) that the appointment of Stevie McLachlan as a non-voting member of the IJJB Audit Committee be noted; and
- (3) that the thanks and appreciation of the Board be extended to Ms Elliott.

20 **Financial Monitoring Report 2024/25 Period 9** 20

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

Mr Given and Mr Hinds responded to comments and questions concerning (1) the projected underspend, (2) non-recurring funding, (3) the funding received from Inverclyde Council, and (4) the importance of a holistic approach to service redesign.

Decided:

- (1) that the Board note (a) the current Period 9 forecast position for 2024/25 as detailed in the report and appendices 1-3, and (b) the assumption that this will be funded from the reserves held;
- (2) that (a) the proposed budget realignments and virement, as detailed in appendix 4 to the report, be approved, and (b) that officers be authorised to issue revised

INVERCLYDE INTEGRATION JOINT BOARD – 24 MARCH 2025

Directions to Inverclyde Council and/or Greater Glasgow & Clyde Health Board as required on the basis of the revised figures detailed in appendix 5 to the report;

- (3) that the current capital position, as detailed at appendix 7 to the report, be noted;
- (4) that the current Earmarked Reserves position, as detailed at appendix 8 to the report, be noted; and
- (5) that the key assumptions within the forecasts, as detailed at paragraph 9.4 of the report, be noted.

21 Inverclyde IJB Budget 2025/26

21

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership seeking agreement for the IJB budget for 2024/26. The report was presented by Mr Given. Mr Given thanked his team for their assistance and support in preparing the Budget.

Mr Given responded to comments and questions concerning (1) underspend, (2) staff vacancies, (3) the impact of Voluntary Redundancies on service provision, (4) Risk Assessments and risks from Voluntary Redundancy, (5) Business Support, (5) impact on staff, (6) the use of Reserves, (6) Prescribing, and (7) forward planning.

Ms Eardley joined the meeting during discussion on this item of business.

Decided:

- (1) that the contents of the report be noted;
- (2) that the anticipated funding of £78.661million from Inverclyde Council be noted;
- (3) that the anticipated funding of £146.980million from Greater Glasgow & Clyde Health Board, which includes £39.758million for Set Aside, be noted;
- (4) that delegated authority be granted to the Chief Officer to accept the formal funding offers from Inverclyde Council and Greater Glasgow & Clyde Health Board;
- (5) that the Board (a) agrees the indicative net revenue budgets of £78.661million to Inverclyde Council and £146.980million, including the 'Set Aside' budget, to NHS Greater Glasgow & Clyde, (b) directs that this funding is spent in line with the Strategic Plan, and (c) notes that these figures reflect the £19.262million of Resource Transfer from Health within Social Care;
- (6) that (a) the saving/Budget adjustments, as detailed in sections 4 and 5 of the report be noted, and (b) the additional saving of £0.4million from the new Voluntary Early Retirement and Voluntary Redundancy exercise, as detailed at paragraph 4.5 of the report, be approved;
- (7) that the Reserve position, as detailed at section 6 and appendix 6 of the report, be noted;
- (8) that officers be authorised to issue related Directions to Greater Glasgow & Clyde Health Board and Inverclyde Council, as detailed at appendices 5a and 5b;
- (9) that the updated financial plan, as detailed at appendix 7 to the report, be approved; and
- (10) that the Board approves the release of the posts identified at paragraph 4.5 of the report under the Inverclyde Council Voluntary Redundancy scheme to assist with the achievement of the budget savings.

22 Rolling Action List

22

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

Decided: that the Rolling Action List be noted.

23 Enhanced Mental Health Outcome Framework

23

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

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Partnership (1) providing an update on the revised plans for delivery on programmes funded through the Enhanced Mental Health Outcomes Framework, and (2) advising of the implications across all programmes for the financial year 2025/26 following a reduction in the allocation. The report was presented by Ms Phillips.

Ms Phillips responded to comments and questions concerning (1) baselining funding within the Enhanced Mental Health Outcomes Framework, (2) risk, (3) investment in Psychological Services, (4) service redesign, (5) treatment protocols, and (6) mental health provision for adults with ADHD and autism.

Decided:

- (1) that the contents of the report be noted;
- (2) that the impact of funding on each of the following programmes be noted (a) Mental Health Outcome Framework, (b) Perinatal and Infant Mental Health Programme, (c) School Nursing Service, (d) Annual Health Checks for people with a Learning Disability, and (e) Action 15;
- (3) that the proposed funding arrangements to deliver programmes in 2025/26 be approved;
- (4) that it be remitted to officers to bring a report to a future meeting on developments in the provision of Board-wide neurodevelopmental pathways relating to mental health provision for adults with ADHD and autism when this information becomes available.

24 Inverclyde HSCP's Response to Storm Eowyn 24 January 2025

24

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership providing an update on the Inverclyde HSCP and community response to the impact of Storm Eowyn on 24 January 2025 and over the weekend period of 25-26 January 2025. The report was presented by Mr Best.

Mr Best, Ms Phillips and Ms Moore responded to comments and questions concerning (1) sharing what has been learned from the response, (2) contingency planning for nursing homes, (3) balancing risk between staff safety and client's needs, and (4) forward planning.

Decided:

- (1) that the contents of the report be noted;
- (2) that it be remitted to officers to forward a copy of this report to Public Health Scotland; and
- (3) that the thanks and appreciation of the Board be extended to all staff for their response to Storm Eowyn.

25 Housing Options & Housing Advice Services – Update on Staff Consultation Programme

25

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership (1) providing an update on the progress of the staff consultation programme previously approved by the IJJB as part of the broader Housing Options & Housing Advice Services (HOHAS) redesign, (2) presenting the findings of the staff consultation, and (3) defining proposals for the next steps. The report was presented by Ms Cockburn.

Ms Rocks addressed comments and questions concerning (1) sharing the report with staff, (2) staff concerns about contractual requirements, and (3) the logistics of Programme Board reporting.

Decided:

- (1) that the intention to establish a Programme Board to ensure appropriate governance to support the decommissioning of the Inverclyde Centre be noted;
- (2) that the intention to communicate newly evaluated job descriptions to staff and UNISON in early April 2025 be noted;

INVERCLYDE INTEGRATION JOINT BOARD – 24 MARCH 2025

(3) that the intention of HOHAS management to continue to communicate the planned closure of the Inverclyde Centre to ensure all stakeholders can plan for amendments within their own services be noted; and

(4) that the intention of the Programme Board to support a whole system and collective responsibility for the prevention of homelessness aligned to the anticipated statutory duties of the new Housing Bill in May 2025 be noted.

26 Chief Officer's Report

26

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership providing an update on developments which are not the subject of reports on this agenda. The report was presented by Ms Rocks and provided updates on (1) delayed discharge, (2) Digital Strategy Update, (3) NHS Asylum Health Community Team, (4) HSCP Staff Awards, and (5) Pharmacy Services Staff Awards.

Decided:

(1) that the updates provided within the report be noted; and

(2) that it be remitted to officers to arrange a visit for Board members to the residential facility for asylum seekers and refugees in Inverclyde in order to observe the various projects which operate there.

27 Ms Diana McCrone

27

At the conclusion of public business, the Chair referred to the upcoming retirement of Ms McCrone, NHS Staff Representative. He referred to Ms McCrone's employment and trade union achievements and thanked her for her contributions to the IJJB over the many years she had been a member.

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

Item	Paragraph(s)
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Children & Families Budget Pressures	5 & 9
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Governance of HSCP Commissioned External Organisations	6 & 9
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28 Appendix to the Minute of meeting of Inverclyde Integration Joint Board of 27 January 2025

28

There was submitted an Appendix to the Minute of the Inverclyde Integration Joint Board of 27 January 2025. The Appendix was presented by the Chair and checked for fact, omission, accuracy and clarity.

Decided: that the Appendix be agreed.

29 Children & Families Budget Pressures

29

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership detailing the budget pressures within Children & Families Social Work

INVERCLYDE INTEGRATION JOINT BOARD – 24 MARCH 2025

Services. The report was presented by Mr Hinds.

Decided: that the recommendations as detailed in the report be agreed, all as detailed in the Private Appendix.

30 Governance of HSCP Commissioned External Organisations

30

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership on matters relating to the HSCP Governance process for externally commissioned Social Care Services for the reporting period 30 November 2024 to 31 January 2025. The report was presented by Mr Given and provided updates on establishments and services within Older People Services, Adult Services and Children's Services.

Decided:

- (1) that the governance report for the period 30 November 2024 to 31 January 2025 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.

Report To:	Inverclyde Integration Joint Board	Date:	12 May 2025
Report By:	Kate Rocks Chief Officer Inverclyde Health & Social Care Partnership	Report No:	VP/LS/039/25
Contact Officer:	Vicky Pollock	Contact No:	01475 712180
Subject:	Non-Voting Membership of the Integration Joint Board and Integration Joint Board Audit Committee		

1.0 PURPOSE AND SUMMARY

1.1 ☒ For Decision ☐ For Information/Noting

1.2 The purpose of this report is to advise the Inverclyde Integration Joint Board ("IJB") of a change to its non-voting membership arrangements and to agree the appointment of a non-voting member of the IJB to the Inverclyde Integration Joint Board Audit Committee ("IJB Audit Committee").

1.3 The NHS Board staff representative on the IJB, Diana McCrone, recently stepped down as a member of the IJB and the IJB Audit Committee. It is proposed to appoint Ciorstaidh Reichle in her place.

2.0 RECOMMENDATIONS

2.1 It is recommended that the Inverclyde Integration Joint Board:-

- (1) agrees the appointment of Ciorstaidh Reichle as the NHS Board staff representative staff member non-voting member of the Inverclyde Integration Joint Board; and
- (2) agrees the appointment of Ciorstaidh Reichle as a non-voting member of the Inverclyde Integration Joint Board Audit Committee.

Kate Rocks
Chief Officer
Inverclyde Health and Social Care Partnership

3.0 BACKGROUND AND CONTEXT

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

4.0 IJB – NON-VOTING MEMBERSHIP

- 4.1 IJB members will be aware that the NHS Board staff representative, Diana McCrone, recently stepped down as a member of the IJB. It is proposed to appoint Ciorstaidh Reichle in her place
- 4.2 In terms of the Order, the IJB is required to appoint stakeholder members who are non-voting members. These must comprise at least one NHS Board staff representative.
- 4.3 A named proxy to cover attendance at IJB meetings will be confirmed in due course.
- 4.4 In terms of the Order and Standing Order 3.2, where a member of the IJB resigns, the person appointed in their place shall be appointed for the unexpired term of the member they replace. The term of office of the replacement NHS Board staff representative will therefore be until November 2026.

5.0 IJB AUDIT COMMITTEE – NON-VOTING MEMBERSHIP

- 5.1 The current membership of the IJB Audit Committee is set out at Appendix 2.
- 5.2 Membership of the IJB Audit Committee comprises 4 IJB voting members (2 from the NHS Board and 2 from Inverclyde Council), with an additional 2 members drawn from the wider non-voting membership of the IJB.
- 5.3 As a result of Diana McCrone stepping down from the IJB as highlighted in paragraph 4 above, it is necessary to change the non-voting membership of the IJB Audit Committee.
- 5.4 It has been agreed to recommend the appointment of Ciorstaidh Reichle as a non-voting member of the IJB Audit Committee.

6.0 PROPOSALS

- 6.1 It is proposed that the IJB agrees the revised IJB non-voting membership arrangements as set out in Appendix 1 Section C and agrees the revised IJB Audit Committee membership arrangements as set out in Appendix 2.

7.0 IMPLICATIONS

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

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

7.2 Finance

There are no financial implications arising from this report.

One off Costs

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

Annually Recurring Costs/ (Savings)

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

7.3 Legal/Risk

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

7.4 Human Resources

There are no Human Resource implications arising from this report.

7.5 Strategic Plan Priorities

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

7.6 Equalities

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

(a) Equalities

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

	YES – Assessed as relevant and an EqIA is required.
X	NO – This report does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function or strategy. Therefore, assessed as not relevant and no EqIA is required.

(b) Equality Outcomes

How does this report address our Equality Outcomes?

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

(c) Fairer Scotland Duty

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

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

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

(d) **Children and Young People**

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

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

7.7 Clinical or Care Governance

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

7.8 National Wellbeing Outcomes

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

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and 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

7.9 Environmental/Sustainability

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

Has a Strategic Environmental Assessment been carried out?

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

7.10 Data Protection

Has a Data Protection Impact Assessment been carried out?

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

8.0 DIRECTIONS

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

9.0 CONSULTATION

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

10.0 BACKGROUND PAPERS

10.1 None.

Inverclyde Integration Joint Board Membership as at 12 May 2025

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

SECTION C. NON-VOTING STAKEHOLDER REPRESENTATIVE MEMBERS

A staff representative (Council)	Ms Gemma Eardley	Proxy – Ms Veronica Rasmussen
A staff representative (NHS Board)	Ms Ciorstaidh Reichle	
A third sector representative	Ms Charlene Elliott Chief Executive CVS Inverclyde	Proxy - Ms Vicki Cloney Partnership Facilitator CVS Inverclyde
A service user	Vacant	Proxy – Donald McQuade
A carer representative	Ms Heather Davis	Proxy – Ms Jacquie Macintyre

SECTION D. ADDITIONAL NON-VOTING MEMBERS

Representative of Inverclyde Housing Association Forum	Mr Stevie McLachlan, Head of Customer Services, River Clyde Homes	

**Inverclyde Integration Joint Board
Audit Committee Membership – as at 12 May 2025**

SECTION A. VOTING MEMBERS		
		Proxies (Voting Members)
Inverclyde Council	Councillor Lynne Quinn (Chair)	Councillor Drew McKenzie
	Councillor Sandra Reynolds	Councillor Elizabeth Robertson
Greater Glasgow and Clyde NHS Board	Dr Rebecca Metcalfe (Vice Chair) Karen Turner	
SECTION B. NON-VOTING MEMBERS		
A staff representative (NHS Board)	Ms Ciorstaidh Reichle	
Representative of Inverclyde Housing Association Forum	Mr Stevie McLachlan	

Report To:	Inverclyde Integration Joint Board	Date:	12 May 2025
Report By:	Kate Rocks Chief Officer Inverclyde Health & Social Care Partnership	Report No:	IJB/74/2025/CG
Contact Officer:	Craig Given Chief Financial Officer	Contact No:	Internal
Subject:	Financial Monitoring Report 2024/25 Period 11		

1.0 PURPOSE AND SUMMARY

- 1.1 ☒ For Decision ☐ For Information/Noting
- 1.2 The purpose of this report is to advise the Inverclyde Integration Joint Board (IJB) of the Revenue and Capital Budgets projected financial outturn for the year as at 28 February 2025.
- 1.3 The IJB set their revenue budget for 2024/25 on 25 March 2024, which included the use of £0.709m of reserves.
- 1.4 Funding of £73.714m was delegated by Inverclyde Council to the IJB for 2024/25. Subsequent adjustments of £0.683m have been added and are reflected in the Appendices, giving a revised contribution of £74.397m.
- 1.5 At the time of setting the budget, indicative funding of £135.566m was delegated from the Health Board, including £35.398m for Set Aside for Inverclyde's share of large hospital functions and £19.132m of Resource Transfer to social care budgets. Further budgets have been allocated or adjusted up to Period 11 totalling £11.418m, including increased set aside and Scottish Government funding allocations resulting in a revised budget for reporting purposes of £146.984m.
- 1.6 As at 28 February 2025, it is projected that the IJB revenue budget will have an overall underspend of £0.023m: -
- Social care services are projected to be overspent by £0.027m.
 - Health Services are projected to be underspent by £0.050m.

Should this underspend remain at the end of the financial year it will be transferred to appropriate reserves. For the purposes of this report this transfer is shown against general reserves.

- 1.7 As at 1st April 2024 the IJB held several Earmarked Reserves and a General Reserve, which are managed in line with the IJB Reserves Policy. The total Earmarked Reserves (EMR) held at the start of the 2024/25 financial year were £19.287m, with £1.561m in General Reserves. Use of General Reserve of £0.709 towards funding the overall revenue budget for the year have been reflected in the figures held in this report and in Appendix 8 (EMR updated). The current projected year end position on reserves is a carry forward of £14.577m, and for the purposes of this report, assumes that the current projected underspend of £0.023m will be transferred to reserves held at this stage, as noted at 1.6.
- 1.8 The Social Work capital budget is £9.907m over the life of the projects with £3.447m originally projected to be spent in 2024/25. Expenditure on all capital projects to 28 February 2025 is £0.755m (21.90% of approved budget). Appendix 7 details capital budgets and a full update is provided at Section 10.
- 1.9 NHS capital budgets are managed by NHS Greater Glasgow and Clyde and are not reported as part of the IJB's overall position. Officers attend and contribute to the Greater Glasgow and Clyde HSCP Capital Planning Group, which gives oversight of associated projects. A general update is provided in section 9 of this report.

2.0 RECOMMENDATIONS

2.1 It is recommended that the Integration Joint Board:

1. Notes the current Period 11 forecast position for 2024/25 as detailed in the report and Appendices 1-3, and the assumption that this will be transferred to reserves held.
2. Approves the proposed budget realignments and virement (Appendix 4) and authorises officers to issue revised directions to the Council and/or Health Board as required on the basis of the revised figures enclosed (Appendix 5);
3. Approves the specific earmarking proposed within Section 4 and summarised at 7.2;
4. Notes the current capital position (Appendix 7);
5. Notes the current Earmarked Reserves position (Appendix 8).
6. Notes the key assumptions within the forecasts detailed at section 9.4.

Kate Rocks
Chief Officer
Inverclyde Health and Social Care Partnership

3.0 BACKGROUND AND CONTEXT

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

The IJB Budget for 2024/25 was set on 25 March 2024 based on confirmed Inverclyde Council Funding and indicative NHS GG&C funding. The current total integrated budget is £221.381m, with a projected underspend of £0.023m. The table below summarises the budget and funding from partners, together with the projected operating outturn for the year as at 31 March 2025. It is assumed that the projected underspend will be transferred to reserves.

	Revised Budget 2024/25 £000	Projected Outturn £000	Projected Over/(Under) Spend £000
Social Work Services*	74,397	74,424	27
Health Services*	109,314	109,264	(50)
Set Aside	37,670	37,670	0
HSCP Net Expenditure	221,381	221,358	(23)
Funded By:			
Transfer from / (to) Reserves	0	(23)	(23)
NHS Contribution to the IJB	146,984	146,934	
Council Contribution to the IJB	74,397	74,424	
HSCP Funding	221,381	221,335	(23)
Planned net Use of Reserves as at Period 11		5,431	
Specific earmarking requested		(698)	
Projected HSCP operating (Surplus)/Deficit		(23)	
Annual Accounts CIES Projected Position DEFICIT/(SURPLUS)		4,710	

*excluding resource transfer

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

4.0 Social Care

- 4.1 Appendix 2 shows the projected position as at Period 11 for Social Care services. It is currently anticipated that Social Care services will overspend by £0.027m in 2024/25.
- 4.2 The following sections will provide an overview of the main projected variances against Social Care delegated functions.

4.3 The main areas of overspend within Social Care are as follows: -

- Children and Families is currently projecting an overall overspend of £4.504m. Client commitments is projected to overspend by £3.888m, an increase in projected costs of £0.288m from the position reported at Period 9. The increase is as a result of new placements and changes in assumptions since the last report. A review group continues to meet regularly to closely monitor these placements to ensure a focussed approach on placements and the associated financial implications, with a view to management action bringing down the overall costs as we head in 2025/26. The projected overspend and movement from Period 9 is broken down by service area in the table below:

	£m	
	Projected Overspend	Movement from Period 9
Children & Families Client Commitments		
External Residential placements	1.704	0.220
Fostering, Adoption & Kinship including Continuing Care	0.597	0.057
Supported Living	0.361	0.009
Home Care, Respite, Direct Payment, Additional Support	1.226	0.002
Total for Children & Families Client Commitments	3.888	0.288

- Within employee costs there is a net projected overspend of £0.411m, which is largely due to temporary posts throughout the service.
- There is a projected overspend of £0.076m on Section 22 payments within payments to other bodies.
- It is currently expected that the overspend in the service can be largely managed within the overall position, however, smoothing reserves of £0.733m are available for use in relation to Children's residential placements and Continuing Care if required, should an overspend remain at the end of the financial year.
- Assessment and Care Management is currently anticipated to have a year-end overspend of £0.074m, of which £0.044m is within employee costs linked to the partial non-achievement of the turnover target. The remainder is minor variances across all headings.
- The projected overspend of £0.177m against the homelessness service relates mainly to security costs for the Inverclyde Centre and Agency costs covering vacancies.

4.4 The main areas of underspend within Social Care are as follows: -

- Employee costs for the internal care at home service are currently projected to underspend by £0.111m. This is related to the current level of vacancies held by the service.
- The external care at home service is projecting an underspend of £0.305m, a reduction in projected costs of £0.049m from the Period 9 position reported. The reduction in costs is largely due to fewer hours being delivered across all providers.
- For residential and nursing placements a net underspend of £0.707m is projected, with bed levels continuing at and projected to remain at lower levels than those in 2023/24 and increased income following financial assessments.

- The underspends noted above are contributing to an overall projected underspend of £1.107m for Older Persons at this stage.
- A smoothing reserve is held for Residential and Nursing placements should it be required as the financial year progresses, but it is currently not expected to be drawn.
- A projected £199k underspend on employee costs that is related to current vacancy levels. This is partially offset by a projected net £0.140m overspend on client commitments, a reduction of £0.176m from the position reported at Period 9, which reflects the lower than anticipated impact for 2024/25 of transitions cases, (£80k), care packages that have ended (£58k) and additional in-year savings against assessed care packages (£61k). Together these are the main reasons for the overall projected underspend for Learning Disabilities.

A smoothing reserve is held for Learning Disability client commitments should it be required as the financial year progresses, but it is currently not expected to be drawn.

- Physical and Sensory Disabilities are expected to underspend by £0.247m. Within client commitments there is a projected £0.236m underspend, a reduction in costs of £0.044m from the position reported at period 9, in the main due to reductions in care packages. This, together with an underspend of £0.093m in Employee costs related to vacancies, are the main reasons for the variance reported.
- Recurring budgets held within Assessment and Care Management for winter planning and delayed discharges are forecast to underspend by £0.214m overall in 2024/25 financial year. Earmarking is requested to fund potential pressures within client commitments in future years.
- Alcohol and Drugs Recovery Services are expected to underspend by £0.140m, with the underspend of £0.140m for employee costs the main variance contributing to the overall projection reported.
- Within Planning, Health Improvement and Commissioning, expenditure and income in relation to the New Scots Team and the resettlement of refugees is held. A net expenditure position of £0.358m is currently expected at year end, which will be funded by a draw on the earmarked reserve held for this purpose.
- Pension monies and progress against the agreed saving are the main reasons for the projected underspend of £3.004m in Business Support / Corporate Director. Within payments to other bodies, permanent recurring pension monies is showing a projected underspend in 24/25 of £0.484m. The IJB is requested to give their approval to add this balance to the severance earmarked reserve, to assist with funding future years restructuring costs.
- Following the temporary reduction to the employer's superannuation contribution, the HSCP has £3.109m on a non-recurring basis to support the service redesign of Children and Families. This will now be used in full to offset the overspend currently projected.

5.0 Health

- 5.1 Appendix 3 shows the projected position as at Period 11 for Health services. It is currently anticipated that Health services will underspend by £0.050m in 2024/25

5.2 The main areas of overspend within Health Services are as follows: -

- Mental Health In-Patient services is currently forecast to overspend by £0.505m. This is mainly attributable to an overspend on employee costs due to continuing recruitment issues, enhanced observations and increased clinical activity for nursing and medical staff. This is partially offset by underspends of £0.353m in the Mental Health Communities budget.
- The prescribing budget is currently projecting an overspend of £1.362m. The current projection is based on data provided by NHS Greater Glasgow and Clyde. There continue to be factors affecting prescribing spend which are out with our control such as the conflict in Ukraine. Inflationary pressures and supply issues where medicines are sourced from Europe. This projection includes the use of £0.250m of smoothing reserves. The prescribing budget has been under pressure for a number of years now and is a National issue. Most drugs have seen significant increases in price over the last few years. To help with this issue there is a Greater Glasgow and Clyde wide savings initiative to help reduce the impact of these price increases. This has included working with our partners who prescribe to look at different ways to help reduce costs. These include the switching to less expensive generic drugs, better waste medicine management and only prescribing clinically necessary drugs.

These are offset by underspends in the following areas: -

- There are underspends throughout services on employee costs in relation to recruitment and retention issues. The main variances arise in the following services; Children and Families £0.229m, Health and Community Care £0.153m, Alcohol and Drug Recovery Services £0.311m, Admin and Management £0.290m, Strategy and Support Services £0.057m and Financial Planning £0.489m.

5.3 Set Aside

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

- The Set Aside budget is the amount “set aside” for each IJB’s consumption of large hospital services.
- Initial Set Aside base budgets for each IJB were based on their historic use of certain Acute Services including A&E Inpatient and Outpatient, general medicine, Rehab medicine, Respiratory medicine and geriatric medicine.
- Legislation sets out that Integration Authorities are responsible for the strategic planning of hospital services most commonly associated with the emergency care pathway along with primary and community health care and social care.

6.0 Savings Update

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

Saving Title	24/25 Target	Achieved at 28/02/25	Still to be achieved	25/26 Target	Achieved at 28/02/25	Still to be achieved
Redesign of Children's Community Supports	15	0	15	15	0	15
Day Service redesign	239	239	0	0	0	0
Review of Respite Services	257	257	0	0	0	0
Review of commissioning arrangements	250	193	57	250	307	0
Payroll management target - Council	450	450	0	0	0	0
Payroll management target - Health	150	150	0	0	0	0
Review of previous year underspends/budget adjustments	490	490	0	0	0	0
Review of long-term vacancies	250	275	(25)	0	0	0
Review of Adult Services self-directed supports	500	500	0	500	253	247
Education Placement Support	0	0	0	83	83	0
Review of Community Alarms Service	0	0	0	72	0	72
Independent Living Service	0	0	0	200	466	(266)
Supported Living Service	0	0	0	100	100	0
Integrated Front Doors	0	0	0	380	270	110
Residential / Nursing Care Home Beds	0	0	0	99	99	0
Review of Strategic Services	0	0	0	231	62	169
Business Support Review	0	0	0	300	300	0
Homemakers	0	0	0	167	167	0
Review of Senior Staff Structure	0	0	0	400	0	400
Totals	2,601	2,554	47	2,797	1,992	805

7.0 Reserves

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

The current projected year-end position on earmarked reserves is a carry forward of £14.577m to allow continuation of current projects and retention of any unused smoothing reserves. This also assumes a transfer to reserves from the current projected underspend.

The current projected overall position is summarised below:

	Opening Balance 2024/25	Earmarking requested P11	Total Funding	Projected Spend 2024/25	Projected C/fwd to 2025/26
	£000s	£000s	£000s	£000s	£000s
Earmarked Reserves					
Scottish Government Funding - funding ringfenced for specific initiatives	3,366		3,366	1,418	1,948
Existing Projects/Commitments - many of these are for projects that span more than 1 year (incl new specific earmarking)	7,775		7,775	2,356	5,419
Transformation Projects - non recurring money to deliver transformational change	2,177	484	2,661	861	1,800
Budget Smoothing - monies held as a contingency for specific volatile budgets such as Residential Services and Prescribing to smooth out in year one off pressures	4,408	214	4,622	250	4,372
Total Earmarked Reserves	17,726	698	18,424	4,885	13,539
General Reserves	1,561		1,015	546	1,015
In Year (Surplus)/Deficit going (to)/from reserves				-23	23
Total Reserves	19,287	698	19,439	5,408	14,577

- 7.2 The position reported and the table above assumes earmarking of the following items, detailed in Section 4, which the IJB is requested to approve:

Earmarking requested - Period 11	£000s
Severance costs	484
Client commitments pressures	214
	698

8.0 Virement and Other Budget Movements and Directions

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

9.0 2024/25 Capital Position

- 9.1 The Social Work capital budget is £9.907m over the life of the projects with £3.447m originally projected to be spent in 2024/25. Slippage of £2.287m (66.35%) is being reported linked to the delays experienced on the Community Hub project which impacted the financial close date and progression to the main construction phase. Expenditure on all capital projects to 28 February 2025 is £0.755m (21.90% of approved budget, 65.09% of the revised estimate). Appendix 7 details capital budgets.

9.2 New Community Hub

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

- Site welfare establishment in place;
- Soil remediation works complete;
- Existing garages & plant building demolition complete;
- Existing swale extension works complete;
- Existing culvert repairs complete;
- Attenuation tank complete;
- Lift pit and trampoline bases complete;
- Drainage works on-going;
- Substructure blockwork on-going;

Works planned to commence in the forthcoming period include:

- Foul/storm drainage;
- Underground service ducting;
- Steel frame commencement;
- Floor slab preparation;
- Retaining wall works.

9.3 *SWIFT replacement*

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

9.4 *Health Capital*

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

9.5 **Key Assumptions**

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

10.0 **IMPLICATIONS**

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

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

10.2 Finance

One off Costs

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

Annually Recurring Costs/ (Savings)

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

10.3 Legal/Risk

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

10.4 Human Resources

There are no human resources implications arising from this report.

10.5 Strategic Plan Priorities

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

10.6 Equalities

(a) Equalities

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

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

(b) Equality Outcomes

How does this report address our Equality Outcomes?

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

(c) Fairer Scotland Duty

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

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

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

(d) **Children and Young People**

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

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

10.7 **Clinical or Care Governance**

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

10.8 National Wellbeing Outcomes

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

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

10.9 Environmental/Sustainability

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

Has a Strategic Environmental Assessment been carried out?

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

10.10 Data Protection

Has a Data Protection Impact Assessment been carried out?

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

11.0 DIRECTIONS

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

12.0 CONSULTATION

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

13.0 BACKGROUND PAPERS

13.1 2024/25 Revenue Budget paper to Integration Joint Board 25 March 2024
<https://www.inverclyde.gov.uk/meetings/documents/17176/04%20Inverclyde%20IJB%20Budget%202024-26.pdf>

Inverclyde HSCP

Revenue Budget 2024/25 Projected Position

Period 11: 1 April 2024 - 28 February 2025

Subjective Analysis	Budget 2024/25 £000	Revised Budget 2024/25 £000	Projected Out-turn 2024/25 £000	Projected Over/(Under) Spend £000	Percentage Variance
Employee Costs	67,470	73,000	71,921	(1,079)	-1.5%
Property Costs	1,160	1,530	2,017	487	31.8%
Supplies & Services	6,854	8,239	8,011	(228)	-2.8%
Payments to other bodies	54,956	59,523	60,182	659	1.1%
Family Health Services	28,330	28,889	28,889	0	0.0%
Prescribing	19,781	20,550	21,912	1,362	6.6%
Resource transfer	19,589	19,954	19,954	0	0.0%
Income	(24,258)	(27,975)	(29,199)	(1,224)	4.4%
HSCP Net Direct Expenditure	173,882	183,711	183,688	(23)	-0.0%
Set Aside	35,398	37,670	37,670	0	0.0%
HSCP Net Total Expenditure	209,280	221,381	221,358	(23)	-0.0%

Objective Analysis	Budget 2024/25 £000	Revised Budget 2024/25 £000	Projected Out-turn 2024/25 £000	Projected Over/(Under) Spend £000	Percentage Variance
Strategy & Support Services	3,706	4,005	3,402	(603)	-15.1%
Management & Admin	5,328	8,082	4,788	(3,294)	-40.8%
Older Persons	33,903	31,816	30,709	(1,107)	-3.5%
Learning Disabilities	11,474	12,386	12,239	(147)	-1.2%
Mental Health - Communities	5,536	6,219	5,823	(396)	-6.4%
Mental Health - Inpatient Services	11,237	11,976	12,481	505	4.2%
Children & Families	16,531	16,991	21,266	4,275	25.2%
Physical & Sensory	3,148	3,500	3,253	(247)	-7.1%
Alcohol & Drug Recovery Service	3,575	4,437	3,986	(451)	-10.2%
Assessment & Care Management / Health & Community Care	10,792	14,794	14,715	(79)	-0.5%
Criminal Justice / Prison Service	19	19	1	(18)	0.0%
Homelessness	1,203	1,166	1,343	177	15.2%
Family Health Services	28,330	28,888	28,888	0	0.0%
Prescribing	19,968	20,738	22,100	1,362	6.6%
Resource Transfer	19,132	18,694	18,694	0	0.0%
HSCP Net Direct Expenditure	173,882	183,711	183,688	(23)	-0.0%
Set Aside	35,398	37,670	37,670	0	0.0%
HSCP Net Total Expenditure	209,280	221,381	221,358	(23)	-0.0%
Funded by					
NHS Contribution to the IJB	100,168	109,314	109,264	(50)	0.0%
NHS Contribution for Set Aside	35,398	37,670	37,670	0	0.0%
Council Contribution to the IJB	73,714	74,397	74,424	27	0.0%
HSCP Net Income	209,280	221,381	221,358	(23)	-0.0%
HSCP Operating (Surplus)/Deficit			(23)		
Anticipated movement in reserves *			4,733		
HSCP Annual Accounts Projected Reporting (Surplus)/Deficit			4,710		

* See Reserves Analysis for full breakdown

Social Care

Revenue Budget 2024/25 Projected Position

Period 11: 1 April 2024 - 28 February 2025

Subjective Analysis	Budget 2024/25 £000	Revised Budget 2024/25 £000	Projected Out-turn 2024/25 £000	Projected Over/(Under) Spend £000	Percentage Variance
Social Care					
Employee Costs	39,111	37,618	37,452	(166)	-0.44%
Property costs	1,154	1,524	2,011	487	31.96%
Supplies and Services	1,144	1,267	1,298	31	2.45%
Transport and Plant	312	333	422	89	26.73%
Administration Costs	775	824	975	151	18.33%
Payments to Other Bodies	54,956	59,523	60,182	659	1.11%
Income	(23,739)	(26,692)	(27,916)	(1,224)	4.59%
Social Care Net Expenditure	73,714	74,397	74,424	27	0.04%

Objective Analysis	Budget 2024/25 £000	Revised Budget 2024/25 £000	Projected Out-turn 2024/25 £000	Projected Over/(Under) Spend £000	Percentage Variance
Social Care					
Children & Families	13,517	13,483	17,987	4,504	33.41%
Criminal Justice	19	19	1	(18)	-94.74%
Older Persons	33,903	31,816	30,709	(1,107)	-3.48%
Learning Disabilities	10,803	11,637	11,525	(112)	-0.96%
Physical & Sensory	3,148	3,500	3,253	(247)	-7.06%
Assessment & Care Management	2,749	2,187	2,261	74	3.38%
Mental Health	1,913	1,623	1,580	(43)	-2.65%
Alcohol & Drugs Recovery Service	1,164	943	803	(140)	-14.85%
Homelessness	1,203	1,166	1,343	177	15.18%
Finance, Planning and Resources	2,144	2,123	2,066	(57)	0.00%
Business Support/Corporate Director	3,151	5,900	2,896	(3,004)	0.00%
Social Care Net Expenditure	73,714	74,397	74,424	27	0.04%

Council Contribution to the IJB	Budget 2024/25 £000	Revised Budget 2024/25 £000	Projected Out-turn 2024/25 £000	Projected Over/(Under) Spend £000	Percentage Variance
Council Contribution to the IJB	73,714	74,397	74,424	27	0.04%
Projected Transfer (from) / to Reserves				(27)	

Health

Revenue Budget 2024/25 Projected Position

Period 11: 1 April 2024 - 28 February 2025

Subjective Analysis	Budget 2024/25 £000	Revised Budget 2024/25 £000	Projected Out-turn 2024/25 £000	Projected Over/(Under) Spend £000	Percentage Variance
Health					
Employee Costs	28,359	35,382	34,469	(913)	-2.58%
Property	6	6	6	0	0.00%
Supplies & Services	4,622	5,815	5,316	(499)	-8.58%
Family Health Services (net)	28,330	28,889	28,889	0	0.00%
Prescribing (net)	19,781	20,550	21,912	1,362	6.63%
Resource Transfer	19,589	19,954	19,954	0	0.00%
Income	(519)	(1,283)	(1,283)	0	0.00%
Health Net Direct Expenditure	100,168	109,314	109,264	(50)	-0.05%
Set Aside	35,398	37,670	37,670	0	0.00%
Health Net Total Expenditure	135,566	146,984	146,934	(50)	-0.03%

Objective Analysis	Budget 2024/25 £000	Revised Budget 2024/25 £000	Projected Out-turn 2024/25 £000	Projected Over/(Under) Spend £000	Percentage Variance
Health					
Children & Families	3,014	3,508	3,279	(229)	-6.53%
Health & Community Care	8,043	12,607	12,454	(153)	-1.21%
Management & Admin	2,177	2,182	1,892	(290)	-13.29%
Learning Disabilities	671	749	714	(35)	-4.67%
Alcohol & Drug Recovery Service	2,411	3,494	3,183	(311)	-8.90%
Mental Health - Communities	3,623	4,596	4,243	(353)	-7.68%
Mental Health - Inpatient Services	11,237	11,976	12,481	505	4.22%
Strategy & Support Services	727	973	916	(57)	-5.86%
Family Health Services	28,330	28,888	28,888	0	0.00%
Prescribing	19,968	20,738	22,100	1,362	6.57%
Financial Planning	835	909	420	(489)	0.00%
Resource Transfer	19,132	18,694	18,694	0	0.00%
Health Net Direct Expenditure	100,168	109,314	109,264	(50)	-0.05%
Set Aside	35,398	37,670	37,670	0	0.00%
Health Net Total Expenditure	135,566	146,984	146,934	(50)	-0.03%

Health Contribution to the IJB	Budget 2024/25 £000	Revised Budget 2024/25 £000	Projected Out-turn 2024/25 £000	Projected Over/(Under) Spend £000	Percentage Variance
NHS Contribution to the IJB	135,566	146,984	146,934	(50)	-0.03%
Transfer (from) / to Reserves				50	

Budget Movements 2024/25
Inverclyde HSCP
Appendix 4

Inverclyde HSCP - Service	Approved Budget	Movements			Transfers (to)/ from Earmarked Reserves	Revised Budget
	2024/25	Inflation	Virement	Supplementary Budgets		2024/25
	£000	£000	£000	£000	£000	£000
Children & Families	16,531	178	(722)	1,005	0	16,992
Criminal Justice	19	0	0	0	0	19
Older Persons	33,903	0	(2,088)	0	0	31,815
Learning Disabilities	11,474	43	831	37	0	12,386
Physical & Sensory	3,148	0	352	0	0	3,500
Assessment & Care Management/ Health & Community Care	10,792	552	(530)	3,981	0	14,794
Mental Health - Communities	5,536	217	(317)	783	0	6,218
Mental Health - In Patient Services	11,237	677	(58)	119	0	11,975
Alcohol & Drug Recovery Service	3,575	198	(103)	767	0	4,437
Homelessness	1,203	0	(53)	15	0	1,165
Strategy & Support Services	3,706	30	(70)	339	0	4,005
Management, Admin & Business Support	5,328	110	2,599	46	0	8,083
Family Health Services	28,330	0	234	325	0	28,888
Prescribing	19,968	0	405	365	0	20,738
Resource Transfer	19,132	0	(438)	0	0	18,694
Set aside	35,398	0	0	2,272	0	37,670
Totals	209,280	2,005	42	10,054	0	221,380

Social Care - Service	Approved Budget	Movements			Transfers (to)/ from Earmarked Reserves	Revised Budget
	2024/25	Inflation	Virement	Supplementary Budgets		2024/25
	£000	£000	£000	£000	£000	£000
Children & Families	13,517		(755)	722		13,484
Criminal Justice	19		0			19
Older Persons	33,903		(2,088)			31,815
Learning Disabilities	10,803		834			11,637
Physical & Sensory	3,148		352			3,500
Assessment & Care Management	2,749		(562)			2,187
Mental Health - Community	1,913		(290)			1,623
Alcohol & Drug Recovery Service	1,164		(221)			943
Homelessness	1,203		(53)	15		1,165
Strategy & Support Services	2,144		(126)	106		2,124
Business Support	3,151		2,749			5,900
Totals	73,714	0	(160)	843	0	74,397

Health - Service	Approved Budget	Movements			Transfers (to)/ from Earmarked Reserves	Revised Budget
	2024/25	Inflation	Virement	Supplementary Budgets		2024/25
	£000	£000	£000	£000	£000	£000
Children & Families	3,014	178	33	283		3,508
Health & Community Care	8,043	552	32	3,980		12,607
Management & Admin	2,177	110	(151)	46		2,182
Learning Disabilities	671	43	(3)	37		749
Alcohol & Drug Recovery Service	2,411	198	118	767		3,494
Mental Health - Communities	3,623	217	(27)	783		4,596
Mental Health - Inpatient Services	11,237	677	(58)	120		11,976
Strategy & Support Services	727	39	160	47		973
Family Health Services	28,330		234	325		28,888
Prescribing	19,968		405	365		20,738
Financial Planning	835	(9)	(103)	186		909
Resource Transfer	19,132		(438)			18,694
Set aside	35,398			2,272		37,670
Totals	135,566	2,005	201	9,211	0	146,984

Inverclyde Integration Joint Board

Direction

Issued under S26-S28 of the Public Bodies (Joint Working)
(Scotland) Act 2014

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

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

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

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

Associated Budget:

Subjective Analysis	Budget 2024/25 £000
Social Care	
Employee Costs	37,618
Property costs	1,524
Supplies and Services	1,267
Transport and Plant	333
Administration Costs	824
Payments to Other Bodies	59,523
Income (incl Resource Transfer)	(26,692)
Social Care Net Expenditure	74,397
Social Care Transfer from EMR	27
Health Transfer to EMR *	(50)
Total anticipated transfer to EMR at year end	(23) *

Objective Analysis	Budget 2024/25 £000
Social Care	
Children & Families	13,483
Criminal Justice	19
Older Persons	31,816
Learning Disabilities	11,637
Physical & Sensory	3,500
Assessment & Care Management	2,187
Mental Health	1,623
Alcohol & Drugs Recovery Service	943
Homelessness	1,166
Finance, Planning and Resources	2,123
Business Support	5,900
Social Care Net Expenditure	74,397

* to be funded by reserves held for IJB

This direction is effective from 28 February 2025

Inverclyde Integration Joint Board

Direction

Issued under S26-S28 of the Public Bodies (Joint Working)
(Scotland) Act 2014

Greater Glasgow & Clyde NHS Health Board is hereby directed to deliver for the Inverclyde Integration Joint Board (the IJB), the services noted below in pursuance of the functions noted below and within the associated budget noted below.

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

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

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

Associated Budget:

Subjective Analysis	Budget 2024/25 £000
Health	
Employee Costs	35,382
Property costs	6
Supplies and Services	5,815
Family Health Services (net)	28,889
Prescribing (net)	20,550
Resources Transfer	19,954
Income	(1,283)
Health Net Direct Expenditure	109,314
Set Aside	37,670
Net Expenditure including SCF	146,984

Health Transfer to EMR	(50)
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Objective Analysis	Budget 2024/25 £000
Health	
Children & Families	3,508
Health & Community Care	12,607
Management & Admin	2,182
Learning Disabilities	749
Alcohol & Drug Recovery Service	3,494
Mental Health - Communities	4,596
Mental Health - Inpatient Services	11,976
Strategy & Support Services	973
Family Health Services	28,888
Prescribing	20,738
Financial Planning	909
Resource Transfer	18,694
Health Net Direct Expenditure	109,314
Set Aside	37,670
Net Expenditure including SCF	146,984

This direction is effective from 28 February 2025

Inverclyde HSCP - Capital Budget 2024/25

Period 11: 1 April 2024 - 28 February 2025

			Current year			Future years			
Project Name	Est Total Cost	Actual to 31/03/24	Approved Budget 2024/25	Revised Estimate 2024/25	Actual to 28/02/25	Estimate 2025/26	Estimate 2026/27	Estimate 2027/28	Future Years
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Social Work									
New Community Hub	9,707	655	3,447	1,160	755	6,392	1,500	0	0
Swift Upgrade	200	0	0	0	0	200	0	0	0
Social Work Total	9,907	655	3,447	1,160	755	6,592	1,500	0	0

Summary of Balance and Projected Use of Reserves

EMR type/source	Balance at 31 March 2024 £000	Projected net spend/ (Additions) 2024/25 £000s	Projected balance as at 31 March 2025 £000s	Earmark for future years £000s	Health / Council	CO / Head of Service	Responsible officer	Comments
Scottish Government Funding - Specifications								
Mental Health Action 15	116	0	116	116	Health	Katrina Phillips	Katrina Phillips	Fully committed for fixed term posts
Alcohol & Drug Partnerships	502	45	457	457	Health	Katrina Phillips	Katrina Phillips	Fully committed - remaining balance relates to MIST posts and allowable earmarking.
Primary Care Support	671	361	310	310	Health	Alan Best	Pauline Atkinson	A number of initiatives ongoing within these funds e.g. Thrive under 5, Smoking prevention, GP premises improvement.
Community Living Change	101	101	0	0	Health/Council	Alan Best	Laura Porter	Balance is for ongoing committed posts
Winter planning - MDT	134	81	53	53	Health	Alan Best	Debbi Maloney	Fully committed - balance to fund costs of committed posts and equipment spend 24/25 and onwards.
Winter planning - Health Care Support Worker	331	279	52	52	Health	Laura Moore - Chief Nurse	Laura Moore - Chief Nurse	Fully committed - balance is for ongoing Band 5 and 6 posts commitments
Winter pressures - Care at Home	745	365	380	380	Council	Alan Best	Joyce Allan	Care and support at home review commitments plus ongoing care at home requirements being progressed. Maximising indep/CM work.
Care home oversight	88	49	39	39	Health	Laura Moore - Chief Nurse	Laura Moore - Chief Nurse	Any unused funds at year end to be earmarked for continuation of workstreams including Call before you convey
Learning Disability Health Checks	64	0	64	64	Health	Alan Best	Laura Porter	To fund central team work re LD Health checks led by East Renfrewshire
Carers	254	50	204	204	Council	Alan Best	Alan Best	Consultation with carers being carried out to identify most appropriate use of funds. Commitments to be confirmed and further developments planned for.
MH Recovery & Renewal	360	87	273	273	Health	Katrina Phillips	Katrina Phillips	Earmarked for continuation of board-wide facilities improvement and workforce wellbeing initiatives.
Sub-total	3,366	1,418	1,948	1,948				
Existing Projects / Commitments								
Integrated Care Fund	108	25	83	83	Council	Alan Best	Alan Best	Fully committed. Ind sector lead costs committed 24/25 and 25/26.
Delayed Discharge	50	21	29	29	Council	Alan Best	Alan Best	Fully committed -
Welfare	106	60	46	46	Council	Alan Best	Emma Cummings	Fully committed
SWIFT Replacement Project	415	0	415	415	Council	Craig Given	Scott Bryan	For project implementation and contingency. Project on hold to July 2025.
Rapid Rehousing Transition Plan (RRTP)	75	75	0	0	Council	Maxine Ward	Maxine Ward	Fully committed
LD Estates	500	200	300	300	Council	Alan Best	Laura Porter	Community Hub non capital spend reserve
New To Scotland	3,073	358	2,715	2,715	Council	Maxine Ward	Lesley Cockburn	For continued support for refugees in Inverclyde area. New to Scotland Team, third sector support, interpreting, education support etc. Income received to fund planned spend over 23/24 and next 3 financial years at this stage
Tier 2 Counselling	229	81	148	148	Council	Jonathan Hinds	Lynn Smith	School counselling contract being renewed. Commitment held for future years

EMR type/source	Balance at 31 March 2024 £000	Projected net spend/ (Additions) 2024/25 £000s	Projected balance as at 31 March 2025 £000s	Earmark for future years £000s	Health / Council	CO / Head of Service	Responsible officer	Comments
IJB Staff L&D Fund	397	50	347	347	Council / Health	Jonathan Hinds	Arlene Mailey	Training board led spend for MSC students, staff support, Grow your own and ongoing Social work Adult/Child protection training.
Whole Family Wellbeing	766	281	485	485	Council	Jonathan Hinds	Molly Coyle/Lesley Ellis	Spending Plan submitted to SG. Will be fully utilised over the period of the funding currently assuming to 2026-27.
CORRA Resident Rehab	87	0	87	87	Council	Katrina Phillips	Alan Crawford	New Reserve for CORRA Residential Rehab Project. Funds will be utilised over the life of the project in line with the project plan.
Contribution to Partner Capital Projects	1,099	620	479	479	Council	Kate Rocks	Craig Given	Community Hub spend reprofiled. £500k contribution likely to be during current financial year.
Innovation fund	132	60	72	72	Council/Health	Jonathan Hinds	Craig Given	Projects identified to take forward
Homelessness	256	256	0	0	Council	Alan Best	Alan Best	Redesign transition funding. Balance committed for continuation of temp posts in 24/25.
Autism Friendly	123	45	78	78	Council	Alan Best	Alan Best	To implement the National and Local Autism strategies with an aim to create an 'Autism Inclusive Inverclyde'.
Temporary Posts	256	184	72	72	Council	Various	Various	Temporary posts over 24/25 and 25/26
ADRS fixed term posts	103	40	63	63	Council	Katrina Phillips	Katrina Phillips	For continuation of fixed term MIST posts
Sub-total	7,775	2,356	5,419	5,419				
Transformation Projects								
Transformation Fund	1,226	551	675	675	Shared	Kate Rocks	Various	Remaining funding will redirected to the new Innovation Fund.
Addictions Review	272	60	212	212	Shared	Katrina Phillips	Katrina Phillips	Redesign transition funding including Residential Rehab costs.
Mental Health Transformation	477	100	377	377	Shared	Katrina Phillips	Katrina Phillips	Fully committed towards ANP service within MH
IJB Digital Strategy	202	150	52	52	Shared	Alan Best	Joyce Allan	Analogue to Digital commitments - spending plan ongoing
Sub-total	2,177	861	1,316	1,316				
Budget Smoothing								
Adoption/Fostering/Residential Childcare	466	0	466	466	Council	Jonathon Hinds	Molly Coyle	To Address in year pressures if required.
Prescribing	563	250	313	313	Health	Alan Best	Alan Best	Full Spent Anticipated
Continuing Care	267	0	267	267	Council	Jonathan Hinds	Molly Coyle	
Residential & Nursing Placements	432	0	432	432	Council	Alan Best	Alan Best	
IJB Severance Contingency Costs	1,492	0	1,492	1,492	Council	Kate Rocks	Craig Given	To adress severance costs likely in 25/26
LD Client Commitments	382	0	382	382	Council	Alan Best	Laura Porter	
Client Commitments - general	414	0	414	414	Council	Kate Rocks	Craig Given	
Pay contingency	392	0	392	392	Council	Craig Given	Craig Given	To address any additional pay award implications for 24/25.
Sub-total	4,408	250	4,158	4,158				
Specific earmarking requests	0	(698)	698	698				Specific earmarking requested during 24/25
Total Earmarked	17,726	4,187	13,539	13,539				
Un-Earmarked Reserves								
General	1,561	546	1,015	1,015	IJB	Craig Given		Planned use of \reserves agreed by IJB
Un-Earmarked Reserves	1,561	546	1,015	1,015				
Total Reserves	19,287	4,733	14,554	14,554				
Final projected overspend to be funded from reserves		-23	23	23				Projected overspend to be funded from reserves. Allocate at year end
Final Projected Position	19,287	4,710	14,577	14,577				

INVERCLYDE INTEGRATION JOINT BOARD
ROLLING ACTION LIST
12 MAY 2025

Meeting Date and Minute Reference	Action	Responsible Officer	Timescale	Progress/Update/Outcome	Status	Open/Closed
27 January 2025 (Para 5)	Report on impact of mandatory statutory functions on HSCP Budgets	Kate Rocks/Katrina Phillips/	Report to March meeting	Included within Budget report at March meeting	Completed	Closed
24 March 2025 (Para 18)	Noted at March meeting – not on agenda	Craig Given				
24 March 2025 (Para 23(4))	Report on developments in the provision of Board-wide neuro-developmental pathways relating to mental health provision for adults with ADHD and autism when this information becomes available	Kate Rocks/ Katrina Phillips	Report to a future meeting – when relevant information becomes available	Awaiting relevant information	Work ongoing	Open
24 March 2025 (Para 26(2))	Arrange visit to residential facility for asylum seekers for Board members	Kate Rocks/ Katrina Phillips	-	Being arranged	Work ongoing	Open
24 March 2025 (Para 29(3))	Further report detailing finalised plans and costs relating to Children and Families Services	Margaret Hinds	Report to a future meeting – when relevant information becomes available	Will be reported in stages – 1 st report will be in minimum of 6 months' time (so after September 2025)	Work ongoing	Open

Annual Report Schedule and forward planning

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

Report To:	Inverclyde Integration Joint Board	Date:	12 May 2025
Report By:	Kate Rocks Chief Officer Inverclyde HSCP	Report No:	IJB/73/2025/CG
Contact Officer:	Craig Given Head Finance, Planning & Resources Inverclyde HSCP	Contact No:	01475 715212
Subject:	HSCP Communication and Engagement Strategy 2025-2027		

1.0 PURPOSE AND SUMMARY

- 1.1 ☒ For Decision ☐ For Information/Noting
- 1.2 The purpose of this report is to provide the Integration Joint Board with the updated HSCP Communications and Engagement Strategy.
- 1.3 The previous strategy went out of date during COVID, during this time most of our communications were being prepared through Inverclyde Council, NHS GGC or the Scottish Government. In 2024 we were asked to reinstate HSCP's Communications Group and one of the first tasks was to update the strategy.
- 1.4 This strategy will have an Action Plan for the revised Communication and Engagement Group and there will be an events planner, both of which will be live documents as part of the strategy. These will be reviewed by the Group every 6 weeks to ensure we achieve the aims of the strategy; the group will report to the Strategic Planning Group for the HSCP.

2.0 RECOMMENDATIONS

- 2.1 The Integration Joint Board are asked to:
- Note the establishment of the Communication and Engagement Group, which will take forward the strategy.
 - Approve the HSCP Communication and Engagement Strategy 2025 – 2027.

Kate Rocks
Chief Officer
Inverclyde Health and Social Care Partnership

3.0 BACKGROUND AND CONTEXT

- 3.1 A two-year Communications and Engagement Strategy has been developed to demonstrate our commitment to engage, listen and respond to our communities. Our aim is to improve how we communicate and engage with our communities and partners and strengthen our messaging to support greater understanding and awareness of our health and social care services. We were committed from the start of the process to consult and engage with a wide range of stakeholders, including service users, carers, our communities, our staff, the third and independent sector partners.
- 3.2 An Action Plan will be developed by the Communications and Engagement Group to support the Strategy and provide assurance to the Strategic Planning Group and the IJB of progress being made. This will be a live document being updated after each Group meeting to reflect on the work achieved.
- 3.3 A Calendar of Events will be developed to support communication and engagement across the HSCP, this will be a live document being updated by the services to ensure consistent messaging and prevent duplication of messages.
- 3.4 Governance of the Action Plan will be via annual yearly reporting to the HSCP Strategic Planning Group.
- 3.5 The previous HSCP Communications Plan expired in 2020. Work has now been completed to develop a refreshed Communications and Engagement Plan to support and complement our Strategic Plan.

4.0 PROPOSALS

- 4.1 The Integration Board are asked to note the establishment of the Communications and Engagement Group to take forward the strategy and approve the Communications and Engagement Strategy.

5.0 IMPLICATIONS

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

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

5.2 Finance

One off Costs

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

Annually Recurring Costs/ (Savings)

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

5.3 Legal/Risk

None

5.4 Human Resources

None

5.5 Strategic Plan Priorities

The Communication and Engagement Strategy (2025-27) is part of a set of strategic documents and should be reviewed in tandem with the accompanying strategies and guidance that support the implementation of the HSCP's Strategic Partnership Plan (2024-27)

<https://www.inverclyde.gov.uk/health-and-social-care/health-and-social-care-partnership-strategic-plan>

5.6 Equalities

(a) Equalities

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

x	YES – Assessed as relevant and an EqIA is required. As a companion document to the Inverclyde HSCP Strategic Partnership Plan 2024 – 2027, the Equalities Impact Assessment (EQIA) undertaken for that document is relevant to the Communication and Engagement strategy. Therefore, this document has been reviewed against the existing and active EQIA and found to be compliant with the equality duties prescribed by the Equalities Act 2010 and our equality outcomes and mainstreaming report. The Equality Impact Assessment for the refreshed Strategic Plan can be accessed here. Equality Impact Assessments(EIA) 2023 - Inverclyde Council
	NO – This report does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function or strategy. Therefore, assessed as not relevant and no EqIA is required. Provide any other relevant reasons why an EqIA is not necessary/screening statement.

(b) Equality Outcomes

How does this report address our Equality Outcomes?

Equalities Outcome	Implications
We have improved our knowledge of the local population who identify as belonging to protected groups and have a better understanding of the challenges they face.	This will be done via our plan and in line with the HSCP Strategic Plan and Equality Outcomes Plan
Children and Young People who are at risk due to local inequalities, are identified early and supported to achieve positive health outcomes.	This will be done via our plan and in line with the HSCP Strategic Plan and Equality Outcomes Plan
Inverclyde's most vulnerable and often excluded people are supported to be active and respected members of their community.	This will be done via our plan and in line with the HSCP Strategic Plan and Equality Outcomes Plan
People that are New to Scotland, through resettlement or asylum, who make Inverclyde their home, feel welcomed, are safe, and able to access the HSCP services they may need.	This will be done via our plan and in line with the HSCP Strategic Plan and Equality Outcomes Plan and also ensuring that our communication and engagement will be via different tools /resources and available in other formats

(c) Fairer Scotland Duty

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

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

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

(d) **Children and Young People**

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

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

5.7 Clinical or Care Governance

As per the Action Plan, ongoing monitoring of communications and engagement activity by the SMT will ensure any risk to clinical or care governance are highlighted and addressed.

5.8 National Wellbeing Outcomes

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

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

5.9 Environmental/Sustainability

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

Has a Strategic Environmental Assessment been carried out?

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

5.10 Data Protection

Has a Data Protection Impact Assessment been carried out?

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

6.0 DIRECTIONS

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

7.0 CONSULTATION

7.1 This report has been prepared following liaison with the identified workstream leads and Heads of Service.

8.0 BACKGROUND PAPERS

8.1 Our two-year Communication and Engagement Plan 2025 – 2027 is attached.

Inverclyde Health and Social Care
Partnership (HSCP)

‘People and Partnerships, Making a Difference’

**Communication and Engagement Strategy
2025 - 2027**

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

Arabic

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

Cantonese

本文件也可應要求，製作成其他語文或特大字體版本，也可製作成錄音帶。

Gaelic

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

Hindi

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

Kurdisch

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

Mandarin

本文件也可应要求，制作成其它语文或特大字体版本，也可制作成录音带。

Polish

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

Punjabi

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

Soraini

ئەم بەلگەنامەیە دمتوانرێت بە زمانەکانی تر و چاپی گەورە و فۆرماتیکی دەرست بکەم.

Tigrinya

እዚ ሰነድ እዚ ብኻልእ ቋንቋታት፡ ብዓሊ ፊደላትን ብድምጺ ቅርጽን ምስ ዝሕተት ክቕርብ ይኽእል።

Urdu

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

Ukrainian

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

Inverclyde HSCP (Health and Social Care Partnership), Clyde Square, Greenock, PA15 1NB
Tel: 01475 715365

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Foreword

Welcome to Inverclyde Health and Social Care Partnerships (HSCP) Communication and Engagement Strategy 2025 – 2027. Through our services, our support and local collaboration we hope that all people in Inverclyde can live a full, healthy life and face no barriers to accessing opportunities or achieving positive outcomes. This is captured in our Partnership Vision *“Inverclyde is a compassionate community, working together to ensure people live active, healthy, and fulfilling lives”*.

We recognise that local challenges and barriers exist that may prevent people from realising this vision. Inequalities must be addressed if we are to improve the health, wellbeing, and life chances of local people. We are ambitious that the people in Inverclyde recognise our contributions to improving health and social care outcomes. The challenges will not be overcome by continuing to do things the same way they have always been done. We will work differently, together, along with other key partners, to improve services, improve health and wellbeing outcomes and focus on reducing inequalities.

We need to make significant changes to how our services are planned and delivered, and how they are received and experienced by the people who are supported by them. Communication is critical to ensuring that those who use our services get the right care and support for their needs at the right time and in the right setting at the right point in their care journey.

For us to achieve this, we need to better understand the views and ideas of the people who are supported by our services or who may have a role or interest in them, and we need to meaningfully engage them in the planning and delivery of our services – in partnership. Partnership is at the forefront of how we achieve our vision for Inverclyde, collaborating closely with our communities, staff, statutory partners and the third sector. The community has shared the impact the past few years has had on them, but in recognising the assets and resilience in our communities we will be equal partners in delivering on the improvements and achieving improved local health and wellbeing outcomes.

We use communications to help people, communities and organisations be aware of, understand and engage in our work and services. For our communications to work well and support the planning and delivery of our services, they need to be underpinned by a framework, we need to continually evolve and improve how we deliver our communications to meet the needs of our stakeholders.

We have reviewed and updated our Communications and Engagement Strategy as part of the review. Our updated Strategy reflects the feedback from our communities throughout the Strategic Partnership Plan Consultation and Engagement Process and the ideas that were shared more recently by our Locality Planning Groups, this includes an updated action plan to improve our communications ([Appendix 1](#)). Our updated Strategy focuses on communications with our internal and external audiences, and our approach to engagement

with external stakeholders including our local people, users of our health and social care services, carers and their families, local communities and partners, external groups and organisations, among others. A significant degree of communications and engagement activity takes place in our HSCP's Locality Planning Groups and at an individual level. Our Communications Strategy compliments our Strategic Partnership Plan. We all have a shared responsibility to communicate in the planning and delivery of our services, and to do it well. This is reflected throughout our Communications Strategy, and it has been updated to help us do this in a clear, consistent, inclusive and engaging way. I hope you find it useful in helping us to deliver health and social care for Inverclyde.



Kate Rocks
Chief Officer, Inverclyde HSCP

1. Introduction

This Communication and Engagement Strategy (2025-27) is built on Inverclyde Health and Social Care Partnership's (HSCP) previous Communication Strategy. We recognise the importance of the voices of our people and their views are critical when planning our services for people, with people. The Integration Joint Board (IJB) through our HSCP is committed to collaborating with partners, service users, their families and the wider community to find efficient and effective solutions to achieve better outcomes for the people of Inverclyde. We will listen and learn from our people, staff and communities.

This strategy demonstrates our commitment to engage, listen and respond to our communities. Our aim is to improve how we communicate and engage with our communities and partners and strengthen our messaging to support greater understanding and awareness of our health and social care services.

We were committed from the start of the process to consult and engage with a wide range of stakeholders, including service users, carers, our communities, our staff, the third and independent sector partners. This process started with the participation and engagement in supporting the preparation of the Inverclyde HSCP Strategic Commissioning Plan 2024-2027, this was in four main parts.

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

Followed by a consultation period on our Four Strategic Priorities. A participation and engagement paper was produced following this process, this can be found at the following link https://www.inverclyde.gov.uk/assets/attach/17087/Strategic-Plan_2024_participation-and-engagement-paper.pdf

2. Strategic Approach

Communications and engagement play a key role in the planning and delivery of our services, helping us improve our services and achieve our shared vision for the people of Inverclyde.

The Communication and Engagement Strategy (2025-27) is part of a set of strategic documents and should be reviewed in tandem with the accompanying strategies and guidance that support the implementation of the HSCP's Strategic Partnership Plan (2024-27) <https://www.inverclyde.gov.uk/health-and-social-care/health-and-social-care-partnership-strategic-plan>

- [Community Empowerment \(Scotland\) Act 2015](#)
- [Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#)

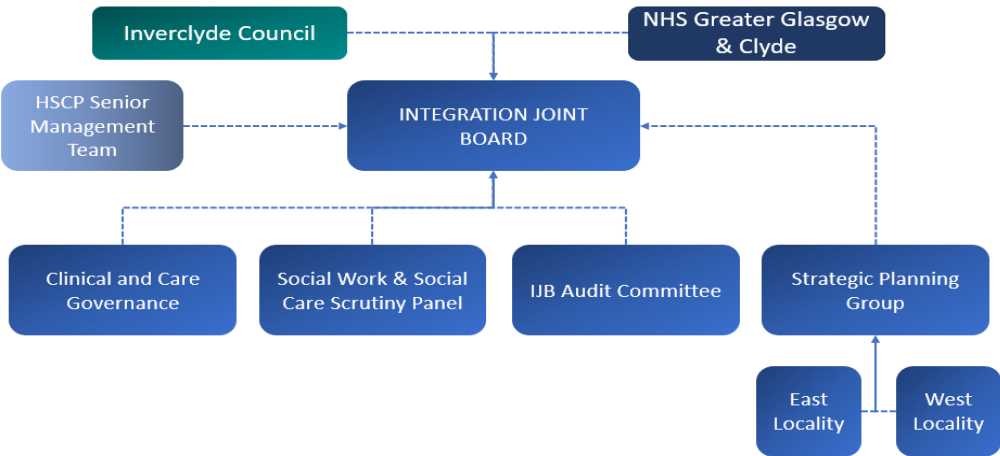
- [Planning With People - Community engagement and participation guidance](#)
- [National Standards for Community Engagement | SCDC - We believe communities matter](#)
- [Community Planning Partnership - Inverclyde Council](#)

Full breakdown of Key Policy Drivers and Guidance at [\(Appendix 2\)](#).

The Strategic Planning Group (SPG) will monitor the implementation of the strategy and its values and will review this Communication and Engagement Strategy on an annual basis to ensure it is fit for purpose.

Inverclyde HSCP Integration Joint Board (IJB) is the governing body that has oversight for strategic planning, funding and service delivery as outlined within the HSCP Strategic Partnership Plan (2024-2027) (Plan on a Page - [Appendix 3](#)) Our Governance structure is below at [\(Diagram 1\)](#).

Diagram 1 – Governance Structure



Inverclyde HSCP is made up of Inverclyde Council and NHS Greater Glasgow and Clyde (NHSGGC) and is referred to as ‘the HSCP’ throughout this strategy. Our Health and Social Care Partnership (HSCP) 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, here in Inverclyde, we have had integrated services since 2010. That means we have strong foundations to take forward our vision [\(Diagram 2\)](#), which is underpinned by our strategic priorities [\(Diagram 3\)](#).

This Communication and Engagement Strategy provides a framework to support services within Inverclyde HSCP to deliver the Integration Joint Boards (IJB) vision, as a group we will support our IJB in continuing to create awareness and understanding of our vision and the strategic priorities that will help us achieve this for the people of Inverclyde. In addition to this we will continue to promote the HSCP and build a trusted reputation and image.

Diagram 2. Vision

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

Diagram 3. Four Strategic Priorities



3. Communication and Engagement Objectives

Inverclyde HSCP is committed to effective communication and engagement with all our stakeholders so that they are aware of, understand and are meaningfully engaged with our services. Taking a positive and proactive approach to communication and engagement ensures that information about what we do, why we do it and how we do it is provided in a clear and effective way.

Through the development of our Locality Planning Groups, we have committed to supporting people to understand how to access and familiarise themselves with the services and activities available to people and communities, we are committed to making effective use of and promoting [Inverclyde Life](#). We are committed to building trust and confidence in the HSCP, which in turn helps build positive relationships and improve reputation.

In building trust and confidence, we have developed a ‘You Said – We Did’ model alongside our Locality Planning Groups. We listened to our workforce and the people of Inverclyde, and this is what they told us.

What Was Said
<ul style="list-style-type: none">• The HSCP needs to better understand the communication needs in Inverclyde.• Need to think about Digital Poverty and Social isolation.• Not everyone can access or has the means to access online / social media platforms.• Your web pages are out of date and difficult to navigate.• What non statutory services are available in the community. We do not know what we do not know.• We all need a better understanding of the assets in our community.• The HSCP needs to understand the needs and people in our communities. Plan with us.• Build and maintain trusting relationships.• We need to develop the strategic priorities in collaboration.• Who are the HSCP, sometimes we see Council logo, sometimes we see NHS logo. It is confusing for us.

We are therefore confident that the objectives set out below will build trust and confidence in our interactions and conversations with service users, carers and all our partners and stakeholders.

Through this communication and engagement strategy, we will:

- a) Continue to develop platforms and pathways to engage that are meaningful, flexible, accessible, and open to **everyone** across Inverclyde, particularly hard-to-reach and vulnerable groups, we must consider digital literacy and digital poverty.
- b) Continue to promote the HSCP and build a trusted reputation and image by embedding a culture of honesty, openness and accountability in all our interactions.
- c) Increase local awareness of the services provided by the HSCP.
- d) Support people to make better informed decisions about their health and social care needs by providing information about our services and those of our third sector colleagues - make effective use of [Inverclyde Life](#).
- e) Support the development of, create awareness, understanding and promote our strategic vision and strategic priorities.
- f) Provide our stakeholders with the opportunity to share their views and ideas and to contribute to the planning and delivery of health and social care services (via our Locality Planning Groups).
- g) Uphold, promote and embed approaches, standards and governance for effective communications by the HSCP as set out within the strategy.

Our Communication and Engagement Action Plan ([Appendix 1](#)) outlines what actions and activities we will undertake to achieve the above objectives. The action plan will be a fluid document that the Communications group will continually develop.

4. Our Communication Standards

The style and standard of communication within Inverclyde HSCP will demonstrate our overarching values principles and culture which benefits our communities, people who use our services and the HSCP. We will do this with the following approach.

Activity	Our approach in delivery
Accessible and consistent	Meeting the standards of the Equality Act (2010). being available in font size 12 as standard for ease of reading; Audio format for listening; in pictures to see if necessary and in a preferred language using appropriate media to support understanding.
Clear	Easy to understand; avoid the use of jargon and acronyms, speak in plain English.
Consistent	Maintain our brand, identity and look when engaging with all our audiences.
Conversation (empowering communities)	Communication will be a friendly conversation - not a broadcast - people will have an opportunity to actively contribute at all levels.
Inclusive	Speaking face to face or by telephone whenever possible; encouraging interaction and valuing the feedback from discussion in a preferred format or language suitable to the situation and need.

Activity	Our approach in delivery
Timely	Providing up to date information as soon as possible and consistently. Use research, data, and real-life case study examples to ‘tell a story’ of how, in partnership, we make a difference.
Openness and honesty	Taking a person-centred approach; sharing information that is accurate.
Relevance	Informative with a focus on the needs of the intended audience.

Methods of communications and engagement could be face to face, written, online, publications, social media, meetings, events, community groups or networks, media, surveys, focus groups and feedback. As part of this plan the Communications and Engagement Group will develop an action plan to support this approach. ([Appendix 1](#)).

5. Equalities

We are committed to ensuring that our communications and engagement activity is inclusive, fair and equitable to our patients, carers, communities and staff. The Equality Act 2010 introduced Public Sector Equality Duties for nine protected characteristics, often referred to as equality groups or protected groups. In addition to the groups protected by this Act, we also consider carers and other vulnerable and seldom heard groups. The protected characteristic groups are:

- Age.
- Disability.
- Gender and reassignment.
- Marriage and civil partnership
- Pregnancy and maternity.
- Race.
- Religion and belief.
- Sex.
- Sexual orientation.

People who access our services including children and young people, may have a specific communication need (e.g. visual or hearing impairment, additional learning needs, or because English is not their first language). It is therefore important that information is accessible, and in the person’s preferred format or language that is easily understood by the intended audience.

As stated elsewhere in this strategy, verbal and written communication in visual or sensory formats is crucial to minimising misunderstandings or confusing messages being exchanged. Therefore, the strategy considers the use of technology, interpreting services and third-party involvement in establishing a two-way conversation or dialogue. This is to ensure that every opportunity is made to find the best means for an individual or partner to express their views, have these understood and be provided with an appropriate response.

As a companion document to the Inverclyde HSCP Strategic Partnership Plan 2024 – 2027, the Equalities Impact Assessment (EQIA) undertaken for that document is relevant to the

Communication and Engagement strategy. Therefore, this document has been reviewed against the existing and active EQIA and found to be compliant with the equality duties prescribed by the Equalities Act 2010 and our equality outcomes and mainstreaming report.

The Communication and Engagement Strategy and Equality Impact Assessment will be presented for approval to the Integration Joint Board prior to its publication.

To enable this approach across the HSCP the following should apply.

- Adopt the Social Media Policies for all HSCP employees and work closely with Corporate Communications Team.
- Maintain a rolling events/content calendar.
- Campaign material and toolkit content provided by NHS GGC, Inverclyde Council, The Scottish Government, Public Health Scotland (PHS) and Health Improvement Scotland does not require further approval before use on HSCP channels.
- The HSCP's social media channels share news from across all services. As such, all HSCP teams are encouraged to share service info and provide social media content.
- Social media and corporate communications requests for campaigns and event should be sent in advance (seven days) of any planned events.
- Development of materials and literature should be aligned to the [Clear to All - NHSGGC](#) ensuring we create simple, clear and concise information that allows us to meet our legislative requirements and the needs of our patients. In this context, patient information refers to written information such as leaflets, flyers and posters, as well as video and audio recordings.

6. Planning Campaigns and Events Calendar

The HSCP has a key role in providing early help and intervention to help improve the health and wellbeing of local people. To do this we need to work differently, we must focus on supporting people at an earlier stage and minimising the impact of health and wellbeing concerns as they arise.

Throughout the Strategic Partnership Plan we are committed to reducing health inequalities and supporting local people to make choices that reduce their longer-term need for statutory health and social care services. This can include a range of themes covering public protection, maximising independence, income maximisation, Self-Directed Support (SDS), Alcohol and Drug substance prevention, breast feeding, healthier lifestyles, Future Care Planning (FCP), Power of Attorney (PoA) or Dementia awareness campaigns and policy influence. A wide range of information materials may be required alongside a range of communication messaging, campaign information should be captured in our events calendar that will be maintained by the HSCP ([Appendix 4](#)).

The HSCP will explore opportunities to develop joint campaigns with all partners. The creation of shared resources will be at the centre of any joint campaign, which also highlights the potential for the HSCP's webpages and social media channels to facilitate efficient communication and engagement.

7. Community Engagement Standards

The National Standards for Community Engagement ([Appendix 5](#)) are good-practice principles designed to improve and guide the process of community engagement.

Community engagement is a way to build and sustain relationships between public services and community groups - helping them both to understand and act on the needs or issues that communities experience.

Each of the seven standards provide detailed performance statements that everyone involved can use to achieve the highest quality results and the greatest impact. They show what good engagement looks like, and how to do it.

Learn more: [Community Engagement: Everything you need to know](#)

The seven standards are:

- **Inclusion** – We will identify and involve the people and organisations that are affected by the of the engagement.
- **Support** – We will identify and overcome any barriers to participation.
- **Planning** - There is a clear purpose for the engagement, which is based on a shared understanding of community needs and ambitions.
- **Working together** - We will work effectively together to achieve the aims of the engagement.
- **Methods** - We will use methods of engagement that are fit for purpose.
- **Communication** - Communication We will communicate clearly and regularly with the people, organisations and communities affected by the engagement.
- **Impact** - We will assess the impact of the engagement and use what has been learned to improve our future community engagement.

8. Our Participation and Engagement

We believe people are one of the most important assets in Inverclyde; by working closely with you and learning from your experience, we can more effectively support your health and wellbeing and improve how we deliver our services. Our communications and engagement stretch across Inverclyde, and particularly our localities ([Diagram 5](#)).

The **East Locality** is defined as including the towns and villages of:

- Kilmacolm and Quarriers Village
- Port Glasgow
- Greenock East and Central (boundary Bakers Brae)

The **West Locality** is defined as including the towns and villages of:

- Greenock West and Gourrock
- Greenock South and Southwest
- Inverkip and Wemyss Bay

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

Diagram 5. East and West Locality Map



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

In pursuit of our vision and priorities, the HSCP will actively seek the involvement of our Locality Planning Groups, communities and all its stakeholders in its decision making and planning services for people with people, particularly the people who access our health and social care services, our paid and unpaid carers, the families and friends of those who access our services, and the staff and volunteers who are involved in the provision of health or social care, across all sectors and especially those with a protected characteristic.

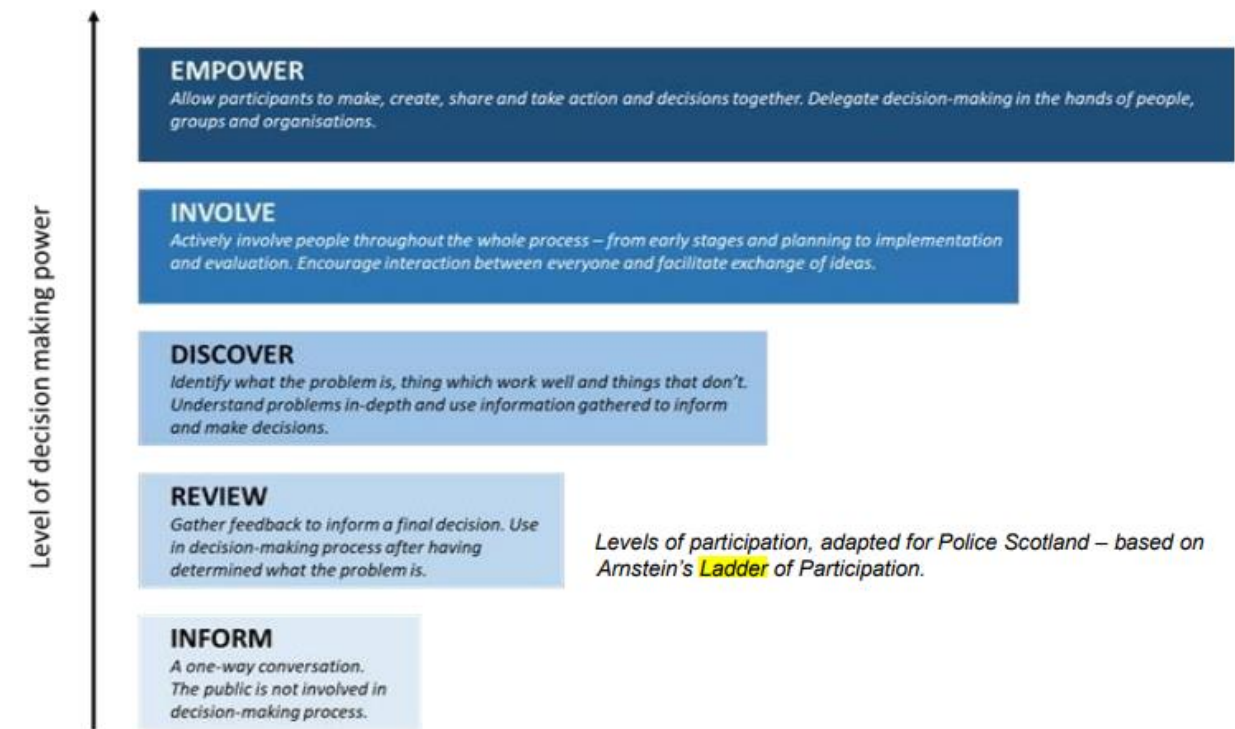
We will also continue to collaborate with our staff and partners to ensure services users and local people are regularly engaged and listened to.

The HSCP will strive to use the most appropriate methods of communication and engagement that is relevant, inclusive and accessible for the purpose of our activity and we will adapt it to the needs of our targeted audience.

The HSCP will do this in line with the community engagement standards at Section 8 (Community Engagement Standards) and by the deployment of the following participation ladder ([Diagram 6](#)) which is used in conjunction with the [Informed Decision-making, Community Engagement and Participation Workstream Report](#)

To provide local people with the right information to help them better understand the health and social care concerns they may have, and to know how to access the right support for them.

Diagram 6 – Ladder of Participation



9. Our Audience

To deliver on our purpose to plan and develop health and social care services for the people of Inverclyde, we are committed to working together in communicating with service users, carers, partners and stakeholders. It is essential that the HSCP gives due regard to a cross section of people, groups and organisations and that the HSCP aims to engage with whom we regard as our stakeholders.

Below illustrates the importance of identifying and involving anyone who may be impacted by our work, and it also helps us to understand the scope and the challenge of meaningfully engaging with all stakeholders. This list is not exhaustive, and additional stakeholders may be identified through the course of an engagement piece.

Our key audience groups and stakeholders:

- Carers, patients, service users and their representatives
- Public, residents of Inverclyde
- Workforce for Inverclyde Health and Social Care Partnership (NHS and Council)
- Inverclyde Integration Joint Board (IJB) Members
- Community Councils
- Contractors and providers of health and social care services and their representative groups (including third and independent sector i.e. CVS, Your Voice, Carers Network)
- Independent Contractors including. General Practitioners.
- CVS Inverclyde
- HSCP Locality planning groups (East and West)
- HSCP Strategic planning group (SPG)
- Inverclyde Advisory Network
- Inverclyde Advocacy
- Inverclyde Alliance/Community Planning Partners (inc. Scottish Fire & Rescue Service, Police Scotland, local colleges, Strathclyde Passenger Transport (SPT) Scottish Enterprise)
- Inverclyde Community Learning and Development
- Inverclyde Council Elected Members
- Local Housing Strategy member, Housing associations and registered social landlords (RSLs)
- MPs/MSPs within Inverclyde
- NHS 24
- HSCP partners
- NHS Greater Glasgow and Clyde Executive and Non-Executive Director Board Members
- Relevant external organisations (e.g. Scottish Government & Scottish Health and Social Care Regulators)
- Scottish Ambulance Service (SAS)
- The media (local and national)
- Trade Unions/staff representatives.

10. Evaluation

It is essential to evaluate the effectiveness of our communication and engagement initiatives, to gauge whether they reach the objectives and outcomes that we hope to attain. To achieve this, the HSCP will conduct periodic monitoring to determine our baseline, or starting position, and then to measure the degree of awareness and comprehension of our messages and information, as well as the effects they are having on our communities and people.

To help support this evaluation, measures identified within the Strategic Partnership Plan's, Outcome Framework, reflect our ambition to communicate effectively with people who use our services and our communities. As such, appropriate measures within the outcome's framework will be aligned to help evaluate the impact of the communication and engagement strategy

In addition to the evaluation of effectiveness, we must have a mechanism for capturing feedback, this will include:

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

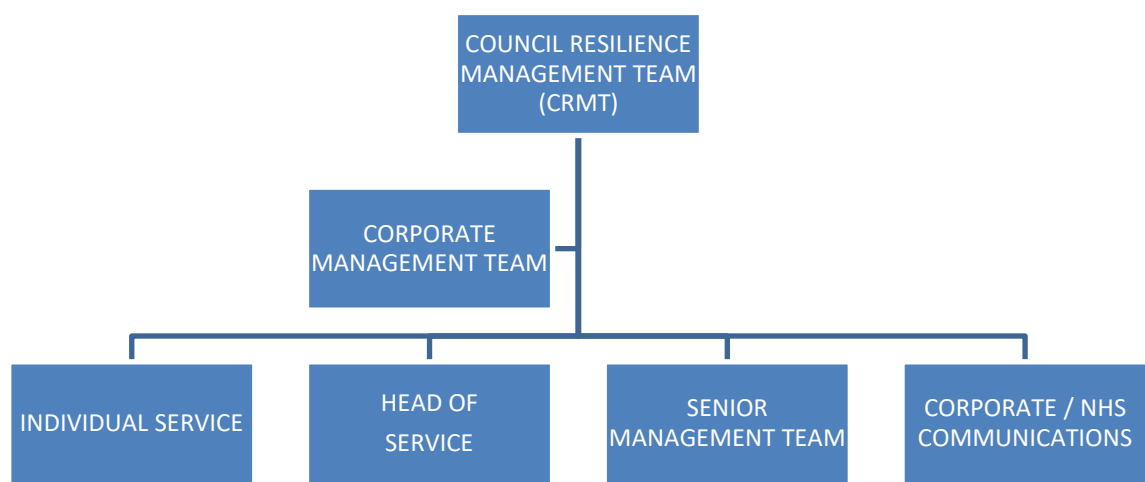
11. Business Continuity

Individual service business continuity plans should have clear and concise communications procedures. Procedures for warning and informing our workforce and public should be documented within each business continuity plan. This allows for a unified approach especially when responding to an incident.

In conjunction with Corporate Communications, NHS Communications and Head of Service the service will.

- Advise employees of the impacts on the Service and arrangements to maintain delivery of essential services.
- Advise key stakeholders e.g. service users / suppliers.
- Agree messages to Elected Members, the media and wider community. **Where appropriate, messages should be consistent and account for the Council / HSCP and response partners’ joint communications strategy.**

Senior Management Team will report incidents through the Council Resilience Management Team (CRMT). The Council Incident Officer (CIO) will provide a focal point of communication between the Council, NHS and other responding agencies – and supports the activities of the Corporate Management Team (CMT) and Council Resilience Management Team (CRMT).



Appendix 1: Communication and Engagement Action Plan – Developing our Approaches

This will be a live document updated regularly to reflect priorities and actions for the HSCP Communications group.

It is acknowledged that we have made positive progress around communication, engagement and participation throughout our Strategic Plan period 2023 – 2025 – add in timeframe. Feedback from our workforce, residents, localities and stakeholders when consulted on our Strategic Partnership Plan and our Equalities Mainstream report acknowledged this progress.

There are opportunities for further development and improvements in the way we effectively engage and communicate with our communities, workforce and partners. Building on our existing foundations and achievements, we are in a strong position to further enhance our approaches.

For the HSCP to facilitate meaningful and successful community engagement, our approach must be one that is flexible, easily accessible and utilise methods to connect with populations that the HSCP have not previously engaged and participated with.

To support the delivery of our objectives, we have developed an action plan with a number of activities and commitments to contribute to the ongoing communication and engagement strategy:

Objective	What we need to do -Action(s) / Activity	Audience	Ownership	Comments / Update
a) Continue to develop platforms and pathways to engage that are meaningful, flexible, accessible, and open to everyone across Inverclyde particularly hard-to-reach and vulnerable groups. We must consider digital literacy and digital poverty in our approaches.	<ol style="list-style-type: none"> 1. We will explore opportunities to enhance our existing HSCP Web Pages, whilst maintaining and updating the relevant service templates. 2. We will continue to develop a presence on social media and develop relatable, informative content, in plain English with no jargon. Need to consider who has access and increase users that can post on social media. 3. We will work towards a branding only approach to HSCP publicity and communication aligning with a corporate identify. We will be consistent in our HSCP publicity, communication materials or information (both printed and 	<p>All stakeholders – internal and external</p> <p>All stakeholders – internal and external</p> <p>All stakeholders – internal and external</p>	<p>All members with training and access to the admin pages</p> <p>All services. The group needs to agree to a consistent approach to this.</p> <p>What does that look like? Must use correct logos etc.</p>	

	<p>digital).</p> <p>4. In partnership, we will, via our Equality (inc Corporate) groups and networks using any data and information (available to us) we have on digital poverty and scope out options of all communications methods.</p>	<p>Our most vulnerable stakeholders.</p> <p>Those with a protected characteristic.</p>		
<p>b) Continue to promote the HSCP and build a trusted reputation and image by embedding a culture of honesty, openness and accountability in all our interactions.</p>	<p>1. We will build on engagement – exploring the best ways to actively engage with people on changes that might affect them or their cared for/loved one.</p> <p>2. We will empower and enable opportunities for the people of Inverclyde to provide HSCP with feedback on our services through comments, compliments, suggestions, and areas for improvement through consultations, surveys or face-to-face contact. Using care opinion and other mechanisms</p> <p>3. We will establish and maintain effective ‘good’ conversations with all partners and stakeholders.</p> <p>4. Ensure our staff are provided with recognisable identification. (for example, identification badge and email signatures)</p>			
<p>c) Increase local awareness of the services provided by the HSCP.</p>	<p>1. We will deliver to people and stakeholders a series of workshops that promote self-help for people who experience mental health and wellbeing concerns. (Strategic action)</p>			

	2. We will work with CVS to enhance usage of Inverclyde Life as a platform for both workforce and communities through – training workforce, information stalls in staff areas.			
d) Support people to make better informed decisions about their health and social care needs by providing information about our services and those of our third sector colleagues - make effective use of Inverclyde Life . Aligns with strategic action: We will support people to self-manage the impact their health has on their life.	1. We will develop / maintain and deliver on the Planning Campaigns and Events calendar and work with local partners to support people with complex health conditions to live full and independent lives. 2. We will continue to make effective use of Inverclyde Life and promote this portal across our staff groups. (also linked to objective c)			
e) Support the development of, create awareness, understanding and promote our strategic vision and strategic priorities.	1. We will work closer with networks, carers, service users, staff, locality planning groups, third sector organisations and community partners to ensure that we are working together on the strategic priorities. Acknowledging that we will tailor and adapt our approaches to suit different partners and population groups.			
f) Provide our stakeholders with the opportunity to share their views and ideas and to contribute to the planning and delivery of health and social care services (via our Locality Planning Groups).	1. We will promote Locality Planning Groups. 2. We will promote the Advisory Network via Your Voice – linking into the Locality Planning Groups. 3. We will design and develop the Strategic Priority groups linking into Locality Planning Groups.	Those with an interest in planning HSCP services. Those who. <ul style="list-style-type: none">• Use HSCP services.• care for people who use HSCP services,• have lived experience of HSCP services• have a passion for HSCP services,• work in health and social care	Scott Bryan / Pam Robb – Strategic Services Your Voice	
g) Uphold, promote and embed	1. We will ensure all staff are aware of	Workforce / Training Board		

approaches, standards and governance for effective communications by the HSCP as set out within the strategy.	<p>the objectives of integration and their roles in achieving these through verbal, written and electronic communication.</p> <p>2. We will source training / learning sessions on communication and engagement and the background to policy guidance and legislation.</p>	NHS (Planning with People)		
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Appendix 2: Key Policy Drivers and Guidance

[Equality Act 2010](#)

This Act aims to prevent discrimination of nine protected characteristics. These are: age, disability, gender, gender reassignment, sexual orientation, marriage and civil partnership, pregnancy and maternity, race, and religion or belief.

[Patient Rights \(Scotland\) Act 2011](#)

The Act sets out health care principles and a Charter of Patients' Rights. This includes allowing patients to participate as fully as possible in decisions relating to their health and wellbeing and have full access to the necessary information to do so. The Act provides a right to give feedback (both positive and negative), leave comments, or raise concerns or complaints about the health care they have received. The Act requires that Health Boards encourage, monitor and learn from the feedback and comments they receive.

[National Health and Wellbeing Outcomes - National health and wellbeing outcomes framework - gov.scot](#)

Outcome 8 concentrates on engagement: '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'.



[Community Empowerment \(Scotland\) Act: summary - gov.scot](#)

Part 10: Participation in public decision-making. A new regulation-making power enabling Ministers to require Scottish public authorities to promote and facilitate the participation of members of the public in the decisions and activities of the authority, including in the allocation of its resources. Involving people and communities in making decisions helps build community capacity and helps the public sector identify local needs and priorities and target budgets more effectively.

[Carers \(Scotland\) Act 2016](#)

The Carers Act 2016 places a duty on local authorities and health boards to involve carers in planning the carer services they provide. Must 'take such steps as they consider appropriate' to involve carers and carer representatives in the planning and evaluation of services that support carers.

[The Promise](#)

Scotland made a promise to care experienced children and young people. You will grow up loved, safe and respected and by 2030, that promise must be kept.



[Independent Review of Adult Care in Scotland](#)

Carried out by Derek Feely in 2021, which sets out several recommendations for Social Care moving forward with user and carer involvement throughout. *"Service design and delivery can only improve if people with lived experience are involved in the process. It is impossible to address inequality if the people who experience it are not in the room".*

[National Standards for Community Engagement | SCDC - We believe communities matter](#) The

National Standards for Community Engagement are good-practice principles designed to improve and guide the process of community engagement.

Community engagement is a way to build and sustain relationships between public services and community groups - helping them both to understand and act on the needs or issues that communities experience.

[Health and social care - Planning with People: community engagement and participation guidance - gov.scot](https://www.gov.scot/publications/planning-with-people/pages/introduction.aspx)

Planning with People guidance sets out the responsibilities NHS boards, local authorities and Integration Joint Boards must communicate when health and social care services are being planned, or when changes to services are being considered and supports them to involve people meaningfully.



Appendix 3: Our Strategic Partnership Plan on a Page

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

Appendix 4 – Events Calendar

This will be a live document that will be updated to reflect new events.

Communications and Media Opportunities 2025

Date	Project name/event	Description	Media opportunity (Display Screens, Twitter, Newsletter, Press release)	Deadline	Directorate / Service	Staff/Public/3 rd sector involved	Completed/ Outcome	Contact
January 2025								
January 2025	Dry January	Challenging you to go alcohol free for 31 days and aims to raise awareness of the effects of alcohol.	Display Screens, Tweets/Re-tweets Opportunity for local awareness / promotion around this? – further discussions with the service to agree.		Mental Health, Addictions and Homeless (MHAH)			
January 2025	Mental Wellness Month	A month focusing on raising awareness about mental health and promoting strategies for maintaining mental well-being.	Display Screens, Tweets/Re-tweets Opportunity for local awareness / promotion around this? – further discussions with the service to agree.		Mental Health, Addictions and Homeless (MHAH)/Health and Community Care (HCC) (HIT)			Margaret Watson (for staff) / Health Improvement Team (HIT)/ MH Katrina Phillips?
February 2025								
Feb	LGBT+ History Month	- LGBT+ History Month	Display Screens, Tweets/Re-tweets					Equality Networks?
3 rd – 9 th Feb	Children's Mental Health Week	Raises awareness of the importance of children's mental health	Display Screens, Tweets/Re-tweets Opportunity for local awareness / promotion around this? – further discussions with the service to agree.		Mental Health, Addictions and Homeless (MHAH)/Children's and Families (C&F) (CAMHS)			Lynn Smith / Emma Bisland / Molly Coyle?
4 th Feb	National World Cancer Day		Display Screens, Tweets/Re-tweets #worldcancer day					
6 th Feb	Time to Talk	Encourage open conversations about mental health	Display Screens, Tweets/Re-tweets Opportunity for local awareness / promotion around this? – further discussions with the service to		Mental Health, Addictions and Homeless (MHAH)	Your Voice / MH Network		Katrina Phillips

Date	Project name/event	Description	Media opportunity (Display Screens, Twitter, Newsletter, Press release)	Deadline	Directorate / Service	Staff/Public/3 rd sector involved	Completed/ Outcome	Contact
			agree.					
6 th Feb	Safer Internet Day	#SaferInternetDay and #SID2025 SID Homepage	Display Screens, Tweets/Re-tweets #SaferInternetDay and #SID2025 Opportunity for local awareness / promotion around this?		Children's and Families			Clare F/ C&F Teams / Lesley Ellis
20 th Feb	World Day of Social Justice	Highlights the importance of social justice in human rights. World Day of Social Justice United Nations	Display Screens, Tweets/Re-tweets					Equalities networks?
21 st Feb	Care Day	Care Day with the theme being Voices that Care	The Proud2Care flag gets flown above Municipal Buildings, and there will be social media presence throughout the day. (Jonathan is aware of this)					Lesley Ellis
March 2025								
8 th March	International Women's Day	International Women's Day 2025	Display Screens, Tweets/Re-tweets #IWD2025 #AccelerateAction					
March 2025	Prostate Cancer Awareness Month	https://prostatecanceruk.org/	Display Screens, Tweets/Re-tweets		Health and Community Care (HCC) Nursing / HIT?			Health Improvement Team??
March 2025	Ovarian Cancer Awareness Month	https://www.targetovariancancer.org.uk/fundraising-your-community/march-ovarian-cancer-awareness-month	Display Screens, Tweets/Re-tweets		Health and Community Care (HCC) Nursing / HIT?			Health Improvement Team??
12 th March	National No Smoking Day	Help encourage as many smokers as possible to quit on No Smoking Day by organising your own	Display Screens, Tweets/Re-tweets Opportunity for local awareness / promotion around this? – further discussions with the service to		Health and Community Care (HCC) HIT	British Heart Foundation ?		Health Improvement Team (Smoking cessation)

Date	Project name/event	Description	Media opportunity (Display Screens, Twitter, Newsletter, Press release)	Deadline	Directorate / Service	Staff/Public/3 rd sector involved	Completed/ Outcome	Contact
		event. Smoking - BHF	agree. Promote our own pages? Smoking cessation?					
16 th March	Young Carer's action Day	Young Carers Action Day Young Carers Action Day provides an opportunity for everyone to call for better support for young carers and young adult carers, and to bring about change.	Display Screens, Tweets/Re-tweets Opportunity to promote locally Awareness campaign for young carers (who perhaps don't see themselves as a young carer) Further discussions with the service to agree.		Health and Community Care (HCC) / Children's and Families			Children's and Families (Alan Stevenson) Carers Network (Jacqueline Murray)
21 st March	World Down Syndrome Day	Home - World Down Syndrome Day Advocating for the rights of people with Down syndrome	Display Screens, Tweets/Re-tweets Opportunity to promote independent living / supporting people to remain in the community? Further discussions with the service to agree.		Health and Community Care (HCC) / Learning Disability Team (LD)			Heather Simpson
April 2025								
April	Alcohol Awareness Month	Promotes public understanding of alcohol-related issues	Display Screens, Tweets/Re-tweets Opportunity to raise awareness locally with the rise in Alcohol related deaths. Further discussions with the service to agree.		Mental Health, Addictions and Homeless (MHAH)	Recovery Networks / Your Voice		ADP / ADRS / Health Improvement Team??
April	Stress Awareness Month	Increasing public awareness about both the causes and cures for our modern stress epidemic.	Display Screens, Tweets/Re-tweets Staff Comms/awareness – Margaret Watson emails / work? Promotion of local services / signposting?		Mental Health, Addictions and Homeless (MHAH)/ Health and Community Care (HCC) (HIT)			Katrina Phillips/ Health Improvement Team??

Date	Project name/event	Description	Media opportunity (Display Screens, Twitter, Newsletter, Press release)	Deadline	Directorate / Service	Staff/Public/3 rd sector involved	Completed/ Outcome	Contact
April (2 nd Friday of month TBC)	Day of Silence (for LGBTQ+ Youth)	Raises awareness of the silencing effect of anti-LGBTQ+ bullying.	Display Screens, Tweets/Re-tweets		Equalities Peer Network Group	CVS / Your Voice / CLD		Equalities Networks?
April	Bowel Cancer Awareness Month		Display Screens, Tweets/Re-tweets		Health and Community Care (HCC) HIT / Nursing			Health Improvement Team?? / Community Nursing??
2 nd – 8 th April	Autism Awareness Week		Display Screens, Tweets/Re-tweets Further discussions with the service to agree.		Health and Community Care (HCC) / Learning Disability team			Heather Simpson
May 2025								
5 th – 11 th May	Deaf Awareness Week	Deaf Awareness Week 2023 – British Deaf Association	Display Screens, Twitter, Re-tweets Further discussions with the service to agree.		Health and Community Care (HCC)	Your Voice / CVS		Sensory impairment team?
6 th May	National Nurses Day		Display Screens, Tweets/Re-tweets Opportunity for nursing promotion / good news from Care Opinion? Further discussions with the service to agree.		Health and Community Care (HCC)			Laura Moore / Linda Peattie
12 th May	International Nursing Day	A day to celebrate nurses and showcase key stories from our nursing workforce.	Display Screens, Tweets/Re-tweets Opportunity for nursing promotion / good news from Care Opinion? Further discussions with the service to agree.		Health and Community Care (HCC)			Laura Moore / Linda Peattie
10 th – 16 th May or 12 th –	Mental Health Awareness Week	Encourages learning and understanding more about mental	Display Screens, Tweets/Re-tweets #MentalHealthAwarenessWeek		Mental Health, Addictions and Homeless	Your Voice MH Network		Katrina Phillips / Maxine Ward / Health

Date	Project name/event	Description	Media opportunity (Display Screens, Twitter, Newsletter, Press release)	Deadline	Directorate / Service	Staff/Public/3 rd sector involved	Completed/ Outcome	Contact
18 th (TBC)		health	Further discussions with the service to agree.		(MHAH) / HIT			Improvement Team
TBC	Gourock Highland Games		Display Screens, Tweets/Re-tweets					

June 2025

2 nd – 30 th June	Beyond Pain local campaign (in partnership with Flippin' Pain)	An HSCP-led local campaign targeting public and service providers to increase understanding of chronic/persistent pain	Leaflets, posters (distributed by a range of partners) Display Screens; Display boards Social media via Council, HSCP and partners Face to face sessions to follow later in the year.		Maximising Independence	Pharmacy; Health Improvement; RES; OT; ADRS; GPs. Libraries. CLWs; Your Voice; Versus Arthritis		Ann Murray
2 nd – 6 th June	Volunteers Week	What is Volunteers' Week? – Volunteers' Week	Display Screens, Tweets/Re-tweets Opportunity to thank our volunteers – SPG/Advisory Networks/LPGs/ #Volunteers Week Volunteers' Week – Volunteers' Week is a chance to say thank you for the fantastic contribution volunteers make.		Health and Community Care (HCC)	Your Voice / Third Sector		Your Voice? Need further discussions.
31 st May – 6 th June	Dementia Awareness Week Scotland	Alzheimer Scotland https://www.alzscot.org/news/dementia-awareness-week-2020	Display Screens, Tweets/Re-tweets Further discussions with the service to agree.		Mental Health, Addictions and Homeless (MHAH)			OPMHT
9 th - 15 th June 2025	Men's Health Week	Raise awareness of preventable health issues and encourage	Display Screens, Tweets/Re-tweets Local men's health clinics?		Health and			Laura Moore / Linda Peattie

Date	Project name/event	Description	Media opportunity (Display Screens, Twitter, Newsletter, Press release)	Deadline	Directorate / Service	Staff/Public/3 rd sector involved	Completed/ Outcome	Contact
		men and boys to seek professional advice for health-related problems.	Further discussions with the service to agree.		Community Care (HCC)			
9 th – 15 th June	Carers Week	Carers Gateway Carers Gateway Information, support and advice for carers of all ages.	Display Screens, Tweets/Re-tweets Good news story Need further discussions via the Carers Strategy group as this may coincide with the publication of the Carers Strategy		Health and Community Care (HCC)	Carers Gateway / Your Voice		Heather Simpson/Helen Morley/Carers Network
20 th June	World Refugee Day		Display Screens, Tweets/Re-tweets Further discussions with the service to agree.		Health and Community Care (HCC) / Mental Health, Addictions and Homeless (MHAH)	Your Voice		Joanne Reekie / New to Scotland Team
26 th June	World Drug Day	Raises awareness of drug addiction and recovery	Display Screens, Tweets/Re-tweets Further discussions with the service to agree.		Mental Health, Addictions and Homeless (MHAH)			Health Improvement Team?
TBC	Comet Festival		Display Screens, Re-tweets <i>Adoption Recruitment Opportunity</i>					
21-27 June	Learning Disability Week		Display Screens, Tweets/Re-tweets Further discussions with the service to agree.		Health and Community Care (HCC)			Heather Simpson
July 2025								
T.B.C	Alcohol awareness week	A chance to get thinking about drinking. It's a week of awareness-raising, campaigning for change, and more.	Display Screens, Tweets/Re-tweets What can we do? Further discussions with the service to agree.		Mental Health, Addictions and Homeless (MHAH)			Health Improvement Team
August 2025								
1 st – 7 th	Breastfeeding	A campaign aims to	Display Screens, Tweets/Re-tweets		C&F / Health			Catriona

Date	Project name/event	Description	Media opportunity (Display Screens, Twitter, Newsletter, Press release)	Deadline	Directorate / Service	Staff/Public/3 rd sector involved	Completed/ Outcome	Contact
August 2025	Awareness Week	inform, anchor, engage and galvanise action on breastfeeding and related issues.	Opportunity to make a good news story. Signpost to web pages. Further discussions with the service to agree.		and Community Care (HCC) (HIT)			MacLean
31 st August	International Overdose Awareness Day	Focuses on preventing drug overdose deaths	Display Screens, Tweets/Re-tweets Opportunity to do some info/awareness raising around naloxone training? Work with recovery networks. Further discussions with the service to agree.		Mental Health, Addictions and Homeless (MHAH)			Susan Crawford/ADRS /ADP / Health Improvement Team
September 2025								
TBC	Blood Pressure – Know your Numbers		Display Screens, Tweets/Re-tweets Opportunity for joint working re Maximising independence, managing LTC Further discussions with the service to agree.		Health and Community Care (HCC)			Health Improvement Team / Ann Murray / CTAC
TBC	Doors Open Day		Display Screens, Tweets/Re-tweets					Corporate Comms
10 th Sept	World Suicide Prevention Day	We want to show everyone that talking about difficult feelings, including suicidal thoughts, doesn't have to be scary World Suicide Prevention Day Campaigns Samaritans	Display Screens, Tweets/Re-tweets Opportunity to raise profile of suicide prevention training? Promote suicide prevention web page? Further discussions with the service to agree. #WorldSuicidePreventionDay, WSPD, #WSPD2025		Mental Health, Addictions and Homeless (MHAH)	SAMH?		Health Improvement Team
24th Sept	World's Biggest Coffee Morning	www.macmillan.org.uk/coffee	Tweets/Re-tweets #MacmillanCoffeeMorning					
October 2025								
October	Sober October		Display Screens, Tweets/Re-tweets, Staff Comms		Mental Health, Addictions and			Health Improvement

Date	Project name/event	Description	Media opportunity (Display Screens, Twitter, Newsletter, Press release)	Deadline	Directorate / Service	Staff/Public/3 rd sector involved	Completed/ Outcome	Contact
					Homeless (MHAH)			Team / ADP?
October 2025	Stoptober	Quit smoking - Better Health - NHS	Display Screens, Tweets/Re-tweets Local opportunity for good new story #Stoptober		Health and Community Care (HCC)			Health Improvement Team
October 2025	Breast Cancer Awareness month	www.breastcancercare.org.uk	Display Screens, Tweets/Re-tweets #BreastCancerAwarenessMonth					Health Improvement Team
October 2025	Seasonal Flu Campaign Begins		Display Screens, Tweets/Re-tweets Staff Comms		Health and Community Care (HCC)			
TBC	Staff Awards		Staff Comms					Angela Rainey
7 th – 11 th October	Back Care Awareness Week	Raise awareness of the problems back pain can cause, as well as prevention and treatments	Staff Comms, Display Screens, Tweets/Re-tweets Opportunity to do fitness clinics via staff at ICIL and MSK physios? Further discussions with the service to agree.		Health and Community Care (HCC)			AnnMarie Reid/MSK physio for PCIP??
10 th October	World Mental Health Day	www.wfmh.org	Display Screens, Tweets/Re-tweets Further discussions with the service to agree.		Mental Health, Addictions and Homeless (MHAH)			
10 th October	World Homeless Day	World Homeless Day 10th of October	Display Screens, Tweets/Re-tweets Opportunity of good news story locally? Further discussions with the service to agree. #WorldHomelessDay		Mental Health, Addictions and Homeless (MHAH)			Lesley Cockburn / Maxine Ward
18 th October	World Menopause Day	Raising awareness for women who are feeling lost and going through Menopause and need support	Staff Comms, Display Screens, Tweets/Re-tweets					

Date	Project name/event	Description	Media opportunity (Display Screens, Twitter, Newsletter, Press release)	Deadline	Directorate / Service	Staff/Public/3 rd sector involved	Completed/ Outcome	Contact
November 2025								
TBC Nov	Alcohol Awareness Week	www.alcoholconcern.org.uk/campaign/alcohol-awareness-week	Display Screens, Tweets/Re-tweets Further discussions with the service to agree.		Mental Health, Addictions and Homeless (MHAH)			Health Improvement Team
Nov 2025	World Movember Month	www.movember.com Aims to raise vital funds and awareness for men's health	Tweets/Re-tweets #Movember					
9 th Nov	World Adoption Day	World Adoption Day	Display Screens, Tweets/Re-tweets Opportunity of good news story locally? Fostering/adoption campaign? Further discussions with the service to agree.		Children's and Families			Molly? Joan? Emma?
14 th Nov	National Diabetes Day	National Diabetes Month 2025 - Awareness Days Events Calendar 2025	Display Screens, Tweets/Re-tweets Opportunity to discuss living with LTC / tie in with maximising independence/CTAC #WDD		Health and Community Care (HCC)			Ann Murray / Health Improvement Team / Doreen & team (ICIL)
20 th Nov	World Children's Day	World Children's Day UNICEF	Caroline normally has events or online communication as the Children's Rights Officer.		Children and Families			Caroline McCahill / Lesley Ellis
December 2025								
Dec 2025	Drink Safe Festive Campaign		Display Screens, Tweets/Re-tweets, Staff Comms					Health Improvement Team
10 th Dec	Human Rights Day	Human Rights Day United Nations	Display Screens, Tweets/Re-tweets Staff Comms #HumanRightsDay		Equality Networks			Equalities networks
11 th Dec	Christmas Jumper Day	Save the children campaign	Tweets/Re-tweets, Posters around HSCP for staff, Staff Comms Local campaign Raise profile of C&F #ChristmasJumperDay		Children's and Families			Children's and Families

Appendix 5: The National Standards for Community Engagement

[National Standards for Community Engagement | SCDC - We believe communities matter](#)



Appendix 6: Corporate Branding

Using the logo – guidance for staff

The aim of the Health and Social Care Partnership (HSCP) is to promote the health and well-being of everyone living in Inverclyde and provide effective and efficient health and social care services.

Why have a corporate identity?

The Communications and Engagement Strategy (2025-27) offers the chance to create an overall corporate identity so that it is clear what the HSCP does. A consistent visual and textual approach across public facing materials will support patient experience.

When to use the HSCP logo

- On any communication undertaken by the HSCP.
- Alongside any logo or corporate identity used by the HSCP.
- Consistent use of the logo helps to promote recognition and recall of the service to patients.

Where to use the logo

- Printed material (e.g. leaflets, posters, presentations, documents, strategies, reports, policies, procedures, publications).
- Correspondence (e.g. letters).
- Webpages and those webpages of our commissioned partners where they are providing a service for the HSCP.
- Signage – i.e. wherever the name or logo of the organisation also appears.
- Any other appropriate communications tools (e.g. advertising etc)

Appendix 7 - Glossary of terms

Advocacy Services

Organisations or groups that ensure that people can have their voice heard on issues that are important to them.

Carers

People who look after, unpaid, a friend or family member who due to illness or disability cannot cope without their support.

Children and Young People Act, 2014

A law that strengthens children's rights and helps improve the services that support children and families.

Community (of place)

A group of people bound together by a shared geographical boundary to live, work or spend time. e.g., a town and village.

Community (of interest)

A group of people that share a common interest, passion or experience. e.g., LGBTQ+, and women.

Community (of identity)

A group of people defined by how they are identified by themselves or by society. e.g., sports and hobbies clubs.

Community Based Support Networks

A range of organisations and people in a community that can provide support.

Community Engagement

A working relationship between one or more public body and one or more community group, to help them both to understand and act on the needs or issues that the community experiences.

Community Empowerment (Scotland) Act, 2015

A law which helps communities having greater influence or control over things that matter to them. Including the extension of the community right to buy or otherwise have greater control over assets.

Community Planning Partnership

Is a group of organisations that collaborate with local communities to design and deliver better public services, making sure that they meet the needs of local people.

Future Care Plan

Planning care allows you to be in control and lets others know what is important to you. This means we can all work together to make treatment plans that are unique to you and respect your wishes.

Hard To Reach Groups

Group of people who use public services and who are less likely to be involved by professionals and decision-makers.

Health Board

A group of people that is responsible for the protection and the improvement of their population's health and for the delivery of frontline healthcare services.

Health and Social Care Partnership

NHS GGC and the Inverclyde Council working together to provide health and care services. Health and Social Care Integration is the steps taken to join up those services.

Health Inequalities

Means the differences in health status or in the distribution of health determinants between different population groups.

Independent Sector

Organisations which are private companies or social enterprises that are not NHS or local council.

Integration Joint Board (IJB)

A committee of people from who have overall responsibility for the planning and delivery of community health and social work / social care services.

Inverclyde Life

[Inverclyde Life](#) a portal to community activities and service in Inverclyde.

Legislation

A law or set of laws, such as an Act, suggested by a government and made official by a parliament, e.g. Scottish Parliament, UK Parliament.

Locality

Is a way of planning health and social care services with smaller areas within Inverclyde.

Locality Planning Group

A committee of people including residents, representing the interests of the local community and staff within an area.

National Outcomes

Are priorities that the Government wants to achieve over the next ten years.

National Standard for Community Engagement

Are good practice principles designed to support and inform community engagement and improve what happens as a result.

Power of Attorney

A legal document that lets you appoint one or more people (known as 'attorneys') to help you make decisions or to make decisions on your behalf.

Public Bodies (Joint Working) (Scotland) Act, 2014

A law which helps to bring together NHS and local council care services under one partnership.

Self-Directed Support Act, 2013

A law which helps to give people more control over the range of options on how their social care is delivered, which best meets their needs.

Social media

Different types of electronic communication, websites / forums for social networking, to share information, ideas and personal messages.

Stakeholder

A person, group or organisation that has interest or concern in HSCP services.

Strategic Planning Group

A committee that will provide stakeholder advice to the Integration Joint Board (IJB) for any plans and programmes related to the delivery of community health and social work/social care services.

Third Sector

The voluntary sector, organisations which are not run for private profit, or by government.

Third Sector Interface.

An organisation that represent voluntary sector, organisations which are not run for private profit or by government.

Social Isolation

Is a term used to describe the state of people having minimal contact with other people, such as family, friends or the wider community.

Strategic (Partnership) Plan

A planning document that sets out our needs, priorities and where our resources should be allocated including budget, staff and other resources.

Report To:	Inverclyde Integration Joint Board	Date:	12 May 2025
Report By:	Kate Rocks Chief Officer Inverclyde HSCP	Report No:	IJB/75/2025/MW
Contact Officer:	Maxine Ward Head of Service – Addictions and Homelessness Inverclyde HSCP	Contact No:	01475 715365
Subject:	Inverclyde ADP Strategy 2024 - 2029		

1.0 PURPOSE AND SUMMARY

- 1.1 ☐ For Decision ☒ For Information/Noting
- 1.2 The purpose of this report is to present the Inverclyde ADP Strategy 2024 – 2029 for noting.
- 1.3 The Inverclyde Alcohol and Drug Partnership (IADP) Strategy 2024-2029 outlines a transformative vision to reduce drug and alcohol-related harms, foster recovery, and support individuals, families, and communities in living healthy, fulfilling lives. It builds upon previous successes and aligns with national and local priorities to address the complex challenges posed by substance misuse.

2.0 RECOMMENDATIONS

- 2.1 It is recommended that IJB: ·
- Notes the contents of this report.

Kate Rocks
Chief Officer
Inverclyde Health and Social Care Partnership

3.0 BACKGROUND AND CONTEXT

3.1 PURPOSE AND SCOPE OF THE STRATEGY

This document sets out the five-year strategy for the Inverclyde Alcohol and Drug Partnership (IADP). This is the fourth strategy for the IADP and seeks to build upon its successes to date. It sets out our vision for sustainable recovery, how we will reduce and prevent future harm from drug and alcohol use and support all communities to improve their health and wellbeing across Inverclyde.

3.2 VISION

The ADP Strategy builds on local and national frameworks to set out its vision of:

Ensuring individuals, families, and communities can live happy and healthy lives free from drug and alcohol harms, supported by choice, dignity, and recovery.

For Inverclyde, this framework goes beyond harm reduction; it is about fostering recovery, enabling people to thrive, and supporting individuals, families, and communities in living healthy, happy lives free from the challenges of substance misuse.

This strategy outlines our four primary objectives, which we aim to achieve by 2029:

1. REDUCE DEATHS AND IMPROVE LIVES:

Our top priority is to reduce the number of deaths and the extent of harm caused by drugs and alcohol in Inverclyde. This will require a whole-system approach that integrates prevention, treatment, and, when necessary, enforcement measures. We recognise the significant challenges ahead but are committed to creating a substantial and measurable reduction in substance-related harm.

2. EMBED A WHOLE FAMILY APPROACH TO TREATMENT AND SUPPORT:

Substance misuse impacts not only the individual but their families and loved ones. Our strategy will ensure that families are at the heart of our services, receiving the support they need and playing an active role in the recovery process of their loved ones.

3. ENSURE A COORDINATED AND WHOLE-SYSTEM APPROACH:

Tackling the social and economic inequalities that contribute to substance misuse requires a unified, coordinated effort across various sectors, including health, social care, education, and justice. By working collaboratively, we will address the root causes and provide the necessary resources to support sustainable recovery.

4. DELIVER TRAUMA-INFORMED PRACTICE

Recognising the profound impact of trauma on those affected by substance misuse, we will ensure that all services operate with a trauma-informed approach. This includes fostering environments of safety, trust, choice, collaboration, and empowerment, thereby reducing stigma and promoting holistic recovery.

3.3 Key Actions

- Review treatment pathways and governance structures.
- Develop training programs for professionals and family-inclusive practices.

- Collaborate with housing, employment, and mental health services.
- Implement trauma-informed practices and ensure lived experience informs service delivery.

3.4 Outcome Measures

- Reduction in drug and alcohol-related deaths, hospital admissions, and offenses.
- Increased access to treatment, recovery support, and residential rehabilitation.
- Improved family involvement and support.
- Enhanced system-wide collaboration and long-term funding.
- Empowerment and inclusion of lived experience in service design.

3.5 Governance

The strategy is overseen by the IADP Committee, supported by sub-groups focused on delivery, finance, monitoring, and standards implementation. Collaboration with local and national partners ensures accountability and alignment with public health priorities.

3.6 Conclusion:

The IADP Strategy 2024-2029 is a comprehensive and ambitious plan to reduce substance-related harms, support recovery, and address underlying inequalities. It reflects a collective commitment to building a healthier, more resilient Inverclyde community.

4.0 PROPOSALS

4.1 To note year 1 and 2 delivery commitments:

- Conduct reviews of treatment pathways, family support provision, and trauma-informed practices.
- Develop action plans for governance, funding, and service improvements.
- Enhance training, education, and harm reduction capacity.
- Publish clear treatment pathways and implement systemic changes.

5.0 IMPLICATIONS

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

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

5.2 Finance

There are no financial implications associated with this report.

One off Costs

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

Annually Recurring Costs/ (Savings)

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

5.3 Legal/Risk

There are no legal implications associated with this report.

5.4 Human Resources

There are no Human Resource implications associated with this report.

5.5 Strategic Plan Priorities

This report directly demonstrates the impact the work the Inverclyde HSCP has on implementing its strategic partnership plan and how identified actions are supporting the overall progress of the four strategic priorities.

5.6 Equalities

(a) Equalities

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

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

(b) Equality Outcomes

How does this report address our Equality Outcomes?

Equalities Outcome	Implications
We have improved our knowledge of the local population who identify as belonging to protected groups and have a better understanding of the challenges they face.	Many actions in the ADP Strategy relate to supporting and engaging with the most vulnerable people in our communities and in doing so we can understand the challenges they face.
Children and Young People who are at risk due to local inequalities, are identified early and supported to achieve positive health outcomes.	The ADP strategy sets out a number of key actions in relation to whole family support with a focus to support children and young people affected by parental drug or alcohol misuse.
Inverclyde's most vulnerable and often excluded people are supported to be active and respected members of their community.	As above, the ADP strategy sets out a number of actions to provide support to the most vulnerable and often excluded groups in Inverclyde's communities, including those experiencing harm from alcohol or drug use and is likely to increase the likelihood of social exclusion and support them in a way that promotes them being active and respected members of their community. The strategy sets out actions to tackle stigma to promote social inclusion.
People that are New to Scotland, through resettlement or asylum, who make Inverclyde their home, feel welcomed, are safe, and able to access the HSCP services they may need.	The ADP strategy does not exclude those who are new to Scotland.

(c) Fairer Scotland Duty

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

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

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

(d) **Children and Young People**

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

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

5.7 Clinical or Care Governance

There are no Clinical or Care Governance implications from this report.

5.8 National Wellbeing Outcomes

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

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

5.9 Environmental/Sustainability

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

Has a Strategic Environmental Assessment been carried out?

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

5.10 Data Protection

Has a Data Protection Impact Assessment been carried out?

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

6.0 DIRECTIONS

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

7.0 CONSULTATION

7.1 This report has been presented to:

HSCP Senior Management Team
Inverclyde ADP Committee

8.0 BACKGROUND PAPERS

8.1 Full ADP Strategy Report attached.



Inverclyde Alcohol
and Drug **Partnership**

2024-2029

STRATEGY DOCUMENT

FOREWORD

The Inverclyde Alcohol and Drug Partnership (IADP) Strategy sets out a critical and collaborative vision shared by local and national governments to reduce the use and harms associated with drugs and alcohol. For Inverclyde, this framework goes beyond harm reduction; it is about fostering recovery, enabling people to thrive, and supporting individuals, families, and communities in living healthy, happy lives free from the burdens of substance misuse.

Inverclyde ADP is committed to delivering a strategy that is not just comprehensive but transformative, addressing the complex and interconnected challenges posed by drug and alcohol misuse. Our approach is built on the principles of choice, dignity, and recovery, with a clear focus on reducing harms, supporting families, coordinating resources across systems, and embedding trauma-informed practices.

This strategy outlines our four primary objectives, which we aim to achieve by 2029:

1. REDUCE DEATHS AND IMPROVE LIVES:

Our top priority is to reduce the number of deaths and the extent of harm caused by drugs and alcohol in Inverclyde. This will require a whole-system approach that integrates prevention, treatment, and, when necessary, enforcement measures. We recognise the significant challenges ahead but are committed to creating a substantial and measurable reduction in substance-related harm.

2. EMBED A WHOLE FAMILY APPROACH TO TREATMENT AND SUPPORT:

Substance misuse impacts not only the individual but their families and loved ones. Our strategy will ensure that families are at the heart of our services, receiving the support they need and playing an active role in the recovery process of their loved ones.

3. ENSURE A COORDINATED AND WHOLE-SYSTEM APPROACH:

Tackling the social and economic inequalities that contribute to substance misuse requires a unified, coordinated effort across various sectors, including health, social care, education, and justice. By working collaboratively, we will address the root causes and provide the necessary resources to support sustainable recovery.

4. DELIVER TRAUMA-INFORMED PRACTICE:

Recognising the profound impact of trauma on those affected by substance misuse, we will ensure that all services operate with a trauma-informed approach. This includes fostering environments of safety, trust, choice, collaboration, and empowerment, thereby reducing stigma and promoting holistic recovery.

The journey outlined in this strategy is ambitious, yet essential. It reflects our collective commitment to the people of Inverclyde—to not only reduce the harms associated with

drugs and alcohol but to build a community where everyone has the opportunity to live a fulfilling and healthy life.

As we move forward, we will remain steadfast in our commitment to these goals, continuously measuring our progress and adapting our approaches to meet the needs of our community. Together, we will work towards a future where the devastating impacts of substance misuse are significantly diminished, and where recovery and well-being are within reach for all.

This strategy is not just a plan; it is a promise to the people of Inverclyde—a promise to support, to protect, and to enable every individual to thrive. We invite everyone in our community to join us in this vital work. Together, we can make a lasting difference.

KENNY LEINSTER
INDEPENDENT CHAIR OF THE INVERCLYDE ALCOHOL AND
DRUG PARTNERSHIP (IADP)



2. INTRODUCTION

2.1 PURPOSE AND SCOPE OF THE STRATEGY

This document sets out the five-year strategy for the Inverclyde Alcohol and Drug Partnership (IADP). This is the fourth strategy for the IADP and seeks to build upon its successes to date. It sets out our vision for sustainable recovery, how we will reduce and prevent future harm from drug and alcohol use and support all communities to improve their health and wellbeing across Inverclyde.

2.2 INVERCLYDE ADP

The IADP brings together partners from across statutory and 3rd sector organisations to collectively implement local and national strategies with the aim of reducing alcohol and drug misuse in Inverclyde. Our partners include NHS Greater Glasgow and Clyde, Inverclyde Health and Social Care Partnership, Police Scotland, Scottish Families affected by Alcohol and Drugs, Moving on Inverclyde, Your Voice, The Haven, and The Jericho Society.

The partnership is responsible for the implementation of local and national requirements including:

- **Medication Assisted Treatment (MAT) Standards**
- **Alcohol and Drug Recovery Services**
- **Family Support Services**
- **Early Intervention Support**
- **Recovery Community Development**
- **Commissioning of Residential Rehabilitation**
- **Support Total Abstinence for those who choose not to use Alcohol or Drugs**

The IADP is underpinned by a robust governance structure with oversight by the Integration Joint Board (IJB). The ADP committee provides oversight on four key workstreams:

**ALCOHOL & DRUG
DEATH MONITORING**

ADP FINANCE

**MAT STANDARDS
IMPLEMENTATION**

ADP DELIVERY

The full governance structure is included in Appendix 1.

The IADP committee is responsible for the Partnership Delivery Framework which ensures accountability, responsibility, and shared outcomes towards reducing drug and alcohol related harms within Inverclyde and contributing to national outcomes and public health priorities. To achieve this IADP has established lines of reporting and scrutiny to both the IJB, Community Planning and Clinical Governance networks.

2.3 NATIONAL CONTEXT

We recognise the ADPs role is not only improving the lives of people in our communities but also to meet our responsibility to contribute to national public health priorities. This section outlines the context of drug and alcohol harms across Scotland and the statutory requirements we must meet.

2.3.1 DRUG AND ALCOHOL HARM IN SCOTLAND

The picture of drug related deaths in Scotland is complex and changeable. In 2022 there were a total of 1,051 deaths due to drug misuse in Scotland¹. Whilst this represents 279 fewer deaths than the previous year, and is the lowest number since 2017, this still represents a 330% increase since 1996. Early indicators are that unfortunately the progress made in 2022 has not been sustained and an upwards trend is being reported again². Whilst verified data for 2023/24 is, at the time of writing, not available the number of suspected drug related deaths in the 12 months to March 2024 is 1,219 a 10% increase on previous year².

Poverty, inequality and deprivation are recognised as the most significant drivers of drug use³. Drug use is 17 times more prevalent in the most deprived areas of Scotland⁴. Males aged between 35-54 are the most likely to die from drug use and those living in deprived areas are 16 times more likely to die as a result of drug use than those from the least deprived areas. Individuals experience of trauma is also strongly associated with drug use and evidence suggests that adults who have experienced four or more Adverse Childhood Experiences (ACEs) are 11 times more likely to have used crack cocaine or heroin⁵. The use of opiates/opioids were implicated in 82% of all drug related deaths in 2022¹.

Scotland faces similar challenges in relation to alcohol use. Whilst reported rates of hazardous drinking have steadily declined in Scotland since 2003⁶, the average volume of alcohol consumed per adult, and drinking which exceeds the recommended 14 units is higher in comparison with the rest of the UK⁷. In 2022 1,276 alcohol-specific deaths were recorded⁸ and the mortality rate of 22.9 deaths per 100,000 people³ is substantially higher than the UK rate (14.8 per 100,000 people)⁹. As with drug use older men (aged 55-64) from deprived areas continue to account for a disproportionate number of alcohol-specific deaths, although 31 more women died in 2022 compared to 2021.

Social harms as a result of alcohol use are also significant. The latest report from the Monitoring and Evaluation of Scotland's Alcohol Strategy reports that alcohol is a common aggravating factor in serious violence and homicide. Whilst there has been a decrease in the rates of drunkenness and other disorderly conduct offences since 2019 there has been a slight increase in driving under the influence offences between 2019 and 2021⁷. The Social Marketing Foundation estimates that the economic cost of alcohol is between £5-£10 billion per year as a result of lost productivity, health and social care, and justice costs¹⁰. The upper end of this estimate outstrips the calculated return to the Scottish economy of £8.1 billion from the production, sale and export of alcohol.

2.3.2 STATUTORY REQUIREMENTS:

For these reasons addressing drug and alcohol related harms remains a key priority for Public Health Scotland. The recent commitment by the Scottish Government to further increase minimum unit price of alcohol to 65p by the end of September, after research indicates the policy had prevented an estimated 150 alcohol-specific deaths each year¹¹, is an indication of this. This strategy has been developed in consideration of the wider national policy landscape. These include:

National Drugs Mission Plan 2022-2026

Published in 2021 with National Drugs Mission Plan¹² (NDMP) reflects a shift away from the tackling drug use as a criminal justice issue towards a public health approach. Accompanied by an additional £50 million funding per year the mission aims to reduce drug related harm and death through ensuring the timely access to treatment, increasing capacity for residential rehabilitation and ensuring a joined-up approach to addressing the underlying issues of drug use and wider determinants of health. Central to this is ensuring the delivery of the Medication-Assisted Treatment (MAT) standards which were published the same year.

Rights, Respect and Recovery Strategy (2018)

The Rights, Respect and Recovery Strategy¹³ was published by the Scottish Government in November 2018 with the aim of improving health by preventing and reducing alcohol and drug use, harm, and related deaths. The underlying key principle of the strategy is a human rights-based, public health approach which emphasises the right of everyone to health and to live free from the harms of alcohol and drugs. To deliver this it is acknowledged that those experiencing problematic alcohol and drug use often face other challenges such as poverty, inequality, and health issues. The policy focuses upon the delivery of prevention at the individual, family and societal levels as well as removing vulnerable people from the justice system.

Alcohol Framework (2018)

Published alongside the Rights, Respect and Recovery strategy, the Alcohol Framework¹⁴ sets out twenty actions under three themes of reducing consumption, positive attitudes - positive choices, and supporting families with the overarching commitment to prevent and reduce alcohol-related harm across Scotland. Actions included the introduction of minimum unit pricing, additional restrictions on sales including multi-buy discounts, reducing the drink-drive limit, the implementation of a nationwide alcohol brief intervention program, and education and awareness raising work. The framework also commits to updating guidance on the Licensing (Scotland) Act 2005 to provide clarity for local authority Licensing Boards and include the public health objective within the overprovision statement.

National Carers Strategy (2022)

The National Carers Strategy¹⁵ recognises the vital role that unpaid carers have in the delivery of health and social care across Scotland and that whilst for some providing care is a positive experience for many it has significant detrimental impacts for their health and wellbeing. Key points of the strategy, relevant to drug and alcohol treatment in Inverclyde, includes ensuring that carers perspectives are reflected across health and social care services, reinforcing NHS Boards duties to involve carers when the person they care for leaves hospital, and recognising that the systems that carers are required to navigate are complex that are not always joined up.

Right to Addiction Recovery Bill

Although the bill is still at stage 1 within the Scottish Parliament it has gained substantial support and media coverage. If passed the bill, as it currently stands, will enshrine a legal right to drug and alcohol treatment for anyone who requires it and reflects the Governments vision for a Scotland in which its citizens are supported in a joined up and cohesive way by services and systems. This includes access to second opinions, ensuring access within three weeks of referral, changes in the residential rehabilitation is funded and ensuring patient feedback is fully integrated.

2.4 INVERCLYDE CONTEXT

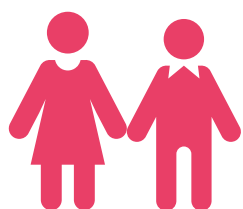
Given the strong correlation between drug and alcohol related harms and deprivation it is not unexpected that Inverclyde faces substantial challenges. Inverclyde has the highest proportion of people living in the most deprived areas of Scotland of any council and rates of poverty for both those in and out of employment are high¹⁶. As of December 2023 27.5%, of residents were economically inactive, compared to a UK average of 22.5%¹⁷. 18.4% of households were workless and 3.4% of residents were claiming out-of-work benefits. Gross weekly and hourly pay for those in full-time work in Inverclyde is lower than the national averages.

2.4.1 ALCOHOL-RELATED HARMS AND TREATMENT IN INVERCLYDE

The NHS GGC Health and Wellbeing Survey for Inverclyde (2022/23)¹⁸ identified that the levels of binge drinking and those drinking to a level which poses a risk to their health in the region has continued to rise since 2017/2018. Men aged 35-44, living in Inverclyde are most at risk from alcohol-related harms. Other data indicates that region also has:

26%

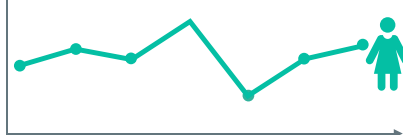
of Inverclyde residents drink above the Chief Medical Officers' guidelines, compared to 23% nationally⁶.



The 5th highest rate of alcohol related hospital admissions in Scotland at 792.2 per 100,000 population compared to a national average of 576.9 admissions in Scotland.



A rate of alcohol-related hospital admission for young people (11-25 years) of 206.3/100,000 which is lower than the national rate of 255.3/100,000.



Inverclyde is ranked 5th out of the 30 local authorities for alcohol outlet availability in Scotland. The most deprived areas in the community have 5.7 times more alcohol outlets than the least deprived²⁰.

The highest rates of alcohol specific deaths in Scotland at a rate of 32.87 per 100,000 population (compared to the national average of 22.9, and a UK average of 14.8 per 100,000).



Lower rates of drunkenness and other disorderly conduct at 3 per 10,000 population in Inverclyde compared to 9 per 10,000 population in Scotland²¹.



Lower rates of Child Protection cases with parental alcohol misuse than the national average (though this is not a statistically significant difference)²².

Within this context 28 people died of an alcohol-related condition in 2022 in Inverclyde, an 18.7% increase on the previous year.

In 2023 449 referrals to the Alcohol and Drug Recovery Service (ADRS) were for the treatment of alcohol use. This represents 55.5% of all referrals received by the service. In the same year 267 people started treatment for alcohol use (59% of those referred). The service exceeds national waiting times standards with 98.6% of all referrals received waiting no longer than three weeks to access appropriate treatment²³. A total of 364 people receiving alcohol treatment were discharged from the service in the year.

2.4.2 DRUG-RELATED HARMS AND TREATMENT IN INVERCLYDE

Given that the population who use drugs is more hidden than those who use alcohol, prevalence data of use which does not result in admission or access to services is often estimated. However, as with alcohol, it is apparent that Inverclyde faces challenges in relation to the support and treatment of those who use drugs. The data for Inverclyde indicates that:

- Whilst drug-related deaths overall are slightly lower at 23.5 per 100,000 population compared to the national rate (25.2 per 100,000) this is not true for females. In Inverclyde the drug-related death rates for females is 16.9/100,000 compared to a national rate of 13.1/100,000 population.
- Drug-related hospital admissions are significantly higher at a rate of 275.4 per 100,000 in Inverclyde compared to the national rate of 228.4 per 100,000.
- In 2022/23 the rate of hospital admission as a result of overdose was 22.5 per 100,000 comparable to the national rate of 21.4 per 100,000.
- Overall the area experiences higher rates of drug-related crime at a rate of 68.1 per 100,000 compared to 50.6 per 100,000 nationally, although there is a significantly lower rate of common assault related to drug use.
- Child protection cases in which there is parental drug misuse and maternities with drug misuse are comparable with the national rates¹¹.

In 2022, **29** Inverclyde residents died as a result of their drug use.

In 2023, **291** referrals were made to the ADRS were for drug treatment. Of these 267 (60%) started treatment. 93% of referrals waiting three weeks or less for their treatment, exceeding the national target of 90%. A total of 190 people were discharged from the service.

2.4.3 LOCAL PRIORITIES

The ADP is part of the wider health and social care governance structure across Inverclyde. We recognise that we will only be successful in our aims through collaboration with our local partners who also seek to address the health and social inequalities, that result in drug and alcohol use. To ensure the ADP takes a whole system approach this strategy has been developed with consideration of key local strategies and plans. These include:

Inverclyde HSCP Strategic Partnership Plan 2024-2027

Produced on behalf of the Inverclyde Integration Joint Board (IJB) the strategic partnership plan²⁴ set out the HSCPs approach to addressing health inequalities in Inverclyde through collaboration with communities, statutory partners, the third sector and those that deliver services. The plan sets out four strategic priorities of:

1. Early help and intervention
2. Improve support for mental health, wellbeing and recovery
3. Support inclusive, safe and resilient communities
4. Strengthen support to families and carers.

These priorities will be achieved through an approach which incorporates trauma informed and empowering practice as well as ensuring resources are focussed where most needed.

Inverclyde IJB Equality Outcomes Plan 2024-2028

The Inverclyde IJB Equality Outcome Plan²⁵ underlines the commitment of the IJB to adopting human rights approach the United Nations Charter for the Rights of the Child (UNCRC) for children and young people. The plan aims to ensure that the needs of people with protected characteristics or vulnerabilities are considered at all times and aims to deliver reduced discrimination, equality of opportunity and good relations between communities with protected characteristics and those who do not.

Inverclyde Children's Services Plan 2023-2026

The Children's Services Integrated Strategic Plan²⁶ sets out the vision for 'Nurturing Inverclyde' developed by the CPP in 2012. The plan builds upon the previous (2020-2023) with a key focus upon further integration of services in the support of children and their families.

Inverclyde Alliance Partnership Plan 2023-2033

The Alliance Partnership Plan²⁷ sets out the Inverclyde Alliance Board's vision for "Success For All" in Inverclyde and incorporates themes of empowering people, supporting more people in to sustained work, enabling residents to live longer and healthier lives, and ensuring appropriate support to support recovery from trauma.

NHSGGC Alcohol and Drug Prevention Framework

The framework²⁸ was developed by NHS GGC following a rapid evidence review of evidence based drug and alcohol prevention interventions between 2012 and 2018. This identified 10 key themes underlying effective prevention initiatives. This includes taking a whole system approach, trauma informed practice, community empowerment and workforce development.

2.4.4 THE INVERCLYDE JOURNEY TO DATE

Despite the challenges there have been a number of successes that this strategy seeks to build upon. Over the last three years we are proud to have supported the growth and expansion of our recovery community, this is most clearly seen in our hosting of the national recovery walk in 2023 in which there was a strong presence from the Inverclyde recovery community.

Our partnership has continued to develop and there are strong working relationships between the statutory and third sector recovery services. The ADP continues to work with partners to identify and address priority areas of need. This has included securing investment for a number of initiatives including assertive outreach for those at risk of disengagement from services, interventions for those who experience non-fatal overdose, pharmacy liaison services and the provision of early help in police custody.

The implementation of the Medically Assisted Treatment (MAT) standards has also been successful having implemented standards 1-5 by December 2023 and having met our target for full implementation of the ten standards by April 2024.

The ADP has also recently launched a new website providing information on the partnership and where to receive support.

2.4.5 DEVELOPMENT OF THE STRATEGY

In addition to the national and local strategic priorities this strategy has been developed in consultation with over 150 people across the region. Consultations, conducted by an independent research consultancy Rocket Science, have taken place with people accessing services and carers/family members with the support of Your Voice, Moving On Inverclyde and Scottish Families Affected by Alcohol and Drugs. Those working in the sector were also able to contribute through individual interviews with members of the Rocket Science team and attendance at the ADP development day on the 12th March 2024 in which a facilitated session to develop the strategy was delivered. Finally a public survey distributed via social media received 27 responses from residents of Inverclyde.

A sub-committee comprising of partners across the ADP was also formed to inform the consultation process.

3. OUR VISION

The Alcohol and Drug Partnership Framework²⁹ sets out the shared ambition across local and national government. This requires local authorities have a clear strategy and plan to achieve reductions in the use and harms from drugs and alcohol as well as arrangements for financial transparency, quality assurance and effective governance.

Inverclyde ADP has a vision that, for our communities, we can 'go beyond' reducing harm to support recovery and help people thrive.

Our vision is to ensure that individuals, families and their communities can live happy and healthy lives free from drug and alcohol harms. The IADP will deliver this by supporting choice, ensuring dignity and enabling recovery.

To achieve our vision this strategy sets out four objectives we will achieve by 2029.

OBJECTIVE 1: REDUCE DEATHS AND IMPROVE LIVES

It is clear from the challenges that Inverclyde faces in relation to drug and alcohol related harms that our priority must be to reduce the number of those who experience these harms. Reducing harm can only be achieved through a whole system approach to prevention and treatment and, where required, enforcement. All of the objectives and actions within this strategy must contribute to the underlying objective of reducing harm.

Whilst Inverclyde has a robust prevention and education offer this is not being consistently delivered in schools across the region. Through our consultation we also heard how a lack of opportunity for occupation and recreation for young people is linked to known increases in young people using recreational drugs. A number of people also told us how when they did ask for help, particularly from GPs, they felt stigmatised or not taken seriously. Our survey across the community identified that whilst 62% of respondents had been impacted by drug or alcohol harms 48% of people did not know where to go for help. We also heard of challenges in relation to accessing residential rehabilitation quickly and people lacking clarity on the treatment and support options available to them, particularly understanding options for abstinence based treatment. However those we consulted with also recognised the resource challenges that local authorities and health services are under.

OUR AMBITION IS THAT THERE IS A SIGNIFICANT REDUCTION IN DEATH AND OTHER HARMS THAT PEOPLE AND COMMUNITIES EXPERIENCE AS A RESULT OF DRUG AND ALCOHOL USE.

We will achieve this by:

1

Review our drug and alcohol treatment and support pathways to ensure a fully joined up and coherent system. This will include exploring options to align commissioning.

2

Review the capacity for harm reduction within local communities taking a placed based approach to understanding local needs in relation to primary care, pharmacy and other elements of harm reduction.

3

Implementing a common performance framework across services based upon Public Health Scotland's minimum data set. This will identify outcomes for those accessing services

4

Ensuring that IADP supports planning and decision making across the council, including through contribution to licencing board decision.

5

Provide training and education for professionals across the health, care and other systems to better understand the treatment system and better support individuals to access care.

6

Developing whole school approaches to prevention and education for young people.

OUTCOME MEASURES

Outcomes we will measure to understand our progress against this are:

- 1. Drug and alcohol related deaths are reducing in Inverclyde**
- 2. Drug and alcohol related hospital admissions are declining in Inverclyde**
- 3. Drug and alcohol related offences are declining in Inverclyde**
- 4. More people successfully complete treatment**
- 5. More people access community based recovery support**
- 6. Those accessing services report a better understanding of the treatment and support options available to them**
- 7. Those accessing services report feeling more involved in their treatment and support**
- 8. IADP continues to meet MAT standards**
- 9. There is a published pathway of treatment and support**
- 10. More people from Inverclyde access residential rehabilitation**

OBJECTIVE 2: EMBED A WHOLE FAMILY APPROACH TO TREATMENT AND SUPPORT

Drug and alcohol use is closely associated with a range of harms for family members including physical and mental ill health, domestic abuse, child protection issues, and financial harms³⁰. The routine involvement of family members and carers in treatment is however linked with health improvements for the family members themselves and increased engagement, retention and completion of treatment for those who require it³⁰.

A whole family approach is a fundamental basis of the Rights, Respect and Recovery strategy which recognises the role of families in supporting recovery, as well as their own right to receive support and be involved in the treatment and support of their loved ones. The Scottish Government Framework for families affected by drug and alcohol use³¹ sets out how strong and creative links between ADPs and Children's Services Planning Partnerships (CSPPs) are required to provide high quality support.

Through our own consultation we heard about the profound impacts on families physical and mental health as a result of caring for someone with drug and/or alcohol problems. Those that did experience these harms reported a lack of services for carers and described challenges in accessing mental health support. These difficulties were often exacerbated by not being aware of the treatment options and pathways available to those they care for and frustration at a lack of involvement in their loved ones treatment. Families were not always clear about the role of the ADP yet those we spoke to often had clear suggestions for how services could be improved for both themselves and their loved ones.

Our ambition is to implement a whole family approach to drug and alcohol treatment and support throughout Inverclyde. Treatment and support for drug and alcohol harms will be inclusive of families placing them at the heart of service design, delivery and evaluation. We will ensure everyone affected by drug and alcohol related harm is able to access support.

To achieve this we will:

1

Conduct a review of family support provision across the IADP against the National Framework. This will consider the implementation of the Triangle of Care approach.

2

Work with the CSPP to identify actions arising from the review and opportunities to enhance our whole family approach to recovery.

3

Ensure a whole workforce approach to family inclusive practice.

4

Improve outcomes for people who experience the 'toxic trio' of substance use, domestic abuse and mental health needs.

OUTCOME MEASURES

Outcomes we will measure to understand our progress against this are:

1. All ADP partners have reviewed their provision against the National Framework and have been supported to develop local action plans
2. There is a joint action plan with the CSPP for the development of family support provision in recovery services
3. Families and carers report being more involved in the treatment and support of their loved ones
4. Families and carers report being more involved in service design, delivery and evaluation
5. Families and carers report being better able to access support for their own health and wellbeing
6. All practitioners are trained on family inclusive practices
7. Those experiencing substance use, domestic abuse and mental health problems are able to access specialist provision.



OBJECTIVE 3: ENSURE A COORDINATED AND WHOLE SYSTEM APPROACH

A whole system approach to public health is one of the three key components of the public health reform programme being delivered by the Scottish Governments and the Convention of Scottish Local Authorities (COSLA). Whole system approaches require system thinking across a broad range of partners to understand the challenges and identify collective actions. We recognise that only through collaborative working with local and national government, health and social care, the third sector and justice will we be able to address the underlying inequalities which result in drug and alcohol use.

A whole system approach is required to address the underlying social and economic drivers that increase peoples risk of drug and alcohol use. Despite secure housing and employment being a known protective factor against drug and alcohol use³² we recognise that these are areas we must develop to support recovery in Inverclyde. Through our consultation a number of those accessing services identified the need for improved training and employment opportunities at different points of their recovery journey. We also heard how access to suitable accommodation, especially for those leaving residential rehab, can be challenging to secure and, in some cases, prevents people moving to living fully independently.

This strategy will, therefore, support a whole system approach by integrating the residential rehabilitation pathway with the emerging homelessness redesign, ensuring that people have seamless access to suitable accommodation. This collaboration will involve developing coordinated care pathways that not only facilitate entry into rehabilitation services but also prioritise stable housing solutions post-recovery. By fostering partnerships between rehabilitation centres, housing providers and support services, we aim to create a supportive environment that addresses the interconnected challenges of addiction and homelessness. In doing so we will empower individuals to achieve long-term recovery while reducing the risk of relapse and promoting sustainable living conditions.

The challenge of accessing mental health treatment was a common theme for those accessing drug and alcohol services and their families. Many we spoke to identifying the need to better join up mental health and drug and alcohol services.

Whilst strong partnership working across the ADP was identified within our consultation a number of challenges were identified that could also be met through improving coordination across the system. We heard examples of a number of initiatives that, whilst successful, had to be discontinued, or were unable to recruit staff due to non-recurrent and short-term funding. This creates further uncertainty as to the services available and discontinuity in care for those accessing them. The Wellness Park site is exceeding its physical capacity and there is no other suitable accommodation available within the HSCP. Whilst there is shared care within Inverclyde it was widely recognised that this could be further developed.

OUR AMBITION IS THAT THE IADP LEADS AND CONTRIBUTES TO A WHOLE SYSTEM APPROACH TO ADDRESSING THE INEQUALITIES WHICH CONTRIBUTE TO DRUG AND ALCOHOL USE AND COORDINATES RESOURCES ACROSS THE PARTNERSHIP FOR THE BENEFIT OF THOSE WHO ACCESS SERVICES.

To achieve this we will:

1

Work with the Local Employment Partnership to create links and identify opportunities to support recovery through the No One Left Behind strategy

2

Develop, with the Recovery Development Group, a joint funding plan to identify priorities for long-term funding and investment across the system

3

Work with public and private housing providers to build opportunities for secure and stable homes to support recovery

4

We will work with Inverclyde HSCP to support their strategic action of improving the interface between drug and alcohol recovery services and emergency mental health services.

OUTCOME MEASURES

Outcomes we will measure to understand our progress in this area include:

- **More people accessing services, and who are able, will progress towards and enter employment.**
- **More people accessing services will be able to secure homes and live independently.**
- **Development of a co-ordinated plan for long-term funding across the system to address priority needs in relation to reducing drug and alcohol harms.**
- **Increased investment from funders to Inverclyde**
- **People with urgent care needs for mental health and substance use will receive improved support with the right care at the right time³³**



OBJECTIVE 4: DELIVERING TRAUMA INFORMED PRACTICE

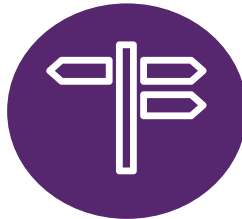
The IADP will fully adopt the Scottish Governments definition of Trauma informed practice (TiP)³⁴. This comprises of five key principles:



SAFETY



TRUSTWORTHINESS



CHOICE



COLLABORATION



EMPOWERMENT

Traumatic experiences and post-traumatic stress disorder are strongly associated with substance use³⁵. TiP within drug and alcohol services is recognised as instrumental in reducing the stigma individuals and families can experience as well as providing a holistic approach to meeting people's needs. Addressing the impacts of trauma including subsequent health and social inequalities which result in a range of poor outcomes for individuals, including drug and alcohol use, is a cross-cutting priority across policy areas including the National Drugs Mission Plan and Inverclyde Council's pledge to become a trauma informed council. The importance of this approach is also recognized in the Scottish Governments strategy for effective psychological interventions for substance misuse services³⁶. Our consultation identified that whilst there was an awareness of TiP it was felt that this was not fully embedded across all services offering treatment and support in Inverclyde. This was particularly the case for principle 3 (choice) with a number of people accessing treatment reporting not feeling they had sufficient choice within their medication and reduction and recovery journey. It was also felt that principle 5 (empowerment) could be strengthened through ensuring lived experience and feedback is systematically used across all services.

OUR AMBITION IS THAT ALL SERVICES DELIVERING TREATMENT AND SUPPORT FOR DRUG AND ALCOHOL USE WORK IN A TRAUMA-INFORMED WAY WHICH MINIMISES THE STIGMA, RECOGNISES PEOPLE'S STRENGTHS AND PROMOTES CHOICE AND AMBITION IN THEIR RECOVERY JOURNEY.

To achieve this we will:

1

Ensure all services adopt trauma informed practices in the treatment and support of those experiencing drug and alcohol problems

2

Ensure lived experience is embedded in the design, delivery and evaluation of services

3

Commission for trauma informed practice within ADP contracts

4

Support those delivering treatment and support to reduce burnout and improve staff wellbeing

OUTCOME MEASURES

1. Lived experience will routinely contribute to the planning, delivery, and evaluation activity of both services and strategy.
2. Those accessing treatment and support report feeling empowered and involved by services.
3. Those accessing treatment and support report feeling understood by the service and that services understand their strengths and aspirations.
4. Gender based services, including for those who experience domestic abuse, are integrated within the system.

4. WORKPLAN

The IADP's two year workplan sets out how we will collaboratively work to achieve the objectives and outcomes set within this strategy. Whilst the workplan will be monitored throughout we will formally review progress against this at the end of year 1 (October 2025) and updated to reflect the actions and priorities which will emerge over this time. The workplan will be owned across all IADP partners who will continue to work collaboratively to achieve the ambitions and outcomes set out in this strategy.

YEAR 1 DELIVERY COMMITMENTS OCTOBER 2024 – SEPTEMBER 2025

OBJECTIVE 1: REDUCE DEATHS AND IMPROVE LIVES

By September 2025 we will have:

- Undertaken a full review of drug and alcohol treatment and support pathways involving those with lived experience. A specific action plan, owned across the partnership, will identify actions to be taken to ensure a fully joined up and coherent system of treatment and support.
- Reviewed the IADP performance framework against Public Health Scotland's minimum data set. We will have developed a plan to implement changes to performance and contract monitoring across the partnership to better identify outcomes for those accessing treatment and support.
- Have reviewed the IADP governance structure to ensure we effectively support decision making across all relevant areas in Inverclyde Council and Inverclyde HSCP.
- Identified opportunities to enhance training and education and preventative approaches across health, care, justice and the education system.
- Identified a methodology by which we can better understand local communities capacity for harm reduction.

OBJECTIVE 2: EMBED A WHOLE FAMILY APPROACH TO TREATMENT AND SUPPORT

By September 2025 we will have:

- IADP services will have completed a self-assessment against the Scottish Government Framework for Families Affected by Drug and Alcohol Use, developed and shared action plans to improve compliance with the framework.
- Identified opportunities for systemic change and implications for commissioning from the self-assessments
- Developed working partnership with the Inverclyde Violence Against Women Multi-agency Partnership

OBJECTIVE 3: ENSURE A COORDINATED AND WHOLE SYSTEM APPROACH

By September 2025 we will have:

- Developed a working partnership with the Local Employment Partnership and identified any immediate opportunities through the No One Left Behind strategy.
- Completed stakeholder mapping and developed an engagement plan with public and private providers.
- Reviewed the IADP governance structure including reviewing the terms of reference for the Recovery Development Group with a view to developing long-term funding and investment plans.
- Identified any emerging findings from the Inverclyde HSCP test of change work to improve interfaces between drug and alcohol and emergency mental health services.

OBJECTIVE 4: DELIVERING TRAUMA INFORMED PRACTICE

By September 2025 we will have:

- Ensured that the voices and perspectives of those with lived experience are incorporated into all relevant actions of this workplan
- Reviewed the IADP governance structure with consideration of if/how lived experience contributes to the workstreams
- Undertaken a review of trauma informed practice, across the IADP, against the Inverclyde trauma informed practice strategy



YEAR 2 DELIVERY COMMITMENTS

OCTOBER 2025 – SEPTEMBER 2026

OBJECTIVE 1: REDUCE DEATHS AND IMPROVE LIVES

By September 2026 we will have:

- Have published a clear treatment and support pathway from the point of assessment to recovery and beyond. This will be used across IADP to support joint decision making in treatment and support.
- Begun to implement service specific action plans to better join up services enabling people to move easily and efficiently across the treatment and support pathway, ensuring continuity of care.
- Implemented a common performance framework across IADP services.
- Implemented identified changes to the IADP governance structure.
- Have developed, and have begun to deliver, a comprehensive, cross sector, training and education plan.
- Have assessed local communities capacity for harm reduction and developed a plan to enhance this where needed.

OBJECTIVE 2: EMBED A WHOLE FAMILY APPROACH TO TREATMENT AND SUPPORT

By September 2026 we will have:

- Made substantial progress in action plans to ensure IADP treatment and support services are meeting, or close to meeting, the Scottish Government Framework for Families Affected by Drug and Alcohol Use.
- Have assessed the feasibility of implementing the Triangle of Care approach across the IADP.
- Have developed and begun to implement a workforce training programme to deliver family inclusive practice across IADP.
- Implemented identified changes to the IADP governance structure ensuring that the perspectives of families affected by drugs and alcohol are included in relevant workstreams
- Identified opportunities for enhancing treatment and support for those who also experience domestic abuse.

OBJECTIVE 3: ENSURE A COORDINATED AND WHOLE SYSTEM APPROACH

By September 2026 we will have:

- Identified opportunities for enhancing support in progress towards and access to work, including a feasibility assessment of the implementation of supported employment initiatives.
- Have implemented any required changes to the IADP governance structure, ensuring IADP systematically contributes to relevant decisions across other sectors and systems.
- Have developed an agreed long-term funding plan/priorities across Inverclyde and potential funding streams for this.
- Have developed plans to increase access to sustainable homes for those leaving residential rehabilitation.

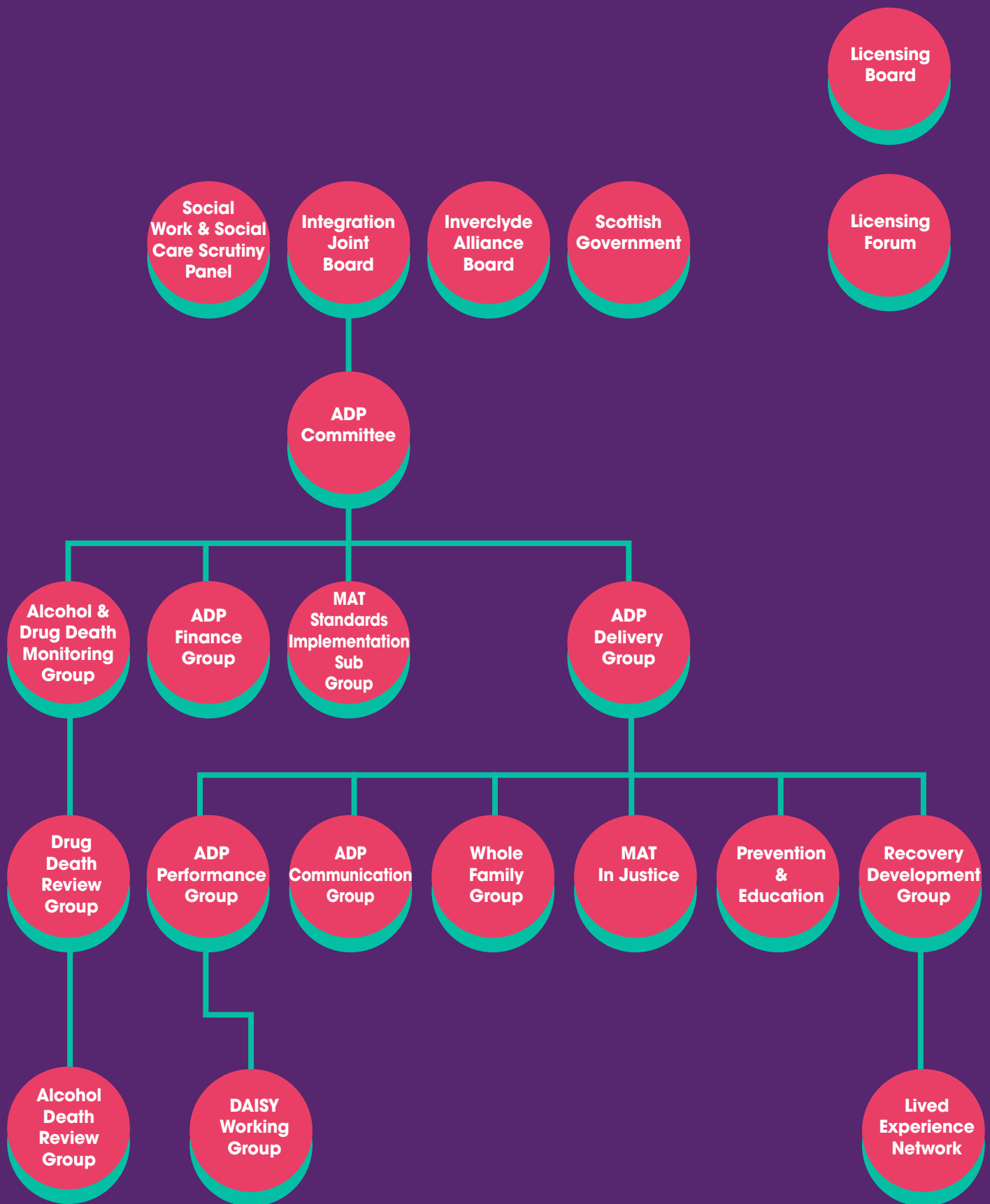
OBJECTIVE 4: DELIVERING TRAUMA INFORMED PRACTICE

By September 2026 we will have:

- Ensured all IADP partners have made substantial progress towards delivering trauma informed practice against the Inverclyde strategy.
- Ensured that lived experience contributes to relevant workstreams within the IADP governance structure.
- Developed governance and feedback mechanisms to fully capture people's lived experience of treatment and support and routinely use this in service development.
- Commissioning of IADP services will include consideration of the delivery of trauma informed practice.



APPENDIX 1: IADP GOVERNANCE STRUCTURE



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adp

Inverclyde Alcohol
and Drug **Partnership**

www.inverclydeadp.org.uk

Report To:	Inverclyde Integration Joint Board	Date:	12 May 2025
Report By:	Kate Rocks Chief Officer Inverclyde HSCP	Report No:	IJB/72/2025/JH
Contact Officer:	Scott Bryan Service Manager, Strategic Services Inverclyde HSCP	Contact No:	01475 715365
Subject:	Locality Planning Groups – Development Update		

1.0 PURPOSE AND SUMMARY

- 1.1 ☐ For Decision ☒ For Information/Noting
- 1.2 The purpose of this paper is to provide an update to Integration Joint board on the status and progress our the HSCP Locality Planning Groups
- 1.3 Locality Planning Groups are sub-groups of the Strategic Planning Groups and are a key mechanism to ensure the voice of staff, partner organisations and most importantly, those with lived experience of services are central to our strategic planning process.
- 1.4 The development of HSCP Locality Planning Groups continues as we seek to enhance each groups membership and align them closer to the partnership's strategic planning function.
- 1.5 To support this development, a locality event was hosted in November 2024, inviting a range of local HSCP, partner and community stakeholders. The event discussed the benefits and opportunities of locality planning groups, and provided attendees and opportunity to help co-design how the groups should be structured in the future.
- 1.6 The full report on the event is available at the appendix to this report.

2.0 RECOMMENDATIONS

- 2.1 It is recommended that IJB:
- Notes the contents of this report.

Kate Rocks
Chief Officer, Inverclyde Health and Social Care Partnership

3.0 BACKGROUND AND CONTEXT

- 3.1 As part of the strategic planning obligations set out in the Public Bodies (Joint Working) Act, all Integration Joint Boards must give consideration to the unique localities and communities when undertaking any strategic planning function.
- 3.2 To support this approach locally, Inverclyde HSCP has established two Locality Planning Groups, East and West.



The East Locality covers the areas of, Kilmacolm and Quarriers, Port Glasgow and East Greenock.

West Locality covers the areas of Greenock Central and West, Gourock, Wemyss Bay and Inverkip.

- 3.3 Locality Planning Groups are aligned as sub-groups of the IJBs Strategic Planning Group. As set out in the Joint Working Act, the Strategic Planning Group is a required mechanism set out in the legislation with the responsibility of producing and monitoring the IJBs Strategic Commissioning Plan.

In effect, there should be close relationships between Locality Planning Groups and the Strategic Planning Group. Discussions, opportunities and concerns identified at the locality planning level, should be presented to the Strategic Planning Group for discussion and possible action.

- 3.4 The Locality Planning Groups have been undergoing a period of development over the past year, as we look to enhance the membership and formalise the groups relationships with the overall strategic planning structures within the HSCP.
- 3.5 To support this, a development session was hosted for all locality group members in November 2024.

4.0 PROPOSALS

- 4.1 The development session was held in Gibshill Community Centre on 26 November 2024. Attendees included existing locality planning group members and a wide range of community representatives and HSCP staff.
- 4.2 The session aimed to strengthen our approach to locality planning through collaboration and co-design and ultimately raise the profile of Locality Planning Groups.
- 4.3 In facilitating the session, an appreciative inquiry approach was adopted, encouraging people to consider strengths, and the 'best of' what they have previously experienced.

Building on the positivity from the 'best of' discussions, the group considered how we could build on positive examples to create more effective locality planning groups going forward.

- 4.4 Some of the key themes highlighted from session included:
 - The need to better understand the needs of people across our communities
 - The groups should be community led, but discussions should be focused around the Strategic Priorities.
 - Locality Planning Group meetings, should be, for the most part, informal, held in community spaces, and be a welcoming environment to encourage participation
 - The groups should help identify and optimise the use of local community assets
 - Membership needs to be wide to allow multi-agency collaboration.
- 4.5 It was agreed that locality planning groups should be a central point in the over strategic planning process of the HSCP. The knowledge and expertise from fully developed membership will bring meaningful insight as we continue to consider our strategic direction and strive to improve health and care services.
- 4.6 A number of recommendations were identified from the event, including:
 - At their core, Locality Planning Groups primary purpose is to inform the development of the HSCPs strategic direction.
 - Locality Groups will be community based, with meetings taking place in local placed based venues.
 - To encourage participation, groups should operate a remote hybrid option for meetings, but with a preference for in-person.
 - Membership should be enhanced for those with lived experience of health and care services.
 - The agenda for each meeting should be driven by the membership but should have an alignment to the strategic priorities.

4.7 Next Steps

- 4.7.1 Following the development day, an updated Terms of Reference has been produced and shared with the Locality Planning Groups.
- 4.7.2 Work continues to enhance the membership of the groups as we seek to encourage more local people with lived experience to participate.
- 4.7.3 In addition to the development of the Locality Planning Groups, work is also taking place to establish strategic priority groups. These groups will have responsibility for overseeing the implementation of each of the four priorities as set out in the Strategic Partnership Plan.

- 4.7.4 A working group will soon be established to consider how these priority groups will align with both the Strategic Planning Group and the Locality Planning Groups. It is intended, that alignment of these groups will provide great oversight and consideration of the implementation of the Strategic Partnership Plan.

5.0 IMPLICATIONS

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

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

5.2 Finance

- 5.2.1 There are no financial implications associated with this report.

One off Costs

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

Annually Recurring Costs/ (Savings)

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

5.3 Legal/Risk

- 5.3.1 There are not legal implications associated with this report.

5.4 Human Resources

- 5.4.1 There are no Human Resource implications associated with this report.

5.5 Strategic Plan Priorities

5.5.1 Locality Planning Groups are a key mechanism by which we will support the implementation of the Strategic Partnership Plan.

Going forward, locality planning groups will provide robust reflections on the impact of the Strategic Priorities from a community perspective and help inform the ongoing development of the HSCP strategic direction.

Locality Planning Groups will feed directly in the Strategic Planning Group, which is responsible for producing and monitoring the Strategic Plan on behalf of the IJB.

5.6 Equalities

(a) Equalities

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

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

(b) Equality Outcomes

How does this report address our Equality Outcomes?

Our strategic partnership plan is closely aligned with our Equality Outcomes Plan, with many of

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

(c) Fairer Scotland Duty

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

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

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

(d) **Children and Young People**

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

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

5.7 Clinical or Care Governance

There are no Clinical or Care Governance implications from this report.

5.8 National Wellbeing Outcomes

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

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	Through engagement with our locality groups, we strengthen our conversations and partnership working with our communities and using their input and feedback to help shape our overall strategic direction and supporting us to progress the national health and wellbeing outcomes.
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	As above
People who use health and social care services have positive experiences of those services, and have their dignity respected.	As above
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	As above
Health and social care services contribute to reducing health inequalities.	As above

People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	As above
People using health and social care services are safe from harm.	As above
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	As above
Resources are used effectively in the provision of health and social care services.	As above

5.9 Environmental/Sustainability

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

Has a Strategic Environmental Assessment been carried out?

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

5.10 Data Protection

Has a Data Protection Impact Assessment been carried out?

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

6.0 DIRECTIONS

6.1	Direction 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	

7.0 CONSULTATION

- 7.1 This progress report has been presented to both:
- HSCP Senior Management Team
 - IJB Strategic Planning Group (January 2025)
 - Locality Planning Groups (April 2025)

8.0 BACKGROUND PAPERS




- 8.1 Locality Planning Groups (LPGs) Report
- Appendix 1 – Development Session Programme
 - Appendix 2 – Localities Development Session - Presentation

INVERCLYDE HSCP AND LOCALITY PLANNING GROUPS DEVELOPMENT SESSION

Tuesday 26th November 2024
Gibshill Community Hall, Smillie Street, Greenock PA15 2NH

Lunch / Tea / Coffee on arrival from 1:00 p.m.
Programme starts at 1.30 p.m.

P R O G R A M M E

Item	Subject	Lead
1.	Introductions and Purpose of the day	Maxine 1:30 – 1:40 p.m.
2.	Setting the Scene: Our Journey so far	Scott 1:40 – 1:50 p.m.
3.	Rules of the Day	Pam 1:50 – 2:00 p.m.
4.	Appreciative Enquiry: Define - What do we want from these discussions? Define ➡ Discover ➡ Dream ➡ Design ➡ Destiny	Scott 2:00 – 2:05 p.m.
5.	Round Table Discussion 1 (followed by brief 10 mins feedback) 25 minutes each ☺ Discover: The best of what is. Positive experiences. ☺ Dream: What might be. How do we build on it? what does moving forward look like?	2:05 – 3:05 p.m. 
	NETWORK - TEA / COFFEE BREAK	3:05 – 3:20 p.m. 
6.	Round Table Discussion 2 (followed by brief 10 mins feedback) 25 minutes each ☺ Design: What will be. What will our groups look like. ☺ Destiny: Commitments. What are we agreeing to.	3:20 – 4:20 p.m. 
7.	Thank you and closing remarks	Maxine / Alan 4:20 – 4:30 p.m.

LOCALITY PLANNING Development Session 26th November 2024

Photo: David Barbour Photography

Appendix 2

‘People and Partnerships, Making a Difference’

The New Plan



- Strategic 'Partnership' Plan
- Approved by IJB on 13th May 2024
- Succeeds the 2019-24 Strategic Plan

Vision & Priorities

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

4 Strategic Priorities

Provide Early
Help and
Intervention

Improve
Support for
Mental Health,
Wellbeing and
Recovery

Support
Inclusive, Safe
and Resilient
Communities

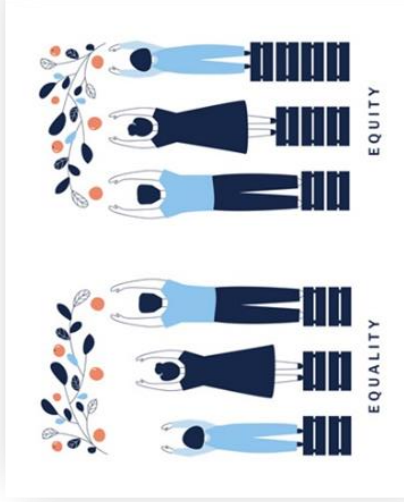
Strengthen
Support to
Families and
Carers

Key strategic approach

Addressing Inequalities

Person Centred and
Trauma informed

Empowering
communities through
partnership working



*Ensuring people are at the
heart of their care journey,
with their needs,
experience and aspirations
respected.*

*Employ trauma informed
approaches to ensure
people accessing services
feel safe and supported.*



*Ensuring communities
have the right knowledge
and resources to access
the support they need.
Involving communities in
decision making...*

Locality Planning

A locality is defined as a smaller area within the borders of an Integration Authority.

The purpose of localities is to provide local leadership in service planning, ensuring the needs and preferences of local communities are considered in the planning of health and social care services. This approach aims to enhance community involvement and professional leadership in the planning and delivery of integrated services.

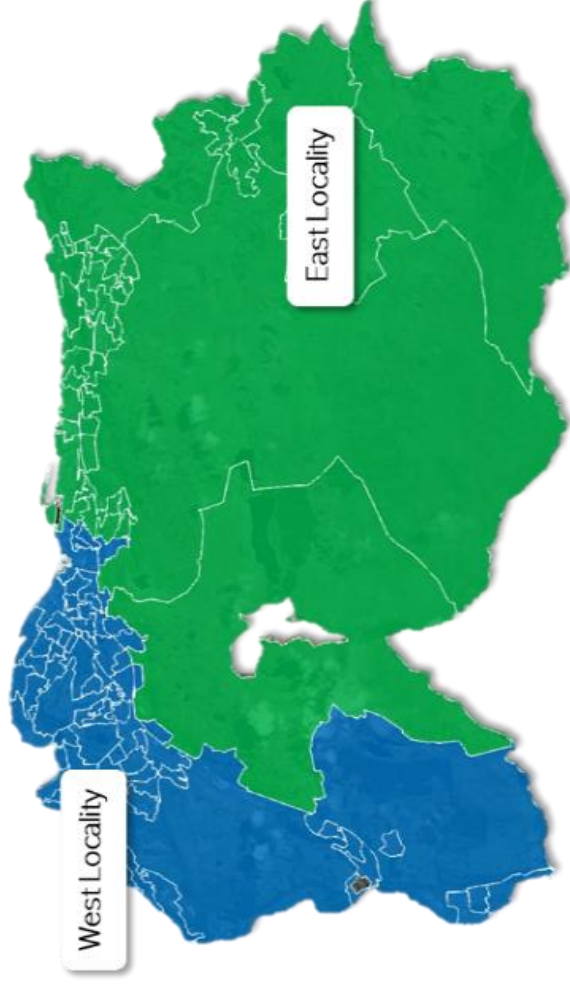
“... effective services must be designed with and for people and communities – not delivered “top down” for administrative convenience”

The Christie Commission Report

Locality Planning

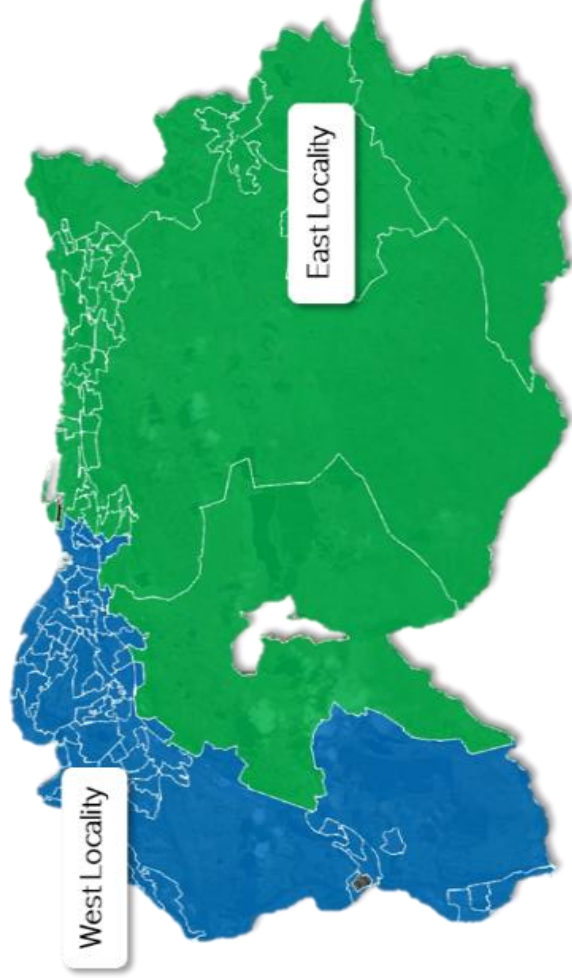
Previous Approaches

- Six Locality Planning Groups/Six Communication and Engagement Groups – proved difficult to get involvement from range of stakeholders
- Agendas covered range of issues - not specific to health and social care services
- Agreement by CMT and IJB to develop two Health and Social Care Locality Planning Groups (East and West)
- Developed two HSCP Locality Planning Groups (East and West) – agreed to start small and build up



Locality Planning

We want to ensure a range of voices are heard, so are keen to ensure we have a cross section of key people. Now is the time to involve:



Membership

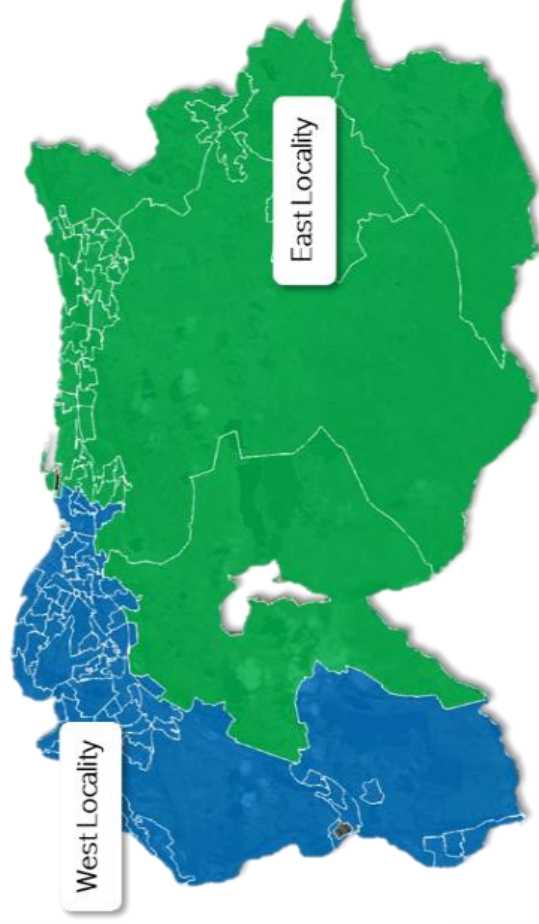
- *Health Professionals*
- *Social Care Professionals*
- *GPs and Secondary Care*
- *Third Sector partners*
- *Independent sector partners*
- ***People with lived experience Health and Care Services***
- ***Our Carers***
- *Housing sector partners*



Locality Planning

Provide Early
Help and
Intervention

HSCP Priority Groups

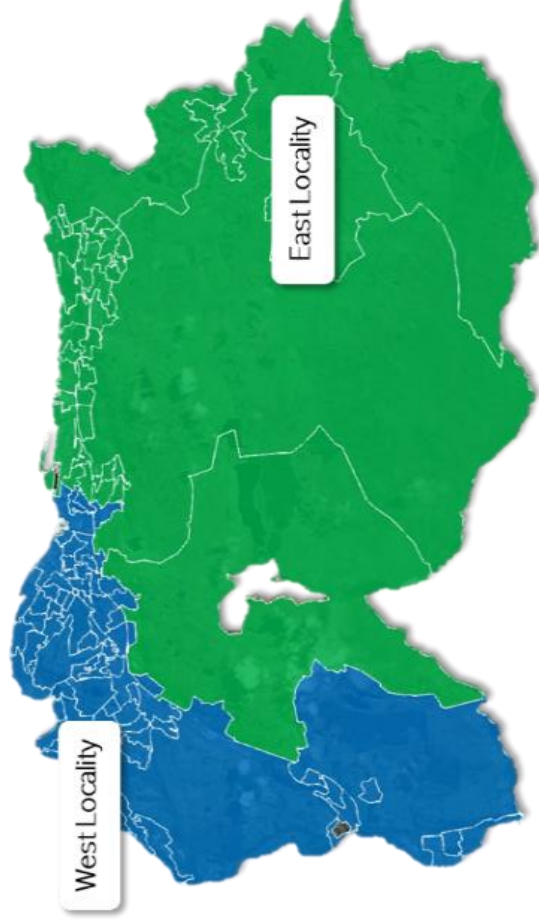


Support
Inclusive, Safe
and Resilient
Communities

Improve
Support for
Mental Health,
Wellbeing and
Recovery

Strengthen
Support to
Families and
Carers




Locality Planning



Next Steps

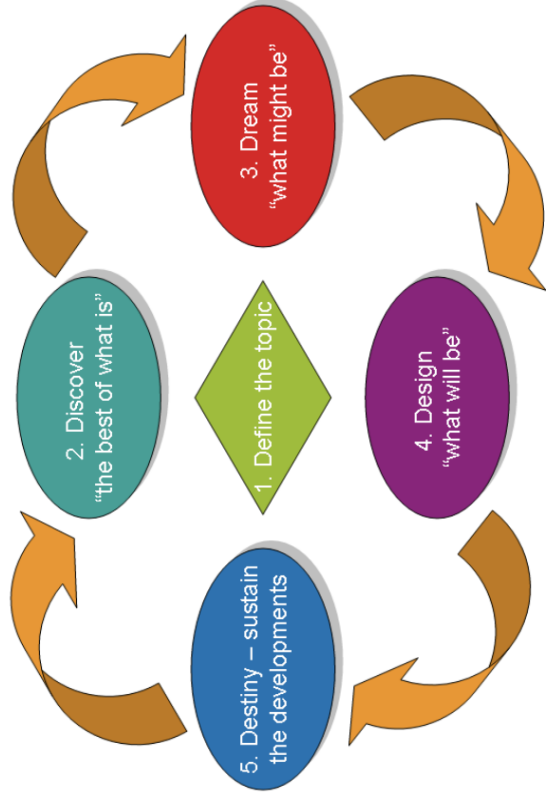
- Build on / develop existing model
- Align to our four strategic priorities
- *Arrange Development Sessions
- Revise Terms of Reference*
 - Clearly define scope and purpose of localities
- Refine Membership
 - **Enhance voice of those with lived experience of Health and Social Care Services**
 - Ensure right professional membership
- Establish a 'You Said – We Did' approach

PROGRAMME

Item	Subject	Lead
1.	Introductions and Purpose of the day	Maxine 1:30 – 1:40 p.m.
2.	Setting the Scene: Our Journey so far	Scott 1:40 – 1:50 p.m.
3.	Appreciative Enquiry: Define - What do we want from these discussions? Define → Discover → Dream → Design → Destiny	Scott 1:50 – 2:00 p.m.
4.	Round Table Discussion 1 (followed by brief 10 mins feedback) 25 minutes each ☺ Discover: The best of what is. Positive experiences. ☺ Dream: What might be. How do we build on it? what does moving forward look like?	2:00 – 3:00 p.m. 
	NETWORK - TEA / COFFEE BREAK	3:00 – 3:15 p.m. 
5.	Round Table Discussion 2 (followed by brief 10 mins feedback) 25 minutes each ☺ Design: What will be. What will our groups look like. ☺ Destiny: Commitments. What are we agreeing to.	3:15 – 4:15 p.m. 
6.	Thank you and closing remarks	Maxine / Alan 4:15 – 4:30 p.m.

Today's Programme

5-D cycle of Appreciative Inquiry



Discover

Dream

Design

Destiny

Stage 1: The Topic

Our Locality Conversation

Stage 2: Discovery



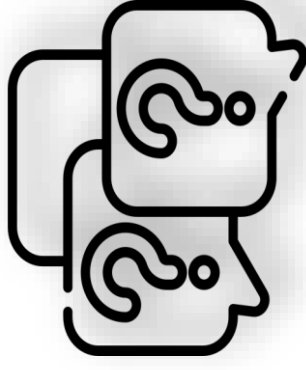
Discovery

Stage 2: Discovery

- In terms of engaging with local services, what have you experienced that worked well?

Discovery

- How did that make you feel?



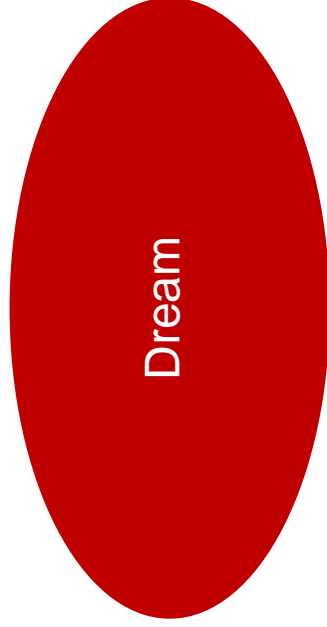
Stage 2: Dream



Dream

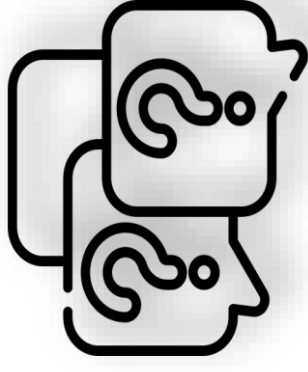
Stage 2: Dream

- How do we work together?



- How are your voices heard?

- How will we know we had an impact?



Stage 3: Design

Design

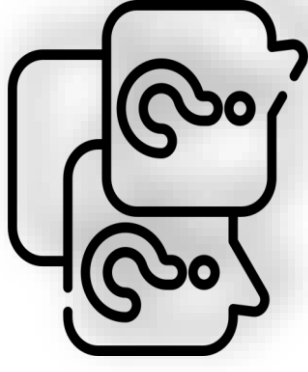
Stage 3: Design

- What could we do in the future to shape LPGs?




- Who should lead the conversations?

- How do we talk about our four strategic priorities?



Stage 4: Destiny



Destiny

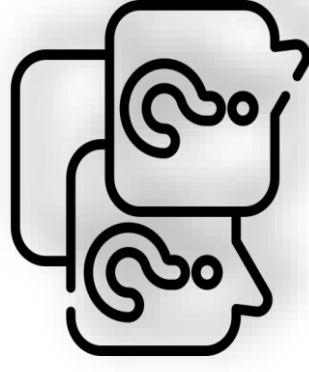
Stage 4: Destiny

- What is your commitment to LPG moving forward?

Destiny

- What do you hope to achieve?
- If you could change one thing, what would it be?

- What mindset do we need to make this work?





Locality Planning Groups (LPGs)

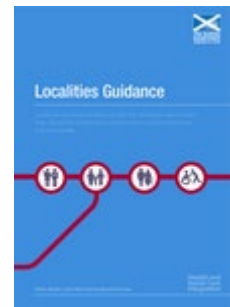
Report from Event Held Tuesday 26th November 2024

Gibshill Community Centre Smillie Street, Greenock

1. Background - What is locality planning

The Inverclyde Health and Social Care Partnership (HSCP) Locality Planning Groups (LPG) are established in accordance with the Public Bodies (Joint Working) (Scotland) Act 2014, the Act puts in place the legislative framework to integrate health and social care services in Scotland. Section 29(3) (a) of the Act noted above requires each integration Authority to establish at least two localities within its area.

Guidance on what localities are for, the principles upon which they should be established, and how they should operate can be found in the [Localities Guidance](#)



Our Locality Planning groups started from a small core or members and now is the time to build on our groups, with an opportunity to broaden the membership to include:

- people who use HSCP services,
- those who care for people who use HSCP services,
- those with lived experience of HSCP services
- those with a passion for HSCP services,
- those who work in health and social care, including our Housing sector colleagues, GPs, social workers, Allied Health Professionals (AHP) (for example Physiotherapist and Occupational Therapists), pharmacists etc.

2. Our Approach

This report has been written following our information and conversation session for our Locality Planning Groups (East and West brought together). Participants were invited to join this event on Tuesday 26th November to help shape the future of our Locality Planning Groups.

This session was part of our commitment to our Locality Planning (agreed at our East and West meetings in October 2024) this was an opportunity to raise the profile of HSCP Locality Planning Groups, discuss what we hoped to achieve moving forward and have positive conversations around how we improve and build on the existing Groups. We want to design and plan our services **with and for** the people of Inverclyde.

A programme of the session was tabled for each participant (*Appendix 1*) using the Appreciative Inquiry Model.

The aims of the session were to:

- Network; meet and greet our colleagues and partners from across the Third Sector, HSCP workforce, Locality Planning Group members and wider Community representatives, with an opportunity to put faces to names and engage in honest open table conversation.
- Highlight the purpose and journey of Locality Planning Groups to date
- Engage in positive conversations around our strengths and how we can work together using the Appreciative Inquiry model.

3. Session Outline

The session was opened and introduced by Maxine Ward, Head of Addiction Services and Homelessness, Inverclyde HSCP. Maxine welcomed everyone to the session asking that we focus on this session with *'a positive mindset'*.

Scott Bryan, Service Manager – Planning, Performance and Equalities delivered a *'Locality Planning – People and Partnerships, Making a difference'* presentation (*Appendix 2*), key points below.

- Our Strategic Partnership Plan
- Our Vision, priorities and approach
- Locality Planning journey so far
- What is the Appreciative inquiry (model)
- What's next? Discover – Dream – Design - Destiny

Scott and Pamela Robb, Planning and Redesign Officer, lead participants through the four conversations of the Appreciative Inquiry model.

Alan Best, Head of Health and Community Care, closed the event, thanking everyone for taking time out of their busy schedules to support the session and for all their contributions and feedback.

4. Conversations

Working in partnership with the CVS Inverclyde and Your Voice, four breakout sessions were facilitated.

The event took an informal round table discussion approach, allowing participants to participate in smaller groups with some, key questions (below) to understand the journey we are on.

Discovery:

Appreciative mindset. The best of what is.

- ☺ In terms of engaging with local services, what have you experienced that worked well?
- ☺ How did it make you feel

Dream:

Positive focus. Think big! What might be.

- ☺ How do we work together?
- ☺ How are your voices heard?
- ☺ How will we know we had an impact?

Design:

What will be. What does Locality Planning look like to you.

- ☺ What could we do in the future to shape LPGs?
- ☺ Who should lead the conversations?
- ☺ How do we talk about our four strategic priorities?

Destiny:

What can we do today to make a difference tomorrow. Sustain the development.

- ☺ What is your commitment to LPG moving forward?
- ☺ What do you hope to achieve?
- ☺ If you could change one thing, what would it be?
- ☺ What mindset do we need to make this work?

5. Summary of Discussions

A full breakdown of the feedback from all tables is included in [Appendix 3](#).

Common themes (in no set order)

1. Understand the need and people in our communities (broad representation)
2. Develop the strategic priorities (with themed sessions aligned to each priority).
3. Understand and use the assets in our community (for signposting)
4. Multi-agency approach and collaborative action (reduce duplication).
5. Identify local gaps (guide funding decisions where there is a gap – especially Third Sector, community fundraising to address gaps)
6. Build on and make better connections with our Young People (earlier intervention).

7. Build and maintain relationships (communities need trust not a constant process of connecting/reconnecting when there is a high turnover of staff)
8. Coproduction (particularly with our young people and lived experience).
9. Safe spaces and smaller forums (host conversations that 'really matter' with incentives).
10. You said – We did (evidence of listen, learn and that services are adapting)
11. Led by People **for** People (HSCP coordinate – don't lead)
12. Reframe LPGs (need a safe place, informal, drop the 'meeting' language)

What are we doing well?

- We are starting to have meaningful conversations.
- Committed workforce and communities who work hard and are dedicated to improving the lives of our people.
- Compassionate resilient communities.
- Partnership working (has improved but we can do more)
- Language / decluttering jargon (better but still needs improvement).
- Stigma work (better but needs improvement).
- Promoting positive language and conversations (reducing the negativity)
- Rehab pathways have improved, lived experience feels better supported.

6. Next Steps

It was agreed this was a particularly useful session, there was energy in the room, and participants had a passion for working collaboratively.

The HSCP Locality Planning Groups will provide the bedrock for multi-agency outcomes-based planning to take place. Members should provide vital knowledge from their communities to identify local needs at early stages and are essential in planning early intervention services.

Locality Planning Groups cover different localities / geographical areas and should have a wide and varying range of members. It is recognised that whilst there is no one-size-fits-all model for Locality Planning Groups; there are key components that will be common in the East and West which is that all members are willing to focus on improving the outcomes for the people living in those areas and the conversations will be aligned to our four strategic priorities.

The Locality Planning Groups has a common strategic direction, through this we will assess how much they add value to local planning, build relationships, collaborative working and identify local gaps in services.

Recommendations

- ☺ At the core, locality planning groups will understand their primary purpose is to inform the development and implementation of the Strategic Partnership Plan.
- ☺ A clear, easy to follow 'statement' and / or terms of reference will be drawn together, this will be explicit in terms of 'the ask' and what is in and out of scope for Locality Planning group members.
- ☺ Locality Planning Conversations should take place in our community hubs, community halls, churches etc with tea/coffee available to allow a safe warm welcoming space to have meaningful conversations in smaller groups.
- ☺ Locality Planning conversations should take place as a hybrid option where this is possible to allow for people to join online and conversations should be recorded and shared for people who can't make a set time and date.
- ☺ Initially the groups should be chaired by the Head of Service allocated to each Locality, this should be revisited mid-year with a view to the groups being for the people and conversations led by the people with HSCP officers in attendance and coordinating the groups.
- ☺ Groups will seek to enhance membership from those with lived experience of health and social care service and local carers, recognising the great value their views will bring.
- ☺ The topics for discussion at each meeting should, where possible, be driven by the group's membership but should always relate to Health and Social Care matters and services within the remit of the HSCP and partner organisations.
- ☺ All topics should relate to the priorities set out in the Strategic Partnership Plan.

Thank you so much to everyone who participated and facilitated on the day.

Appendices

Appendix 1 – Development Session Programme (appended)

Appendix 2 – Localities Development Session presentation (appended)

Participant List

Attendees.

T1.

- Kelly Dominick – Kay Housing
- Michelle McKechnie – Home Start
- Jenn Campbell – Muirshiel Centre
- Amanda Ward – C&F Social Work
- Anne Marie MacDonald – Carers Gateway
- Calum McLellan – CLD
- Angela McKillop – Your Voice MH Network
- Rebecca Richard – Your Voice

T2.

- Finlay Craig – Your Voice
- Heather Davis - Carers Rep, Your Voice
- Michael McGarrigle – Rapid Rehousing Team HSCP
- Graham Shaw – Key Housing
- Brenda Cox - CLW, CVS
- Gillian Dow – Carers Gateway
- Christine Lindsay – Muirshiel Centre
- Tommy Rodger - PG West Community Council

T3.

- Vicki Cloney – CVS Inverclyde
- Val Shepherd – CVS Inverclyde
- Mario Fabiani – Alzheimer’s Scotland
- Dean Ferrie – Recovery Network, Your Voice
- David McIntosh – Rapid Rehousing Team, HSCP
- Jackie Burns – Key Housing Support
- Margaret Moyse – Gourock Community Council
- Lynn Fulton – C&F Social Work Services, HSCP
- Lynn Perkins - Independent

T4.

- Yvonne Coyle – Barnardo’s
- Jennifer Devoy – C&F Social Work, HSCP
- Joe McIlwee – Greenock South Community Council
- Ann Murray – Maximising Independence Lead, HSCP
- Karen Haldane – Your Voice
- Jim Fraser – CLDT Social Worker, HSCP
- Kerry Dickson – Home Start, Inverclyde
- Thomas O’Neill – IADRS, Wellpark, HSCP

Report To:	Inverclyde Integration Joint Board	Date:	12 May 2025
Report By:	Kate Rocks Chief Officer Inverclyde HSCP	Report No:	IJB/70/2025/JH
Contact Officer:	Scott Bryan Service Manager, Strategic Services Inverclyde HSCP	Contact No:	01475 715365
Subject:	Strategic Partnership Plan – 6 Monthly Progress Update		

1.0 PURPOSE AND SUMMARY

- 1.1 ☐ For Decision ☒ For Information/Noting
- 1.2 To inform Integration Joint Board of progress to date on the implementation of the Strategic Partnership Plan, 'People and Partnerships, Making a Difference' 2024-27.
- 1.3 The attached report provides the first six-monthly update on the strategic actions agreed to support the implementation of the Strategic Partnership Plan.
- 1.4 The report has been compiled using the Ideagen corporate performance management system and is organised against the four strategic priorities.
- 1.5 As reported, at this stage of implementation, most actions have been assessed as having a Green RAG status. This indicates that most actions are considered on-track at the most recent reporting period. Only one action is yet to start.

2.0 RECOMMENDATIONS

- 2.1 It is recommended that IJB:
- Notes the contents of this report.

Kate Rocks
Chief Officer
Inverclyde Health and Social Care Partnership

3.0 BACKGROUND AND CONTEXT

- 3.1 The Inverclyde IJB Strategic Partnership Plan, People and Partnership's, Making a Difference was approved for publication by the Board in May 2024.
- 3.2 The plan set out the 3-year strategic direction for the delivery of HSCP and partnership services to help improve the health and wellbeing of the people and Inverclyde. The plan set out its key approaches, strategic vision and its four strategic priorities. These priorities are:
- Provide early help and intervention
 - Improve support for mental health, wellbeing and recovery
 - Support inclusive, safe and resilient communities
 - Strengthen support to families and carers
- 3.3 It was agreed that 6-monthly progress reports would be presented to Integration Joint Board for awareness.

4.0 PROPOSALS

- 4.1 This report covers the first 6-months of the Strategic Partnership Plan. For reporting purposes, all actions have been recorded onto the corporate performance management platform 'Ideagen'. This platform allows for a streamlined collection of progress and performance related information.
- 4.2 The attached progress report shows all 32 identified strategic actions, organised by Strategic Plan Priority.
- 4.3 As reported, this stage **31** of the 32 actions have been assessed as Green and are currently on-track. One action is yet to start.

5.0 IMPLICATIONS

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

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

5.2 Finance

5.2.1 There are no financial implications associated with this report.

One off Costs

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

Annually Recurring Costs/ (Savings)

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

5.3 Legal/Risk

5.3.1 There are not legal implications associated with this report.

5.4 Human Resources

5.4.1 There are no Human Resource implications associated with this report.

5.5 Strategic Plan Priorities

5.5.1 This report directly demonstrates the impact the work the Inverclyde HSCP has on implementing its strategic partnership plan and how identified actions are supporting the overall progress of the four strategic priorities.

The report highlights that at the last reporting stage, all actions were assigned a green RAG status and are currently all on track.

5.6 Equalities

(a) Equalities

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

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

(b) Equality Outcomes

How does this report address our Equality Outcomes?

Our strategic partnership plan is closely aligned with our Equality Outcomes Plan, with many of

Equalities Outcome	Implications
We have improved our knowledge of the local population who identify as belonging to protected groups and have a better understanding of the challenges they face.	Many actions in the Strategic Partnership Plan relate to supporting and engaging with the most vulnerable people in our communities. Through working closely across the communities and groups in Inverclyde, we gain a closer understanding of their health and care needs.
Children and Young People who are at risk due to local inequalities, are identified early and supported to achieve positive health outcomes.	As a key service user group, the Strategic Partnership Plan sets out a number of key actions to support children and young people who require support and assistance.
Inverclyde's most vulnerable and often excluded people are supported to be active and respected members of their community.	As above, the strategic partnership plan sets out a number of actions to provide support to the most vulnerable and often excluded groups in Inverclyde's communities, including those experiencing, low or complex mental health concerns, those experiencing harm from alcohol or drug use, those socially excluded due to illness or frailty, or those involved with the Justice System.
People that are New to Scotland, through resettlement or asylum, who make Inverclyde their home, feel welcomed, are safe, and able to access the HSCP services they may need.	Actions within the Strategic Partnership Plan apply to all residents of Inverclyde, including those new to Scotland.

(c) Fairer Scotland Duty

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

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

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

(d) **Children and Young People**

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

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

5.7 Clinical or Care Governance

There are no Clinical or Care Governance implications from this report.

5.8 National Wellbeing Outcomes

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

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	The Strategic Partnership Plan is the key mechanism by which we will progress against the 9 National Health and Wellbeing Outcomes.
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	As above
People who use health and social care services have positive experiences of those services, and have their dignity respected.	As above
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	As above
Health and social care services contribute to reducing health inequalities.	As above
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	As above
People using health and social care services are safe from harm.	As above
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	As above
Resources are used effectively in the provision of health and social care services.	As above

5.9 Environmental/Sustainability

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

Has a Strategic Environmental Assessment been carried out?

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

5.10 Data Protection

Has a Data Protection Impact Assessment been carried out?

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

6.0 DIRECTIONS

6.1	Direction 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	

7.0 CONSULTATION

7.1 This progress report has been presented to the following groups:

- HSCP Senior Management Team (April 2025)
- IJB Strategic Planning Group (January 2025)

8.0 BACKGROUND PAPERS

8.1 NA

Strategic Partnership Plan – Progress Report Update

HSCP Strategic Partnership Plan (2024-27) - six monthly progress report (All actions)

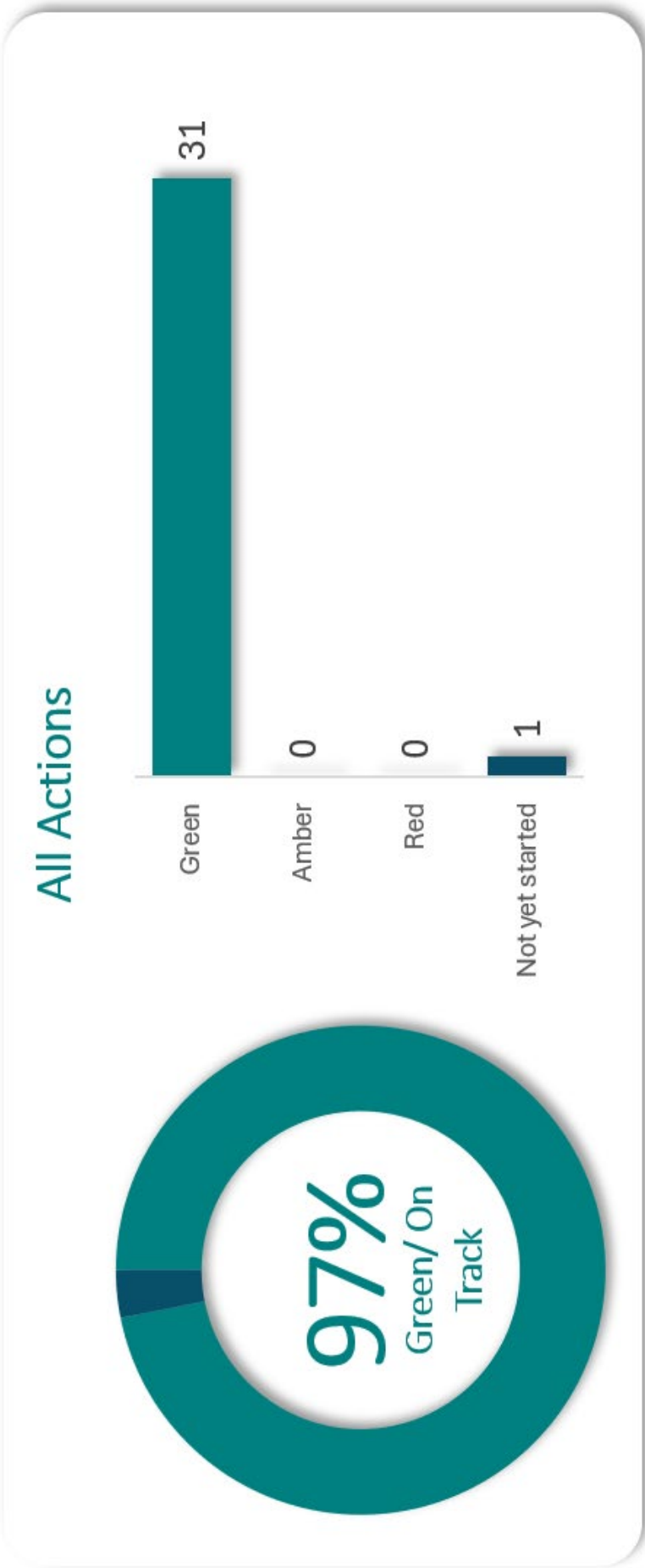


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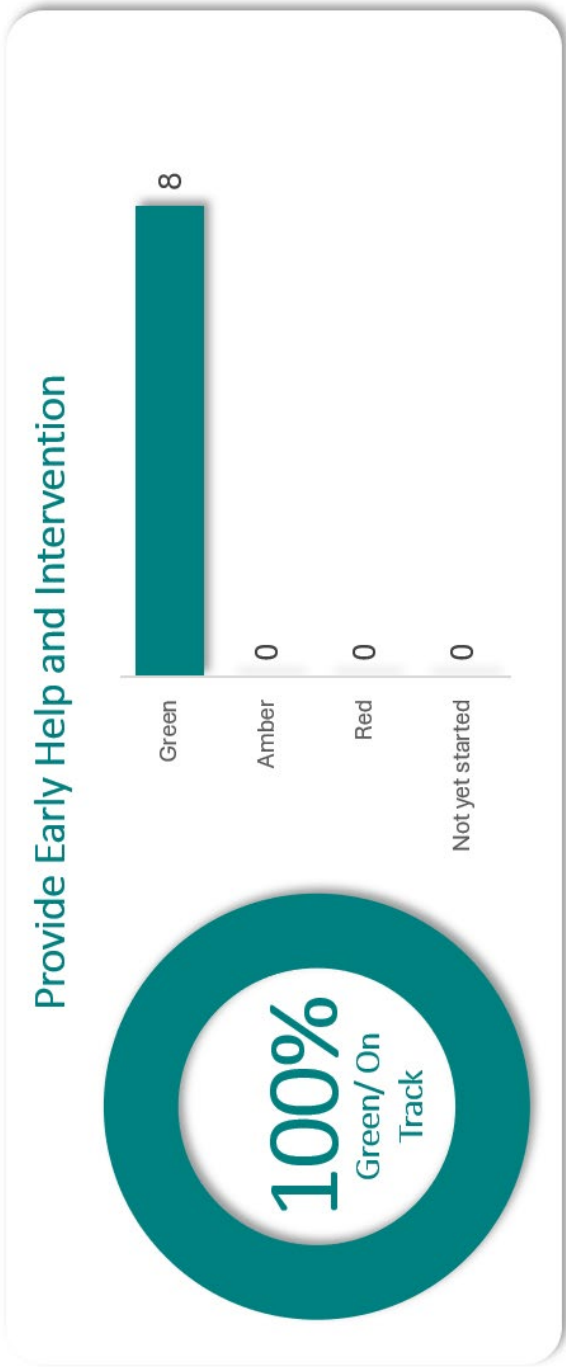
Top Summary

The HSCPs Strategic Partnership Plan was published in April 2024. This report represents the first progress update against this plan against all identified actions. All information relates to progress achieved up to the end of October 2024. As demonstrated in the graphic below, 31 strategic actions here are assessed as green (or on track). One planned action is yet to start.





PRIORITY 1: PROVIDE EARLY HELP AND INTERVENTION


The following action updates relate to the priority of Provide Early Help and Intervention. There are 8 strategic actions against this priority. The overall progress can be viewed in the info-graphic below.



Priority 1 Action Updates

Title	Develop earlier intervention approaches with partners, to provide families the best start in life		Description	RAG Status	
Code	HSCP/SPP/1.01/PEHI		We will develop our earlier intervention approaches, with partners, which build on the strengths of families to give their children the best start in life and to provide the right support to families who need it, at the right time.	Managed By	Molly Coyle
Desired Outcome	Families and children are supported earlier and effectively to achieve positive outcomes				
Latest Note					
We continue to adopt a holistic approach with the Whole Family Wellbeing Fund (WFWF), ensuring family support is available when needed. Systemic training has been implemented to ensure a cohesive and consistent approach across services, with three local referrals piloted. Children 1st is now co-located with services and we continue to build on this initiative.					
We are also working in partnership with Drumchapel children and families on the Staged Intervention Meeting (SIM) model.					

Title	Deliver a series of community based Mental Health and Wellbeing information workshops.		Description	RAG Status	
Code	HSCP/SPP/1.02/PEHI		We will deliver to people and stakeholders a series of workshops that promote self-help and recovery for people who experience mental health and wellbeing concerns.	Managed By	
Desired Outcome	People are aware of what to do to support their own mental health and wellbeing and of those around them.			Katrina Phillips	
Latest Note					
We are promoting the "My App: My Mental Health" in partnership with the third sector. Additionally, we are launching a new app to support individuals in the early stages of dementia, offering advice on living well with dementia and self-management techniques.					
Although the Mental Health Wellbeing forum (including GPs and Primary Care staff) is currently paused due to resource constraints, we aim to provide updates at the national level. Workshops will be considered as part of the agenda for the Mental Health Development Sessions.					

Title	We will streamline the HSCPs 'Front Doors'.		Description	RAG Status	
Code	HSCP/SPP/1.03/PEHI			Managed By	

Desired Outcome	Local people are supported to access the services that are right for them.	We will streamline the HSCPs 'front door' pathways, supporting people to get to the service they need as soon as possible.	Joyce Allan
Latest Note			
We are undertaking two key workstreams to streamline the HSCPs 'Front Doors': the Front Door Redesign and the approach to the future model of the Front Door. Initial planning is complete, and Project Initiation Documents are in the final stages. Quality improvement work is currently testing approaches at the front door, with engagement from key stakeholders.			
This project will progress through three stages:			
Stage 1 focuses on adult services (including advice services, adult social work, care at home, Access 1st),			
Stage 2 involves community nursing and the third sector, and			
Stage 3 addresses children's services.			
The Children, Families, and Justice team is participating in the working group to build on the existing model for Stage 3 in partnership with the third sector.			

Title	People with complex health conditions or disabilities are supported effectively	Description	RAG Status
Code	HSCP/SPP/1.04/PEHI	We will ensure people with complex health conditions or disabilities are supported proactively to ensure they remain independent and maintain good health.	Managed By
Desired Outcome	People are provided with the right timely support and live independently in their own community.		Joyce Allan; Alan Best
Latest Note			
There are a range of activities in place supporting this action, including supported self-management and maximising independence, unscheduled care planning, reablement services, prevention of admissions, and improvement in hospital discharge processes.			
Each activity has the key priorities of ensuring people are able to maintain their health and wellbeing appropriately within their own communities, and where people must access HSCP services, they supported back to health and independence as soon as possible.			
These programs are currently progressing well, with summary updates to be included in future reports.			


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Title	We will develop an outreach strategy with partners to support those affected by alcohol or drug use.	Description	RAG Status	
Code	HSCP/SPP/1.05/PEHI	We will develop with our partners an outreach strategy for those experiencing harm from alcohol and drug use improving pathways for treatment.	Managed By	
Desired Outcome	We will continue to improve accessibility and pathways to treatment for people experiencing harm from alcohol and drug use.		Maxine Ward	
Latest Note				
We will develop an outreach strategy in alignment with the new Alcohol and Drugs Partnership (ADP) strategy, which is currently progressing through governance for approval. We will monitor practice and performance to ensure effective implementation and update on progress in future reports.				

Title	We will review our commissioning arrangements to improve alcohol and drugs services.	Description	RAG Status	
Code	HSCP/SPP/1.06/PEHI	We will review our local commissioning arrangements to ensure there is an appropriate breadth of available local support for those experiencing harm from alcohol and drugs.	Managed By	
Desired Outcome	There is a range of available support options for people experiencing harm from alcohol and drug use in their recovery.		Maxine Ward	
Latest Note				
We are developing the specification for the Recovery Contract, which will go out to tender for a new award commencing on 1st April. A full review of available community supports will be conducted once the contract is awarded to identify any gaps in service provision.				

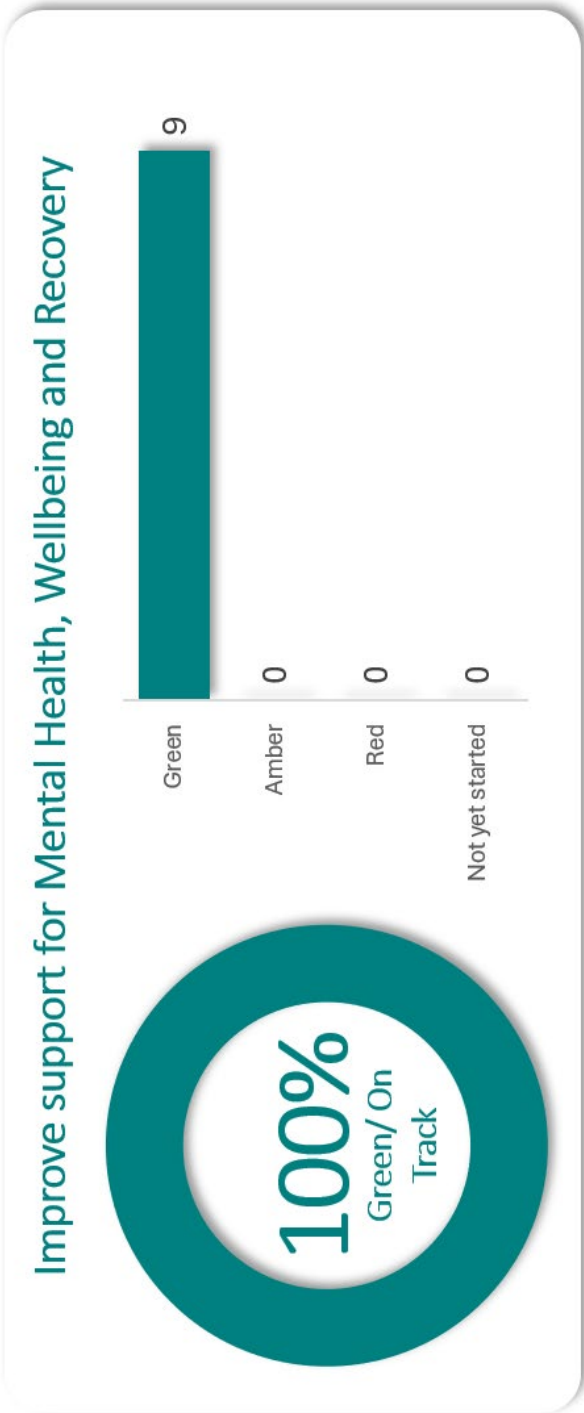
Title	We will divert people away from offending	Description	RAG Status	
Code	HSCP/SPP/1.07/PEHI		Managed By	

Desired Outcome	People are supported to move away from offending at the earliest opportunity.	Work with partners to deliver early intervention approaches which help divert people away from involvement in offending.	Gail Hughes
Latest Note			
We have established a Multidisciplinary Team (MDT) short-life working group (SLWG) to explore the community justice framework. This initiative is in the early stages of development. Further updates will be provided as the work progresses.			


Title	We will undertake a future housing needs assessment		Description	RAG Status	
Code	HSCP/SPP/1.08/PEHI		We will undertake a future needs assessment to ensure that we able to provide a range of housing supports that reduces homelessness.	Managed By	Lesley Cockburn
Desired Outcome	More people in Inverclyde are supported to avoid homelessness.				
Latest Note					
The data gathering process for the housing needs assessment is being refined and is currently in the early stages of development.					


PRIORITY 2: IMPROVE SUPPORT FOR MENTAL HEALTH, WELLBEING AND RECOVERY

The following action updates relate to the priority of Improve Support for Mental Health, Wellbeing and Recovery. There are 9 strategic actions against this priority. The overall progress can be viewed in the info-graphic below.




Priority 2 Action Updates


Title	We will improve access to mental health and emotional wellbeing services for children, young people and their families.	Description	RAG Status	
Code	HSCP/SPP/2.01/IMHWR	We will improve access to mental health and emotional wellbeing services for children, young people, and their families.	Managed By	
Desired Outcome	Children and young people get the right support at the right time and right place.		Lynn Smith	
Latest Note				
Significant progress has been made in improving access to mental health and emotional wellbeing services for children, young people, and their families. Emotional wellbeing referrals are screened every two weeks, following a no wrong door and no 'rereferral' approach. A tiered model has been implemented, and work continues in collaboration with Action for Children.				

Title	We will work with partners to improve access to mental health and wellbeing support.	Description	RAG Status	
Code	HSCP/SPP/2.02/IMHWR	We will work with partners to improve access to mental health and wellbeing support.	Managed By Katrina Phillips	
Desired Outcome	People will receive timely support from the most appropriate service.			
Latest Note				
We are developing a commissioning framework that includes mental health and wellbeing needs, which may be part of the agenda for development sessions. The primary care mental health team review is ongoing as part of the wider NHS Greater Glasgow and Clyde Mental Health strategy. We are considering access to services and working closely with GPs, the third sector, and individual teams.				


Title	We will support our people to self-manage the impact that mental ill health has on their life.		Description	RAG Status	
Code	HSCP/SPP/2.03/IMHWR			Managed By	

Desired Outcome	People will be able to self-manage their mental ill health.	We will support our people to self-manage the impact that mental ill health has on their life.	Katrina Phillips
Latest Note			
The QR code for the mypsych myapp has been going on letters for all mental health communication. This has been promoted with staff to share in the course of their work. It's included on the electronic billboards around Inverclyde promoting HSCP messages.			


Title	We will implement new person centred and rights-based processes to support people in receipt of mental health care plans	Description	RAG Status	
Code	HSCP/SPP/2.04/IMHWR	We will implement new person centred and rights-based processes to support people in receipt of mental health care plans	Managed By	Katrina Phillips
Desired Outcome	People with complex mental health conditions are fully involved in the design and delivery of their own care plans.			
Latest Note				
Person-Centred Planning has been introduced through nursing (electronic nursing documentation). Further work is needed to implement continuous interventions in inpatient services, which will be addressed in future development sessions.				
A working group in relation local adult social work has been established and scoping the development of an Outcomes Measurement framework. This work relates to the development of the Integrated Front Door and will inform future adult care assessments.				
The Standard Operating Procedures (SOPs) for Community Mental Health Teams have been revised to incorporate renewed perspectives on person-centred care. Ongoing work includes standardizing assessments, tools, and outcomes evidence. Multiple workstreams support this model and data for improvement. Following the publication of Mental Health quality standards by the Scottish Government in 2023, a local implementation group was established				

Title	We will develop processes for capturing information about the outcomes of people living with mental illness and their unpaid carers.	Description	RAG Status	
Code	HSCP/SPP/2.05/IMHWR		Managed By	

Desired Outcome	We will aggregate our outcome data to support the development of services that improve service user outcomes.	We will develop processes for capturing information about the outcomes of people living with mental illness and their unpaid carers.	Katrina Phillips
Latest Note			
<p>The Outnav System is being developed via Carers Gateway and will be launched in the new year. This secure, cloud-based software will make outcome and impact tracking practical and meaningful.</p> <p>It will enable us to capture outcomes for service users, track impact, monitor performance, and ultimately strengthen partnership working. Strategic services will follow up with the Mental Health Carers Network and request quarterly updates.</p>			

Title	We will deliver tiered suicide prevention training across the HSCP and partners, through local delivery of the Creating Hope Together Strategy.	Description	RAG Status	
Code	HSCP/SPP/2.06/IMHWR	We will deliver tiered suicide prevention training across the HSCP and partners, through local delivery of the Creating Hope Together Strategy.	Managed By	Katrina Phillips
Desired Outcome	Our workforce and partners are more informed when supporting those at risk of suicide.			
Latest Note				
<p>The Health Improvement service continues to collaborate with the HSCP Training Team via the Training Board to coordinate mental health and suicide prevention training pathways. Health improvement has delivered a number of suicide prevention activities throughout 2024, including:</p> <ul style="list-style-type: none">• Funding the delivery of three ASIST courses for staff in children's houses staff during 2024.• Issuing 'Living Works START' online suicide prevention awareness licenses to third sector partners. The licences are funded by Health Improvement and managed by CVS Inverclyde.• Capacity building efforts to upskill HSCP and partner agency staff to deliver 'What's the Harm' training, with seven trainers attending sessions between September and November 2024.• Further capacity building for SUICIDEtalk, with training taking place in November 2024. Three SUICIDEtalk trainers have been trained, and training for this course will commence in 2025• In January 2025, two Health Improvement staff will undertake SAFETalk training for trainers to better support delivery across the HSCP and the third sector.• Four What's the Harm courses have been delivered, with another course scheduled for January 2025. We now have eight accredited What's the Harm trainers offering training throughout the year.				

Title	We will deliver a test of change to improve the interface ADRS and emergency mental health services.	Description	RAG Status	
Code	HSCP/SPP/2.07/IMHWR	We will deliver a test of change to improve the interface between Alcohol and Drugs Recovery Services (ADRS) and emergency mental health services.	Managed By	
Desired Outcome	People with urgent care needs relating to mental health and substance use have improved support with the right care at the right time.		Katrina Phillips	
Latest Note				
A Greater Glasgow and Clyde (GGC) wide document on interfaces has been circulated for comment and is currently under review by local leaders. This initiative will be considered alongside the implementation of the Mental Health strategy.				

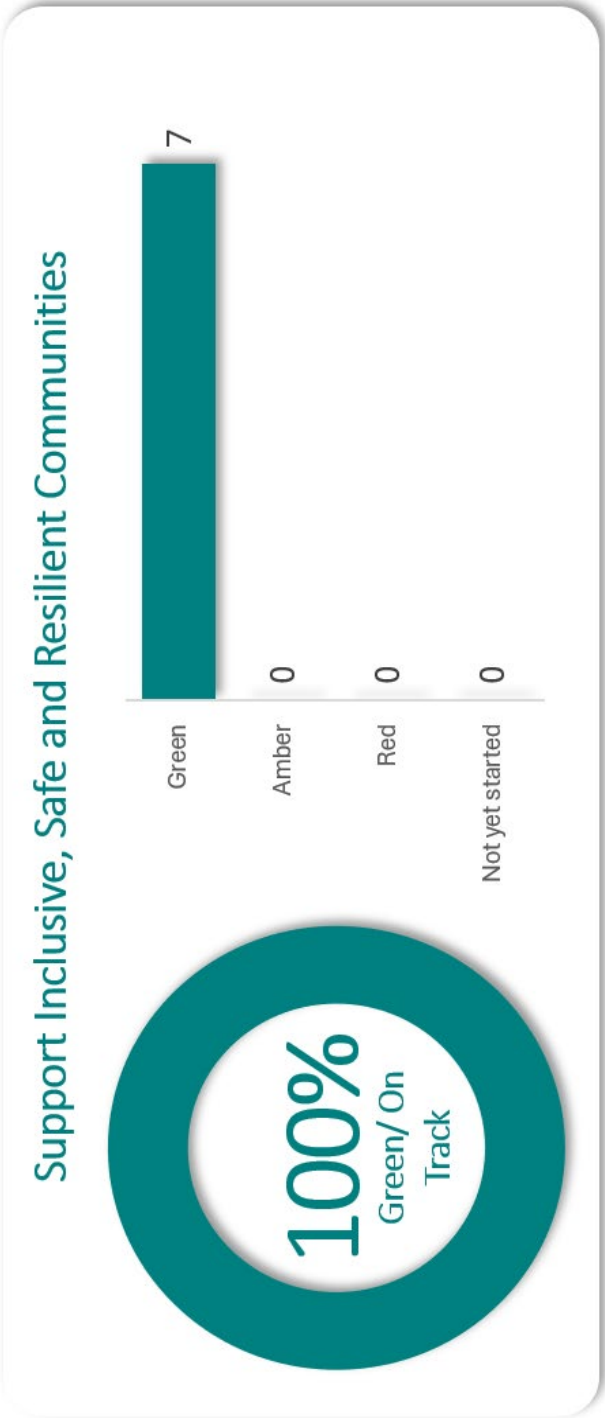
Title	We will work with partners to review and improve our pathways to residential rehabilitation, for those experiencing harm from alcohol and drug use.	Description	RAG Status	
Code	HSCP/SPP/2.08/IMHWR	We will work with partners to review and improve our pathways to residential rehabilitation, for those experiencing harm from alcohol and drug use.	Managed By	
Desired Outcome	People who need residential rehabilitation for treatment for alcohol and drug use have timeous access to this service.		Susan Crawford	
Latest Note				
<p>An Alcohol and Drug Recovery Service liaison nurse is included in the local pathway development group. Although it took time to establish, the group is now fully implemented with all posts backfilled and the full team established.</p> <p>The programme/test of change will be led by the Alcohol and Drug Partnership (ADP) and Turning Point, funded by CORRA.</p> <p>Standard Operating Procedures (SOPs) have been written for service user access. Turning Point will engage local stakeholders to promote the service, pathway, and process.</p> <p>Over the past year, 20 referrals have been recorded.</p>				

Title	We will support the mental health and wellbeing of those experiencing homelessness by improving access to third sector services.		Description	RAG Status	
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Code	HSCP/SPP/2.09/IMHWR	We will support the mental health and wellbeing of those experiencing homelessness by improving access to third sector services.	Managed By
Desired Outcome	People experiencing homelessness have access to effective mental health and wellbeing supports.		Lesley Cockburn
Latest Note			
We continue to encourage our third sector partner agencies to attend team meetings and provide outreach services within the Inverclyde Centre. This has embedded relationships and provides residents with sufficient confidence to attend community-based groups. Our support workers continue to build a strong presence in the community encouraging our residents to participate in charity events and sports activities. Information on activities is shared across our stock of temporary furnished flats and those who we continue to support in their own secure tenancies. Our support team recently participated in the planning recovery week which provides significant evidence of an established relationship which meets the needs of our service users.			


PRIORITY 3: SUPPORT INCLUSIVE, SAFE AND RESILIENT COMMUNITIES


The following action updates relate to the priority of Improve Support for Mental Health, Wellbeing and Recovery. There are 7 strategic actions against this priority. The overall progress can be viewed in the info-graphic below.




Priority 3 Action Updates


Title	We will ensure more children and young people who are looked after away from home are able to remain in Inverclyde.	Description	RAG Status	
Code	HSCP/SPP/3.01/SISRC	We will ensure more children and young people who are looked after away from home are able to remain in Inverclyde.	Managed By	
Desired Outcome	Children are cared for and supported in their local communities.		Emma Bilsland	
Latest Note				
<p>Across Scotland, the demand for foster carer placements continues to pose significant challenges to capacity. Locally, awareness activities have included media and digital campaigns to encourage people to consider becoming foster carers for Inverclyde children.</p> <p>Following the improvement plan from a recent inspection, we are adopting a more targeted approach with foster carers, promoting fostering to the registered workforce in Inverclyde to become short break carers. Operational managers are continually working to ensure that looked after children and young people are safely returned to Inverclyde.</p>				


Title	We will work with partners to challenge stigma within services and communities across Inverclyde.	Description	RAG Status	
Code	HSCP/SPP/3.02/SISRC	ACTIVITY ONLY: We will work with partners to challenge stigma within services and communities across Inverclyde.	Managed By	
Desired Outcome	People are kinder to each other, and the harmful impact of stigma is reduced.		Scott Bryan	
Latest Note				
The Challenge Stigma e-learning module focusing on the stigma experienced by people with problematic substance use and their loved ones is available on the CVS Inverclyde website. Originally launched in October 2023, more than 540 people have engaged in the training in the past 12 months, with 321 of these individuals going directly to the Challenge Stigma landing page. To continue this work, we are currently working towards developing a module around stigma and the community justice agenda.				

Title	We will work with partners to improve support for people to self manage their health and wellbeing and feel connected	Description	RAG Status	
Code	HSCP/SPP/3.03/SISRC	We will work with partners to improve support for people to self manage their health and wellbeing and feel connected.	Managed By Debbie Maloney; Ann Murray	
Desired Outcome	People feel more knowledgeable and confident, in improving their health and know how to access the right services.			
Latest Note				
In the context of Primary Care, we continue to raise awareness of our population about support, services, and professionals to access the Right Care in the Right Place. Our vision is to create a culture of awareness of services, promoting self-management, self-care, and support available to and within our communities.				
To achieve this, we are working with our third sector partner, Your Voice, to develop a brand symbolizing Primary Care Transformation. We have created a film explaining the Primary Care Transformation journey, designed branded materials to complement program messages, and conducted a population knowledge survey. We have linked with our communities, hosted workforce engagement sessions, utilized social and digital media platforms, and created an online platform to host materials, films, and resources. We support our workforce through training in effective care navigation and signposting. Inverclyde Primary Care Facebook Linktree				
Through our Community Link Workers, we provide support to those who engage with the service, helping them maximize their independence, build confidence in self-managing their care, and refer them to appropriate support networks to engage in activities and groups to keep them living well in the community.				


Title	We will create public content and campaigns across a range of different platforms across the partnership to improve awareness of supports available within our community.	Description	RAG Status	
Code	HSCP/SPP/3.04/SISRC	We will create public content and campaigns across a range of different platforms (both face to face and online) across the partnership to improve awareness of supports available within our community.	Managed By	
Desired Outcome	People have greater access to information on health and wellbeing services and are more informed on available supports.		Scott Bryan	
Latest Note				

NHS Greater Glasgow and Clyde (GGC) is promoting the MyApp initiative, with local promotion led by the Third Sector. The Carers platform (Bridgit) supports public campaigns and includes a QR code to link local carers, helping measure the success of local campaigns. The 'Living Well with Dementia' App will eventually host Inverclyde specific information. CVS Inverclyde continues to create content that promotes the activities of community-based organizations and our public sector partners. This content is available on all CVS Inverclyde platforms, including social media, e-bulletins, and Inverclyde Life. Inverclyde Life has had 15,000 users between November 2023 and November 2024 and enhancements to the platform are underway, including rebranding the exercise and physical activity section to align with the local Active Inverclyde strategy.

Title	We will work in partnership with people with lived and living experience of harmful alcohol and drug, to ensure they are involved in future service development.	Description	RAG Status	
Code	HSCP/SPP/3.05/SISRC	ACTIVITY ONLY: We will work in partnership with people with lived and living experience of harmful alcohol and drug, to ensure they are involved in future service development.	Managed By	
Desired Outcome	The views of people with lived or lived experience of alcohol and drug harms are valued and used to inform improvements in local services.		Katrina Phillips	
Latest Note				
Developments of HSCP locality planning groups is ongoing. Following a period of vacancy, a chair for the East Locality has now been appointed and attended their first meeting. In November 2024, a locality development day was held in Gibshill Community Centre, with attendees from existing groups in attendance along with potential members, staff representation and lived experience groups. This included representation from the Inverclyde Recovery network who engaged positively in the event. It is anticipated that there will be regular representation from the Recovery Network on our locality groups going forward. A report on the development event was presented to Senior Management Team (SMT) in January 2025.				

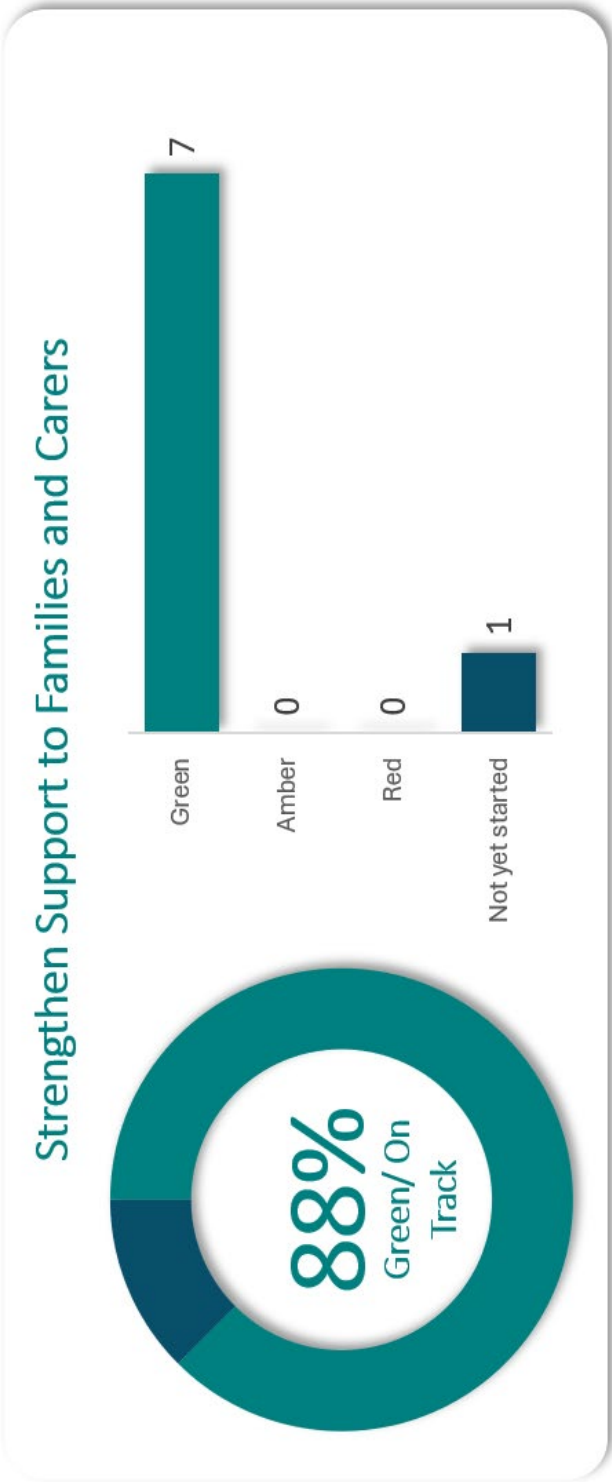
Title	We will support more people completing unpaid work to benefit the local area as part of their community sentences.	Description	RAG Status	
Code	HSCP/SPP/3.06/SISRC	We will support more people completing unpaid work to benefit the local area as part of their community sentences.	Managed By	
Desired Outcome	Our community will recognise the benefit of unpaid work in improving their local environment.		Gail Hughes	

Latest Note
We continue to enhance and track our unpaid work placements. However, it is recognised that a more robust system is required to help support this and promote it to the wider community. We are working with Health & Safety colleagues to roll out unpaid work inductions to support more timely placements.


Title	We will ensure our communities have improved opportunities in sustainable employment, education, or volunteering opportunities.	Description	RAG Status	
Code	HSCP/SPP/3.07/SISRC	We will ensure our communities have improved opportunities in sustainable employment, education, or volunteering opportunities.	Managed By	
Desired Outcome	We have improved opportunities for people to access meaningful education, employment of volunteering opportunities		Ian Hanley	
Latest Note				
Justice initiatives are ongoing, with collaboration between Justice and CVS focusing on volunteering and social enterprise. An event is scheduled for 30th October. Additionally, two individuals have completed training with the National Institute of Disability Management and Research (NIDMAR).				


PRIORITY 4: STRENGTHEN SUPPORT TO FAMILIES AND CARERS

The following action updates relate to the priority of Improve Support for Mental Health, Wellbeing and Recovery. There are 8 strategic actions against this priority, with all but one assessed as on-track (green). The overall progress can be viewed in the info-graphic below.



Priority 4 Action Updates

Title	We will develop whole family support models		Description	RAG Status	
Code	HSCP/SPP/4.01/SSFC		We will, in partnership, develop whole family models of support to strengthen family capacity and provide early help/support.	Managed By	
Desired Outcome	More families accessing community-based early help and support services.			Molly Coyle	
Latest Note					
We have adopted the Signs of Safety and Healing approach, which is strength-based and solution-focused, as an evidence-based practice model to enhance the quality of our work and ensure consistency for children and families. This approach places children and families at the centre of assessment, decision-making, and planning. It includes expanding our Family Group Decision Making model, which identifies strengths, addresses concerns, and develops plans led by the family. We continue to adhere to the principles and values of Getting it Right for Every Child (GIRFEC), working alongside educational psychologists to establish clear pathways and guidance					

Title	We will support the capacity of families.		Description	RAG Status	
Code	HSCP/SPP/4.02/SSFC		We will develop ways of working that build and support the capacity of families.	Managed By	
Desired Outcome	We have supported families to increase their confidence in their caring role.			Molly Coyle; Lynn Smith	
Latest Note					
The Health Visiting Team recognized the need to modernize health promotion in line with societal changes and developed the Health Visiting App (Happy Healthy Tots). This app serves as a one-stop resource for families, providing ratified, accessible, and up-to-date information, including advice lines. This initiative follows the successful development of social media platforms. Additionally, we are developing the HENRY program to support families in providing the best possible start in life for babies and children. Barnardos family parenting programs continue with nurturing groups.					
A link to the Henry Programme can be found here. Homepage HENRY					


Title	We will ensure people's plans include the view of families and carers.		Description	RAG Status	
Code	HSCP/SPP/4.03/SSFC		We will ensure people's plans include the view of families and carers.	Managed By	


Desired Outcome	Families and carers feel more involved in the decision making and planning for the cared for.	Gail Hughes; Helen Morley; Alan Stevenson
Latest Note		
Carers' views are embedded in all current ACM assessments and reviews and are incorporated into the narrative within assessment forms. This includes wellbeing assessments for young people. We are currently developing a Carers Checklist that includes Children and Families. In addition to ongoing partnership work with our Carers provider, the Children and Families service continuously seeks feedback from children, young people, families, and advocacy groups. This feedback is collected via formal consultation, evaluation from Signs of Safety, Care Opinion, and the Mind of My Own app. ADRS is involved with Scottish Families, commissioned through the Alcohol and Drug Partnership (ADP), with representation from Scottish Families on the ADP committee and subcommittees.		

Title	We will consult and develop our Inverclyde Carers Strategy for adults and young carers	Description	RAG Status
Code	HSCP/SPP/4.04/SSFC	We will consult and develop our Inverclyde Carers Strategy for adults and young carers.	Managed By
Desired Outcome	There is wider awareness of the supports available to carers including respite and short breaks.	(Agreed 2 separate Strategies to ensure specific age appropriate and experience , needs and Outcomes are considered and met.)	Helen Morley; Alan Stevenson
Latest Note			
<p>Consultation for the Inverclyde Carers Strategy is in the planning stages. The strategy will include setting up working groups around five key themes, facilitated by Your Voice and including Carers Gateway and IJB Carers representatives. The initial planning meeting took place on 1st November 2024. The five themes are</p> <ul style="list-style-type: none"> • Respite/Short breaks, • Hospital discharge, • Support to Carers, • Future Needs support planning, and • Young Carers/Young Adult Carers. <p>Other stakeholders, including HSCP representatives, will join themed working groups to contribute to the refresh of the Carers Strategy and young carers Strategies. These strategies will be co-produced and peer-led, supported by Carers Gateway and Your Voice</p>			

Title	We will ensure people who provide care have access to a carers assessment.	Description	RAG Status	
Code	HSCP/SPP/4.05/SSFC	We will ensure all families and people who provide care and support to a loved one will have access to a carers assessment.	Managed By	
Desired Outcome	Families and carers who undertake the caring task will be offered a carers assessment.	Young Adult Carer Support Plan or Young Carer statement.	Helen Morley	
Latest Note				
We are currently working through the mobilisation and transition to the new Carers delivery partner, 'Carers Gateway,' while decommissioning the previous provider. The new provider is confident in creating stronger pathways into the centre for support. All unpaid carers will have access to information, support, and advice from Carers Gateway, as well as an Adult Carer's Support Plan (ACSP) or Young Carers Statement. The Unity Chief Officer has met with HSCP Senior Leadership to introduce the new service and strategic model of delivery. Continuous efforts are being made to promote the Carers Gateway within HSCP to ensure the correct pathway for support. This includes distributing updated leaflets in HSCP public areas, acute care, and other public buildings. Work is in the early stages to produce a new Carer's Strategy for Inverclyde, with considerations on whether to have an all-ages strategy or separate strategies for Adults and Young Carers. This decision will be part of the ongoing development. The strategy will strongly consider Carers Support Plans and how they can be delivered most effectively in the future.				

Title	We will ensure our staff are confident in the principles and practice of self-directed support, to maximise choice and control for people and unpaid carers.	Description	RAG Status	
Code	HSCP/SPP/4.06/SSFC	We will ensure our staff are confident in the principles and practice of self-directed support, to maximise choice and control for people and unpaid carers.	Managed By	
Desired Outcome	More people access self-directed support options following positive and supportive conversations with our workforce.		Helen Morley	
Latest Note				
Several information sessions have been delivered to staff on the implementation and use of Self-Directed Support (SDS) options, with more sessions ongoing. Inverclyde Centre for Independent Living is providing moving and handling training for families interested in single-handed care, and KIN Care remains an option for families, though it requires a refresh. HCC staff are becoming more confident in using SDS, despite limitations in local social care services. Local guidance is being developed and will be distributed to staff soon. HCC Service is confident in using the Independent Living Fund (ILF), with 20 places provided for Inverclyde. The Mental Health Team recognizes the need for further development and is keen to upskill staff. SDS is being prioritized in local discussions to ensure consistent application. A review of the scope across the system is needed to ensure a consistent application of the SDS approach.				

Title	We will support families to help avoid homelessness.	Description	RAG Status	
Code	HSCP/SPP/4.07/SSFC	We will support families to help avoid homelessness.	Managed By	Lesley Cockburn; Gail Hughes
Desired Outcome	People who must leave their family home will be supported in finding another tenancy option. People will be provided access to mediation that provides a range of options that supports their wellbeing			
Latest Note				
A Short Life Working Group has been developed with a focus on unplanned or early releases from prison, which is being integrated into the front door work. Mental Health and Alcohol and Drug Recovery Services (ADRS) are actively involved in discussions and meetings related to early liberation, with ongoing support from various services.				

Title	We will work with partner agencies to ensure families of people involved with offending are effectively supported.		Description	RAG Status	
Code	HSCP/SPP/4.08/SSFC	Families of people involved with offending experience improved support.	We will work with partner agencies to ensure families of people involved with offending are effectively supported.	Managed By	
Desired Outcome				Gail Hughes	
Latest Note					
This action will take place over the longer term and is yet to start.					

Report To:	Inverclyde Integration Joint Board	Date:	12 May 2025
Report By:	Kate Rocks Chief Officer Inverclyde HSCP	Report No:	IJB/71/2025/JH
Contact Officer:	Scott Bryan Service Manager, Strategic Services Inverclyde HSCP	Contact No:	01475 715365
Subject:	HSCP Equality Outcomes Plan – 6 Monthly Progress Update		

1.0 PURPOSE AND SUMMARY

- 1.1 ☐ For Decision ☒ For Information/Noting
- 1.2 The Inverclyde HSCP Equality Outcome Plan (2024-28) was published in May 2024 and set out the Partnership's approach to mainstreaming the Public Sector Equality Duty (PSED) into daily practice.
- 1.3 As obligated by the PSED, the plan sets out four local Equality Outcomes that will be progressed over the life of the plan. Each outcome is supported by a range of identified local actions.
- 1.4 On publication, it was agreed that 6-monthly updates on the implementation of the Equality Outcomes Plan would be presented to Integration Joint Board.
- 1.5 The attached report shows the first six months progress towards our Equality Outcomes plan. In total, 18 actions were identified. For this reporting period, 16 (89%) are on track for completion, 1 is assessed as Amber and a further action is assessed as complete.

2.0 RECOMMENDATIONS

- 2.1 It is recommended that IJB:
- Notes the contents of this report.

Kate Rocks
Chief Officer
Inverclyde Health and Social Care Partnership

3.0 BACKGROUND AND CONTEXT

- 3.1 As a recognised public body, the Integration Joint Board is obligated to advance equality and protect people with protected characteristics, as per the Equality Act 2010.
- 3.2 As part of this role, IJBs must comply with several specific duties, including to:
- Publish a set of equality outcomes which it considers would enable it to better perform the general equality duty. These must be reviewed within four years of initial publication.
 - Publish a report on progress towards these outcomes
- 3.3 The IJBs Equality Outcome Plan was published in May 2024 and identified the IJB and HSCP approach to mainstreaming the Public Sector Equality Duty into day-to-day business over the life of the plan and set out four local Equality Outcomes.
- 3.4 In improving our approach to equalities in Inverclyde HSCP, the following Equality Outcomes were agreed.
1. We have improved our knowledge of the local population who identify as belonging to protected groups and have a better understanding of the challenges they face.
 2. Children and Young People who are at risk due to local inequalities, are identified early and supported to achieve positive health outcomes.
 3. Inverclyde's most vulnerable and often excluded people are supported to be active and respected members of their community.
 4. People that are New to Scotland, through resettlement or asylum, who make Inverclyde their home, feel welcomed, are safe, and able to access the HSCP services they may need.
- 3.5 All public sector bodies are obligated to report progress on how they have progressed their equality outcomes within two years of publication. As such, a full report will be made produced for publication by May 2026.
- 3.6 At the point of approval in May 2024, it was agreed that regular progress reports would be brought to IJB for information and oversight.

4.0 PROPOSALS

- 4.1 That attached report provides a progress update on all actions identified within the Equality Outcomes Plan. In total, there are 18 actions identified and aligned across the four outcomes.
- 4.2 To note, the three actions in Outcome 1 and four actions in Outcome 2 were specifically identified for the purposes of the Equality Outcomes Plan.
Actions against outcomes 2 and 3, are drawn from actions identified within the Strategic Partnership Plan.
- 4.3 This close alignment with the Strategic Partnership Plan supports our commitment to mainstreaming our equality approaches in our day-to-day work.
- 4.4 Overall, of the 18 actions reported, **16** are assessed as Green or on Track. **1** action is assessed as Amber and is being monitored to improve. **1** further action has been identified as complete.

5.0 IMPLICATIONS

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

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

5.2 Finance

- 5.2.1 There are no financial implications associated with this report.

One off Costs

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

Annually Recurring Costs/ (Savings)

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

5.3 Legal/Risk

- 5.3.1 There are not legal implications associated with this report.

5.4 Human Resources

- 5.4.1 There are no Human Resource implications associated with this report.

5.5 Strategic Plan Priorities

- 5.5.1 The Equality Outcomes Plan was produced in full alignment with the Strategic Partnership Plan. The overall approach with the Partnership Plan underlines the importance of directing resources at the most appropriate and in need groups, and ensuring people are at the centre of the care and support they receive. The Equality outcomes plan has provided a further opportunity to enhance the overall Strategic Partnership Plan by allowing a specific focus on particular supported groups. In addition, due to the nature of Equality Outcomes, 2 and 3, the supporting actions are sourced directly from the overall strategic action plan. This demonstrates strong alignment to our Equality Outcomes and our approach to mainstreaming equalities.

5.6 Equalities

(a) Equalities

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

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

(b) Equality Outcomes

How does this report address our Equality Outcomes?

As explained in paragraph 5.5.1

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

(c) Fairer Scotland Duty

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

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

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

(d) **Children and Young People**

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

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

5.7 **Clinical or Care Governance**

There are no Clinical or Care Governance implications from this report.

5.8 **National Wellbeing Outcomes**

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

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	Our Equality approach is underpinned by the intention that all people in Inverclyde have access to the same health and care opportunities regardless of any protected characteristics they may possess. The Equality Outcomes Plan aligns closely to the Strategic Partnership plan, and as such also supports us in progressing the national wellbeing outcomes.
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	As above
People who use health and social care services have positive experiences of those services, and have their dignity respected.	As above
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	As above
Health and social care services contribute to reducing health inequalities.	As above
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	As above
People using health and social care services are safe from harm.	As above
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	As above

Resources are used effectively in the provision of health and social care services.	As above
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5.9 Environmental/Sustainability

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

Has a Strategic Environmental Assessment been carried out?

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

5.10 Data Protection

Has a Data Protection Impact Assessment been carried out?

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

6.0 DIRECTIONS

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

7.0 CONSULTATION

7.1 This progress report has been presented to:

- HSCP Senior Management Team

8.0 BACKGROUND PAPERS

8.1 HSCP Equality Outcomes Plan 2024-28

6 Month Progress Update

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Equality Outcomes – Top Summary2

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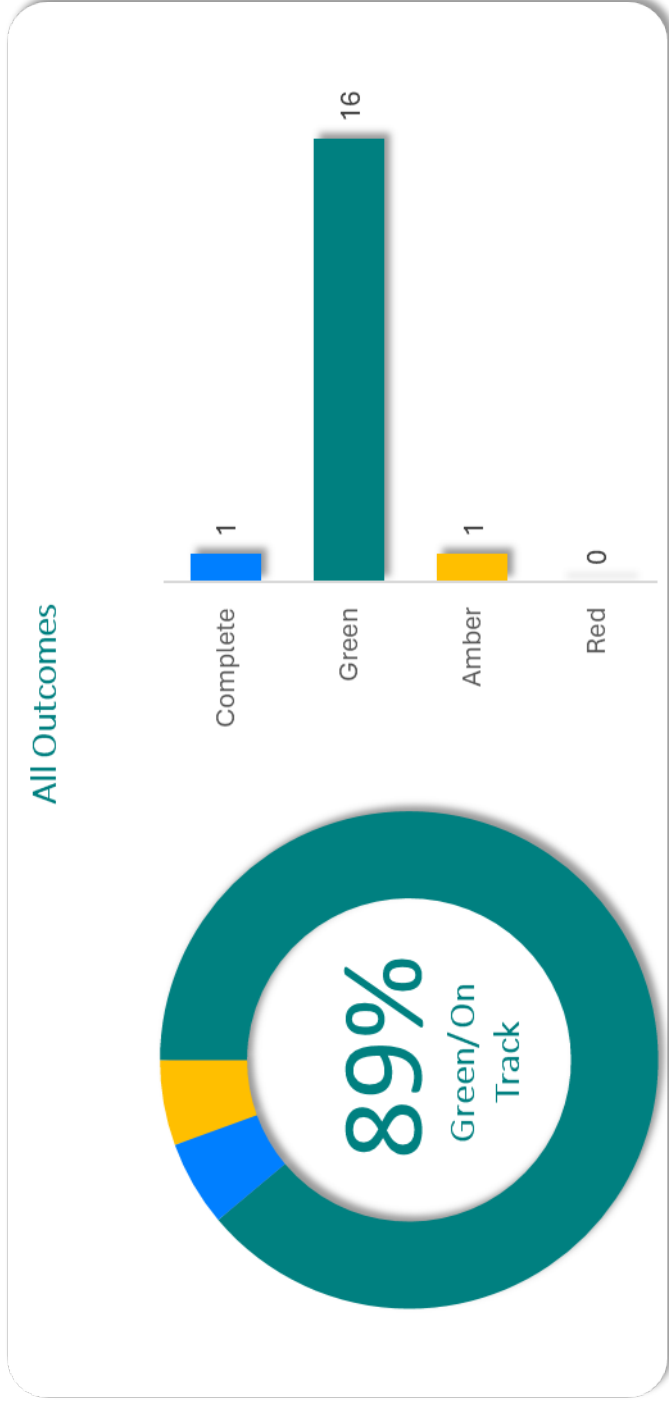
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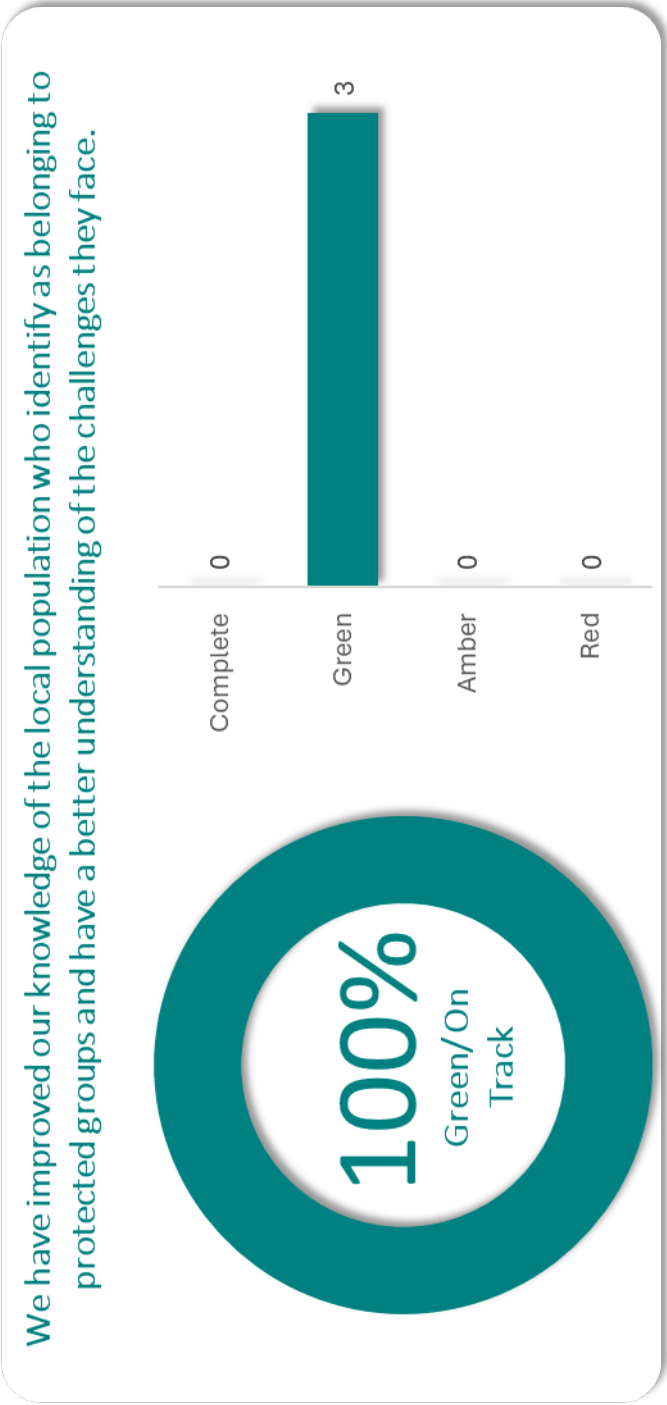
Equality Outcomes Plan – Top Summary

The HSCPs Equality Outcome Plan was published in April 2024. This report represents the first progress update against this plan against the **18** identified actions. All information relates to progress achieved up to the end of October 2024. As demonstrated in the graphic below, **16** strategic actions here are assessed as green (or on track). One action is assessed as Amber, and one action has been completed.





Outcome 1. We have improved our knowledge of the local population who identify as belonging to protected groups and have a better understanding of the challenges they face.

The following action updates relate to the Equality Outcome 1. There are 3 strategic actions against this outcome. The overall progress can be viewed in the info-graphic below. Note, that the actions against this outcome are specific to this plan only.




Outcome 1: Action updates

Title	Using the demographic information from the National Census in 2021 we will better understand the population of protected groups in Inverclyde		Description	RAG Status	
Code	HSCP/EO1/1.01		Using the demographic information from the National Census in 2021 we will better understand the population of protected groups in Inverclyde	Managed By	
Desired Outcome	We will better understand the local population with protected equality groups.			Scott Bryan	
Latest Note					
Data sets on demographics and individual characteristics generated from the National Census have now been published. Work is now progressing to process this information and identify the prevalence of the local population who identify with a protected characteristic. It is also hoped that the data available allows for an analysis of protected characteristics at the locality or data-zone level					
When complete, the report will be presented to appropriate governance and strategic planning groups to help inform our local approach to equalities and the public sector equality duty.					

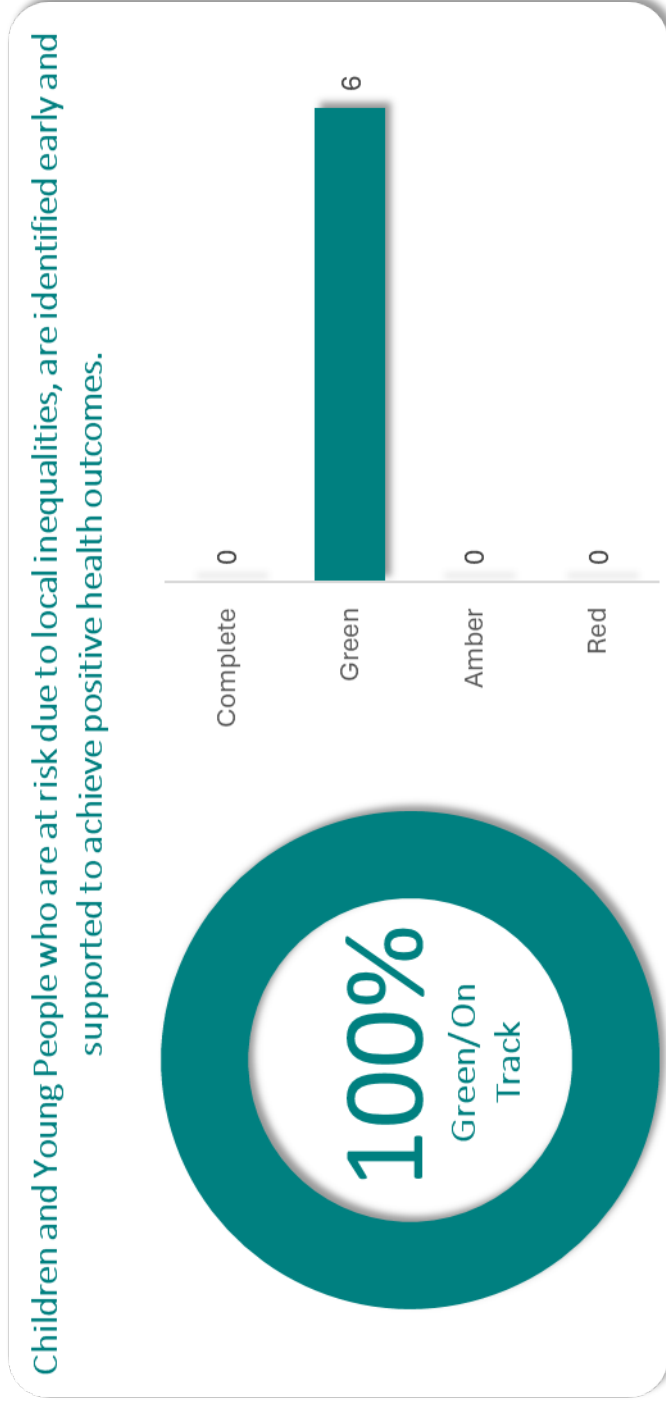
Title	Improve the information held on service user information systems in relation to protected characteristics		Description	RAG Status	
Code	HSCP/EO1/1.02		Improve the information held on service user information systems in relation to protected characteristics	Managed By	
Desired Outcome	We have a better understanding of the protected characteristics of our service user groups			Scott Bryan	

Latest Note		
<p>A report on protected characteristics has been produced for HSCP service users on the SWIFT Client Management System, covering all live service users as of December 31, 2024. The report highlights areas where protected characteristics are well recorded and identifies opportunities for improvement.</p> <p>Overall, Age, Gender/Sex, and Disability are well documented on SWIFT. However, there are significant gaps in the recording of Ethnicity, Religion or Belief, and Marital Status. Additionally, SWIFT does not currently collect information on Sexual Orientation or Gender Reassignment.</p> <p>The report will be presented to the Senior Management Team (SMT) to consider approaches for improving the recording of protected characteristics.</p>		


Title	Undertake a mapping exercise with local partners to identify local groups who represent those protected characteristics	Description	RAG Status	
Code	HSCP/EO1/1.03	Undertake a mapping exercise with local partners to identify local groups who represent those protected characteristics	Managed By	
Desired Outcome	We have better knowledge of the various protected characteristic community groups. We have improved our engagement with these groups.		Scott Bryan	
Latest Note				
Colleagues at CVS Inverclyde completed a mapping exercise of local services, networks, and groups representing those with protected characteristics. This information was collated into a single directory, clearly identifying areas that reflect the interests of specific protected characteristics. The directory will be shared across the HSCP and will help inform future engagement and consultation across all partnership services.This directory will be shared across the HSCP and help inform future engagement and consultation across all partnership services.				


Outcome 2. Children and Young People who are at risk due to local inequalities, are identified early and supported to achieve positive health outcomes.


The following action updates relate to the Equality Outcome 2. There are 6 actions against this outcome. The overall progress can be viewed in the info-graphic below. Note, the actions against this outcome are drawn from the HSCP Strategic Partnership Plan.





Outcome 2. Action Update

Title	Develop earlier intervention approaches with partners, to provide families the best start in life		Description	RAG Status	
Code	HSCP/SPP/1.01/PEHI		We will develop our earlier intervention approaches, with partners, which build on the strengths of families to give their children the best start in life and to provide the right support to families who need it, at the right time.	Managed By	Molly Coyle
Desired Outcome	Families and children are supported earlier and effectively to achieve positive outcomes				
Latest Note					
We continue to adopt a holistic approach with the Whole Family Wellbeing Fund (WFWF), ensuring family support is available when needed. Systemic training has been implemented to ensure a cohesive and consistent approach across services, with three local referrals piloted. Children 1st is now co-located with services and we continue to build on this initiative.					
We are also working in partnership with Drumchapel children and families on the Staged Intervention Meeting (SIM) model.					

Title	We will improve access to mental health and emotional wellbeing services for children, young people and their families.		Description	RAG Status	
Code	HSCP/SPP/2.01/IMHWR		We will improve access to mental health and emotional wellbeing services for children, young people, and their families.	Managed By	Lynn Smith
Desired Outcome	Children and young people get the right support at the right time and right place.				
Latest Note					
Significant progress has been made in improving access to mental health and emotional wellbeing services for children, young people, and their families. Emotional wellbeing referrals are screened every two weeks, following a no wrong door and no 'rereferral' approach. A tiered model has been implemented, and work continues in collaboration with Action for Children.					

Title	We will ensure more children and young people who are looked after away from home are able to remain in Inverclyde.	Description	RAG Status	
Code	HSCP/SPP/3.01/SISRC	We will ensure more children and young people who are looked after away from home are able to remain in Inverclyde.	Managed By	
Desired Outcome	Children are cared for and supported in their local communities.		Emma Bilsland	
Latest Note				
Across Scotland, the demand for foster carer placements continues to pose significant challenges to capacity. Locally, awareness activities have included media and digital campaigns to encourage people to consider becoming foster carers for Inverclyde children.				
Following the improvement plan from a recent inspection, we are adopting a more targeted approach with foster carers, promoting fostering to the registered workforce in Inverclyde to become short break carers. Operational managers are continually working to ensure that looked after children and young people are safely returned to Inverclyde.				

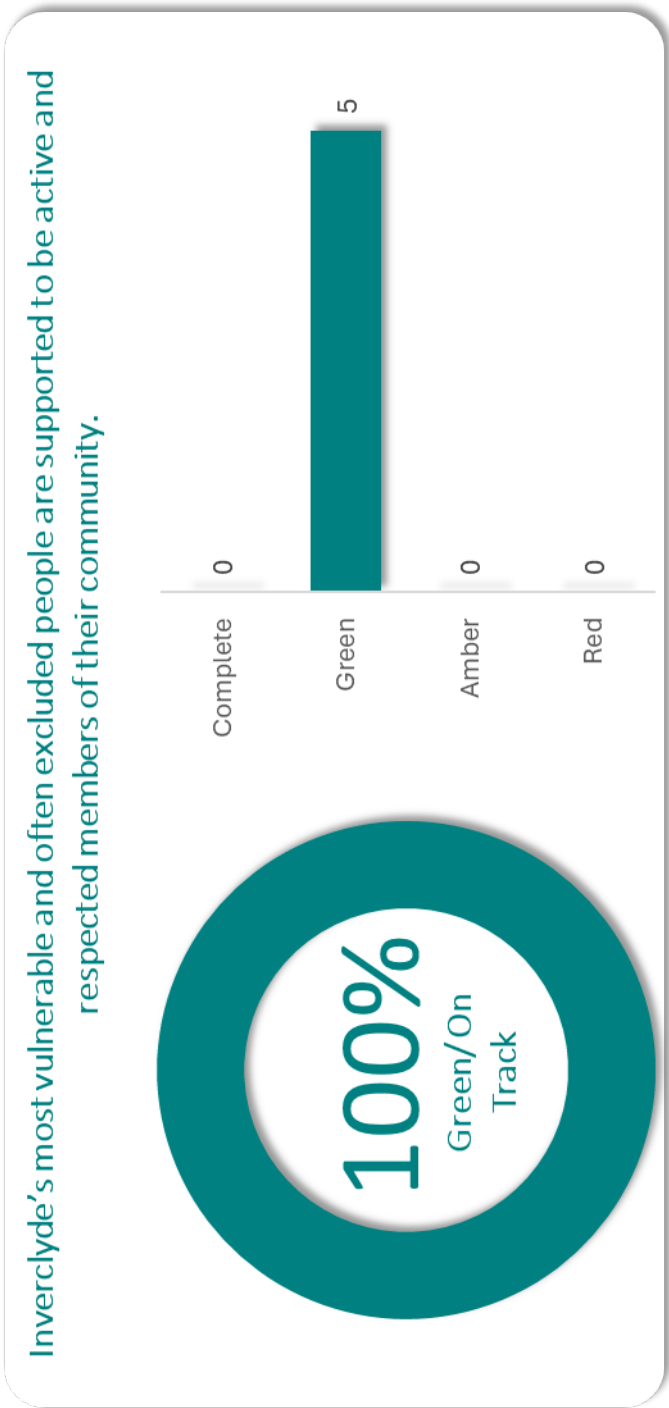
Title	We will create public content and campaigns across a range of different platforms across the partnership to improve awareness of supports available within our community.	Description	RAG Status	
Code	HSCP/SPP/3.04/SISRC	We will create public content and campaigns across a range of different platforms (both face to face and online) across the partnership to improve awareness of supports available within our community.	Managed By	
Desired Outcome	People have greater access to information on health and wellbeing services and are more informed on available supports.		Scott Bryan	
Latest Note				
NHS Greater Glasgow and Clyde (GGC) is promoting the MyApp initiative, with local promotion led by the Third Sector.				
The Carers platform (Bridgit) supports public campaigns and includes a QR code to link local carers, helping measure the success of local campaigns.				

The 'Living Well with Dementia' App will eventually host Inverclyde specific information.				
CVS Inverclyde continues to create content that promotes the activities of community-based organizations and our public sector partners. This content is available on all CVS Inverclyde platforms, including social media, e-bulletins, and Inverclyde Life. Inverclyde Life has had 15,000 users between November 2023 and November 2024 and enhancements to the platform are underway, including rebranding the exercise and physical activity section to align with the local Active Inverclyde strategy.				
Title	We will support the capacity of families.	Description	RAG Status	
Code	HSCP/SPP/4.02/SSFC	We will develop ways of working that build and support the capacity of families.	Managed By	
Desired Outcome	We have supported families to increase their confidence in their caring role.		Molly Coyle; Lynn Smith	
Latest Note				
The Health Visiting Team recognized the need to modernize health promotion in line with societal changes and developed the Health Visiting App (Happy Healthy Tots). This app serves as a one-stop resource for families, providing ratified, accessible, and up-to-date information, including advice lines. This initiative follows the successful development of social media platforms. Additionally, we are developing the HENRY program to support families in providing the best possible start in life for babies and children. Barnardos family parenting programs continue with nurturing groups.				
A link to the Henry Programme can be found here. Homepage HENRY				


Title	We will consult and develop our Inverclyde Carers Strategy for adults and young carers	Description	RAG Status	
Code	HSCP/SPP/4.04/SSFC	We will consult and develop our Inverclyde Carers Strategy for adults and young carers.	Managed By	
Desired Outcome	There is wider awareness of the supports available to carers including respite and short breaks.	(Agreed 2 separate Strategies to ensure specific age appropriate and experience , needs and Outcomes are considered and met.)	Helen Morley; Alan Stevenson	
Latest Note				
<p>Consultation for the Inverclyde Carers Strategy is in the planning stages. The strategy will include setting up working groups around five key themes, facilitated by Your Voice and including Carers Gateway and IJB Carers representatives. The initial planning meeting took place on 1st November 2024. The five themes are</p> <ul style="list-style-type: none"> • Respite/Short breaks, • Hospital discharge, • Support to Carers, • Future Needs support planning, and • Young Carers/Young Adult Carers. <p>Other stakeholders, including HSCP representatives, will join themed working groups to contribute to the refresh of the Carers Strategy and young carers Strategies. These strategies will be co-produced and peer-led, supported by Carers Gateway and Your Voice</p>				


Outcome 3. Inverclyde’s most vulnerable and often excluded people are supported to be active and respected members of their community.


The following action updates relate to the Equality Outcome 2. There are 6 actions against this outcome. The overall progress can be viewed in the info-graphic below. Note, the actions against this outcome are drawn from the HSCP Strategic Partnership Plan.




Outcome 3: Action Update

Title	People with complex health conditions or disabilities are supported effectively	Description	RAG Status	
Code	HSCP/SPP/1.04/PEHI	We will ensure people with complex health conditions or disabilities are supported proactively to ensure they remain independent and maintain good health.	Managed By	
Desired Outcome	People are provided with the right timely support and live independently in their own community.		Joyce Allan; Alan Best	
Latest Note				
There are a range of activities in place supporting this action, including supported self-management and maximising independence, unscheduled care planning, reablement services, prevention of admissions, and improvement in hospital discharge processes.				
Each activity has the key priorities of ensuring people are able to maintain their health and wellbeing appropriately within their own communities, and where people must access HSCP services, they supported back to health and independence as soon as possible.				
These programs are currently progressing well, with summary updates to be included in future reports.				

Title	We will undertake a future housing needs assessment	Description	RAG Status	
Code	HSCP/SPP/1.08/PEHI	We will undertake a future needs assessment to ensure that we able to provide a range of housing supports that reduces homelessness.	Managed By	Lesley Cockburn
Desired Outcome	More people in Inverclyde are supported to avoid homelessness.			
Latest Note				
The data gathering process for the housing needs assessment is being refined and is currently in the early stages of development.				

Title	We will work with partners to challenge stigma within services and communities across Inverclyde.	Description	RAG Status	
Code	HSCP/SPP/3.02/SISRC	ACTIVITY ONLY: We will work with partners to challenge stigma within services and communities across Inverclyde.	Managed By	Scott Bryan
Desired Outcome	People are kinder to each other, and the harmful impact of stigma is reduced.			
Latest Note				
The Challenge Stigma e-learning module focusing on the stigma experienced by people with problematic substance use and their loved ones is available on the CVS Inverclyde website.				
Originally launched in October 2023, more than 540 people have engaged in the training in the past 12 months, with 321 of these individuals going directly to the Challenge Stigma landing page.				
To continue this work, we are currently working towards developing a module around stigma and the community justice agenda.				

Title	We will work with partners to improve support for people to self manage their health and wellbeing and feel connected	Description	RAG Status	
Code	HSCP/SPP/3.03/SISRC	We will work with partners to improve support for people to self manage their health and wellbeing and feel connected.	Managed By	
Desired Outcome	People feel more knowledgeable and confident, in improving their health and know how to access the right services.		Debbie Maloney; Ann Murray	
Latest Note				
In the context of Primary Care, we continue to raise awareness of our population about support, services, and professionals to access the Right Care in the Right Place. Our vision is to create a culture of awareness of services, promoting self-management, self-care, and support available to and within our communities.				

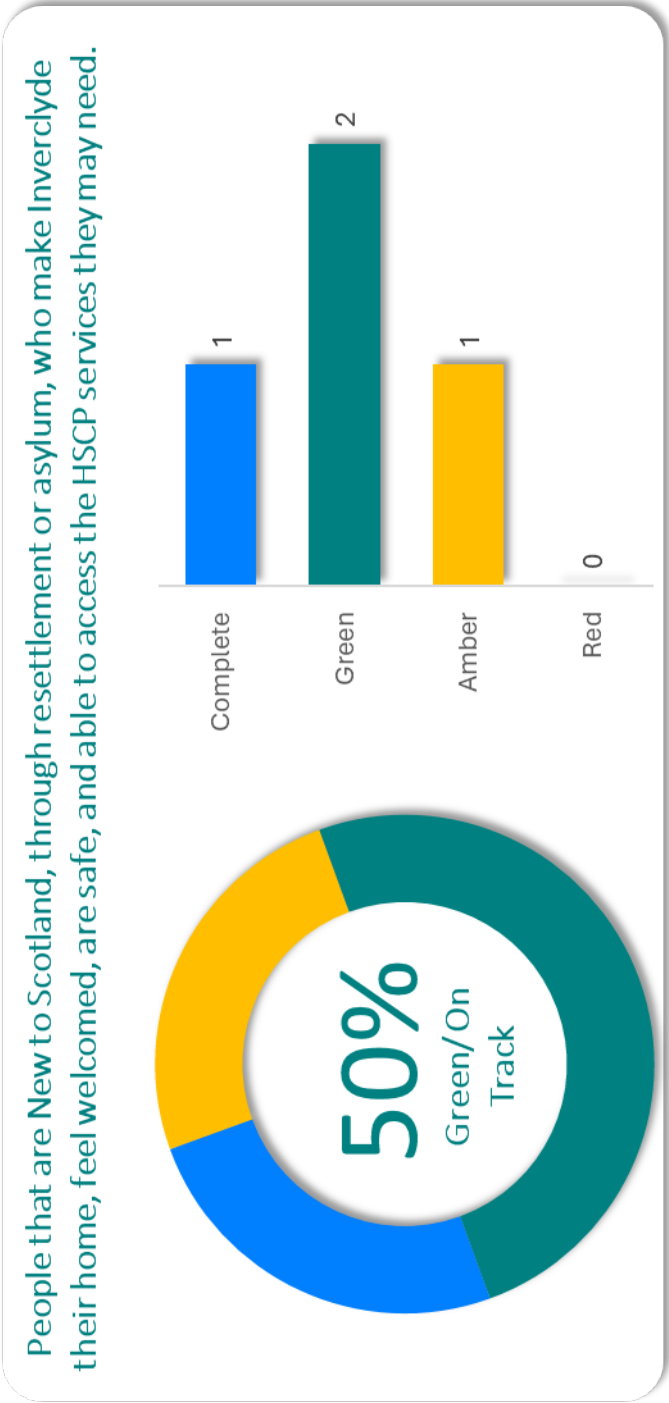
To achieve this, we are working with our third sector partner, Your Voice, to develop a brand symbolizing Primary Care Transformation. We have created a film explaining the Primary Care Transformation journey, designed branded materials to complement program messages, and conducted a population knowledge survey. We have linked with our communities, hosted workforce engagement sessions, utilized social and digital media platforms, and created an online platform to host materials, films, and resources. We support our workforce through training in effective care navigation and signposting. [Inverclyde Primary Care](#) | [Facebook](#) | [Linktree](#)

Through our Community Link Workers, we provide support to those who engage with the service, helping them maximize their independence, build confidence in self-managing their care, and refer them to appropriate support networks to engage in activities and groups to keep them living well in the community.


Title	We will work in partnership with people with lived and living experience of harmful alcohol and drug, to ensure they are involved in future service development.	Description	RAG Status	
Code	HSCP/SPP/3.05/SISRC	ACTIVITY ONLY: We will work in partnership with people with lived and living experience of harmful alcohol and drug, to ensure they are involved in future service development.	Managed By	
Desired Outcome	The views of people with lived or lived experience of alcohol and drug harms are valued and used to inform improvements in local services.		Katrina Phillips	
Latest Note				
Developments of HSCP locality planning groups is ongoing. Following a period of vacancy, a chair for the East Locality has now been appointed and attended their first meeting. In November 2024, a locality development day was held in Gibshill Community Centre, with attendees from existing groups in attendance along with potential members, staff representation and lived experience groups.				
This included representation from the Inverclyde Recovery network who engaged positively in the event. It is anticipated that there will be regular representation from the Recovery Network on our locality groups going forward.				
A report on the development event was presented to Senior Management Team (SMT) in January 2025.				


Outcome 4. People that are New to Scotland, through resettlement or asylum, who make Inverclyde their home, feel welcomed, are safe, and able to access the HSCP services they may need.

The following action updates relate to the Equality Outcome 4. There are 4 strategic actions against this outcome. The overall progress can be viewed in the info-graphic below. Note, the actions against this outcome are specific to this plan only.





Outcome 4: Action Updates

Title	We will collaborate with partners locally and nationally to coordinate the efforts of HSCP, third sector and community groups in supporting Integration.	Description	RAG Status	
Code	HSCP/EO4/4.01	We will collaborate with partners locally and nationally to coordinate the efforts of HSCP, third sector and community groups in supporting Integration.	Managed By	Lesley Cockburn
Desired Outcome	People that are New to Scotland are fully supported in their resettlement journey.			
Latest Note				
A member of the New to Scotland team serves as the named Link Worker for local third sector and community groups, ensuring direct and consistent links between partners and promoting joint working locally. Local and national workstreams converge in the Inverclyde Integration Network, coordinated by the Scottish Refugee Council, where the HSCP is represented by the New to Scotland team Link Worker. This forum allows partners to share updates on support delivery and development, identify gaps, and coordinate responses. Additionally, the HSCP hosts multiagency forums (Inverclyde Operational Asylum and Resettlement Group and Inverclyde Strategic Asylum and Resettlement Group) with local and national partners on a monthly basis. Relationships formed through these forums have facilitated smoother referral pathways, as well as joint assessment and review.				

Title	We will engage and consult with service users to canvas their experiences, including sense of safety, welcome, and ability to access HSCP services.	Description	RAG Status	
Code	HSCP/EO4/4.02		Managed By	
			Lesley Cockburn	

Desired Outcome	We have listened to the views of People that are New to Scotland and are better informed to support them settle into Inverclyde.	We will engage and consult with service users to canvas their experiences, including sense of safety, welcome, and ability to access HSCP services.	
Latest Note			
A framework for obtaining feedback through an electronic, anonymous survey completed at the point of case closure has been developed and implemented. This survey is available in the service user's first language. Responses have been minimal so far, and further work is planned to understand the reasons for this and increase engagement. Subsequently, the survey will be expanded to include consultation throughout the Resettlement/Integration journey, helping to shape services.			

Title	We will review our on-line profile (HSCP website) in conjunction with service users.	Description	RAG Status	
Code	HSCP/EO4/4.03	We will review our on-line profile (HSCP website) in conjunction with service users.	Managed By	
Desired Outcome	Information relevant to People that are New to Scotland published online is easy to find and fully accessible.		Lesley Cockburn	
Latest Note				
A plan to update the HSCP website with relevant information has been discussed and agreed upon. Service users will then be asked to comment on accessibility, gaps, and other aspects. Progress has been hindered by the limited capacity of staff with the necessary access permissions to complete the work. Going forward, this task will be re-prioritised.				

Title	We will work with the corporate communication team to enhance local public messaging around people that are New to Scotland/ Resettlement.	Description	RAG Status	
Code	HSCP/EO4/4.04	We will work with the corporate communication team to enhance local public messaging around people that are New to Scotland/ Resettlement.	Managed By	
Desired Outcome	Through joint communication we have improved local people's understanding of the experiences of people that are New to Scotland.		Lesley Cockburn	
Latest Note				
Discussions took place with the Corporate Communications team regarding the possibility of positive messaging and appropriate mechanisms. Concerns were raised about how to balance sharing individual, meaningful stories while protecting confidentiality and ensuring the safety of participants. Further consideration of this is required. Contracts with third sector partners have been amended to ensure the contribution of the HSCP in delivering services to New to Scotland service users is acknowledged in publicly shared material, including publicity.				

Report To:	Inverclyde Integration Joint Board	Date:	12 May 2025
Report By:	Kate Rocks Chief Officer Inverclyde Health & Social Care Partnership	Report No:	IJB/76/2025/KR
Contact Officer:	Kate Rocks Chief Officer Inverclyde Health & Social Care Partnership	Contact No:	01475 715365
Subject:	Chief Officer's Report		

1.0 PURPOSE AND SUMMARY

- 1.1 ☐ For Decision ☒ For Information/Noting
- 1.2 The purpose of this report is to update the Integration Joint Board (IJB) on service developments which are not subject to the Integration Joint Board's (IJB's) agenda of the 12 May 2025.
- 1.3 The report details updates on work underway across the Health and Social Care Partnership in relation to:
- **Delayed Discharge**
 - **Home from Home (Lens Project)**
 - **Housing Options and Housing Advice Service (HOHAS) – Person Centred Support**
 - **Platinum Digital Telecare Implementation Award**

2.0 RECOMMENDATIONS

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

Kate Rocks
Chief Officer
Inverclyde Health and Social Care Partnership

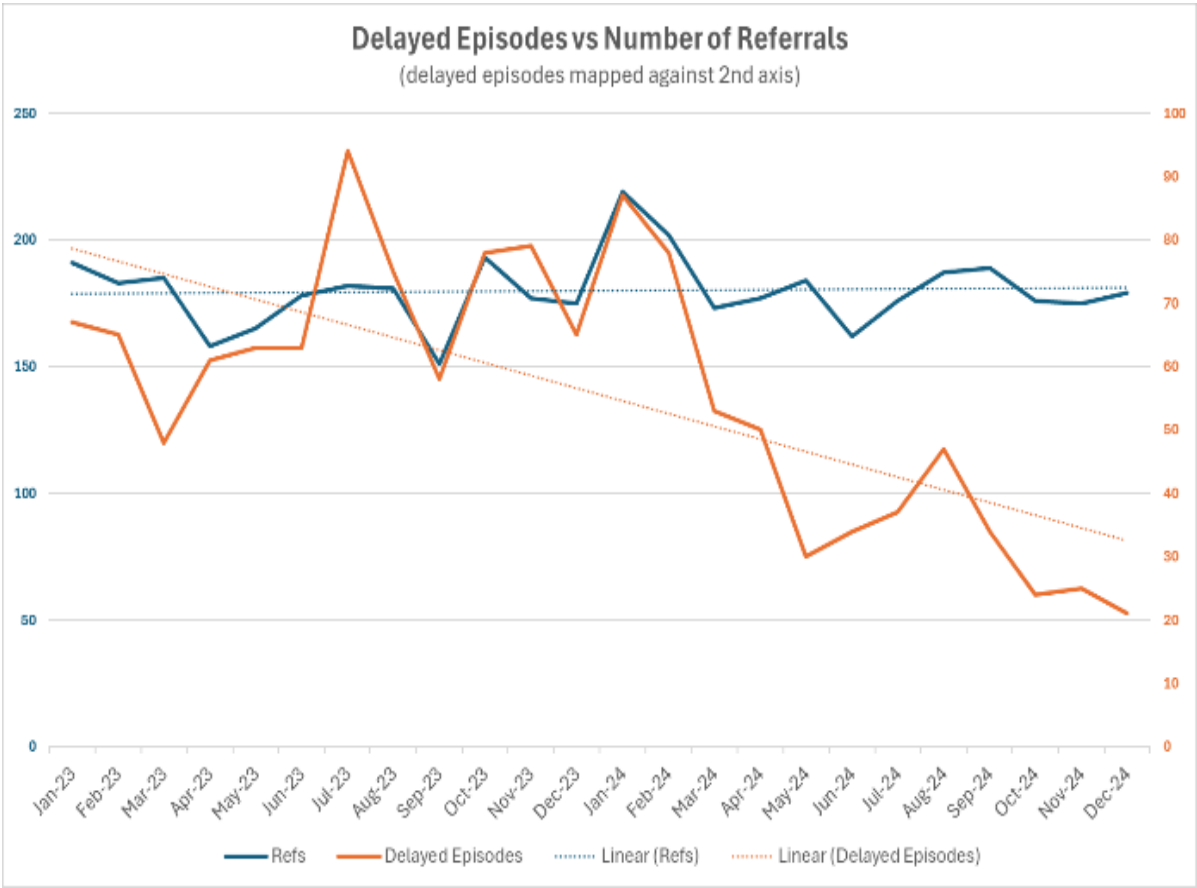
3.0 BUSINESS ITEMS

3.1 Delayed Discharge

As part of the work of the teams within the HSCP to providing high quality and impactful services, delayed discharge performance continues to be a key priority, to strive to eliminate any citizen remaining in hospital once they are well enough to leave. To achieve this, HSCP and Acute colleagues have worked to develop new pathways and reinvigorate existing pathways to support people to return home.

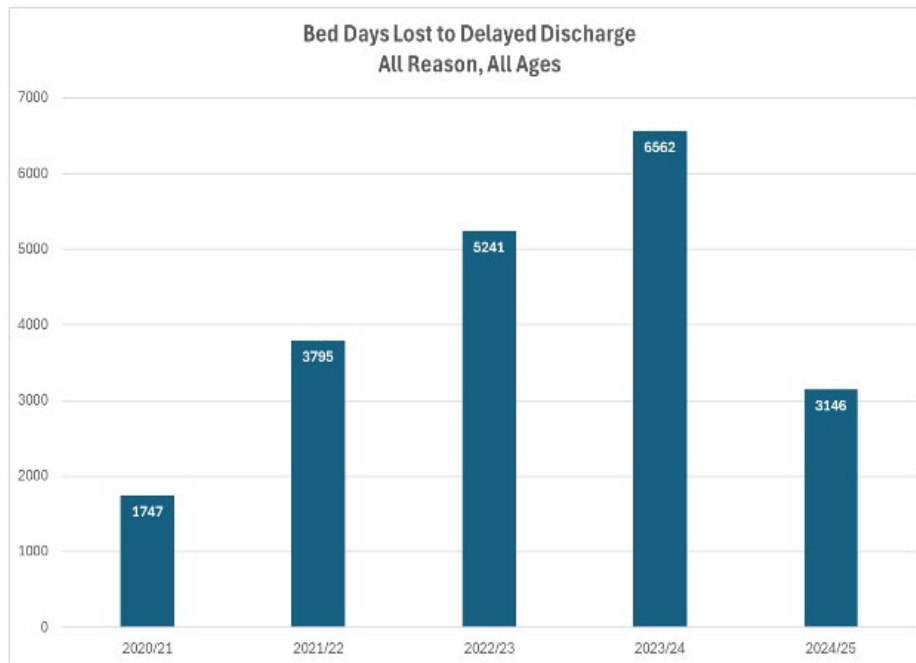
This includes a pathway for those who have attended the local Emergency Department and do not need to be admitted to hospital but require support to return home. Working collaboratively, supports can be put in place immediately to prevent an unnecessary admission. While this work is in its early stages, it is being used successfully and will continue to be reviewed and improved.

Discharge options have also been enhanced to include people moving into a care home for a short stay to enable ongoing assessment and, when needed, rehabilitation, to enable a safe transfer back home within a few weeks. The graph below illustrates a sustained level of referral for support to return home. Despite the ongoing high volume of referrals for support, we have reduced the number of people becoming unnecessarily delayed in hospital.



The chart below, demonstrates how this improvement has impacted on the number of bed days lost. Bed days lost increased through the Covid pandemic and continued to rise, peaking in 2023-2024. In 2024-2025 the number of bed days lost has been halved, increasing local hospital capacity. It is important to recognise this positive impact, alongside the continuing commitment to further reducing unnecessary delays.

Classification : Official



3.2 Home from Home (Lens Project)



As part of the Lens Project Ideas to Action Programme, supporting Inverclyde's ambition to deliver The Promise and improve outcomes for children and young people, Home from Home was one of the ideas which was funded, to provide improved family time space for families, particularly where children do not currently live at home.

Young people helped to identify what a family time venue needed to be, they helped to choose the furniture and décor, and the venue also includes a baby room, a sensory room and a kitchen for families to cook meals, bake and spend time together.

The house provides an improved opportunity to enjoy family time in a nurturing environment and at times to be part of rehabilitation plans and parenting assessments.

Young people created a video of the Home from Home which will be shared with families to help children know in advance where they will be able to spend time with family members.

The house has now been launched and initial feedback from staff, families and children has been very positive:

One family fed back that 'using home from home was a really positive experience for them, mum enjoyed being able to follow an afterschool routine and make dinner for the children like she used to do previously and children said it felt like being at home again which made them happy.'

A parent shared that 'it is a space to be a mum again without confusing the kids about coming home' but also enables her to do things 'like making their favourite tea, which cannot be done in an office. There are less interruptions and less anxiety about banging into people who then know your business and that your kids are in care'.

Another young person shared that 'it is instantly calming and meant I could plan normal stuff that meant it didn't feel like I am in care'.

3.3 Housing Options and Housing Advice Service (HOHAS) – Person Centred Support

The redesign of the Housing Options and Housing Advice Service is nearing completion, and this will include strengthening our pro-active support to prioritise early intervention and prevention and support for people to sustain their tenancies in the longer term.

Below is a case study that exemplifies the compassionate and person-centred support provided by the teams:

Client A has experienced homelessness over a number of years, as well as being involved with the criminal justice system including periods in custody, during which he was not able to keep in contact with homelessness services. He talked about "taking panic attacks because I knew I was getting out of the jail and I didn't know what was happening", adding that "people would rather be in the jail than be running about the streets homeless".

Client A has a long history of substance use and has been known to local substance use teams and lives with significant underlying health problems. In June 2023, A was identified as a potential Housing First candidate and put forward to the team for support. He currently receives support for four hours per week and this will increase when he moves to his own tenancy. Client A has been able to actively engage with services, reflecting that the new help he receives has supported him to attend doctors' appointments, community groups, resolve his benefits and "simple run of the mill things you would get complacent in", saying that he often struggled to stay on top of general housekeeping but that he has "noticed a big difference" in the support received from the service.

A said he would previously have struggled to accept this support but that he built trust with his worker and is also being supported by the 'Inverclyde Faith in Throughcare' charity who are helping him to avoid offending. Client A has now managed to stay out of prison for three years, compared to previously being returned to custody within months of returning to the community and has now started a college course. Without support A said, "I don't think college would have happened". and his girlfriend are currently in temporary accommodation, however work is ongoing to see if this could become his permanent tenancy. A has talked about having a set routine to care for his home and there has been a real improvement from the previous temporary accommodation.

3.4 Platinum Digital Telecare Implementation Award

Inverclyde HSCP have embraced the journey from initial test stage to complete full digitization of the Community Alarm provision. Building on previous recognition, Digital Telecare for Scottish Local Government recently confirmed that Inverclyde HSCP has been awarded the Platinum Digital Telecare Implementation Award in recognition of this recent completion of full analogue to digital telecare transition project. Platinum Accreditation was awarded on the 4 April 2025.

This is a remarkable achievement and the final major milestone in the transition to digital telecare. Next steps include further integration with commissioned providers, continuous improvement and upskilling of staff, robust monitoring and evaluation frameworks to track the performance of digital systems and identify areas for further, sustained improvement.

Congratulations and well done to everyone involved!

4.0 IMPLICATIONS

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

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

4.2 Finance

One off Costs

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

Annually Recurring Costs/ (Savings)

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

4.3 Legal/Risk

There are no legal implications within this report.

4.4 Human Resources

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

4.5 Strategic Plan Priorities

4.6 Equalities

(a) Equalities

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

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

(b) Equality Outcomes

How does this report address our Equality Outcomes?

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

(c) Fairer Scotland Duty

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

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

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

(d) **Children and Young People**

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

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

4.7 Clinical or Care Governance

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

4.8 National Wellbeing Outcomes

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

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

4.9 Environmental/Sustainability

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

Has a Strategic Environmental Assessment been carried out?

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

4.10 Data Protection

Has a Data Protection Impact Assessment been carried out?

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

5.0 DIRECTIONS

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

6.0 CONSULTATION

6.1 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.

7.0 BACKGROUND PAPERS

7.1 None.

INVERCLYDE INTEGRATION JOINT BOARD AUDIT COMMITTEE – 9 SEPTEMBER 2024

Inverclyde Integration Joint Board Audit Committee

Monday 9 September 2024 at 1.00pm

Present:

Voting Members:

David Gould (Chair)	Greater Glasgow & Clyde NHS Board
Councillor Lynne Quinn (Vice Chair)	Inverclyde Council
Councillor Sandra Reynolds	Inverclyde Council

Non-Voting Members:

Diana McCrone	Staff Representative, Greater Glasgow & Clyde NHS Board
Charlene Elliott	Third Sector Representative, CVS Inverclyde

Also present:

Dr Rebecca Metcalfe	Greater Glasgow & Clyde NHS Board (IJB Member)
Kate Rocks	Chief Officer, Inverclyde Health & Social Care Partnership
Joyce Allan	On behalf of Jonathan Hinds, Head of Children & Families and Criminal Justice Services and Chief Social Work Officer, Inverclyde Health & Social Care Partnership
Craig Given	Chief Finance Officer, Inverclyde Health & Social Care Partnership
Vicky Pollock	Legal Services Manager, Inverclyde Council
Alan Best	Interim Head of Health & Community Care, Inverclyde Health & Social Care Partnership
Diane Sweeney	Senior Committee Officer, Inverclyde Council
Colin MacDonald	Senior Committee Officer, Inverclyde Council
Peter MacDonald	Solicitor, Inverclyde Council
Alison Ramsey	Corporate Communications, Inverclyde Council

Chair: David Gould presided.

The meeting was held at the Municipal Buildings, Greenock, with Councillor Quinn, Councillor Reynolds, Ms Elliott and Ms McCrone attending remotely.

18 Apologies, Substitutions and Declarations of Interest 18

No apologies for absence or declarations of interest were intimated.

19 Minute of Meeting of IJB Audit Committee of 24 June 2024 19

There was submitted the Minute of the Inverclyde Integration Joint Board Audit Committee of 24 June 2024.

The Minute was presented by the Chair and examined for fact, omission, accuracy and clarity.

Decided: that the Minute be agreed.

INVERCLYDE INTEGRATION JOINT BOARD AUDIT COMMITTEE – 9 SEPTEMBER 2024

- | | | |
|----|--|----|
| 20 | <p>IJB Audit Committee Rolling Annual Workplan</p> <p>There was submitted a list of rolling actions arising from previous meetings of the IJB Audit Committee.</p> <p>Ms McCrone joined the meeting during consideration of this item.</p> <p>Decided: that the Rolling Annual Workplan be noted.</p> | 20 |
| 21 | <p>Internal Audit Annual Strategy and Plan 2024-2025</p> <p>There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership presenting the Internal Audit Annual Strategy and Plan for 2024-2025 for approval. The report was presented by Mr Given who acknowledged the participation of Ms Priestman, Chief Internal Auditor for Inverclyde Council, in completing the Plan and report.</p> <p>The Chair asked how Internal Audit would address the organisational redesign work tied into the budgetary process with the Plan, and Mr Given advised that he would consult with Ms Priestman on this matter.</p> <p>Decided: that the Internal Audit Annual Strategy and Plan for 2024-2025 be approved.</p> | 21 |
| 22 | <p>Status of External Audit Action Plans at 31 August 2024</p> <p>There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership on the status of current actions from External Audit Action Plans at 31 August 2024. The report was presented by Mr Given and being the regular progress report advised of updates since the last meeting.</p> <p>Decided: that the progress to date in relation to the implementation of external audit actions be noted.</p> | 22 |
| 23 | <p>IJB Risk Register</p> <p>There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership (1) providing an update on the status of the IJB Strategic Risk Register, and (2) appending the most recent Risk Register reviewed by officers in August 2024. The report was presented by Mr Given.</p> <p>Referring to references in the Register for workforce risk, the Committee asked if it was anticipated that this risk would reduce. Ms Rocks and Mr Given replied that addressing recruitment and retention issues should see an improvement in the risk level, but this would be a long term goal and would be changed when they were able to do so.</p> <p>Decided: that the content of the report be noted.</p> | 23 |
| 24 | <p>Inverclyde Integration Joint Board – Directions Update August 2024</p> <p>There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership providing a summary of the Directions issued by the IJB to Inverclyde Council and NHS Greater Glasgow & Clyde in the period March 2024 to August 2024. The report was presented by Ms Pollock.</p> <p>Referring to</p> <p>Decided: that the contents of the report be noted.</p> | 24 |
| 25 | <p>Improvement Action Plan: Joint Inspection of Adult Services</p> <p>There was submitted a report by the Chief Officer, Inverclyde Health & Social Care</p> | 25 |

Partnership (1) advising the Committee of the development of an improvement action plan, a copy of which was appended to the report, following the publication of the Care Inspectorate and Healthcare Improvement Scotland report 'Joint inspection of adult services – Integration and outcomes – focus on people living with mental illness', and (2) seeking approval to submit the plan to the Care Inspectorate, which will then guide further improvement activity. The report was presented by Ms Allan.

Referring to the areas for improvement highlighted in the report, the Chair asked when the Committee would see progress, and Ms Allan advised that Mr Hinds, the Chief Social Work Officer, would bring a further report to the Committee detailing improvement actions.

Decided:

- (1) that the proposed improvement action plan be noted; and
- (2) that approval be given to submission of the plan to the Care Inspectorate to enable ongoing monitoring of improvement activity.

26 Inverclyde Alcohol and Drug Recovery Services

26

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership providing information on ongoing budgetary spend within Alcohol and Drug Recovery Services. The report was presented by Ms Rocks.

The Committee commented that a number of posts were funded on a fixed term basis when staff wanted permanent posts, and asked if this was an issue. Ms Rocks advised that this was due to the way some funding was received on a non-recurring basis from the Scottish Government.

The Board asked if the number of vacancies within the Service impacted on service provision and if officers were lobbying on this matter. Ms Rocks advised that there was an impact but that this was being managed by officers strengthening pathways, working with the Third Sector and looking at different ways to provide services, and that the matter had been raised, and would continue to be raised, at a corporate and Board level.

Decided: that the contents of the report be noted.

INVERCLYDE INTEGRATION JOINT BOARD AUDIT COMMITTEE – 18 NOVEMBER 2024

Inverclyde Integration Joint Board Audit Committee

Monday 18 November 2024 at 1.00pm

Present:

Voting Members:

David Gould (Chair)	Greater Glasgow & Clyde NHS Board
Dr Rebecca Metcalfe	Greater Glasgow & Clyde NHS Board
Councillor Lynne Quinn (Vice Chair)	Inverclyde Council
Councillor Sandra Reynolds	Inverclyde Council

Non-Voting Members:

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

Also present:

Taimoor Alan	KPMG LLP (External Auditors)
Kate Rocks	Chief Officer, Inverclyde Health & Social Care Partnership
Jonathan Hinds	Chief Social Work Officer, Inverclyde Health & Social Care Partnership
Craig Given	Chief Finance Officer, Inverclyde Health & Social Care Partnership
Andi Priestman	Chief Internal Auditor, Inverclyde Council
Vicky Pollock	Legal Services Manager, Inverclyde Council
Alan Best	Interim Head of Health & Community Care, Inverclyde Health & Social Care Partnership
Lindsay Carrick	Senior Committee Officer, Inverclyde Council
Colin MacDonald	Senior Committee Officer, Inverclyde Council
Alison Ramsey	Corporate Communications, Inverclyde Council

Chair: David Gould presided.

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

27 Apologies, Substitutions and Declarations of Interest 27

An apology for absence was intimated on behalf of:

Charlene Elliott	Third Sector Representative, CVS Inverclyde (with Vicky Cloney substituting)
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28 Annual Report to the IJJB and the Controller of Audit for the Financial Year ended 31 March 2024 28

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership appending (1) the representation letter to KPMG LLP, being the IJJB's external auditor, (2) the Audited Annual Accounts 2023/24, and (3) KPMG LLP's Annual Audit Report to the IJJB and the Controller of Audit. The Chair invited Mr Alam of KPMG to present the KPMG LLP report, who thanked Mr Given and his team for providing support during the audit process.

INVERCLYDE INTEGRATION JOINT BOARD AUDIT COMMITTEE – 18 NOVEMBER 2024

The Chair formally thanked KPMG LLP and HSCP officers for their work on the Audited Annual Accounts.

Referring to the 'Recommendations' section at appendix 5 of the KPMG report, and the entry for 'Performance against national indicators' advising of a deteriorating trend, the Board asked what analysis of this officers had undertaken. Ms Rocks and Mr Given provided an overview, including development sessions and inclusion in the new Strategic Plan and outcomes framework. The Chair added that the Health Board monitored this.

Referring to the 'Recommendations' section at appendix 5 of the KPMG report, and the entry for 'Integration Scheme Review', the Board asked for it to be noted that it was not within the gift of the Inverclyde IJB to change the expected completion date of March 2025, and Ms Rocks confirmed this.

Decided:

- (1) that it be recommended to the IJJB that the Chair, Chief Officer of Inverclyde Health & Social Care Partnership and Chief Financial Officer of Inverclyde Health & Social Care Partnership be authorised to accept and sign the final 2023/24 Accounts on behalf of the IJJB;
- (2) that the Letter of Representation, as detailed at appendix 1 to the report, be endorsed and it be recommended to the IJJB that this be signed by the Chief Financial Officer of Inverclyde Health & Social Care Partnership;
- (3) that the content of the Annual Report, as appended at appendix 3 to the report, be noted; and
- (4) that the thanks of the Committee be extended to Inverclyde HSCP officers and KPMG LLP for their work on the Audited Annual Accounts.