Report To:	**Inverclyde Integration Joint Board**	Date:	**8 September 2025**
Report By:	**Kate Rocks** **Chief Officer** **Inverclyde Health and Social Care Partnership**	**Report No:**	**IJB/87/2025/JH**
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Subject:	**Strategic Partnership Plan: Outcomes Framework - Update**		

1.0 PURPOSE AND SUMMARY

1.1 ☐For Decision ☒For Information/Noting

1.2 To update members of the Integration Joint Board on progress of developing an Outcomes Framework to evidence impact against the Strategic Partnership Plan

1.3 An initial proposal of the Outcomes Framework was presented to the Integrated Joint Board in November 2024, and work has taken place to identify and confirm data sources and reporting mechanisms.

1.4 Work on developing the outcomes framework continues, with a number of measures and data sources identified and initial baseline measures established. Work continues to develop further measures, ensuring definitions, methods and information sources are valid and robust.

2.0 RECOMMENDATIONS

2.1 It is recommended that members of the Integrated Joint Board:
- Note the contents of this report.
- Note continuing work to develop an outcomes framework to evidence the impact of the HSCP strategic partnership plan.

Kate Rocks
Chief Officer
Inverclyde Health and Social Care Partnership

3.0 BACKGROUND AND CONTEXT

3.1 The Strategic Partnership Plan, 'People and Partnership's, Making a Difference' was published in May 2024. Since its publication, work has been undertaken to develop a meaningful and robust outcomes framework that will help evidence the impact of actions within the plan.

3.2 In establishing the Strategic Partnership Plan, a range of actions were agreed against each of the four strategic priorities and work took place to identify key outcome measures for each strategic action.

3.3 Following presentation to the Integration Joint Board in November 2024, it was recognised that the proposed framework moved away from the traditional concept of reporting against demand and processes and towards measuring the impact of our actions. This approach involved identifying a suite of new measures.

4.0 PROPOSALS

4.1 A working version of the Outcomes Framework is attached at appendix 1; in total, **47** outcome measures have been identified for reporting and further development. Currently, information is being collected for 36 measures, with 11 still under development, as summarised below.

Priority	Identified Measures	Data collected	Under Development
Provide Early Help	**14**	11	3
Improve Mental Health, Wellbeing & Recovery	**10**	6	4
Inclusive, Safe and Resilient Communities	**10**	8	2
Strengthen Families and Carers	**13**	11	2

4.2 Work on the Outcomes Framework is ongoing, led by the Planning, Performance and Equalities Service. A quarterly schedule will also be established to collate identified measures and will include 'live' data to ensure it reflects the most accurate outcomes. Further engagement with services will take place to develop outstanding measures which will be recorded through the Pentana corporate performance management system.

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 no 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 Outcomes Framework is the key mechanism by which the implementation of the Strategic Partnership Plan and the four strategic priorities are evaluated. The performance and outcomes framework will be the basis for future Annual Performance Reports and internal performance reporting.

5.6 **Equalities**

(a) <u>Equalities</u>

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

(b) Equality Outcomes

How does this report address our Equality Outcomes?

Equalities Outcome	Implications
We have improved our knowledge of the local population who identify as belonging to protected groups and have a better understanding of the challenges they face.	Several of the actions included in the Strategic plan also support the Integration Joint Board's Equality Outcome Plan and new equality outcomes. This outcomes framework will help support evaluation of the IJB equality outcomes.
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.	The Integration Joint Board Strategic Partnership Plan is obliged to demonstrate how it will progress the National Health and Wellbeing Outcomes. The outcomes framework aligns the actions within the strategic plan, demonstrating how they contribute to the national outcomes
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	As above
People who use health and social care services have positive experiences of those services, and have their dignity respected.	As above
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	As above
Health and social care services contribute to reducing health inequalities.	As above
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	As above
People using health and social care services are safe from harm.	As above
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	As above
Resources are used effectively in the provision of health and social care services.	As above

5.9 **Environmental/Sustainability**

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

Has a Strategic Environmental Assessment been carried out?

	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 N/A

8.0 BACKGROUND PAPERS

8.1 Strategic Outcome's Framework (Draft)

Inverclyde HSCP – Outcomes Framework

Ongoing Development

Rationale

The measures and information provided in the following tables demonstrate progress towards developing a robust outcomes framework for Inverclyde HSCP, to effectively evidence progress towards the Strategic Partnership Plan.

All figures provided, where available, are for the full year 2024/25. Work continues to establish robust data sources and methods for those measures that remain 'under development'.

Provide Early Help

ID	Desired Outcome	Outcome Measure	Value	Aim to
1	Families and children are supported earlier and effectively to achieve positive outcomes	Number of children and young people redirected from HSCP services to community-based supports.	386	⬆
		Number of children requiring statutory targeted interventions.	147	⬇
3	Local people are supported to access the services that are right for them.	Percentage of People supported by the right service within set timescale (under development)	NA	⬆
		Number of adults redirected from HSCP services to community-based supports (under development)	NA	⬆
		Number of repeat presentations to HSCP services within 3 months	49	⬇

ID	Desired Outcome	Outcome Measure	Value	Aim to
		(Adult Support & Protection)		
		Number of repeat presentations to HSCP services within 3 months (Child Protection)	0	⬇
4	People are provided with the right timely support and live independently in their own community.	Number service users fully independent post-reablement intervention	187	⬆
		Percentage service users fully independent post-reablement intervention	29%	
		Number of completed Future Care Plans	164	⬆
		Percentage of individual goals, identified in support plans met (under development)	NA	⬆
		Supported living - Number of people less dependent on paid support.	26	⬆
5	We will continue to improve accessibility and pathways to treatment for people experiencing harm from alcohol and drug use.	Number of people referred onto Moving On and Your Voice to support their recovery in the community.	37	⬆
		Percentage of non-appropriate referrals to CMHT and ADRS diverted on to Universal Services.	32%	⬆
7	People are supported to move away from offending at the earliest opportunity.	Percentage of people completing Diversion activity who avoid further contact with Justice Social Work within 12 months.	94%	⬆

Improve Mental Health, Wellbeing and Recovery

ID	Desired Outcome	Outcome Measure	Value	Aim to
1	Families and children are supported earlier and effectively to achieve positive mental health outcomes	Number of inappropriate referrals to CAMHS (aim to reduce)	72	⬆
		Measure to identify impact of service on MH of young people following support (Under Development)	NA	NA
3	People will be able to self-manage their mental ill health.	Number of people who re-refer to HSCP Mental Heals services (total of Adult, Older People Community Mental Health Teams and Older People MH Liaison) (aim to decrease)	554	⬇
		Percentage of people completing Computerised Cognitive Behavioural Therapy	25.8%	⬆
		Rate of people exiting PCMHT service early following self-referral (within 4 weeks)	12%	⬇
		Rate of people exiting PCMHT service early following self-referral (within 8 weeks)	17%	⬇
4	People with complex mental health conditions are fully involved in the design and delivery of their own care plans.	Number/Percentage of people completing a 'Wellness Recovery Action Plan' (WRAP) (under development)	NA	NA
6	Our workforce and partners are more informed when supporting those at risk of suicide.	Number of staff attending suicide prevention training.	91	⬆

ID	Desired Outcome	Outcome Measure	Value	Aim to
7	People with urgent care needs relating to mental health and substance use have improved support with the right care at the right time.	(under development)	NA	NA
8	People who need residential rehabilitation for treatment for alcohol and drug use have timeous access to this service.	(under development)	NA	NA

Inclusive, Safe and Resilient Communities

ID	Desired Outcome	Outcome Measure	Value	Aim to
1	Children, young people and cared for and supported in the local community.	Percentage of Children looked after that remain in Inverclyde.	72%	⬆
3	People are more knowledgeable and confident in improving their health and know how to access the right services.	Maximising Independence – Number of interactions	246	⬆
		Maximising Independence - Number of Events held	22	⬆
		Maximising Independence – Number of external partners involved	17	⬆
		Maximising Independence – Number of internal partners involved	16	⬆
6	Our community will recognise the benefit of unpaid work in improving their local environment.	Increase in number of requests for unpaid work from the community. (under development)	NA	⬆
		Number of people/groups who report positively for the work received from Unpaid Work Orders. (under development)	NA	⬆
7	We have improved opportunities for people to access meaningful education, employment or volunteering opportunities. We have supported people to mitigate the impact of poverty.	Income maximised for those in employment and out of employment.	£7,809,285	⬆
		Number of referrals on to employability support (HSCP Advice Services)	39	⬆
		Percentage of people (accessing homelessness services) who have made improvements in 3 outcomes or more (Outcome star)	73%	⬆

Strengthen Families and Carers

ID	Desired Outcome	Outcome Measure	Value	Aim to
2	We have supported families to increase their confidence in their caring role	Number of families referred for Family Group Decision Making	41	⬆
		Average time from point of referral to Kinship Care Panel.	TBC	
		Number of Discharges from Children's Hearing	40	⬆
3	Families and carers feel more involved in the decision making and planning for the cared for.	Number of young people providing statements through Mind of My Own.	32	⬆
		Total number of Statements provided through Mind of My Own.	185	⬆
		Percentage of families/ carers satisfied with involvement in care plan discussions (Under Development)	NA	⬆
5	Families and Carers who undertake the caring task will be offered a carers assessment	Number of Adult Carers support plan offered (SW and Carers Gateway)	421	⬆
		Percentage of Adult Carers Support Plans Completed (SW and Carers Gateway)	16%	⬆
		Percentage of Young Carers Statements Offered (Carers Gateway)	158	⬆
		Percentage of Young Carers Statements Offered (Carers Gateway)	47%	⬆
6	More people access self-directed support options following positive and supportive conversations with our workforce.	Percentage service users accessing SDS option 1 (Direct Payment)	2%	⬆
		Percentage service users accessing SDS option 2 (Directing the individual resource)	6.5%	⬆
		Increase in staff who report greater awareness of SDS options	NA	⬆

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		following training. (Under Development)		
7	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.	Percentage of approaches where homeless was prevented.	53.3%	⬆
		Percentage of P1's that remained in current accommodation.	10.56%	⬆