Municipal Buildings, Greenock PA15 1LY

Ref: DS

Date: 29 August 2025

A meeting of the Inverclyde Integration Joint Board will be held on Monday 8 September 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 5 September 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**

BUSINESS		
1.	**Apologies, Substitutions and Declarations of Interest**	**Page**
ITEMS FOR ACTION:		
2.	**Minute of Meeting of Inverclyde Integration Joint Board of 23 June 2025**	**p**
3.	**Rolling Action List**	**p**
4.	**Financial Monitoring Report 2025/26 Period 3** Report by Chief Officer, Inverclyde Health & Social Care Partnership	**p**
5.	**HSCP Annual Performance Report (APR) 2024-25** Report by Chief Officer, Inverclyde Health & Social Care Partnership	**p**
6.	**HSCP Strategic Partnership Plan – Strategic Priorities 2022-25** Report by Chief Officer, Inverclyde Health & Social Care Partnership	**p**

ITEMS FOR NOTING AND ROUTINE DECISIONS		
7.	**Strategic Partnership Plan: Outcomes Framework - Update** Report by Chief Officer, Inverclyde Health & Social Care Partnership	**p**
8.	**Closure of Inverclyde Centre – Transition Planning** Report by Chief Officer, Inverclyde Health & Social Care Partnership	**p**
9.	**IJB Directions Annual Report – 2024/25** Report by Chief Officer, Inverclyde Health & Social Care Partnership	**p**
10.	**Clinical and Care Governance Annual Report 2024 – 2025** Report by Chief Officer, Inverclyde Health & Social Care Partnership	**p**
11.	**NHS Greater Glasgow & Clyde Primary Care Strategy Implementation** Report by Chief Officer, Inverclyde Health & Social Care Partnership	**p**
12.	**Housing Contribution Statement: 2024/2025** Report by Chief Officer, Inverclyde Health & Social Care Partnership	**p**
13.	**Request by the New Surgery Kilmacolm to Close their Langbank Branch Surgery and Dispensary (General Practice)** Report by Chief Officer, Inverclyde Health & Social Care Partnership	**p**
14.	**Chief Officer's Report** Report by Chief Officer, Inverclyde Health & Social Care Partnership	**p**
15.	**Minute of Meeting of Inverclyde Integration Joint Board Audit Committee of 24 March 2025**	**p**

The documentation relative to the following item has been treated as exempt information in terms of the Local Government (Scotland) Act 1973 as amended, the nature of the exempt information being that set out in the paragraphs of Part I of Schedule 7(A) of the Act.

ITEM FOR ACTION:		
16.	**Approval for Employment Release Under Voluntary Early Retirement** **Paragraph 1** Report by Chief Officer, Inverclyde Health & Social Care Partnership seeking approval for release of employees through Inverclyde Council's approved Voluntary Early Retirement scheme	**p**
ROUTINE DECISIONS AND ITEMS FOR NOTING:		
17.	**Private Appendix to Minute of meeting of Inverclyde Integration Joint Board of 23 June 2025** **Paragraphs 6 & 9**	**p**
18.	**Governance of HSCP Commissioned External Organisations** **Paragraphs 6 & 9** Report by Chief Officer, Inverclyde Health & Social Care Partnership on matters relating to the HSCP governance process for externally commissioned Social Care Services	**p**

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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The meeting will be recorded or live-streamed to fulfil our public task obligation to enable members of the public to observe the democratic process.

If you are participating in the meeting, you acknowledge that you may be filmed and that any information pertaining to you contained in the recording or live-stream of the meeting will be used for webcasting or training purposes and for the purpose of keeping historical records and making those records available to the public. If you are asked to speak at the meeting then your submission to the committee will be captured as part of the recording or live-stream.

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

Inverclyde Integration Joint Board
Monday 23 June 2025 at 2pm

PRESENT:

Voting Members:

Councillor Francesca Brennan (Chair)	Inverclyde Council
Dianne Foy	On behalf of David Gould, Greater Glasgow and Clyde NHS Board
Councillor Robert Moran	Inverclyde Council
Councillor Lynne Quinn	Inverclyde Council
Dr Rebecca Metcalfe	Greater Glasgow and Clyde NHS Board
Dr Paul Ryan	Greater Glasgow and Clyde NHS Board

Non-Voting Professional Advisory Members:

Kate Rocks	Chief Officer, Inverclyde Health & Social Care Partnership
Jonathan Hinds	Chief Social Work Officer, Inverclyde Health & Social Care Partnership
Craig Given	Chief Finance Officer, Inverclyde Health & Social Care Partnership
Dr Chris Jones	Registered Medical Practitioner
Dr Hector MacDonald	Clinical Director, Inverclyde Health & Social Care Partnership
Laura Moore	Chief Nurse, Greater Glasgow and Clyde NHS

Non-Voting Stakeholder Representative Members:

Ciorstaidh Reichle	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	Head of Mental Health, Inverclyde Health & Social Care Partnership
Margaret McIntyre	Head of Children & Families and Criminal Justice, Inverclyde Health & Social Care Partnership
Angela Rainey	Service Manager, Support Services, Inverclyde Health & Social Care Partnership
Scott Bryan	Service Manager, Planning Performance & Equalities, Inverclyde Health & Social Care Partnership
Lindsay Carrick	Senior Committee Officer, Inverclyde Council
Colin MacDonald	Senior Committee Officer, Inverclyde Council
Alison Ramsay	Corporate Communications, Inverclyde Council
Karen Haldane	Executive Officer, Your Voice, Inverclyde Community Care Forum (public business only)

Chair: Councillor Francesca Brennan presided.

The meeting was held at the Municipal Buildings, Greenock with Ms Foy, Ms Reichle, Dr Jones, Ms Elliott, and Mr McLachlan attending remotely.

45 Apologies, Substitutions and Declarations of Interest **45**

Apologies for absence were intimated on behalf of:

David Gould	Greater Glasgow and Clyde NHS Board (with Dianne Foy substituting)
Councillor Sandra Reynolds	Inverclyde Council

No declarations of interest were intimated.

46 Minute of Meeting of Inverclyde Integration Joint Board of 12 May 2025 **46**

There was submitted the Minute of the Inverclyde Integration Joint Board of 12 May 2025. The Minute was presented by the Chair and checked for fact, omission, accuracy and clarity.

Referring to Minute Reference 39 (Strategic Partnership Plan – 6 Monthly Progress Update), Dr Ryan advised that he had since received a satisfactory response from Mr Bryan to the question he had asked.

Referring to Minute Reference 37 (Inverclyde ADP Strategy 2024-2029), Dr Metcalfe advised that her questions at the previous meeting had related to the governance of the strategy and not to the services.

Decided: that the Minute be agreed.

47 Voting Membership of the Inverclyde Integration Joint Board **47**

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership advising the Board of a change in its voting membership as Councillor Robert Moran was appointed by Inverclyde Council at its meeting on 12 June 2025 to replace Councillor Colin Jackson, with Councillor Jackson appointed as Councillor Moran's proxy. The report was presented by Ms Pollock.

The Chair welcomed Councillor Moran's return to the Board and thanked Councillor Jackson for the contributions he made during his membership.

Decided: that the Board notes the appointment by Inverclyde Council of Councillor Robert Moran as a voting member of the IIJB to replace Councillor Colin Jackson, with Councillor Jackson appointed as Councillor Moran's proxy.

48 2024/25 Draft Annual Accounts **48**

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership (1) setting out the proposed approach for the Board to comply with its statutory requirements in respect of the annual accounts, and (2) presenting the draft 2024/25 Annual Accounts and Annual Governance Statement, a copy of which was appended to the report. The report was presented by Mr Given, who thanked colleagues for their assistance in preparing the Accounts.

In his absence, the Chair expressed the thanks and appreciation of Mr Gould to Mr Given and the finance team for the strong set of accounts presented.

Decided:

(1) that the proposed approach to complying with the Local Authority Accounts (Scotland) Regulations 2014 be noted;

(2) that the Annual Governance Statement included with the Accounts be approved;

(3) that it be agreed that the unaudited accounts for 2024/25 be submitted to the Auditor; and

(4) that the transfer to Earmarked Reserves, as detailed at page 8 of the Draft Annual Accounts, be approved.

49 Rolling Action List 49

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

With reference to the entry 'Arrange Development Session on ADP Strategy' it was agreed after discussion that this will be included in a Development Session which will also cover other topics.

With reference to the entry 'Provide update reports on the ADP Strategy 2024-2029 on a semi-regular basis' it was agreed that this will be discussed at the Development Session.

With reference to the entry 'Provide update reports on progress with the decommissioning of the Inverclyde Centre when there are significant developments' Ms Rocks advised that a report will be presented to the September meeting of the Board.

Decided: that the Rolling Action List be noted.

50 Inverclyde Integration Joint Board (IIJB) and IIJB Audit Committee – Proposed Dates of Future Meetings 50

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership seeking approval of a timetable of meetings for the Inverclyde Integration Joint Board (IIJB) and the IIJB Audit Committee for 2025/26. The report was presented by Ms Pollock.

The meeting dates were noted in the report as follows:

IIJB Audit Committee	8 September 2025 at 12 noon (Committee members and External Auditors only)
IIJB Audit Committee	8 September 2025 at 1pm (usual meeting)
IIJB	8 September 2025 at 2pm
IIJB	17 November 2025 at 2pm
IIJB	12 January 2026 at 2pm
IIJB Audit Committee	23 March 2026 at 1pm
IIJB	23 March 2026 at 2pm
IIJB	11 May 2026 at 2pm
IIJB Audit Committee	22 June 2026 at 1pm
IIJB	22 June 2026 at 2pm

Decided: that the timetable of meetings for the IIJB and IIJB Audit Committee for 2025/26 be approved.

51 Savings 2024/26 Update 51

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership (1) advising the Board of the updated position of the 2024/26 savings exercise and the progress of the work in each of the Savings Programme Board workstreams, and (2) providing an update on the Voluntary Redundancy / Voluntary Early Retirement process. The report was presented by Mr Given.

Mr Given responded to questions and comments regarding (1) the progress of the review of senior staff structure and Voluntary Redundancy / Voluntary Early Retirement process, and (2) areas impacted by both VR/VER trawls and savings, and committed to providing an update report to the September meeting on the progress of this. Ms Rocks provided reassurance that care had been taken not to subject individual services to both VR/VER trawls and savings exercises at the same time.

Decided:
(1) that the updated progress of each of the savings workstreams be noted; and
(2) that the progress of the Voluntary Redundancy / Voluntary Early Retirement process be noted.

52 Health Care Scotland Act 2019 **52**

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership providing an update on the work undertaken within Inverclyde to date to meet the requirements of the Health Care Staffing (Scotland) Act 2019, which had been enacted from 1 April 2024 The report was presented by Ms Moore.
Officers responded to questions concerning (1) the timescales for implementing the Act, and (2) the learning curve of implementing new legislation.
Decided: that the content of the report be noted.

53 HSCP Workforce Action Plan 2022-2025 – Progress Update **53**

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership providing the Board with the annual update on the HSCP Workforce Action Plan 2022-2025. The report was presented by Ms Rainey.
Officers responded to questions and comments concerning (1) the GG&C Workforce Strategy, which was due to be approved by GG&C Board on 24 June 2025, and how it aligned with the IIJB Workforce Strategy, (2) workload pressures, (3) local reporting on the Renal Unit at Inverclyde Royal Hospital, with it being noted that the HSCP is not responsible for the management of the hospital, (4) positive impacts from successful projects, and (5) reassurances that officers were content that all potential Care Service providers aligned with the HSCPs commitment to fair work and Ethical Care Charter practices.
Decided:
(1) that the progress made since the last update be noted; and
(2) that the Board acknowledges that (a) the HSCP Workforce Planning Group is currently developing a refreshed Workforce Plan, and (b) the intention that the final version of that Plan will be presented to the IIJB for final approval early next year.

54 Scottish Government Alcohol Drug Partnership Annual Reporting Survey 2024-2025 **54**

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership (1) presenting the proposed Inverclyde Alcohol and Drug Partnership (ADP) submission of the Scottish Government Alcohol and Drug Partnership Annual Reporting Survey 2024-2025, a copy of which was appended to the report, and (2) advising that the ADP had approved the document on 19 May 2025 and a draft version had been submitted to the Scottish Government on 13 June 2025 with an explanation of the IIJB meetings timetable. The report was presented by Ms Phillips.
Ms Phillips advised of errors in the report:
Paragraph 3.5 – (1) 'pending approval' should read 'pending sign-off', and provided an explanation of the process that should be followed, and (2) clarification that the governance of the ADP sits with the Community Planning Partnership/Alliance Board and not the IIJB.
Officers responded to questions and comments concerning (1) the specific requirement not to provide numerical data in the Survey return, but that this information will be captured in the ADP Annual Report which will detail the number of individuals and families supported by various services. Ms Rocks committed to (a) provide feedback to the Scottish Government on comments made by the Board on the Survey, and (b)

discuss what numerical data the Board would find relevant at the planned Development Session, (2) the role of the Alliance Board in the governance process, and (3) when the ADP Annual Report will be presented to the IIJB for noting.

Decided:

(1) that the ADP submission of the Scottish Government Alcohol and Drug Partnership Annual Reporting Survey 2024-2025 be noted; and

(2) that the intention of the ADP to remit the Scottish Government Alcohol and Drug Partnership Annual Reporting Survey 2024-2025 to the Inverclyde Alliance Board be noted.

55 Children & Families Redesign: Foster Carer Fees **55**

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership providing an update on the redesign of Children and Families Services and detailing (1) the measures proposed to increase and retain the number of local fostering placements for children and young people, (2) the pressures within the service, and (3) the improved outcomes for children and young people from providing foster care within Inverclyde. The report was presented by Ms McIntyre.

The Board broadly welcomed the report and proposals, and officers responded to questions and comments concerning (1) the reasons for the decrease in the number of foster carers in the past few years, (2) how the recruitment of new foster carers will be advertised, (3) whether there was an alternative strategy should the HSCP fail to recruit new foster carers, (4) praise of the existing foster carers and acknowledgement of their professionalism and commitment, and (5) whether the fee will be reviewed on an annual basis, with Ms Rocks advising that the fee will be increased in line with other staff uplifts.

Decided:

(1) that the outcome from the analysis of the benchmarking foster carer fees against comparative local authorities be noted;

(2) that it be agreed that foster carer fees to existing foster carer households be increased to £350 per child per week effective from 23 June 2025, as detailed in option 3 at paragraph 3.13 of the report; and

(3) that the intention to increase the number of fostering households by five, at an annual additional cost of £350,000, be noted.

56 Chief Officer's Report **56**

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) Mental Welfare Commission (MWC) End of Year Review, (3) Housing Contribution Statement, (4) celebrations for International Nurses Day and the Launch of NHSGGC Nursing and Midwifery Strategy – Leading the Way.

Ms Rocks advised of a typographical error in the report, and accordingly at paragraph 3.2 'Mental Welfare Commission for Scotland (MWC) End of Year Review', the acronym SCR refers to Social Circumstances Reports and not Significant Case Reviews.

Decided: that the updates provided within the report be noted and that future papers may be brought to the IIJB as substantive agenda items.

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 item on the grounds that the business involved the likely disclosure of exempt information as defined in the paragraphs 6 and 9 of Part I of Schedule 7(A).

57 Reporting by Exception – Governance of HSCP Commissioned External Organisations 57

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 17 April to 21 May 2025.

The report was presented by Mr Hinds and provided updates on establishments and services within Older People Services, Adult Services and Children's Services, all as detailed in the Private Appendix.

Decided:

(1) that the governance report for the period 17 April to 21 May 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.

INVERCLYDE INTEGRATION JOINT BOARD
ROLLING ACTION LIST
8 SEPTEMBER 2025

Meeting Date and Minute Reference	Action	Responsible Officer	Timescale	Progress/Update/ Outcome	Status	Open/ Closed
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	Paper approved at Board level and Implementation Plan being developed – intention to submit report after summer recess	Work ongoing	Open
24 March 2025 (Para 26(2))	Arrange visit to residential facility for asylum seekers for Board members	Kate Rocks/ Katrina Phillips	-	Conversation to be had with IJB around this.	Work ongoing	Open
24 March 2025 (Para 29(3))	Further report detailing finalised plans and costs relating to Children and Families Services	Margaret McIntyre	Report to a future meeting - when relevant information becomes available	Will be reported in stages – 1st report will be in minimum of 6 months' time (so after September 2025)	Work ongoing	Open
12 May 2025 (Para 37(2a))	Arrange Development Session on ADP Strategy	Maxine Ward	-	Still to be arranged after September	Work ongoing	Open
12 May 2025 (Para 37(2b))	Provide update reports on the ADP Strategy 2024-2029 on a semi-regular basis	Maxine Ward	-	~~Noted~~ To be discussed at broader Development Session (agreed 23 June 2025)	~~Noted~~ Work ongoing	Open

AGENDA ITEM NO: 3

12 May 2025 (Para 37(2d))	Report on the governance structures and functions of the ADP and ADRS	Maxine Ward	Report to a future meeting	Being progressed – intention to submit report after summer recess	Work ongoing	Open
12 May 2025 (Para 41(2b)	Provide update reports on progress with the decommissioning of the Inverclyde centre when there are significant developments	Maxine Ward	Report significant developments	~~Noted~~ Report to September 2025 meeting (noted 23 June 2025)	~~Noted~~ Work ongoing	Open
12 May 2025 (Para 41(c))	Update report on the success of all the Lens projects	Margaret McIntyre	Report to a future meeting	Being progressed	Work ongoing	Open
23 June 2025 (Para 51)	Update report on progress of VR/VER trawls	Craig Given	November 2025	Being progressed	Work ongoing	Open

Annual Report Schedule and forward planning

September (8 September 2025) • Finance Monitoring • Clinical & Care Governance • Annual Performance Report • Strategic Partnership Outcomes Framework • Annual update on NHSGG&C Primary Care Strategy & Implementation Governance of External Organisations	November (17 November 2025) • 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 ADRS Report

January 2026 (12 January 2026) • Finance Monitoring • Update on Vaccination Programme • Annual Report on Improving Cancer Journey Model • Update on HSCP Savings Programme Board • Governance of External Organisations	March 2026 (23 March 2026) • Budget Setting 2025/2026 • Finance Monitoring • Governance of External Organisations
May 2026 (11 May 2026) • Finance Monitoring • Inverclyde HSCP Strategic Plan update • Update on HSCP Savings Programme Board • Governance of External Organisations • Digital Strategy	June (22 June 2026) • Finance Monitoring • Draft Annual Accounts • Proposed Dates of Future Meetings • Workforce Plan Update • Update on HSCP Savings Programme Board • Governance of External Organisations
<u>Others</u> • 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)	

AGENDA ITEM NO: 4

Report To:	**Inverclyde Integration Joint Board**	**Date:**	**8 September 2025**
Report By:	**Kate Rocks Chief Officer Inverclyde Health & Social Care Partnership**	**Report No:**	**IJB/90/2025/CG**
Contact Officer:	**Craig Given Chief Financial Officer**	**Contact No:**	
Subject:	**Financial Monitoring Report 2025/26 Period 3**		

1.0 Purpose and Summary

1.1 ☒For Decision ☐For Information/Noting

1.2 The purpose of this report is to advise the Inverclyde Integration Joint Board (IJB) of the Revenue and Capital Budgets projected financial outturn for the year as at 30 June 2025.

1.3 The IJB set their revenue budget for 2025/26 on 24 March 2025, which included the use of £0.373m of reserves.

1.4 Funding of £78.662m was delegated by Inverclyde Council to the IJB for 2025/26. Subsequent adjustments of £0.033m have been added and are reflected in the Appendices, giving a revised contribution of £78.695m.

1.5 At the time of setting the budget, indicative funding of £146.351m was delegated from the Health Board, including £39.758m for Set Aside for Inverclyde's share of large hospital functions and £19.262m of Resource Transfer to social care budgets. Further budgets have been allocated or adjusted up to Period 3 totalling £5.947m, including Scottish Government funding allocations resulting in a revised budget for reporting purposes of £152.299m.

1.6 As at 30 June 2025, it is projected that the IJB revenue budget will have an overall overspend of £0.116m: -

- Social care services are projected to be overspent by £0.659m.
- Health Services are projected to be underspent by £0.543m.

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

1.7 As at 1 April 2025 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 2025/26 financial year were £16.095m, with a further £1.066m in General Reserves. The use of General Reserves of £0.155m and Prescribing Reserve of £0.218m towards funding the overall revenue budget for the year are reflected in the figures in this report and in Appendix 7.

The current projected year end position on reserves is a carry forward of £12.010m and assumes that £0.511m of the smoothing reserves will be utilised in 2025/26 and, for the purposes of this report, that the current projected overspend of £0.116m will be funded from reserves held, as noted at 1.6.

1.8 The Social Work capital budget is £9.907m over the life of the projects with £6.443m projected to be spent in 2025/26. Expenditure on all capital projects to 30 June 2025 is £0.798m (12.40% of approved budget). Appendix 6 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 3 forecast position for 2025/26 as detailed in the report and Appendices 1-3, and the assumption that this will be funded from reserves held.
2. Approves the proposed budget realignments and virement (Appendix 4) and authorises officers to issue revised directions to the Council and/or Health Board as required based on the revised figures enclosed (Appendix 5);
3. Notes the current capital position (Appendix 6);
4. Notes the current Earmarked Reserves position (Appendix 7);
5. Notes the key assumptions within the forecasts detailed at section 9.4.

Kate Rocks
Chief Officer
Inverclyde Health and Social Care Partnership

3.0 Background and Context

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

The IJB Budget for 2025/26 was set on 24 March 2025 based on confirmed Inverclyde Council Funding and indicative NHS GG&C funding. The current total integrated budget is £230.994m, with a projected overspend of £0.116m. The table below summarises the budget and funding from partners, together with the projected operating outturn for the year as at 31 March 2026. It is assumed that the projected overspend will be funded from reserves.

	Revised Budget 2025/26 £000	Projected Outturn £000	Projected Over/(Under) Spend £000
Social Work Services*	78,695	79,354	659
Health Services*	112,541	111,998	(543)
Set Aside	39,758	39,758	0
HSCP Net Expenditure	**230,994**	**231,110**	**116**
Funded By:			
Transfer from / (to) Reserves	0	116	116
NHS Contribution to the IJB	152,299	151,756	
Council Contribution to the IJB	78,695	79,354	
HSCP Funding	**230,994**	**231,226**	**116**
Planned net Use of Reserves as at Period 3		5,035	
Specific earmarking requested		0	
Projected HSCP operating (Surplus)/Deficit		116	
Annual Accounts CIES Projected Position DEFICIT/(SURPLUS)		**5,151**	

*excluding resource transfer

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

4.0 Social Care

4.1 Appendix 2 shows the projected position as at Period 3 for Social Care services. It is currently anticipated that Social Care services will overspend by £0.659m in 2025/26.

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 £3.410m. Client commitments is projected to overspend by £3.115m. Both child-focussed and budget-focussed review groups will meet regularly throughout the year to ensure a robust approach, with a view to management action bringing down the overall costs. The projected overspend is broken down by service area in the table below:

Children & Families Client Commitments	**Outturn Variance £m**
External Residential placements	1.512
Fostering, Adoption & Kinship including Continuing Care	0.323
Supported Living	0.456
Home Care, Respite, Direct Payment, Additional Support	0.824
	3.115

  Within employee costs there is a net projected overspend of £0.141m, which is largely due to temporary posts within residential accommodation, together with underspends due to vacancies within the social worker teams, offset by overspends on additional hours, sessionals and overtime within residential accommodation.

  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. As at period 3 a drawdown of £0.093m has been assumed against the Continuing Care reserve and reflected in the reported projected outturn position.

- A projected overspend on client commitments of £0.422m, offset by a projected underspend of £0.280m on employee costs in relation to current vacancy levels, are the main reasons for the overall projected overspend for Learning Disability.

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

- A client commitments demographic pressures smoothing reserve is held, should it be required as the financial year progresses. As at period 3 a drawdown of £0.268m has been assumed and reflected in the reported projected outturn position for Mental Health.

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

- The external care at home service is projecting an underspend of £0.212m, which is mainly due to a reduction in the number of providers together with staffing shortages across the sector. This is offset by a projected overspend in employee costs for the internal care at home and community alarm services of £0.190m. This is related to higher than budgeted spend on sessionals, overtime and travel.

  The positions noted above are the main contributions to an overall projected underspend of £0.045m for Older Persons.

- Within client packages for physical and sensory disabilities, cost recoveries of £0.177m offset by an overspend of £0.059m are the main reasons for the variance reported.

- Pension monies and progress against the agreed VER target are the main reasons for the projected underspend of £2.681m within Business Support/Corporate Director.

Following the temporary reduction to the employer's superannuation contribution, the HSCP has £3.109m on a non-recurring basis to support the service redesign of Children and Families. As in 2024/25 this be used in full to offset the overspend currently projected. It should be noted that 2025/26 is the final year for this temporary funding.

5.0 Health

5.1 Appendix 3 shows the projected position as at Period 3 for Health services. It is currently anticipated that Health services will underspend by £0.543m in 2025/26

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

- 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 £0.190m, Alcohol and Drug Recovery Services £0.218m, Admin and Management £0.255m and Financial Planning £0.261m.

These are offset by overspends in the following areas: -

- Mental Health In-Patient services is currently forecast to overspend by £0.579m. This is mainly attributable to an overspends on employee costs due to continuing recruitment issues, enhanced observations and increased clinical activity for nursing and medical staff. This is partially offset by underspends of £0.390m in the Mental Health Communities budget.

- The prescribing budget is currently projecting an overspend of £0.300m. 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 sources from Europe. The prescribing budget has been under pressure for several 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.

5.3 *Set Aside*
The Set Aside budget set for 2025/26 is £39.758m. 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 2025 the IJB agreed a one-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 2025/26.

Savings title	Required Saving £000	Achieved as at 30/06/25 £000	Saving still to be achieved £000
Education Placement Support	83	83	0
Redesign of Strategic Services	62	62	0
Review of Independent Living Services	466	466	0
Review Integrated Front Doors	270	270	0
Residential / Nursing care home beds	99	99	0
Business Support Review	300	300	0
Homemakers	167	167	0
Review of commissioning arrangements	250	250	0
New VER target	400	0	400
Review of Adult services self directed supports	600	600	0
	2,697	**2,297**	**400**

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 £16.095m, with £1.066m in General Reserves, giving total Reserves of £17.161m. As part of the budget setting process, contributions from general reserves of £0.155m and the prescribing reserve of £0.218m were agreed for the IJB to present a balanced budget for 2025/26 financial year. These contributions are reflected in Appendix 7.

The current projected year-end position on earmarked reserves is a carry forward of £12.010m to allow continuation of current projects and retention of any unused smoothing reserves. This also assumes a draw on reserves for the current projected overspend.

The current projected overall position is summarised in the table below:

Earmarked Reserves	Opening Balance 2025/26 £000s	Earmarking requested P3 £000s	Total Funding £000s	Projected Spend 2025/26 £000s	Projected C/fwd to 2026/27 £000s
Scottish Government Funding - funding ringfenced for specific initiatives	2,284		2,284	1,169	1,115
Existing Projects/Commitments - many of these are for projects that span more than 1 year (incl new specific earmarking)	7,370		7,370	1,784	5,586
Transformation Projects - non recurring money to deliver transformational change	1,824		1,824	1,170	654
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	4,617		4,617	757	3,860
Total Earmarked Reserves	**16,095**	**0**	**16,095**	**4,880**	**11,215**
General Reserves	**1,066**		**911**	**155**	**911**
In Year (Surplus)/Deficit going (to)/from reserves				116	(116)
Total Reserves	**17,161**	**0**	**17,006**	**5,151**	**12,010**

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 2025/26 Capital Position

9.1 The Social Work capital budget is £9.907m over the life of the projects with £6.443m projected to be spent in 2025/26. Expenditure on all capital projects to 30 June 2025 is £0.798m (12.40% of approved budget). Appendix 6 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. The project is currently progressing to programme with a summary of works in the reporting period and on-going outlined below:

- Timber kit progressed with external wall panels, internal partitions, roof cassettes and trusses now being installed.
- Internal blockwork nearing completion with only the stair core and lift shaft to top out;
- External brickwork has progressed to damp proof course (DPC) level with slip sills being installed in advance of curtain walling screens which will be installed mid-August;
- External scaffold has now been installed to four sides of the building;
- East elevation upper car park partially completed;
- Steel frame now complete.

Works planned to commence/complete in the forthcoming period include:

- Completion of timber frame;
- Internal blockwork completion;
- External brickwork panels commencing;
- Roofing works commencing;
- Curtain walling commencing.

9.3 *Health Capital*

Greater Glasgow and Clyde Health Board are responsible for capital spend on Health properties used by the Inverclyde HSCP. The Primary Care Improvement Plan earmarked reserve is being utilised to fund some minor works to assist delivery of the plan. There are also some minor works allocations on a non-recurring basis which are available to fund work on Health properties. Spend is progressing on this allocation for 2025/26 financial year.

9.4 **Key Assumptions**

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

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**
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 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 2025/26 Revenue Budget paper to Integration Joint Board 24 March 2025
https://www.inverclyde.gov.uk/meetings/documents/19090/05%20Inverclyde%20IJB%20Budget%202025-26.pdf

Appendix 1

Inverclyde HSCP

Revenue Budget 2024/25 Projected Position

Period 3: 1 April 2025 - 30 June 2025

Subjective Analysis	Approved Budget £000	Revised Budget £000	Projected Outturn £000	Projected Over/(Under) Spend £000	Percentage Variance
Employee Costs	69,504	74,869	74,537	(332)	-0.4%
Property Costs	1,159	1,159	1,312	153	13.2%
Supplies & Services	6,469	7,223	6,911	(312)	-4.3%
Payments to other bodies	61,680	62,228	63,093	865	1.4%
Family Health Services	30,577	30,575	30,618	43	0.1%
Prescribing	20,264	22,335	22,635	300	1.3%
Resource transfer	19,262	19,298	19,298	0	0.0%
Income	(23,661)	(26,451)	(27,052)	(601)	2.3%
HSCP Net Direct Expenditure	**185,255**	**191,236**	**191,352**	**116**	**0.1%**
Set Aside	39,758	39,758	39,758	0	0.0%
HSCP Net Total Expenditure	**225,013**	**230,994**	**231,110**	**116**	**0.1%**

Objective Analysis	Approved Budget £000	Revised Budget £000	Projected Outturn £000	Projected Over/(Under) Spend £000	Percentage Variance
Strategy & Support Services	3,384	5,119	4,838	(281)	-5.5%
Management & Admin	9,531	9,446	6,529	(2,917)	-30.9%
Older Persons	34,084	33,775	33,730	(45)	-0.1%
Learning Disabilities	12,762	13,045	13,061	16	0.1%
Mental Health - Communities	6,605	6,826	6,435	(391)	-5.7%
Mental Health - Inpatient Services	11,545	11,385	11,964	579	5.1%
Children & Families	17,832	17,990	21,203	3,213	17.9%
Physical & Sensory	3,222	3,123	3,033	(90)	-2.9%
Alcohol & Drug Recovery Service	3,638	3,809	3,593	(216)	-5.7%
Assessment & Care Management / Health & Community Care	11,287	14,362	14,268	(94)	-0.7%
Criminal Justice / Prison Service	(110)	(110)	(110)	0	0.0%
Homelessness	1,186	1,237	1,237	0	0.0%
Family Health Services	30,577	30,577	30,620	43	0.1%
Prescribing	20,451	22,522	22,822	300	1.3%
Resource Transfer	19,262	18,129	18,129	(0)	-0.0%
HSCP Net Direct Expenditure	**185,255**	**191,236**	**191,352**	**116**	**0.1%**
Set Aside	39,758	39,758	39,758	0	0.0%
HSCP Net Total Expenditure	**225,013**	**230,994**	**231,110**	**116**	**0.1%**
Funded by					
NHS Contribution to the IJB	106,593	112,541	111,998	(543)	-0.5%
NHS Contribution for Set Aside	39,758	39,758	39,758	0	0.0%
Council Contribution to the IJB	78,662	78,695	79,354	659	0.8%
HSCP Net Income	**225,013**	**230,994**	**231,110**	**116**	**0.1%**
HSCP Operating (Surplus)/Deficit			**116**		
Anticipated movement in reserves *			5,035		
HSCP Annual Accounts Projected Reporting (Surplus)/Deficit			**5,151**		

* See Reserves Analysis for full breakdown

Appendix 2

Social Care

Revenue Budget 2024/25 Projected Position

Period 3: 1 April 2025 - 30 June 2025

Subjective Analysis	Approved Budget £000	Revised Budget £000	Projected Outturn £000	Projected Over/(Under) Spend £000	Percentage Variance
Social Care					
Employee Costs	37,201	38,463	38,691	228	0.59%
Property costs	1,153	1,153	1,306	153	13.27%
Supplies and Services	1,184	1,336	1,349	13	0.97%
Transport and Plant	325	312	254	(58)	-18.59%
Administration Costs	780	883	942	59	6.68%
Payments to Other Bodies	61,680	62,228	63,093	865	1.39%
Income	(23,661)	(25,680)	(26,281)	(601)	2.34%
Social Care Net Expenditure	**78,662**	**78,695**	**79,354**	**659**	**0.84%**

Objective Analysis	Approved Budget £000	Revised Budget £000	Projected Outturn £000	Projected Over/(Under) Spend £000	Percentage Variance
Social Care					
Children & Families	14,439	14,547	17,957	3,410	23.44%
Criminal Justice	(110)	(110)	(110)	0	0.00%
Older Persons	34,084	33,775	33,730	(45)	-0.13%
Learning Disabilities	12,044	12,327	12,390	63	0.51%
Physical & Sensory	3,222	3,123	3,033	(90)	-2.88%
Assessment & Care Management	1,849	1,920	1,923	3	0.16%
Mental Health	1,674	1,552	1,551	(1)	-0.06%
Alcohol & Drugs Recovery Service	974	1,014	1,018	4	0.39%
Homelessness	1,186	1,237	1,237	0	0.00%
Finance, Planning and Resources	1,927	1,938	1,934	(4)	0.00%
Business Support/Corporate Director	7,374	7,372	4,691	(2,681)	0.00%
Social Care Net Expenditure	**78,662**	**78,695**	**79,354**	**659**	**0.84%**

Council Contribution to the IJB	Approved Budget £000	Revised Budget £000	Projected Outturn £000	Projected Over/(Under) Spend £000	Percentage Variance
Council Contribution to the IJB	**78,662**	**78,695**	**79,354**	**659**	**0.84%**
Projected Transfer (from) / to Reserves				**(659)**	

Appendix 3

Health

Revenue Budget 2024/25 Projected Position

Period 3: 1 April 2025 - 30 June 2025

Subjective Analysis	Approved Budget £000	Revised Budget £000	Projected Outturn £000	Projected Over/(Under) Spend £000	Percentage Variance
Health					
Employee Costs	32,303	36,406	35,846	(560)	-1.54%
Property	6	6	6	(0)	-3.62%
Supplies & Services	4,180	4,692	4,366	(326)	-6.94%
Family Health Services (net)	30,577	30,575	30,618	43	0.14%
Prescribing (net)	20,264	22,335	22,635	300	1.34%
Resource Transfer	19,262	19,298	19,298	0	0.00%
Income	0	(771)	(771)	0	0.00%
Health Net Direct Expenditure	**106,593**	**112,541**	**111,998**	**(543)**	**-0.48%**
Set Aside	39,758	39,758	39,758	0	0.00%
Health Net Total Expenditure	**146,351**	**152,299**	**151,756**	**(543)**	**-0.36%**

Objective Analysis	Approved Budget £000	Revised Budget £000	Projected Outturn £000	Projected Over/(Under) Spend £000	Percentage Variance
Health					
Children & Families	3,393	3,443	3,246	(197)	-5.73%
Health & Community Care	9,439	12,442	12,345	(97)	-0.78%
Management & Admin	2,157	2,074	1,838	(236)	-11.38%
Learning Disabilities	718	718	671	(47)	-6.51%
Alcohol & Drug Recovery Service	2,664	2,795	2,575	(220)	-7.87%
Mental Health - Communities	4,931	5,274	4,884	(390)	-7.39%
Mental Health - Inpatient Services	11,545	11,385	11,964	579	5.09%
Strategy & Support Services	770	905	889	(16)	-1.79%
Family Health Services	30,577	30,577	30,620	43	0.14%
Prescribing	20,451	22,522	22,822	300	1.33%
Financial Planning	686	2,276	2,015	(261)	0.00%
Resource Transfer	19,262	18,129	18,129	(0)	0.00%
Health Net Direct Expenditure	**106,593**	**112,541**	**111,998**	**(543)**	**-0.48%**
Set Aside	39,758	39,758	39,758	0	0.00%
Health Net Total Expenditure	**146,351**	**152,299**	**151,756**	**(543)**	**-0.36%**

Health Contribution to the IJB	Approved Budget £000	Revised Budget £000	Projected Outturn £000	Projected Over/(Under) Spend £000	Percentage Variance
NHS Contribution to the IJB	**146,351**	**152,299**	**151,756**	**(543)**	**-0.36%**
Transfer (from) / to Reserves				**543**	

Budget Movements 2025/26 **Appendix 4**
Inverclyde HSCP

Inverclyde HSCP - Service	Approved Budget	Movements			Revised Budget
		Inflation	Virement	Supplementary Budgets	
	£000	£000	£000	£000	£000
Children & Families	17,832	0	126	33	17,991
Criminal Justice	(110)	0	0	0	(110)
Older Persons	34,084	0	(309)	0	33,775
Learning Disabilities	12,762	0	283	0	13,045
Physical & Sensory	3,222	0	(99)	0	3,123
Assessment & Care Management/ Health & Community Care	11,288	0	193	2,882	14,363
Mental Health - Communities	6,605	0	221	0	6,826
Mental Health - In Patient Services	11,545	0	(160)	0	11,385
Alcohol & Drug Recovery Service	3,638	0	171	0	3,809
Homelessness	1,186	0	51	0	1,237
Strategy & Support Services	3,384	0	(1,108)	2,842	5,118
Management, Admin & Business Support	9,531	0	(85)	0	9,446
Family Health Services	30,577	0	0	0	30,577
Prescribing	20,451	0	1,848	223	22,522
Resource Transfer	19,262	0	(1,133)	0	18,129
Set aside	39,758	0	0	0	39,758
Totals	**225,013**	**0**	**1**	**5,980**	**230,994**

Social Care - Service	Approved Budget	Movements			Revised Budget
		Inflation	Virement	Supplementary Budgets	
	£000	£000	£000	£000	£000
Children & Families	14,439		75	33	14,547
Criminal Justice	(110)				(110)
Older Persons	34,084		(309)		33,775
Learning Disabilities	12,044		283		12,327
Physical & Sensory	3,222		(99)		3,123
Assessment & Care Management	1,849		71		1,920
Mental Health - Community	1,674		(122)		1,552
Alcohol & Drug Recovery Service	974		40		1,014
Homelessness	1,186		51		1,237
Strategy & Support Services	1,927		11		1,938
Business Support	7,374		(2)		7,372
Totals	**78,662**	**0**	**0**	**33**	**78,695**

Health - Service	Approved Budget	Movements			Revised Budget
		Inflation	Virement	Supplementary Budgets	
	£000	£000	£000	£000	£000
Children & Families	3,393		51		3,444
Health & Community Care	9,439		122	2,882	12,443
Management & Admin	2,157		(83)		2,074
Learning Disabilities	718				718
Alcohol & Drug Recovery Service	2,664		131		2,795
Mental Health - Communities	4,931		343		5,274
Mental Health - Inpatient Services	11,545		(160)		11,385
Strategy & Support Services	770		170	(35)	905
Family Health Services	30,577				30,577
Prescribing	20,451		1,848	223	22,522
Financial Planning	686		(1,289)	2,877	2,274
Resource Transfer	19,262		(1,133)		18,129
Set aside	39,758				39,758
Totals	**146,351**	**0**	**0**	**5,947**	**152,299**

APPENDIX 5

INVERCLYDE HSCP Health and Social Care Partnership

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 **2025/26** Budget:

Subjective Analysis	**Budget £000**
Social Care	
Employee Costs	38,463
Property costs	1,153
Supplies and Services	1,336
Transport and Plant	312
Administration Costs	883
Payments to Other Bodies	62,228
Income (incl Resource Transfer)	(25,680)
Social Care Net Expenditure	**78,695**
Social Care Transfer from EMR	659
Health Transfer to EMR *	(543)
Total anticipated transfer to EMR at year end	**116** *

Objective Analysis	**Budget £000**
Social Care	
Children & Families	14,547
Criminal Justice	(110)
Older Persons	33,775
Learning Disabilities	12,327
Physical & Sensory	3,123
Assessment & Care Management	1,920
Mental Health	1,552
Alcohol & Drugs Recovery Service	1,014
Homelessness	1,237
Finance, Planning and Resources	1,938
Business Support	7,372
Social Care Net Expenditure	**78,695**

* to be funded by reserves held for IJB

This direction is effective from 30 June 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 **2025/26** Budget:

Subjective Analysis	**Budget £000**
Health	
Employee Costs	36,406
Property costs	6
Supplies and Services	4,692
Family Health Services (net)	30,575
Prescribing (net)	22,335
Resources Transfer	19,298
Income	(771)
Health Net Direct Expenditure	**112,541**
Set Aside	39,758
Health Net Expenditure	**152,299**
Health Transfer to EMR	**(543)**

Objective Analysis	**Budget £000**
Health	
Children & Families	3,443
Health & Community Care	12,442
Management & Admin	2,074
Learning Disabilities	718
Alcohol & Drug Recovery Service	2,795
Mental Health - Communities	5,274
Mental Health - Inpatient Services	11,385
Strategy & Support Services	905
Family Health Services	30,577
Prescribing	22,522
Financial Planning	2,276
Resource Transfer	18,129
Health Net Direct Expenditure	**112,541**
Set Aside	39,758
Health Net Expenditure	**152,299**

This direction is effective from 30 June 2025

Appendix 6

Inverclyde HSCP - Capital Budget 2024/25

Period 3: 1 April 2025 - 30 June 2025

			Current year					
Project Name	**Est Total Cost**	**Actual to 31/03/25**	**Approved Budget**	**Revised Estimate**	**Actual to 30/06/25**	**Estimate 2026/27**	**Estimate 2027/28**	**Future Years**
	£000	£000	£000	£000	£000	£000	£000	£000
Social Work								
New Community Hub	9,707	1,774	6,433	6,433	798	1,500	0	0
Swift Upgrade	200	0	0	0	0	200	0	0
Social Work Total	**9,907**	**1,774**	**6,433**	**6,433**	**798**	**1,700**	**0**	**0**

IJB Reserves Position - 2025/26 **Appendix 7**

Summary of Balance and Projected Use of Reserves

EMR type/source	Balance at 31 March 2025 £000	Projected net spend/ (Additions) £000	Projected balance as at 31 March 2026 £000	Earmark for future years £000	Health / Council	CO / Head of Service	Responsible officer	Comments
Scottish Government Funding - Specifications								
Mental Health Action 15	320	320	0	0	Health	Katrina Phillips	Katrina Phillips	Fully committed for fixed term posts
Alcohol & Drug Partnerships	369	115	254	254	Health	Maxine Ward	Maxine Ward	Fully committed - remaining balance relates to MIST posts and allowable earmarking.
Primary Care Support	367	138	229	229	Health	Alan Best	Pauline Atkinson	A number of initiatives ongoing wtihin these funds e.g. Thrive under 5, Smoking prevention, GP premises improvement.
Winter planning - MDT	47	47	0	0	Health	Alan Best	Debbie Maloney	Fully committed - balance to fund costs of committed posts and equipment spend 24/25 and onwards.
Winter planning - Health Care Support Worker	55	55	0	0	Health	Laura Moore	Laura Moore	Fully committed - balance is for ongoing Band 5 and 6 posts commitments
Winter pressures - Care at Home	386	386	0	0	Council	Alan Best	Alana Scullion	Care and support at home review commitments plus ongoing care at home requirements being progressed.
Care home oversight	81	0	81	81	Health	Laura Moore	Laura Moore	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	274	100	174	174	Council	Joyce Allan	Joyce Allan	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	321	8	313	313	Health	Katrina Phillips	Katrina Phillips	Earmarked for continuation of board-wide facilities improvement and workforce wellbeing initiatives.
Sub-total	**2,284**	**1,169**	**1,115**	**1,115**				
Existing Projects / Commitments								
Integrated Care Fund	84	37	47	47	Council	Alan Best	Alan Best	Fully committed. Ind sector lead costs committed 24/25 and 25/26.
Delayed Discharge	31	31	0	0	Council	Alan Best	Alan Best	Fully committed.
Welfare	38	38	0	0	Council	Maxine Ward	Lesley Robertson	Fully committed.
SWIFT Replacement Project	415	(408)	823	823	Council	Jonathan Hinds	Scott Bryan	For project implementation and contingency.
LD Estates	527	400	127	127	Council	Alan Best	Laura Porter	Community Hub non capital spend reserve
New To Scotland	3,754	669	3,085	3,085	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	168	60	108	108	Council	Margaret McIntyre	Lynn Smith	School counselling contract being renewed. Commitment held for future years
IJB Staff L&D Fund	402	100	302	302	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.

EMR type/source	Balance at 31 March 2025 £000	Projected net spend/ (Additions) £000	Projected balance as at 31 March 2026 £000	Earmark for future years £000	Health / Council	CO / Head of Service	Responsible officer	Comments
Whole Family Wellbeing	677	480	197	197	Council	Margaret McIntyre	Margaret McIntyre	Spending Plan submitted to SG. Will be fully utilised over the period of the funding currently assuming to 2026-27.
CORRA Resident Rehab	87	48	39	39	Council	Maxine Ward	Maxine Ward	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	599	0	599	599	Council	Kate Rocks	Craig Given	Community Hub spend reprofiled.
The Lens Project	55	55	0	0	Council/Health	Jonathan Hinds	Craig Given	Projects identified to take forward
Homelessness	34	34	0	0	Council	Maxine Ward	Maxine Ward	Redesign transition funding. Balance committed for continuation of temp posts in 25/26.
Autism Friendly	79	48	31	31	Council	Alan Best	Alan Best	To implement the National and Local Autism strategies with an aim to create an 'Autism Inclusive Inverclyde'.
Temporary Posts	317	174	143	143	Council	Various	Various	Temporary posts over 25/26 and 26/27
ADRS fixed term posts	103	18	85	85	Council	Maxine Ward	Maxine Ward	For continuation of fixed term MIST posts
Sub-total	**7,370**	**1,784**	**5,586**	**5,586**				
Transformation Projects								
Innovation Fund	1,055	842	213	213	Shared	Kate Rocks	Various	Innovation Fund.
Addictions Review	269	106	163	163	Shared	Maxine Ward	Maxine Ward	Redesign transition funding including Residential Rehab costs.
Mental Health Transformation	381	103	278	278	Shared	Katrina Phillips	Katrina Phillips	Fully committed towards ANP service within MH
IJB Digital Strategy	119	119	0	0	Shared	Alan Best	Alana Scullion	Analogue to Digital commitments - spending plan ongoing
Sub-total	**1,824**	**1,170**	**654**	**654**				
Budget Smoothing								
Adoption/Fostering/Residential Childcare	466	0	466	466	Council	Margaret McIntyre	Margaret McIntyre	To Address in year pressures if required.
Prescribing	922	218	704	704	Health	Alan Best	Alan Best	Full Spent Anticipated
Continuing Care	267	93	174	174	Council	Margaret McIntyre	Margaret McIntyre	
Residential & Nursing Placements	531	150	381	381	Council	Alan Best	Alan Best	
IJB Serverance Contigency Costs	1,029	28	1,001	1,001	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	628	268	360	360	Council	Kate Rocks	Craig Given	
Pay contingency	392	0	392	392	Council	Craig Given	Craig Given	To address any additional pay award implications for 25/26.
Sub-total	**4,617**	**757**	**3,860**	**3,860**				
Specific earmarking requests	**0**	**0**	**0**	**0**				Specific earmarking requested during 25/26
Total Earmarked	**16,095**	**4,880**	**11,215**	**11,215**				
Un-Earmarked Reserves								
General	1,066	155	911	911	IJB	Craig Given		Planned use of \reserves agreed by IJB
Un-Earmarked Reserves	**1,066**	**155**	**911**	**911**				
Total Reserves	**17,161**	**5,035**	**12,126**	**12,126**				
Final projected overspend to be funded from reserves		116	(116)	(116)				Projected overspend to be funded from reserves. Allocate at year end
Final Projected Position	**17,161**	**5,151**	**12,010**	**12,010**				

AGENDA ITEM NO: 5

Report To:	**Inverclyde Integration Joint Board**	**Date:**	**8 September 2025**
Report By:	**Kate Rocks Chief Officer Inverclyde HSCP**	**Report No:**	**IJB/86/2025/JH**
Contact Officer:	**Jonathan Hinds Chief Social Work Officer Inverclyde HSCP**	**Contact No:**	**01475 715212**
Subject:	**HSCP Annual Performance Report (APR) 2024-25**		

1.0 PURPOSE AND SUMMARY

1.1 ☒For Decision ☐For Information/Noting

1.2 **Purpose:**
To seek IJB approval of the Inverclyde Health and Social Care Partnerships Annual Performance Report 2024-25.

1.3 **Summary:**
This Annual Performance Report is the first against the current Strategic Partnership Plan, People and Partnerships, Making a Difference' 2024-27.

The Annual Performance Report provides an overview of performance against our strategic priorities for the past year, highlighting key achievements, challenges and areas for improvement across health and social care services. It reflects our commitment to transparency and continuous improvement.

To meet statutory reporting deadlines, the Annual Performance Report was published in draft on the Inverclyde HSCP website and shared with Scottish Government on 31st July 2025.

2.0 RECOMMENDATIONS

2.1 The Integration Joint Board are asked to:

- Note that a draft version of the Annual Performance Report was submitted to the Scottish Government by the statutory deadline of 31st July 2025.
- Approve the final version of the Annual Performance Report for publication.
- Agree that the Annual Performance Report will be made publicly available following IJB approval.

Kate Rocks
Chief Officer
Inverclyde Health and Social Care Partnership

3.0 BACKGROUND AND CONTEXT

3.1 The Annual Performance Report is a statutory requirement and provides an annual high-level overview of progress against Inverclyde Health and Social Care Partnership's (HSCP) strategic partnership plan. The Annual Performance Report reflects our commitment to transparency, accountability and ongoing improvement in the planning and delivery of integrated health and social care services.

3.2 This report represents the first Annual Performance Report against our current Strategic Partnership Plan, 'People and Partnerships, Making a Difference', since it's approval in May 2024.

3.2 The oversight of the development of the report was agreed by the Senior Management Team with the final draft being quality assured by the Chief Officer. In addition, information for the Annual Performance Report was gathered through a structured process involving multidisciplinary discussions focused on our four strategic priorities. These discussions were attended by a broad range of service representatives, allowing for in-depth exploration of progress and achievements across the system.

3.3 Services contributed directly to the content of the report through these collaborative sessions, enabling us to capture key developments, challenges and areas for improvement. This approach reflects our ongoing commitment to collaborating with partners, staff and communities across Inverclyde.

3.4 This report tells *"the Inverclyde story"* an analysis of the Health and Social Care partnership, narrative of the work delivered across the HSCP, underpinned by our strategic priorities. It presents a snapshot of the breadth and depth of activity underway yet demonstrates the shared efforts being made to improve outcomes for the people of Inverclyde.

4.0 PROPOSALS

4.1 Note that the development of the Annual Performance Report followed a structured governance process, including a timeline agreed by the Senior Management Team with final quality assurance by the Chief Officer.

4.2 Note that information for the Annual Performance Report was gathered through multidisciplinary discussions aligned to the HSCP's four strategic priorities, with broad service representation and a collaborative approach across the partnership.

4.3 Approve the final version of the Annual Performance Report for publication.

4.4 Agree that the Annual Performance Report will be made publicly available following IJB approval and submitted to the Scottish Government.

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 direct financial implications arising from the Annual Performance Report. Any changes to service delivery identified through the strategic priorities are managed within existing service budgets. Financial implications associated with delivering on these priorities are considered and reflected through HSCP's established budget-setting and monitoring processes.

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**
In publishing the Annual Performance Report, we meet our statutory obligations within the Public Bodies (Joint Working) (Scotland) Act 2014.

5.4 **Human Resources**
None

5.5 **Strategic Plan Priorities**
The Annual Performance Report provides a summary of activity across the HSCP and demonstrates the progress made in delivering on the strategic priorities set out in the Strategic Partnership Plan, 'People and Partnerships, Making a Difference' (2024-27). It highlights the contributions of services and partners in achieving shared outcomes and reflects our continued commitment to integrated working and improvement across health and social care in Inverclyde.
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:

	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
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?

The Annual Performance Report sets out our performance over the past year in relation to the strategic priorities outlined in the Strategic Plan. It reflects how we are delivering on our commitments and measuring progress across the Health and Social Care Partnership. Consideration of the equality outcomes is embedded within the strategic planning process and is reflected in ongoing discussions and actions aligned to our strategic priorities.

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 Annual Performance Report reflects on the work undertaken to improve engagement and participation with local communities, to improve local collaboration and the HSCPs understanding of our communities and their challenges.
Children and Young People who are at risk due to local inequalities, are identified early and supported to achieve positive health outcomes.	The Annual Performance Report reflects on many aspects of the positive work undertaken over the past year to support our children and young people.
Inverclyde's most vulnerable and often excluded people are supported to be active and respected members of their community.	The Annual Performance Report reflects on many aspects of the positive work undertaken over the past year to those who face barriers to engaging fully in their local

Equalities Outcome	Implications
	communities.
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 Annual Performance Report reflects on the positive work undertaken over the past year with resettled communities in Inverclyde.

(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.

5.7 **Clinical or Care Governance**

Ongoing monitoring of our strategic priorities by the Senior Management Team will ensure any risk to clinical or care governance is 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.	The overarching strategic partnership plan promotes initiatives that help people improve and manage their own health and wellbeing. This is demonstrated in the Annual Performance Report.
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	Services are designed to support people, including those with long-term conditions or frailty, to live as independently as possible in their own homes or

in a homely setting in their community	communities. This is demonstrated in the Annual Performance Report
People who use health and social care services have positive experiences of those services and have their dignity respected.	The Strategic Partnership Plan focuses on delivering person-centered care where people feel respected and supported. This is demonstrated in the Annual Performance Report
Health and social care services are centered on helping to maintain or improve the quality of life of people who use those services.	Activities within the Strategic Partnership Plan are aimed at maintaining or enhancing the quality of life for service users. This is demonstrated in the Annual Performance Report
Health and social care services contribute to reducing health inequalities.	Tackling inequalities is a core principle of the Strategic Partnership Plan, with targeted actions to reduce gaps in health outcomes. This is demonstrated in the Annual Performance Report
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	The Strategic Partnership Plan recognises and supports unpaid carers to maintain their own wellbeing and reduce the impact of their caring role. This is demonstrated in the Annual Performance Report
People using health and social care services are safe from harm.	The Strategic Partnership Plan prioritises safeguarding and protection across all services. This is demonstrated in the Annual Performance Report
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	Staff are supported through training, development, and engagement to continuously improve the care they provide.
Resources are used effectively in the provision of health and social care services.	The Strategic Partnership Plan promotes value for money and the efficient use of resources to meet the needs of the population. This is demonstrated in the Annual Performance Report financial section and best value exercise.

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 contributions from services via collaborative sessions, enabling us to capture key developments, challenges and areas for improvement.

7.2 Progress reports which informed the development of the Annual Performance Report are shared with the Strategic Planning Group.

7.3 This approach reflects our ongoing commitment to collaborating with partners, staff and communities across Inverclyde.

8.0 BACKGROUND PAPERS

8.1 Inverclyde HSCP Annual Performance Report (APR) 2024-25

INVERCLYDE HSCP
Health and Social Care Partnership

Appendix 1

Health and Social Care Partnership

People and Partnerships, Making a Difference

Annual Performance Report (APR) 2024 - 2025

Inverclyde council

NHS Greater Glasgow and Clyde

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

Photo: David Barbour Photography **Find out more about what Inverclyde has to offer at discoverinverclyde.com**

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

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

Cantonese
本文件也可應要求，製作成其他語文或特大字體版本，也可製作成錄音帶。

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

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

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

Mandarin
本文件也可应要求，制作成其它语文或特大字体版本，也可制作成录音带。

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

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

Soraini
ئەم بەڵگەنامەیە دەتوانرێت بە زمانەکانی تر و چاپی گەورە و فۆرماتێکی دەنگی لەسەر داواکاری بەردەست بکرێت.

Tigrinya
እዚ ሰነድ እዚ ብኻልኦ ቋንቋታት፡ ብዓቢ ፊደላትን ብድምጺ ቅርጽን ምስ ዝሕተት ክቐርብ 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, Clyde Square, Greenock, PA15 1NB ☎ 01475 715365

CONTENTS PAGE

FOREWORD

Kate Rocks
Chief Officer of
Inverclyde HSCP

Welcome to the Inverclyde Health and Social Care Partnership's (HSCP) Annual Performance Report (APR) for 2024/2025.

This report reflects the progress and impact of our work over the last year and offers a snapshot of the difference we are making to the lives of people, families, and communities across Inverclyde. While our previous Strategic Plan (2019–2024) was shaped around the Six Big Actions, this year marks the beginning of a new chapter for the HSCP with the launch of our Strategic Partnership Plan 2024–2027, which sets out our new Strategic Priorities. These priorities have been developed in response to the evolving needs of our population and reflect our ambition to achieve better outcomes for all.

We continue to operate in a context of complexity and challenge. Like many areas across Scotland, Inverclyde experiences persistent health inequalities, rising demand for services, and the far-reaching impacts of the national cost-of-living crisis. These pressures are felt most acutely by the people who need our support the most. Despite these challenges, Inverclyde HSCP remains committed to delivering high-quality, person-centred care and support that improves lives and enhances wellbeing.

Throughout 2024/2025, our teams have worked tirelessly, showing professionalism, resilience and compassion. Our strong partnerships with colleagues in the third and independent sectors, local communities, and wider public services have been key to sustaining and improving the support we offer. The integration of health and social care continues to bring real benefits to the people of Inverclyde, and this report demonstrates the value of that collective effort.

Our APR outlines our contribution towards delivering the National Health and Wellbeing Outcomes and illustrates how our new strategic direction is already beginning to shape the way we deliver services. It highlights both achievements and areas where improvement is needed – we are committed to ongoing reflection, learning, and improvement as part of our drive for excellence. Reflecting on the impact of our new outcome's framework, we are heading in the right direction in meeting our strategic priorities and showing the impact for our people and partnerships.

We remain ambitious for Inverclyde, for the people who live here and for the staff and partners who serve them. It is a privilege to lead this Partnership, and I am proud of everything we have accomplished together over the past year.

Kate Rocks
Chief Officer
Inverclyde HSCP

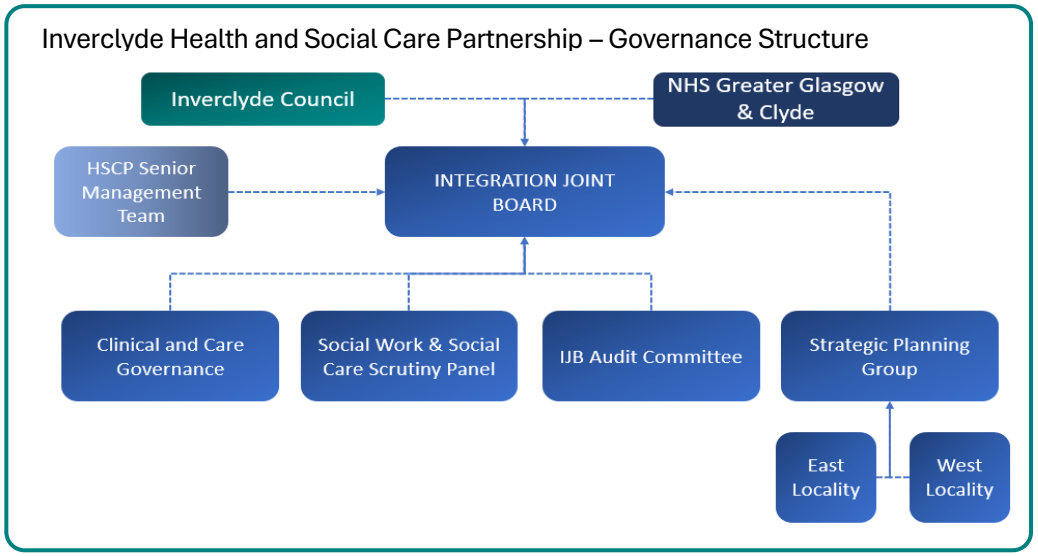
SECTION 1: INTRODUCTION

The Public Bodies (Joint Working) (Scotland) Act 2014 places an obligation on Integration Joint Boards (IJB) to publish an Annual Performance Report at the end of July each year. This report should cover the previous service year (from April 2024 to March 2025), and evidence how Inverclyde Integration Joint Board (IJB) has made progress towards local health and care priorities and the nine national health and wellbeing outcomes. (**Refer to Appendix 1** for the National Health and Wellbeing Outcomes and **Appendix 2** that outlines how our ambitions align with the National Health and Wellbeing Outcomes)

This is the ninth Annual Performance Report for Inverclyde Integration Joint Board (IJB). It provides an overview of our progress throughout 2024/2025 and marks the first year of reporting against our new Strategic Partnership Plan, *People and Partnerships, Making a Difference* (2024–2027). The report highlights key service developments and areas of innovation and reviews our performance against the National Integration Indicators (NII) and the indicators set by the Ministerial Steering Group (MSG) for Health and Community Care.

IJB Governance

This image shows the governance structure of Inverclyde IJB, highlighting the relationships with the parent organisations of Inverclyde Council and NHS Greater Glasgow and Clyde (NHSGGC) and identifies some of the key governance and strategic groups that support it.



How we monitor our Strategic Partnership Plan

Our Strategic Partnership Plan is monitored and overseen by our Strategic Planning Group (SPG). This group, chaired by the HSCPS Chief Officer, brings together key officers from the Health and Social Care Partnership (HSCP) and is established in line with national guidance under Section 32 of the Strategic Commissioning Plan regulations.

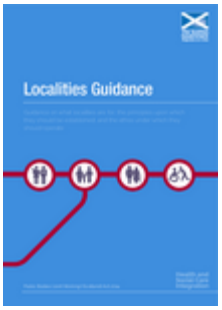
The group plays a vital role in shaping and reviewing our strategic priorities, ensuring we stay focused on delivering better outcomes for people and communities.

In line with legislation, the group includes representatives from a broad range of stakeholders, reflecting the voices and interests of those who use and deliver health and social care services. This includes:

- People who use health and social care services
- Carers
- Health and social care professionals
- Members of the Integration Joint Board
- Third sector organisations
- Housing providers
- Independent and voluntary care providers

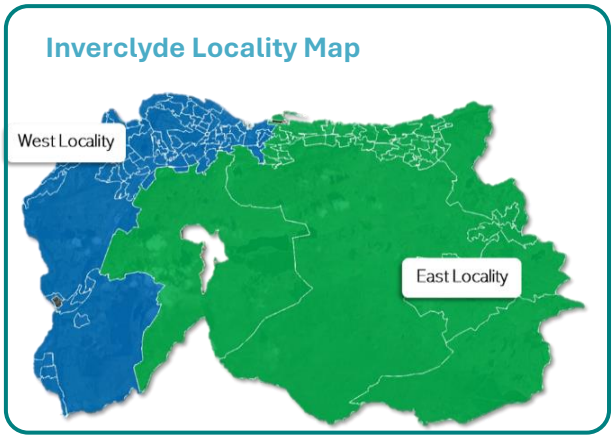
This inclusive approach helps ensure that our planning remains person-centred, collaborative, and responsive to the needs of our population.

Our People and Localities



People are at the heart of Inverclyde. By working in partnership with our communities and learning from your experiences, we can better support health and wellbeing and continue to improve how we design and deliver services.
We are committed to maintaining and strengthening our two Locality Planning Groups, which enable focused, meaningful conversations within communities about what matters most to local people.

- The **East Locality** includes Kilmacolm, Port Glasgow, and East Greenock.
- The **West Locality** includes Greenock Central, Greenock West, Gourock, Inverkip, and Wemyss Bay.



Progress on Locality Planning Groups (LPGs)

In 2024–25, Inverclyde HSCP made significant progress in strengthening our Locality Planning Groups (LPGs), building on the foundations and our ongoing commitment to community-led planning and co-production. A key milestone this year was the joint Locality Planning Groups (LPGs) development session held on Tuesday 26th November 2024 at Gibshill Community Centre, which brought together representatives from across East and West Inverclyde.

Highlights of the November Development Session

The development session, co-facilitated by HSCP officers and key Third Sector partners including CVS Inverclyde and Your Voice, served as a turning point in refreshing the vision and practice of our Locality Planning Groups (LPGs). Structured around the Appreciative Inquiry model, the session encouraged a strengths-based approach to future planning.

Key aims and outcomes included:

- Networking and relationship building across sectors and communities.
- Shared learning about the purpose, evolution, and future of LPGs.
- Participatory planning through structured conversations on discovery, dreaming, design, and destiny.
- Increased momentum and motivation, with a clear appetite for collaborative and inclusive change.

Themes Emerging from the Session

Participants including health and social care staff, community representatives, carers, people with lived experience and housing colleagues shared open, constructive reflections on what matters most in their communities. Key themes included:

- A call for stronger representation and inclusion, particularly of carers, young people, and people with lived experience.
- Clearer alignment with strategic priorities through focused, themed discussions at future

Locality Planning Group (LPG) meetings.

- A shared desire to reduce duplication, identify local service gaps, and enable more coordinated multi-agency responses.
- The need for safe, welcoming community spaces that promote meaningful engagement, supported by open, jargon-free communication.
- A commitment to genuine co-production, with HSCPs taking on a more facilitative, coordinating role.

These themes have helped shape our ongoing locality planning approach ensuring that community voices drive change, actions reflect local need, and partnerships deliver impact where it matters most.

Next Steps and Recommendations

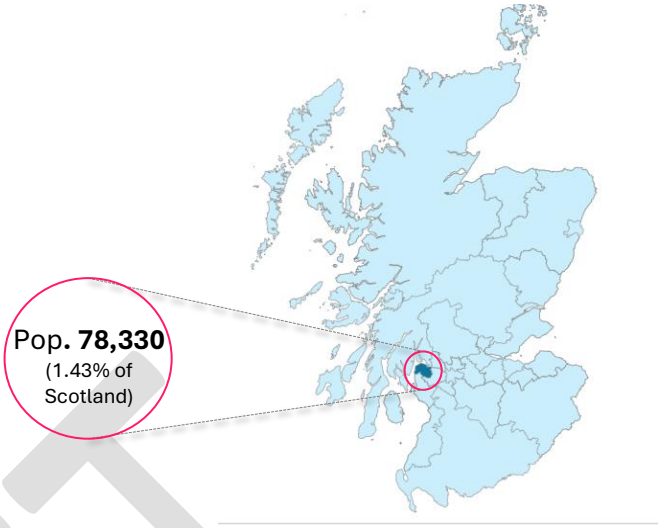
As a direct result of this session, we are:

- Developing clear terms of reference for Locality Planning Groups (LPGs) to outline purpose, scope, and member roles.
- Transitioning to community-based, hybrid meetings to improve accessibility and engagement. Exploring new models of leadership, with a view to community-led facilitation supported by HSCP.
- Enhancing membership diversity and lived experience representation.
- Creating mechanisms to ensure a “You said, we did” approach, tracking the impact of community input.

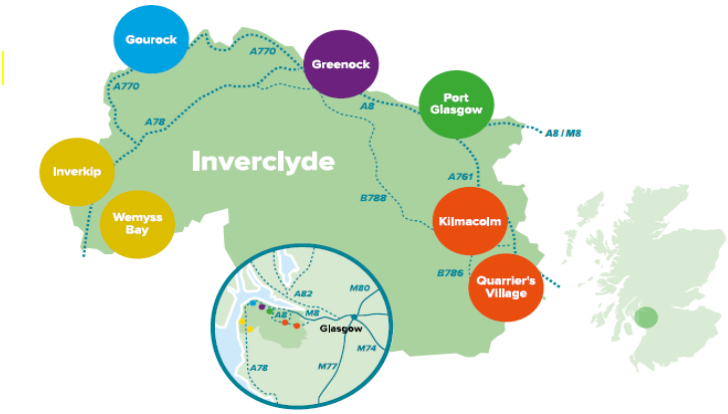
Our Locality Planning Groups play a pivotal role in shaping and directing our priorities, ensuring that planning leads to outcome-focused services within Inverclyde’s communities. We believe that planning for people must be done *with* people, and our "test, learn, develop" approach relies on the expertise and lived experience of residents to inform the future design and delivery of services. As we approach the end of the current strategic partnership plan cycle, our ambition is to evaluate the impact of Locality Planning Groups in delivering on our priorities and driving meaningful changes across the area.

Inverclyde Today

Inverclyde is in West Central Scotland, along the south bank of the River Clyde. It is amongst the smallest local authority areas in Scotland, home to **78,330 people**. This amounts to only 1.4% of Scotland overall population. Inverclyde's population continues to fall and is expected to decrease by 3.2% over the next four years. Within this decrease we are witnessing a shift in the local age structure, decreases in younger people and working age adults being offset by an increase in the population of those aged 65 and over.



Women account for **51.8%** of Inverclyde's population, with men accounting for **48.2%.** Women account for a greater proportion of the population of Inverclyde compared to Scotland, with women accounting for **51.4%** nationally.



Age Group	% Inverclyde	% Scotland
0 to 17	17.5%	18.5%
18 to 64	59.7%	61.2%
65 plus	22.8%	20.3%

Source: NRS population projections for Scottish Areas June 2022

Our Resources

Inverclyde HSCP has responsibility for, and delivers, an extensive range of services across primary care, health and social care and through several commissioned services.

Approx **1,713** (*1,401.6 Full Time Equivalent*) HSCP staff working across a range of services and disciplines.

- 13 GP Practices
- 10 Dental Practices
- 9 Opticians
- 19 Pharmacies
- 152 Commissioned Services

Strategic Direction

This report marks the beginning of a new chapter for the HSCP, aligning with the launch of our Strategic Partnership Plan 2024–2027. The achievements and evidence presented here reflect the collective efforts across our partnership to deliver on our newly defined Strategic Priorities. They also highlight our shared ambition to improve the outcomes and make a meaningful difference in the lives of the people we serve. Our Strategic Partnership Plan, 'People and Partnerships, Making a Difference', can be accessed here.

Our Strategic Vision

At Inverclyde Health and Social Care Partnership (HSCP), our vision is that everyone in Inverclyde can live full, healthy lives, free from barriers to opportunity and positive outcomes, supported by compassionate, person-centred services. This is captured in our Partnership Vision, which is:

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

This vision drives our collective ambition and underpins all that we do. We recognise that realising this vision requires us to work differently - together with communities, staff and partners to address the complex health and social care challenges faced locally.

Our Context and Commitment

We know that not everyone in Inverclyde experiences the same opportunities for health, wellbeing, and quality of life. The Inverclyde Adult Health and Wellbeing Survey (Feb 2024) conducted by NHS Greater Glasgow and Clyde, confirms that inequalities have widened in the wake of the pandemic. Things are not equal for everyone, and we need to do something about that.

We are committed to tackling these inequalities head-on. This means making bold changes, being innovative in our approach and using our collective strengths across sectors to deliver better outcomes. Our vision is not just aspirational; it is shaped by real needs and geared towards actual results.

We recognise that a one-size-fits-all approach does not work. To make meaningful progress, we must focus our efforts and resources on the individuals and communities who face the greatest challenges. By doing so, we can lift overall outcomes while ensuring that those who need the most support receive it. This approach reflects our commitment to fairness, dignity and improving lives for all, not just the few.

Inverclyde is a caring and compassionate place. Our Strategic Partnership Plan (2024–2027), *People and Partnerships, Making a Difference*, sets out how we will build on this foundation by supporting individuals to live active, healthy, and fulfilling lives, particularly those facing the most significant barriers.

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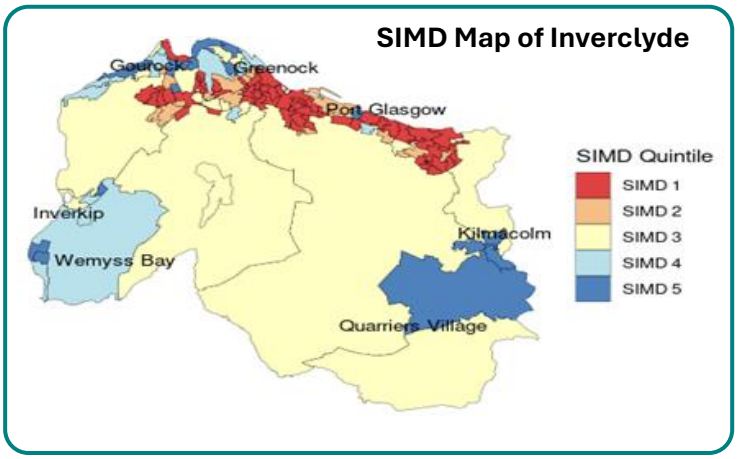
Some of our challenges



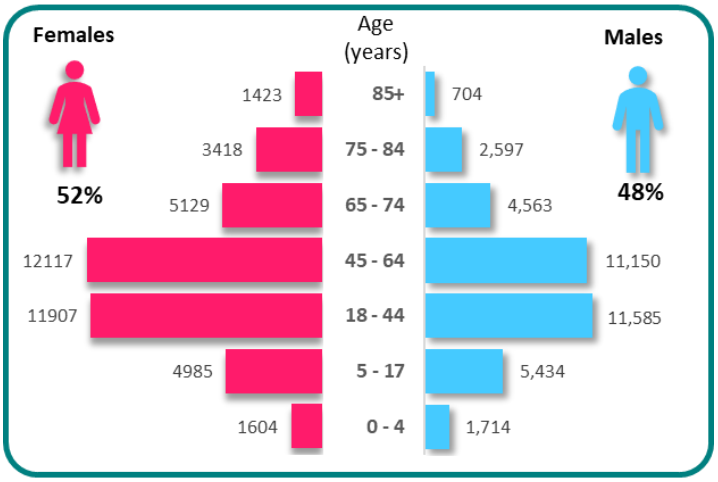
The level of poverty and inequality in Inverclyde is stark. According to the Scottish Index of Multiple Deprivation (SIMD), the levels of poverty and deprivation in Inverclyde are, proportionately amongst the highest in Scotland. It reports that **43%** of local people live in areas that are among the most deprived in the country (SIMD 1). This is second only to Glasgow, where 44% of the population live in SIMD 1 areas.
People living in those areas are more at risk of the negative impacts of poverty and deprivation. As a result, they are more likely to experience several adverse outcomes, including physical health challenges, complex long-term medical conditions, negative mental health and wellbeing, social exclusion, and food insecurity.

While levels of poverty and deprivation are high in Inverclyde, they are not spread evenly among the population. As figure 1.1 shows, areas of high deprivation are not dispersed across Inverclyde, instead high deprivation areas are clustered across specific communities, particularly in Port Glasgow and the East End of Greenock.
As a result, levels of inequality in Inverclyde are high with many people and communities experiencing significantly less positive social, economic and health and wellbeing outcomes than residents in least deprived areas.

Population

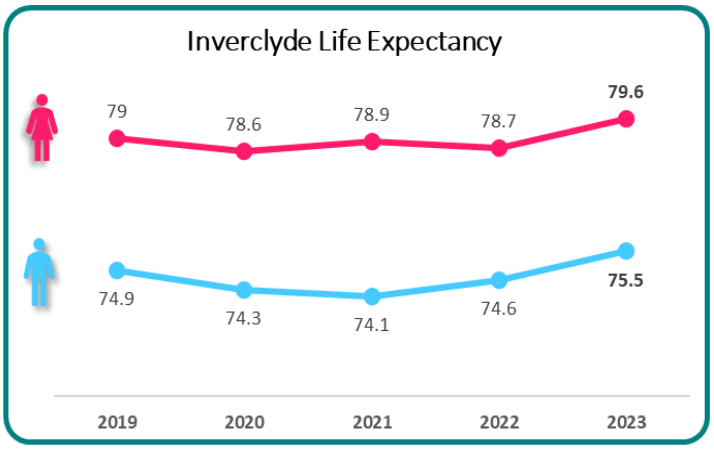
The latest population estimates for Inverclyde were published by National Records for Scotland (NRS) in October 2024, estimating for mid-year 2023.

Overall, Inverclyde had an estimated total population of 78,330. This accounts for only 1.4% of Scotland's total. Like other places in Scotland, the population of Inverclyde has decreased over the past few years. This is expected to continue with the local population expected to decrease by a further 3.2% by 2028. The image opposite, shows the breakdown of the local population by Sex and key age group. Overall, females account for 52% of the local population.



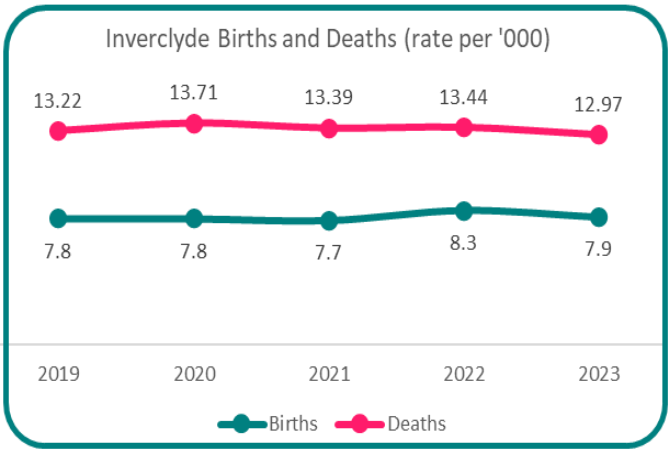
Life Expectancy

In the most recent reporting period, life expectancy for women in Inverclyde increased to 79.6 years, for men it increased to 75.5 years. While these increases are welcome, for both women and men, life expectancy falls below that of the national average (80.8 years for women and 76.8 years for men)
In terms of healthy life expectancy, women can expect to live only 59.3 years of their life in good health, and men 57.7 years. Again, these are lower than the Scottish average.



Births and Deaths

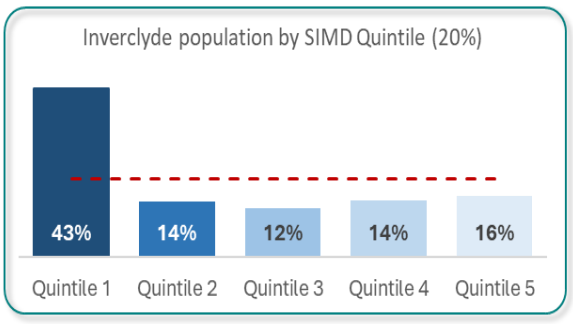
In 2023 NRS reported a decrease in the local birth rate in Inverclyde, rising to 7.9 births (crude rate per one thousand of the local population). This is compared to 8.3 reported in 2022. At 7.9, the birth rate in Inverclyde was lower than the overall Scottish figure of 8.4. NRS also reported a decrease in the rate of deaths in Inverclyde, falling to 12.97 per one thousand (age-sex standardised rate). This is compared to 13.44 per thousand reported in 2022. Again, the rate of deaths in Inverclyde is higher than 11.72 reported for Scotland as a whole.



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

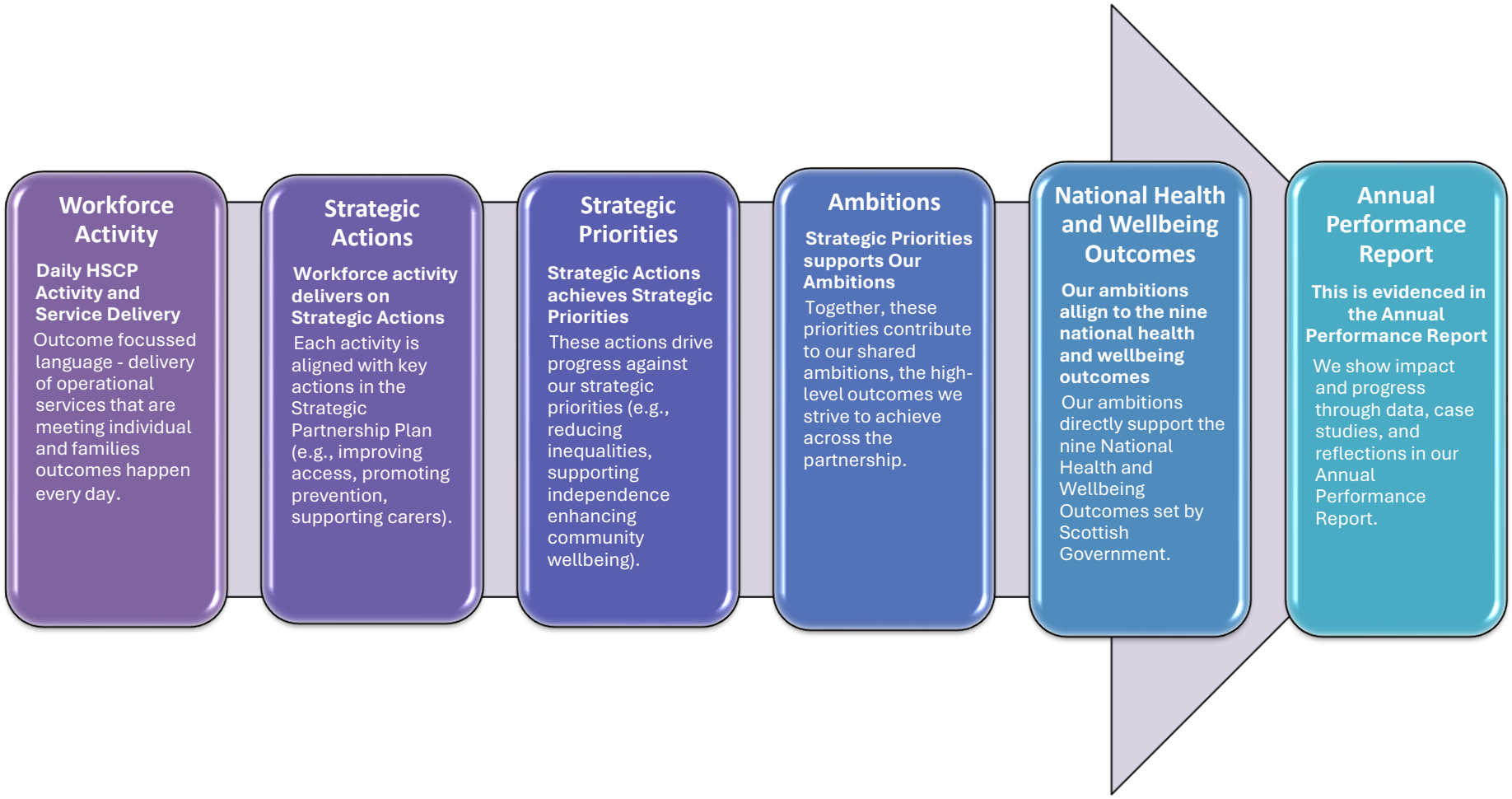
Deprivation

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



The opposite image demonstrates the breakdown of SIMD quintiles in Inverclyde. As highlighted, **over 40%** of the local population live in the most deprived quintile, with the rest of the population more evenly distributed across the other four. In addition, child poverty in Inverclyde is amongst the highest in Scotland, with almost 1 in 4 (24%) of local young people affected.

The Golden Thread of our Work: From Daily Delivery to National Impact



Our Ambitions

To bring our vision to life, we have defined a series of ambitions that will guide how we deliver services and work in partnership with others:

1) We will listen to and learn from our people, staff, and communities to ensure timely and appropriate access to support.
2) We will target our resources to where they are needed most, addressing inequalities across our communities.
3) We will maintain and enhance the delivery of safe, effective, and timely care.
4) We will ensure all our services are trauma-informed and focus on recovery and continuous improvement.
5) We will co-design services with local people, ensuring they reflect lived experiences and meet real needs.
6) We will work alongside third and independent sector partners to support people with complex needs to live independently.
7) We will support carers and families, providing the help they need to continue in their caring roles.
8) We will empower our workforce to innovate and collaborate, enabling better responses to the needs of individuals and communities.
9) We will support people through key life transitions, particularly those with complex needs.
10) We will take a system-wide approach to care planning, ensuring it is proactive, person-centred, and sustainable.
11) We will ensure everyone who needs palliative care receives compassionate, high-quality support, aligned with their needs and wishes, from diagnosis to dying well.

Our Strategic Priorities

Informed by engagement, data and our learning we set **four strategic priorities** that replace the previous "Six Big Actions" and will shape our work over the next three years. These 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

These priorities are designed to tackle the varied and complex needs across Inverclyde, and the integrated approach required to address them. They are also closely aligned to the five local themes of the Inverclyde Partnership Plan 2023/33 - Inverclyde Council reinforcing our collective commitment to community wellbeing. In SECTION 3, we will outline what each of these priorities means in practice, how we plan to achieve them and the performance measures we will use to track progress.

Review of our Strategic Priorities

As part of our ongoing commitment to strengthen our strategic priorities, we have revisited the language used within them. This has been driven in response to feedback gathered through our locality planning group members, engagement sessions and our Strategic Partnership Group (SPG). Following this feedback, we have revised our priorities and propose the following:

These revised priorities better reflect the values of autonomy, collaboration and empowerment. We have removed the use of *"support,"* as it was felt this could unintentionally suggest a more paternalistic approach, rather than one that encourages individuals to take ownership of their own health and wellbeing. Similarly, we have removed *"intervention"* following consistent feedback from those with lived experience who described this term as feeling like something *being done to them* rather than *with them*.

Equalities: Mainstreaming the Public Sector Equality Duty

As a listed public authority, Inverclyde Integration Joint Board (IJB) is committed to embedding equality and human rights across all strategic planning and delivery of health and social care services. In line with the requirements of the Equality Act 2010 and the Public Sector Equality Duty (PSED) Public Sector Equality Duty: guidance for public authorities - GOV.UK, the IJB published a revised Equality Outcomes Plan (2024–2028) in May 2024. This sets out the Board's approach to mainstreaming equality within everyday business.

The Plan outlines four local Equality Outcomes:

1. Inverclyde's most vulnerable and often excluded people are supported to be active and respected members of their community.
2. 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.
3. Children and Young People who are at risk due to local inequalities, are identified early and supported to achieve positive health outcomes.
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.

Progress is closely monitored, with six-monthly updates provided to the IJB. The first progress report (October 2024) confirmed that 16 out of 18 actions **(89%) were on track**, one action was completed, and one was under review.

The Equality Outcomes are not standalone they are closely aligned with the HSCP's Strategic Partnership Plan and delivery frameworks. For example, actions supporting Outcomes 2 and 3 are directly drawn from the Strategic Plan, demonstrating a clear commitment to mainstreaming equality rather than treating it as a parallel workstream. This approach ensures services are designed and delivered in ways that are equitable, inclusive, and responsive to the diverse needs of Inverclyde's population.

The IJB will continue to publish updates and is committed to producing a full progress report on the Equality Outcomes by May 2026, as required under the Equality Act (Specific Duties) (Scotland) Regulations.

Reviewing Our Equality Outcomes

As we continue to progress our Strategic Partnership Plan, we recognise the need to review our Equality Outcomes to ensure they are clearly aligned with our four strategic priorities. This will help us to better measure the impact of our work and ensure that our efforts remain focused on delivering what matters most to the people and communities we support.

Our Health and Social Care Partnership (HSCP) services are designed and targeted to help achieve these outcomes.

Strategic Partnership Plan on a Page 2024-27

OUR VISION	"Inverclyde is a compassionate community, working together to ensure people live active, healthy, and fulfilling lives"			
OUR APPROACH	Focussing resources where most 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**	
Improve early and timely access to our services. People with complex health conditions are supported to remain independent with good health and wellbeing. Help divert people away from harmful behaviours that impact on their health and wellbeing. Improve services for the community that build on the individual's family and community strengths and assets whilst focussing on the impact of trauma and recovery focussed provision. We will build capacity in our workforce to build intervention approaches for our people and families.	Support people to identify the signs of wellbeing concerns and how to address them. We will ensure that we will improve how we deliver person-centred support for people, focussing on transitions. Work with partners to improve mental health and wellbeing support for those experiencing inter-generational trauma, homelessness, care experienced and the justice system. Continue to strengthen inter and intra relationships with all HSCP services. Through reviewing our commissioning strategy, we will strengthen our intentions to focus on people who have more complex needs.	Our children and young people will be provided with the effective care and support to keep them safe in their communities. Continue to welcome people new to Scotland. We will support people with less positive outcomes to live healthy, constructive, and purposeful lives within their community. We will work with our community to challenge the impact of stigma for people who have mental health and addictions. We will develop closer working relationships with local employability providers to improve access to work.	People will be at the heart of all decisions. In partnership we will provide services that support families and carers to keep family members at home. We will support the families and carers of people with less positive outcomes to live healthy, constructive, and purposeful lives within their community. We will provide support to people who can no longer remain in the family home helping them to avoid homelessness. We will implement the outcome of the respite review to deliver different models of care. Our workforce will be trained in evidence-based models that help strengthen the capacity of families and carers. Building on the assets of families, we will identify supports that are underpinned by the principles of the Self-directed Support (SDS) options.	

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

SECTION 2: PERFORMANCE

To help ensure we are moving in the right direction, we use a broad range of key performance indicators. These measures tell us how we are performing in key areas of our service and help us in our decision-making as we continually seek to improve the services we provide to local people.

Many of our key performance indicators have been agreed upon by national organisations, and as such we are obligated to report on them. These national frameworks are:

- The Scottish Governments National Integration Indicators **(See Appendix 3a.)**
- The Ministerial Group Indicators **(See Appendix 3b.)**
- Local Government Benchmarking Framework Indicators **(See Appendix 3c.)**

At the local level we have developed an Outcome's Framework to help us evaluate how we are progressing against the key priorities identified in our Strategic Partnership Plan. This framework has been developed to help us demonstrate the impact of what we do has on those who access our services.

In this report, reporting against the measures in our outcome's framework is reported in Section 3, with scorecards presented at the end of each Priority Section.

Our Outcomes Framework

Following the publication of our Strategic Partnership Plan, we began developing a new Outcomes Framework. This was created in partnership to help us evaluate our progress in delivering our strategic vision and priorities. By focusing on outcomes and the difference our work makes to individuals, families and communities we aim to strengthen our impact, our people and our partnership. While we continue to monitor processes and measure outputs, this framework allows us to better demonstrate how our actions are improving the lives of those who access our services.

Our Approach

To shape our Strategic Partnership Plan, we collaborated closely with colleagues across the HSCP and wider partners to define a clear set of deliverables aligned to each of our four strategic priorities. This process resulted in 32 Strategic Actions; each linked to a specific and measurable outcome. To support this development, a series of performance workshops were held during summer 2024. These sessions focused on identifying meaningful outcome measures, those that best demonstrate the impact of our actions and our progress towards each desired outcome.

Our performance framework remains under development and review; we are working hard to further develop some of the agreed measures as they have not been previously collected. We are taking a test, learn and develop approach in the implementation of new services and as such measures will be developed in line with this. Some measures are dependent on the implementation of new service developments and will be introduced as those changes take effect, for others we continue to identify clear information sources and processes. We are committed to maintaining a dynamic and responsive outcomes framework, one that is regularly reviewed, evaluated and refined to ensure we are measuring what truly matters and that we remain focused on the delivery of our Strategic Partnership Plan.

SECTION 3: OUR IMPROVEMENT JOURNEY

Strategic Priority: Provide Early Help and Intervention

What strategic direction underpins this priority?

To improve the health and wellbeing of our communities, we are shifting our focus toward prevention and early help. Collaboration with our local partners demonstrates positive outcomes as we are developing and investing in community-based programmes that empower individuals to make healthier choices and manage their well-being more effectively. Inverclyde Health and Social Care Partnership (HSCP) is committed to transforming access to our services by redesigning our 'front doors', ensuring people and families are seamlessly connected to the right support, at the right time, in the right way. This approach is embedded across all life stages and transitions to ensure proportionate responses that reduce risk, promote resilience and improve long-term outcomes.

Strategic direction and performance overview

At the outset of this reporting period, we set out a clear strategic direction: to improve the health and wellbeing of our communities by focusing on early help and prevention, and more accessible, person-centred support. This section reflects on what we said we would do and what we have done, it highlights our progress, the impact and our learning and developmental needs.

Whole Family Wellbeing Fund: Supporting Families Early to Improve Outcomes

The Scottish Government's Whole Family Wellbeing Fund (WFWF) Whole Family Wellbeing Funding - Getting it right for every child (GIRFEC) - gov.scot launched in 2022. It aims to ensure families receive the right support at the right time for as long as needed, enabling children to grow up safely and thrive within their own families. The fund supports transformational change in how services work with families, with a national goal to reduce crisis intervention and the number of children entering care by 2030. A key ambition is to shift 5% of community-based health and social care investment towards early, preventative family support.

In Inverclyde, with a budget of £200k per year for two years, the Whole Family Wellbeing Fund (WFWF) has enabled us to scale up our outreach service, expand access to whole family support, and develop intensive, locally based services for children with complex needs contributing directly to the ambitions of The Promise. The early prevention work of the WFWF is showing measurable impact in reducing the pressure on the Request for Assistance Team in Social Work. The early Prevention Hub is working well with plans in place to ensure sustainability.

Local successes include

- Earlier and more coordinated support for children and families.
- Improved access to help before challenges escalate.
- Reduced need for statutory social work involvement.
- A measurable decrease in Interagency Referral Discussions (IRDs).

This work reflects our commitment to prevention, early help and supporting families to stay together and thrive, in line with national priorities and local aspirations.

Integrated Front Door Service Redesign and Innovation

As part of our commitment to the strategic priority of Early Help and prevention, we have made considerable progress this year in redesigning and modernising our approach to service delivery. A dedicated project group has been established to drive this transformation, and we are currently progressing through Phase 1, focusing on critical adult services including Adult Social Work, Access First (1st), Advice Services, rehabilitation and enablement services (RES), respite care, care at home, day care and the integration of assistive technology.

Work to date has involved an in-depth review of current processes, alongside extensive data gathering, stakeholder consultations is underway, and option appraisals are being developed to ensure future proposals are informed, inclusive, and evidence based. We are on track to present a Phase 1 proposal by the end of summer 2025, with implementation scheduled for winter 2025, ahead of progressing to Phase 2.

Recognising the importance of digital transformation in improving access and early help, we are test, learning and developing our capacity to modernise through digital infrastructure. A key component of this will be the development of an online referral system and apps, that are all aimed at streamlining access to services and reducing unnecessary delays for individuals and families in need.

Our improvement activity within Children and Families is progressing, with a focus on prevention and diverting Children and Young People from statutory services by strengthening our relationship with our third sector partners to provide family best solutions that build on the capacity and resilience of the child or young person. One of the key successes has been the development of multi-agency family wellbeing hub that has our third sector partners as key decision makers in response to early and coordinated support.

As we implement our test, learn and develop approach we are sharing the impact of this learning across the wider HSCP services to ensure that shared standards, approaches, and learning are embedded across all areas. This ensures alignment and consistency as we drive forward whole-system transformation. We are seeing whole system progress in ensuring a more joined-up, proactive, and digitally enabled model of care. Together, these efforts reflect real progress towards our strategic priorities, ensuring individuals and families receive the right help at the right time, while reducing pressure on crisis and statutory services.

Reducing Unscheduled Care through Prevention

Unscheduled care including Emergency Department (ED) visits, out-of-hours services and unplanned hospital admissions remains one of the most resource-intensive and challenging areas of the health and social care system. The impact of this can be distressing and disruptive for individuals and families, particularly those living with long-term conditions or frailty. A key ambition of early help and prevention is to shift the balance of care upstream, acting earlier to maximise independence to

retain physical and mental capacity, crisis avoidance and reduce the impact of deconditioning as a result of unnecessary hospital admissions.

This year, we are delighted to report that we are continuing to make strong progress in reducing the number of people accessing unscheduled care by embedding preventative, community-based approaches, particularly through the rollout of the Remote Patient Monitoring (RPM) Pathway for people with Chronic Obstructive Pulmonary Disease (COPD) in Inverclyde.

COPD remains a leading cause of unplanned hospital admissions locally, with rates above the national average, especially in our most deprived communities. To address this, we introduced a digital monitoring solution (Graphnet/Docobo) that allows patients to track their symptoms daily from home. Community nurses monitor this data in ***real time***, enabling early help and preventing escalation and reflects our commitment to person-centred care, supporting people to stay well at home, reducing avoidable hospital use and easing pressure on urgent care services.

The initial focus has been on the most frequent attenders at Inverclyde Royal Hospital (IRH), with the aim of shifting care from reactive to preventative. Results to date have shown significant benefits. The figures demonstrate the potential for digital tools to transform care, not only reducing the strain on acute services but more importantly, **improving outcomes** and quality of life for people with long-term conditions.

85% reduction in Emergency Department presentation

65% reduction in Hospital admissions due to COPD

45% reduction in bed days

Building Inclusive Pathways

We have also taken care to ensure the pathway is inclusive. Where people were not suitable for digital monitoring (due to vision issues, cognitive impairment, or other needs), alternative support was provided. This includes:

- Pharmacy-led reviews to ensure people are on optimal treatment.
- Education sessions to support self-management.
- Promotion of a COPD Rescue Medication Card, which allows access to emergency medication directly from pharmacies, reducing the need for GP appointments or delays.

The Remote Monitoring pathway is more than a service improvement; it is a culture shift in how we care. It demonstrates the power of digital innovation, person-centred design and collaboration to improve lives in a meaningful, measurable way. This model will inform future service developments as we look to replicate success across other long-term condition pathways continuing our journey toward a smarter, more sustainable system of care.

Technology Enabled Care – Digitisation of Service

The transition from analogue to digital alarm units was undertaken to modernise the alarm systems, improve reliability, and enhance functionality. The project involved upgrading existing analogue alarm units to digital systems, ensuring seamless integration with current infrastructure, and training staff to manage and operate the new systems effectively. Inverclyde HSCP have embraced this journey from the initial test stage to complete full digitisation of their Community Alarm estate.

Inverclyde HSCP have now been awarded **Platinum Accreditation** from the Digital Office for Scottish Local Government having successfully transitioned all current service users and have been operating successfully without serious issues or call failures.

Digital Transformation and Innovation: Utilising SOL Connect in Service Redesign

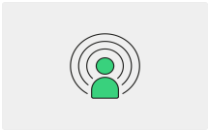
As part of our ongoing commitment to digital transformation, we are integrating SOL Connect into our service delivery model to enhance independence, safety and wellbeing for individuals supported by the Partnership. SOL Connect's technology-enabled care solutions are being actively deployed within our **Test, Learn and Develop** framework, allowing us to trial innovative digital supports in real-world settings, gather insights and refine approaches based on lived experience and measurable outcomes.

This approach enables us to:

- Test the effectiveness of digital approaches in helping people live more independently
- Learn from data, feedback and frontline experience to understand what works and where improvements are needed.
- Develop scalable, person-centred digital solutions that align with our strategic priorities for prevention, early help and sustainable care.

Embedding SOL Connect into our digitisation strategy, is modernising our service delivery but also co-producing solutions with individuals and carers, ensuring that technology enhances support.

Shared Alarm Receiving Centre - National Platform



Inverclyde HSCP's Technology Enabled Care (TEC) Service is undergoing a significant transition with its current Alarm Receiving Centre provider, Bield Response 24 (BR24), now joining the Shared Alarm Receiving Centre (ARC) Platform.

Led by the Digital Office for Scottish Local Government the Alarm Receiving Centre (ARC) Platform offers a shared, cloud-based telecare solution for providers across Scotland. This national initiative enhances service integration, personalisation, and user control, while improving scalability, cybersecurity and disaster recovery.

By supporting proactive care and reducing barriers to digital transformation, the ARC Platform represents a major step forward in modernising telecare delivery. To ensure the continued success and sustainability of digital transformation efforts, the following strategic actions are proposed:

- **Implement User-Focused, Interoperable Technologies** – Prioritise integrated systems tailored to individual needs, avoiding siloed solutions.
- **Enhance Digital Skills** – Provide continuous training to keep staff up to date with emerging tools and practices.
- **Test and Learn** – Use pilot projects and tests of change to evaluate innovations, using evidence to guide wider implementation

Despite the promising outlook, several challenges must be addressed to maintain momentum:

- **Rising Equipment Costs** – Post-warranty replacements and upgrades add pressure; budgets must account for ongoing lifecycle costs.
- **Funding Challenges** – Sustaining and scaling digital infrastructure requires significant investment, with upfront costs often outweighing short-term budgets.
- **Procurement Barriers** – Rigid processes can delay innovation; more agile procurement and stronger tech partnerships are needed.

Improving Outcomes for People with Long Term Conditions

This year, we have enhanced services for Long-Term Conditions to support individuals living with chronic and complex health conditions. The service focuses on person-centred, proactive care to improve quality of life, promote self-management, and reduce the risk of deterioration leading to hospital admission or loss of independence.

Prediabetes Identification Initiative

We have prioritised the Prediabetes Identification and Support Initiative to enable early action and help prevent Type 2 Diabetes. This proactive, structured approach is embedded in primary care and aligns with the HSCP's strategic goals of improving population health, reducing inequalities, and delivering person-centred care.

Project Overview:

Using data, patients identified as being within the prediabetic range have been extracted from practice systems and reviewed (data validation complete). Patients without a recent HbA1c (diabetic blood monitoring) result will be invited for an updated test. Those remaining in the prediabetic range will be referred to a dedicated prediabetes clinic, hosted within the practice on a weekly basis (anticipated launch: June 2025).

Clinic Design and Early Help Approach:

Each patient receives a 30-minute one-to-one consultation focused on understanding prediabetes, supporting behaviour change through motivational interviewing, and aligning care with individual goals. The session includes personalised lifestyle guidance, referral to additional services (e.g., weight management, diabetes remission), and ongoing support as needed

Next Steps
To build on current progress, we will:

- Further develop and define the role by representing Inverclyde on the newly established board-wide Long Term Conditions group and reporting insights locally.
- Review and improve access to existing resources through targeted tests of change.
- Strengthen preventative approaches by promoting awareness of available resources and processes, with the aim of empowering patients to improve self-management and confidence in their care.

Supporting Independence, Preventing Crisis: Our Impact Through Early Help

Our Centre for Independent Livings impact through early help, preventative support helps people in Inverclyde maintain independence and avoid crisis. In 2024/25, the service managed over **6,000 referrals**, responding to a wide range of needs including frailty, disability, rehabilitation and reablement. Over **30% of referrals** required a same-day or next-day response, demonstrating the service's agility in providing timely interventions that prevent hospital admission, support early discharge and reduce pressure on acute and community services.

A key measure of success is the services ability to deliver this rapid response while maintaining person-centred, quality care. Feedback from individuals and carers consistently highlights the impact of fast, appropriate support in helping people stay safely at home. Internally, the team has streamlined assessment and delivery processes, improving efficiency and turnaround times despite rising demand.

3,393 individuals were supported with **9,861 pieces of equipment**, helping them manage health conditions and live more independently.

Equipment was delivered quickly to support **urgent hospital discharge and crisis prevention**.

76% of uplifted equipment was successfully recycled, generating an estimated **£973,000 in system savings**, while contributing to environmental sustainability.

The Blue Badge service also reflects high operational throughput, with **2,259 approvals** processed last year, supporting mobility and access to essential services. This enables earlier re-engagement in community life following illness or injury, a key outcome of early help. Our approach ensures that people are not only assessed for immediate needs but are also supported to plan and manage long-term conditions. By intervening early, reducing unnecessary escalation and helping people remain in control of their care, the service contributes to the wider system's resilience and improves outcomes for individuals and families.

Maximising Independence – supporting self-management across Inverclyde

In line with our strategic aim to maximise independence and promote independent living, Inverclyde HSCP has continued to invest in a range of initiatives to enhance self-management of health and wellbeing across our communities. A key priority this year has been supporting the workforce to work collaboratively in enabling people to manage their own health more effectively.

Building Capacity for Self-Management

In line with our priority to provide early help and prevention, Inverclyde HSCP has strengthened its workforce, and community resources to support self-management, enabling people to keep and age well and reduce reliance on formal services.

Staff development has been central to this approach. A dedicated Community of Practice (CoP) and a series of self-management webinars have supported cross-sector learning and improved staff confidence in promoting independence. A self-management session is now embedded in the Home Care induction programme, ensuring new staff are equipped to support early help from day one.

To further enable early support, we are co-developing an 'Ageing Well' leaflet for housebound older adults and have piloted reflective practice sessions for multidisciplinary teams, helping staff consider their role in enabling self-management. We are also developing practical learning sessions focused on the skills needed to support self-management in everyday practice.

Feedback: "Reality check – will walk more."

Feedback: "Very useful and encouraging."

A Joint Action Plan continues to coordinate and track progress, ensuring a shared focus across services. Together, these actions are helping to build a confident, capable workforce and more empowered communities, laying the foundation for earlier and more effective support.

Early Impact and Outcomes

These activities are building a more confident and capable workforce, better equipped to support self-management. Staff report increased knowledge and practical understanding, while cross-sector collaboration has been strengthened through the Community of Practice and reflective sessions. Embedding self-management in induction training supports long-term sustainability.

Looking ahead, we will evaluate the reflective practice pilot to guide future delivery. Meanwhile, the launch of the Ageing Well leaflet and new learning sessions will help us broaden our reach and deepen our impact.

Promoting Active Ageing Through the Functional Fitness MOT

As part of our preventative and early help work, we have continued to invest in delivering the Functional Fitness MOT (FFMOT), a person-centred programme designed to support adults over

50 to stay physically active and maintain their independence for longer.

The tool uses seven physical function tests to assess an individual's fitness in comparison to their peers, helping to identify strengths, highlight areas for improvement and encourage realistic goal setting around increasing activity levels. We have established a Functional Fitness MOT Collaborative, coordinated by the Maximising Independence team. This brings together trained facilitators from across health and social care, housing and the third sector to deliver FFMOTs in accessible community settings.

- **23 FFMOT** events held
- **171** participants attended
- **15** partners involved
- **93%** likely to be more active
- **99%** found session helpful

Collaborative members include:

- Branchton Community Centre
- Community Learning Disability Team
- Community Occupational Therapy
- Gateway Walks
- Inverkip Hub
- Morton in the Community
- Rehabilitation & Enablement Service (RES)
- River Clyde Homes
- Your Voice

Through this partnership approach, we are embedding preventative support into the heart of communities, helping people to age well, remain active and reduce the risk of falls and functional decline.

Redesign of the Housing Options and Homelessness Advice Service

We are committed to transforming our models of care for people, families and the community that require homelessness service. Our ambition is to move away from the current building-based delivery of support and temporary accommodation to a community-based model that is more responsive, personalised and trauma informed.

In recognition of this and to support our strategic priority of *Providing Early Help and Prevention*, we are closing the Inverclyde Centre and transitioning to a fully community-facing model. This shift is designed to enable more holistic, proactive and individualised support for people at risk of or experiencing homelessness.

The redesign of our Housing Options and Homelessness Advice Service (HOHAS) marks a major step forward in creating a more preventative, responsive and person-centred approach to assisting with housing matters. The work to date has focused on aligning services, roles and responsibilities underpinned by our Strategic Priorities that ensures that services will be delivered

in the right place, at the right time, by the right people. The redesigned service will adopt a fully community-facing approach to deliver better outcomes for individuals and families, with an emphasis on preventing homelessness before it occurs, offering timely advice and support, and helping people to sustain their tenancies over the long term.

Rapid Rehousing Support: Sustaining Tenancies and Preventing Crisis

Inverclyde's Rapid Rehousing Support Team continues to deliver strong outcomes in supporting individuals with complex needs to sustain permanent accommodation. In this reporting period **97% of clients supported by the team remained in their tenancies**, significantly outperforming the **Scottish average of 85%**.

This high sustainment rate reflects the effectiveness of our trauma-informed, person-centred approach, which prioritises early support, relationship-building and coordinated engagement with housing providers and wider services. By aligning our efforts to prevent crisis and reduce repeat homelessness, we are not only improving individual outcomes but also contributing to wider strategic goals around reducing inequalities, improving population health and delivering more responsive, integrated care.

The evidence supports the need for greater focus on integrated and joined up support as almost all homeless applicants have ongoing involvement with at least one other service in the HSCP. The majority of existing support is provided by Alcohol and Drug Recovery Services or Mental Health services suggesting there are opportunities to embed curiosity about a person's living arrangements and the security of those arrangements into the broader assessment process. In doing so, we can provide earlier intervention, avoid additional trauma and provide seamless support tailored to the person's needs to reduce inequalities.

Almost all individuals presenting as homeless cite some form of financial hardship as a contributing factor to their circumstances. When considered alongside existing support arrangements, it becomes evident that many people experiencing homelessness face multiple and complex disadvantages. This highlights the importance of an integrated approach across Advice Services, which has become a key priority. Services have been working collaboratively across boundaries to ensure that individuals receive the right support at the right time, with minimal distress. This person-centred approach reflects a shared commitment to doing what matters most for those in crisis.

The success of this emerging model demonstrates the value of investing in proactive, wraparound support and highlights the importance of continued collaboration across services to maintain tenancy stability and promote long-term wellbeing.

Story: A Trauma-Informed Journey to Stability

A couple, each with lived experience of trauma, had long-standing involvement with services over many years. They faced multiple challenges including housing instability, repeated episodes of homelessness and barriers to accessing permanent accommodation. Their situation was further complicated by being widely known across local housing associations, which created additional difficulties despite support from the Homelessness Service.

In 2023, a new approach was introduced through the creation of the Rapid Rehousing Support

Team. This team focused on building trusting relationships, sharing skills, and supporting individuals to make positive life choices. They also facilitated meaningful engagement with other services and organisations. The team was specifically designed to offer consistent, person-centred support to people experiencing complex and recurring challenges such as homelessness, substance use, and contact with the justice system.

A dedicated support worker worked closely with the couple, advocating on their behalf with housing providers and offering ongoing tenancy support. This led to an offer of housing with a 12-week probationary tenancy, which was successfully converted into a secure tenancy. The couple have remained stably housed, their support needs have reduced, and they are now actively involved in their community. They are also sharing their experiences to support others, helping to challenge stigma and demonstrate that recovery and stability are possible.

Strategy Development: Alcohol and Drug Support Services

Throughout 2024, Inverclyde's alcohol and drug services have been a key partner in the development of the Alcohol and Drug Partnership (ADP) strategy. undertook an extensive engagement programme to inform the development of a new Alcohol and Drug Partnership Strategy (2024–2029). This process included a series of multi-agency workshops, 'conversation cafes' with individuals with lived and living experience and family members, as well as a community-wide online survey.

Our collaboration has ensured that the new strategy is grounded in the voices of those most affected and reflects a shared commitment across partners to early support and prevention. This work has helped reshape our governance structure to deliver on the strategic priorities for people affected by alcohol and drugs. This will underpin a robust delivery framework and action plan aligned to the strategy's four core objectives:

1. Reduce drug- and alcohol-related deaths and improve lives.
2. Embed a whole family approach to treatment and recovery.
3. Ensure a coordinated, whole system response.
4. Deliver trauma-informed practice across all services.

This strategic realignment represents a key step forward in strengthening early help and integrated support for individuals and families affected by substance use in Inverclyde.

Enhancing Digital and Community Access

To reduce barriers and reach individuals who may be digitally excluded, we have implemented a multi-channel outreach strategy with our partners. This included printed information booklets, posters with QR codes and Z cards, each designed to increase awareness and facilitate quick access to local support services.

- Printed Information Booklets were delivered door-to-door in Inverclyde's most deprived areas and made available in GP surgeries, police station, community hubs and waiting areas, improving offline access to support pathways.
- Posters with QR Codes were placed in key public locations, offering immediate mobile access to the ADP website and services, enhancing visibility and engagement on the go.
- Z Cards were issued to frontline staff including police, wardens, and link workers, enabling discreet, rapid signposting to support services during community interactions.

Together, these measures ensured that critical information reached a wider audience, digitally and in person, supporting equity of access and encouraging earlier engagement with support services.

Commitment to Inclusive, Clear Pathways to Support

The overarching aim of this initiative has been to make alcohol and drug support pathways clear, accessible, and inclusive for everyone in Inverclyde. By combining digital tools with printed resources and direct community engagement, the Alcohol and Drug Partnership (ADP) is breaking down barriers, whether digital, social, or geographical to help individuals take their first step toward recovery.

Advice Services

Advice Services in Inverclyde continue to play a critical role in supporting residents to navigate financial insecurity, maximise income, and access essential welfare rights. Over the past year, significant progress has been made in improving access and integration, particularly through strong partnership working and a focus on person-centred delivery.

Advice services are embedded in **10 GP practices** across Inverclyde, creating a robust **early help model** by enabling access at the point of healthcare contact.

A key success has been the continued development of the Welfare Advice and Health Partnership (WAHP) model, embedding advice services within GP practices. Access to EMIS has further enhanced the quality and continuity of service, particularly when supporting complex benefit applications and appeals. This integration of financial advice into health settings not only supports income maximisation but also promotes a more joined-up, dignified approach for those navigating both health and financial challenges.

A single case example resulted in a **financial gain of £538.90 per week**

equating to **£27,980.80 per year** illustrating the tangible impact of the service on household resilience and wellbeing

Similarly, the **MacMillan Welfare Rights Service** continues to deliver impactful, compassionate support to

individuals and families affected by cancer. This includes outreach at the IRH oncology ward, Ardgowan Hospice, and within people's homes. Importantly, this service also acts as a pathway into broader HSCP supports, helping individuals and families access holistic care at times of greatest need.

Funding Uncertainty for MacMillan Services:

Charitable organisations are facing significant financial pressures. Many are operating with minimal reserves, making them vulnerable to further economic strain. These challenges are expected to impact the support they provide to communities, potentially increasing demand on HSCP services. We are actively monitoring these trends and preparing for possible funding pressures to ensure service continuity.

Advice Services in Inverclyde have achieved strong outcomes through innovative partnerships, particularly in healthcare and specialist outreach. As the service transforms through the Integrated Front Door programme, there is a clear opportunity to build on these strengths while tackling challenges around funding, data, and coordination to ensure long-term sustainability and impact.

Supporting Independent Living and Achieving Better Outcomes

Promoting independent living remains a core priority in our approach to person-centred care. Since the reopening of the Scottish Independent Living Fund (ILF) in 2023, our Learning Disability social work team has secured over 20 successful applications. These awards have directly increased care hours for individuals with complex needs, enabling them to live more independently at home. This has enhanced personal choice, improved quality of life and reduced reliance on more intensive forms of care.

In addition, our partnership with SOL Connect has expanded the use of Technology Enabled Care (TEC), offering flexible, tech-based solutions that support daily living. These innovations enable individuals to manage their own routines with greater autonomy, while also helping us deliver services more sustainably amid rising demand and workforce challenges. Together, these initiatives demonstrate our commitment to early help, maximising external ILF funding, and investing in creative, outcome-focused solutions that support people to live well longer.

Providing Early Help and Intervention – Performance Highlights

The infographics below offer a highlight of some of the key performance outputs that have been identified through our development of our outcome's framework.

Children referred on to a support in the community

386

Children redirected to community support

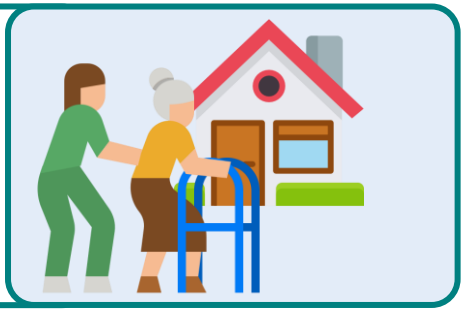
During 2024/25, we redirected **386** children away from Statutory Services onto community-based support groups.
Community-based supports can often provide children, young people and their families the effective support the need at an early stage. This can help families avoid the need for statutory involvement

Supporting independence through reablement

During 2024/25, we supported **187 (29%)** people, accessing reablement support, to become fully independent follow a period of care.
This demonstrates the HSCPs commitment to support people back to positive health within a community setting.

187

People fully independent following support



Supporting Recovery in the community

37

Referred to community supports

Throughout the year, 37 affected by addiction were referred onto local community-based support organisations, Your Voice and Moving-On.

By encouraging access community-based support, those in recovery can access peer support, and improve social connections that can support their recovery journey.

Strategic Priority: Improve Support for Mental Health, Wellbeing and Recovery

What strategic direction underpins this priority?

We are committed to improving mental health, wellbeing, and recovery support across Inverclyde by ensuring people can access the right help at the right time. Our vision is to deliver person-centred care that meets individual needs through local, community-based support that encapsulates the spectrum of early help to complex care. We have recognised the strengths and support networks people already have and we are encouraging and supporting individuals in achieving their recovery and wellbeing through self-management to clinical successes. Through our strong partnerships we have built a compassionate, responsive system that supports lifelong recovery and resilience although there continues more work to do in this area through our test, learn and develop approach.

Strategic direction and performance overview

At the outset of this reporting period, we set out a clear strategic direction: to improve support for mental health, wellbeing, and recovery by focusing on early help, prevention and accessible, person-centred care. This section reflects on our commitments and actions, what we said we would do and what we have achieved highlighting progress made, the impact of our work, and the areas where continued effort is needed to fully realise our vision in improving support for mental health, wellbeing and recovery.

Our response to Children and Young Peoples Mental Health and Wellbeing

This year, we have taken significant and innovative steps to ensure timely, compassionate and holistic mental health support is embedded throughout our services. Inverclyde has embraced a **trauma-informed** approach across services. Through multi-agency training and reflective practice, we are embedding the principles of trauma-informed care in how we support, communicate with and respond to our children and families.

For our care experienced children and young people, we have strengthened early identification of need through our Health4All team, which ensures all young people entering care receive a comprehensive health assessment. The post has evaluated extremely well with staff, carers and young people. The role continues to play a pivotal role, offering direct therapeutic support and guidance to residential staff, **foster carers and Kinship carers** to ensure young people have seamless access to the right help at the right time.

Our innovative Emotional Wellbeing Triage Meetings are enabling quicker, coordinated responses to mental health concerns, ensuring that no child is left waiting unnecessarily. Alongside this, young people aged 10-26 can now access **Kooth** our 24/7 online mental health platform. The service provides anonymous support, peer forums, one-to-one sessions and early evaluations show increasing engagement and positive feedback from users.

Action for children continues to offer school based emotional wellbeing service in groups and one to one support for children and young people in education.

Barnardos offer of support to children with neurodiversity, anxiety and family support continues to compliment the offer available to families in Inverclyde.

We remain committed to meeting the national Child and Adolescent Mental Health Services (CAMHS) referral-to-treatment target of 18 weeks and are continuously collaborating with partners to reduce waiting times and remove barriers to access. Young people are being supported to transition to adult services to ensure a smooth transition takes place. Care leavers continue to receive ongoing health reviews and support to maintain their wellbeing as they transition to adulthood, ensuring no young person is left behind.

By embedding trauma-informed, early help and youth-led approaches through our Corporate Parenting Plan, we are building a system of care that places mental health and recovery at the heart of every interaction, ensuring our young people feel safe, supported and able to thrive. Significant progress has been made in improving access to mental health and emotional wellbeing services for children, young people and their families. Inverclyde Emotional wellbeing Triage Hub where referrals are screened every two weeks, following a no wrong door and no 'rereferral' approach. A tiered model has been implemented in conjunction with education, social work, health and third sector which includes Action for Children, Barnardos and Kooth.

Strengthening the Primary Care Mental Health Team

In response to rising service demands and increasing clinical complexity, an interim review of Inverclyde's Primary Care Mental Health Team (PCMHT) was undertaken, pending the outcome of the wider NHS Greater Glasgow and Clyde review. Inverclyde was the only PCMHT in the board area operating with Band 5 nursing staff, despite national guidance and service needs requiring more advanced clinical expertise.

The local review examined workforce configuration, sustainability, and alignment with national psychological therapy standards. As a result, we have improved clinical capacity, enhanced continuity of care and addressing retention challenges, all within existing budget and staffing levels. This realignment brings Inverclyde's service in line with wider NHS GGC provision and directly supports the HSCP's strategic priority to improve mental health, wellbeing, and recovery by ensuring timely, safe, and skilled care in community settings.

Performance Outcomes

- Improved clinical capacity for psychological assessments and treatment planning.
- Greater flexibility to meet fluctuating demand and complexity.
- Increased staff retention through career progression opportunities
- Alignment with national standards for safe and effective psychological therapy delivery
- Maintained service delivery levels despite workforce adjustments.

Progressing Person Centered Alcohol Care: The Alcohol Recovery Pathway

In response to findings from significant adverse event reviews and a recognised inconsistency in alcohol care delivery, a new **Alcohol Recovery Pathway** was developed by Alcohol and Drug Recovery Services (ADRS). Rooted in the principles of Medication Assisted Treatment (MAT) standards Medication Assisted Treatment (MAT) standards: access, choice, support - gov.scot the pathway sets out 10 evidence-based principles designed to ensure safe, effective, and person-centred care for individuals affected by alcohol use.

We are currently meeting 9 out of the 10 national standards, reflecting strong progress across most areas. However, further work is required in the domain of management, with a particular focus on alcohol-related pathways. Addressing this will be a key priority moving forward.

The alcohol pathway has now been successfully implemented across all Health and Social Care Partnership (HSCP) areas within NHS Greater Glasgow and Clyde, ensuring a consistent and integrated approach to care delivery.

Looking ahead, we will be enhancing our approach to risk management in alignment with the self-assessment process. This will be applied consistently across all partnerships, supporting continuous improvement and ensuring robust governance across the board.

The pathway promotes timely access to care (Principle 3) and a chronic disease management approach (Principle 6), helping shift the focus from crisis response to prevention and sustained engagement. In Inverclyde, a face-to-face medical clinic is now operational, and physical health clinics are in the planning stage, improving early identification and continuity of care for those with alcohol-related health needs.

Key progress has been made towards ensuring services are psychologically and trauma-informed (Principle 4) and that people have access to mental health support at the point of delivery (Principle 5). Although still developing in some areas, these principles reinforce the delivery of care that recognises the complexity of need and promotes safety, dignity, and recovery.

Next Steps and Future Monitoring:

- A comprehensive evaluation of pathway implementation across all HSCPs is complete with a report to be submitted to the Alcohol and Drug Recovery Services Care Governance Committee.
- Ongoing local monitoring of risks will inform quality improvement and workforce planning.
- Permanent funding solutions are being explored to maintain key outreach roles that are critical to reaching the most vulnerable individuals.

The Alcohol Recovery Pathway is driving a system-wide shift toward more equitable, trauma-informed, and community-embedded care. In Inverclyde, progress is underway across several principles, with strengths in medical access, integrated care planning, and assertive outreach. Continued focus on sustainability and system alignment will be key to embedding and scaling this work in line with HSCP strategic priorities.

Embedding a 'No wrong door' approach as the foundation for collaborative practice

Our commitment to the "No Wrong Door" approach (Standard 1) continues to shape how we respond to individuals accessing support for substance use. This ensures that people receive the help they need regardless of where they first seek it.

Insights gathered through the FAIR (Facts, Analysis, Identify and Review) analysis have provided valuable experiential feedback directly from our people with lived experience. This feedback is being actively used as a springboard for service improvement, particularly in designing more inclusive, flexible and person-centred care pathways.

Although temporary funding across several workstreams presents challenges for long-term planning, we remain focused on whole system thinking, ensuring that available resources are deployed where they can have the greatest impact. This includes a strong emphasis on integrated working across health, social care, and community partners to address the wider determinants of recovery (Standard 9).

This foundation sets the stage for the collaborative work underway to promote informed choice and improve retention in care. We are strengthening connections between primary care, specialist addiction services and community recovery support to better engage those with repeat disengagement or co-occurring needs.

Collaborative Working to Support Informed Choices and Retention in Care

Building on our existing partnership approaches, we have further developed integrated, person-centred support for individuals affected by addiction and substance use, particularly those who have experienced repeat disengagement or have co-occurring mental health needs.

GPs and our Primary Care colleagues regularly liaise with the Addictions Liaison Outreach Team to ensure early identification and joined-up planning for individuals who may benefit from specialist input whilst supporting a number of shared care clinics in primary care (MAT standard 7). As part of this, the Addictions Liaison Outreach Nurse provides a targeted service to engage individuals who may find it more difficult to engage with traditional services. For example, those who find it difficult to remain engaged with statutory support services and therefore have poorer outcomes perhaps as a result of multiple disadvantage or trauma often benefit from a period of support that is not clinic based to help build trust and promote continuity of care.

The Addictions Liaison Outreach Team also offers structured psychosocial interventions, enabling individuals to develop coping strategies and make informed decisions about their treatment options (MAT standard 6 and10). These efforts directly support MAT standard 2 by fostering informed choice, while the assertive outreach model enhances retention in care in line with MAT standard 3.

In addition, our collaboration with **Moving On Inverclyde | Recovery Service | Inverclyde, Scotland** continues to grow and benefit from creative planning to improve outcomes for people. Staff from the service attend our allocation meetings twice weekly, enabling real-time discussion and support planning for individuals presenting with lower level but concerning alcohol or drug

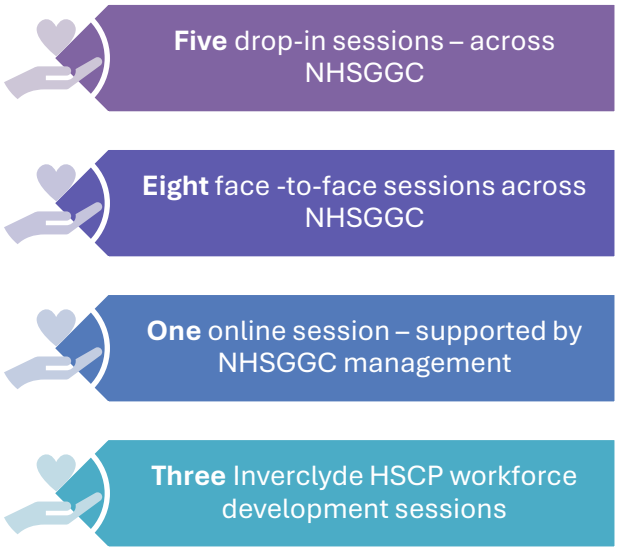
use. Their preventative and recovery-focused input helps people identify and reshape harmful behaviours at an early stage, often avoiding escalation into more acute service needs. The collaboration is currently considering how to provide sustained support for those who are likely to disengage from traditional statutory service.

Regular communication with GPs, third sector partners and across multi-disciplinary teams, including planning discussions, ensures these principles and standards are embedded in day-to-day service delivery. This collective, cross-sector approach supports sustained engagement and improves outcomes for individuals navigating complex recovery journeys.

Mental Health Strategy – Engagement

Over the past year, we have taken a proactive and leading role in supporting the development of the NHS Greater Glasgow and Clyde (NHSGGC) Mental Health Strategy for 2023–2028, with a particular focus on workforce engagement. Recognising the importance of ensuring that staff voices inform both the direction and delivery of our approach, we designed and implemented a meaningful engagement programme that reached staff across multiple settings and formats.

As part of our performance in this area during August and September 2024, we hosted five in-person 'drop-in' sessions and eight 'face to face' sessions (two of these sessions held in Inverclyde). We additionally supported one online engagement session, which was open to members of the public across NHSGGC. These sessions created inclusive spaces where participants were encouraged to share honest feedback, lived experience, and ideas for shaping future mental health services.



Building on this momentum, we also led three dedicated local staff development sessions in February and March 2025. These sessions offered deeper dialogue around psychological safety, trauma-informed practice and the evolving direction of care delivery.

Through this sustained engagement effort, we have demonstrated our ability to connect with our workforce in a way that is authentic, values-driven, and strategically aligned. The feedback gathered directly influenced the strategy's development and reinforced the shift toward more community-based, preventative care. Our performance reflects a strong commitment not only to listening but to translating insight into meaningful change.

Improvements in Statutory Mental Health Quality and Compliance

The service has achieved a significant and measurable improvement in the completion of Social Circumstances Reports (SCRs), ensuring full compliance with statutory duties under the Mental Health (Care and Treatment) (Scotland) Act 2003. Through strengthened processes and oversight, we are currently delivering **100% compliance** for individuals requiring an SCR at the point of

detention. This represents a notable success in both operational performance and legal accountability.

These improvements have not only ensured that SCRs are completed on time and in line with statutory requirements but have also enhanced the quality and accuracy of reports. As a result, decision-making processes are better informed, and the overall standard of service delivery has been raised, providing assurance to both service users and partners.

Commitment to Improving Access to Residential Rehabilitation

In line with our commitment to review and improve pathways to residential rehabilitation for individuals experiencing harm from alcohol and drug use, The Alcohol and Drug Partnership, in collaboration with CORRA are funding the 'Pathways to Rehab' project in Inverclyde, with our commissioned partners, **Turning Point Scotland.**

Together over the last year we have enhanced access to residential rehab services for the people of Inverclyde, by introducing a quick and comprehensive assessment process, which is conducted by the Pathway to Rehab Nurse. People are supported from initial engagement by connecting them with Turning Point's Lead Practitioner who supports in prehab stage, in placement and post rehab.

2023/24 =**13** referral 2024/25 = **31** referrals
138% year-on-year increase

45% of referrals were placed in residential rehabilitation for 2024/25

29% of people completed placements for 2024/25

This is reflective of the improved pathways and the collaborative effort between Turning Point Scotland and Inverclyde's Alcohol and Drug Partnership (ADP) to deliver a robust and clear Residential Rehabilitation Pathway, which contributes directly to the National Drugs Mission to **save and improve lives**.

Over the last year referrals have more than doubled, increasing by 138% from 13 to 31 highlighting the positive impact of timely interventions with support from the right person at the right time.

By collaborating closely with individuals and involving families, professionals, and advocacy services, we have demonstrated our **commitment to partnership working, person-centred care, and improved recovery outcomes**.

The pathway is person-centred and holistic, with tailored support provided before, during and after rehab. This includes:

- Assessing individual needs and accessibility
- Planning for funding and resourcing
- Preparing individuals for rehab with appropriate support structures
- Providing continuous support throughout the rehab stay
- Ensuring robust aftercare and connection to community-based recovery services

Forward Focus: Enhancing Rehabilitation Pathways

Over the next six months, the focus will be on strengthening the rehabilitation journey through targeted analysis and service improvement. Key priorities include:

- **Evaluating Rehabilitation Outcomes**
  An in-depth analysis will be undertaken to compare the experiences of individuals who successfully completed their rehabilitation programme with those who did not. This will help identify opportunities to enhance each stage of the support journey and increase completion rates.
- **Simplifying Access to Rehabilitation**
  Work is ongoing to map and understand the various routes through which individuals access rehabilitation outside of established pathways. The aim is to streamline these entry points, reduce barriers, and engage a wider cohort of individuals in need of support.
- **Strengthening Prehabilitation Support**
  A critical review of existing prehabilitation services will be conducted to ensure individuals are adequately prepared before entering rehabilitation. This will support improved readiness and contribute to higher programme completion rates.

Strengthening Support to Families and Carers through Integrated Pathways

In alignment with the strategic action *Strengthen Support to Families and Carers*, Homeless Services and Alcohol and Drug Recovery Services (ADRS) have advanced partnership working to improve outcomes for individuals at risk of homelessness, relapse, or instability following unplanned or early prison release.

A key development has been the establishment of a decision-making forum bringing together ADRS, Mental Health, Justice Services and Homeless Services to coordinate support and address gaps in service delivery. The group enables real-time case discussion, strengthens referral pathways and ensures individuals are not discharged from custody without a clear, supported transition into community-based care.

This work complements the wider **Integrated Front Door model**, promoting person-centred, joined-up responses for those with complex needs. Early inclusion of Alcohol and Drug Recovery Services (ADRS) and Mental Health teams in case planning reflects a shift toward prevention and proactive support, with growing evidence of improved care continuity and reduced risk of homelessness.

By embedding this collaborative approach, we are not only enhancing service integration but also contributing to long-term recovery, housing stability and stronger support for families and carers impacted by addiction, justice involvement and insecure housing.

Mental Health Community Wellbeing Developments

The **Community Wellbeing Support Hub** continues to play a central role in providing early support and preventative care for adult mental health across Inverclyde. Through a multi-agency, trauma-informed approach, the Hub offers vital access to non-clinical mental health services for individuals who may not meet traditional service thresholds but still need timely and compassionate support.

Key Achievements

- **Improved Access**: Steady growth in referrals, with positive service user feedback indicating increased wellbeing, reduced isolation, and improved links to wider community supports.
- **Workforce Capacity Building**: Alcohol Brief Intervention (ABI) training has been embedded across HSCP teams, increasing recorded interventions from zero to over 100 annually. This work directly supports GGC-wide prevention targets and is now a routine feature in ADP reporting.
- **Prevention in Schools**: Young People's Wellbeing & Substance Use Officers continue to deliver targeted, stage-appropriate inputs across all six local secondary schools (S1–S6), supporting wider mental wellbeing and substance use education.
- **Joined-Up Working**: The service benefits from a strong partnership funding model through CLD, Health Improvement and the Alcohol and Drug Partnership, ensuring sustainability of prevention-focused roles and delivery.

Impact and Outcomes

- **User Experience**: Service users report high satisfaction, with many valuing the stigma-free, person-centred nature of the support received.
- **Pathways to Recovery**: The Hub enables timely access to community-based support and has successfully signposted individuals into longer-term mental health and wellbeing services.

Looking Forward

We will continue to build capacity across the system through workforce development, data-informed planning, and strengthened prevention pathways. The Hub is now a key element of our community-based mental health infrastructure and supports the delivery of our strategic aims for improved mental health, wellbeing, and recovery across Inverclyde.

Improve Support for Mental Health, Wellbeing and Recovery – Performance Highlights

The infographics below provide some performance highlights relating to Mental Health, Wellbeing and Recovery:

People returning to Statutory Mental Health Services

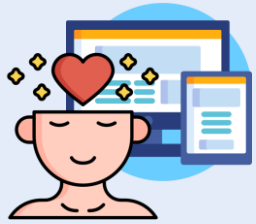
554
Adults returning for support

Through greater awareness and improved community-based support, we hope more people are confident to manage any mental health concerns they have and not need statutory support.
In the past year, **554** people returned to HSCP Mental Health Services requiring further support. As we enhance our local supports, we hope to see this number fall in future years.

People Completing Computerised Cognitive Behavioural Therapy

To support people to access mental health support as soon as possible, HSCP Community Health Services offer Computerised Cognitive Behavioural Therapy (cCBT). cCBT offers a digital platform to help address and treat many Mental Health concerns, providing a more flexible approach to support. In the past year, 26% of people accessing the support, completed their programmes.

26%
Completing cCBT



Suicide Prevention Training

91
Staff and Partners Training

Throughout the year, 37 affected by addiction were referred onto local community-based support organisations, Your Voice and Moving-On.

By encouraging access community-based support, those in recovery can access peer support, and improve social connections that can support their recovery journey.

Strategic Priority: Support Inclusive, Safe and Resilient Communities

What strategic direction underpins this priority?

We are committed to a future where communities are the foundation of safe, healthy, and active lives. Local networks and resources will be the first-place people turn to for support with health and wellbeing. By investing in community strengths and assets, we will empower individuals to take charge of their own lives. As a compassionate and inclusive partnership, we will work together to ensure everyone has a sense of belonging, and contribute, and thrive in the community. We will actively support efforts to reduce stigma and build communities that are welcoming and inclusive for all.

Strategic direction and performance overview

At the outset of this reporting period, we set out a clear strategic direction: to support inclusive, safe and resilient communities by supporting our people, particularly our cared-for young people, older adults, people new to Scotland, those affected by substance use, justice system involvement, or homelessness to feel safe and empowered. This section reflects on our commitments and actions, what we said we would do and what we have achieved and highlighting progress made, the impact of our work and the areas where continued effort is needed to fully realise our vision in supporting inclusive, safe and resilient communities.

Public Protection

Child Protection Performance Overview

In 2024/25, we continued to deliver effective child protection services, with 86 investigations involving 156 children, like last year. The average number of children on Inverclyde's Child Protection Register (CPR) was 41, slightly above the national average (3 per 1,000 vs. 2.1 per 1,000 in Scotland).

We have seen improvements in registration outcomes, with children spending less time on the child protection register. This reflects improved planning and early help.

86 investigations involving **156** children

Average number of children on the register: **41 children** at any one time during the year
▲ *Slight increase from 2022/23*

Rate per 1,000 children (aged 0–17):
Inverclyde: 3.0 per 1,000
National average (Scotland): 2.1 per 1,000

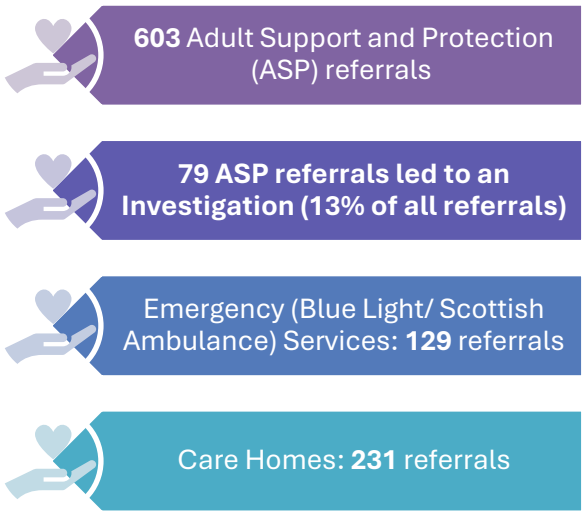
89% of children were on the register for less than one year**. 65%** were on for less than six months

Our multi-agency Child Protection Committee (CPC) continues to drive quality assurance and learning. Focus areas this year included data monitoring, practice improvement, learning reviews, and emerging risks like child exploitation.

We also launched the Signs of Safety and Healing programme, a transformational, three-year initiative to embed a strengths-based, relationship-focused model of child protection practice. All social work staff are being trained, with partner training next. This supports our commitment to **GIRFEC principles** GIRFEC principles and values - Getting it right for every child (GIRFEC) - gov.scot and ensuring every child gets the right support, at the right time.

Adult Protection Continuous Improvement Overview

During 2024/25, a total of 603 Adult Support and Protection (ASP)referrals were received, an increase of 126 (26%) from the previous year. 79 referrals (13%) progressed to a formal investigation.



This increase in referral reflects stronger multi-agency working, improved awareness of adult protection duties and clearer referral pathways, particularly with care homes and emergency services.

While this growth places ongoing pressure on capacity, it also demonstrates improved early identification and reporting of risk, aligning with the preventative intent of the Adult Support and Protection (Scotland) Act 2007.

Inverclyde HSCP is exploring the implementation of trauma-informed approaches within Adult Support and Protection (ASP) practice, in line with national recommendations from the 2024 Quality Improvement Framework. This work aims to improve staff awareness, minimise re-traumatisation, and enhance the experience of adults at risk.

Multi Agency Public Protection Arrangements (MAPPA)

Between April 2024 and April 2025, the MAPPA Unit, covering six local authorities, received **27 notifications and referrals** for Inverclyde. This represents a **41% increase** compared to the previous year and accounts for **12% of all notifications and referrals** received across the Unit. This upward trend may reflect enhanced risk identification and improved inter-agency vigilance, with partners demonstrating a proactive approach to referring individuals to MAPPA.

During this reporting period, 41 MAPPA Level 2 meetings were convened in Inverclyde, reflecting continued multi-agency collaboration and robust risk management practices. There were no Initial Case Reviews conducted during this timeframe, indicating no incidents met the threshold for review under MAPPA guidance.

The MAPPA Unit carried out three Case File Audits, reviewing a total of nine cases. These audits did not identify any significant issues, demonstrating consistent adherence to national standards and effective case management. Importantly, the MAPPA Unit maintained **100% compliance** with the National Performance Indicators set by the Scottish Government, underscoring the Unit's commitment to high-quality service delivery and public protection.

The re-offending rate for Registered Sex Offenders (RSOs) in Inverclyde remains low at **1.75%**, reflecting the effectiveness of ongoing monitoring and intervention strategies.

Reducing Isolation in Inverclyde: How we are making a difference

Across Inverclyde, HSCP services and third sector partners have worked collaboratively to build strong, inclusive communities by strengthening local connections, supporting vulnerable groups, and reducing social isolation. This has led to improved mental wellbeing, increased community participation, and better access to local support networks. The following is a snapshot of the Your Voice activity in November 2024.

Over **2,100 people** were reached through in-person events, outreach, digital platforms, and peer groups. These included **256 individuals** attending regular peer support sessions, safe, welcoming spaces where people rebuilt confidence, formed friendships, and accessed vital emotional and practical support.

Your Voice's **#ConnectToWellbeing2024** campaign extended out, connecting the community to warm spaces, food support, and local activities. With over **7,600 social media impressions** and **240 unique web visitors**, the campaign helped raise awareness and reduce isolation by highlighting what is available locally.

Your Voice took action to ensure inclusive engagement, introducing evening meetings for those unable to attend during the day and phoning members without internet access to keep them informed and involved. Community consultations, such as those for the Greenock Towns Fund, were made accessible by hosting them in local hubs, ensuring everyone could have their say. Support for isolated and vulnerable individuals was a priority supporting **18 Community Connector** clients facing loneliness and mental health challenges, and provided **228 one-to-one support sessions**, including foodbank referrals, emotional support, and access to services.

We continued to empower people with lived experience. Our Recovery Lived Experience Network brought together 19 people, 10 of whom shared personal experiences to influence peer-led service design and support pathways.

Finally, the **Shopmobility service** gave an average of **91 users each month** the freedom to shop, attend appointments, and reconnect with their communities. **Feedback was clear:** users felt more independent, less isolated and more engaged with everyday life.

The collaborative work undertaken by our partner, Your Voice, demonstrates clear and sustained outcomes in promoting inclusion and tackling isolation through meaningful community connection, especially among those most vulnerable or at risk of being left behind. The collaboration between Inverclyde HSCP and third sector partners like Your Voice exemplifies an integrated, compassionate approach that empowers communities while strengthening resilience.

Support Inclusive, Safe and Resilient Communities – Performance Highlights

The infographics below provide some performance highlights as we have supported Inclusive safe and resilient communities:

Children looked after who remain in Inverclyde

72%

Looked after in Inverclyde

When children and young people are required to be looked after away from the family home, it is a priority of Inverclyde HSCP that they remain in Inverclyde and as close to their home community as possible.
During 2024/25, **72%** of all children looked after remained in Inverclyde.

Maximising Independence, promoting positive health

As part of our vision, we hope that people can remain in good health for most of their life. Through our maximising independence approach we are supporting people of all ages to take action to improve their health, fitness and mobility. Over the past year, the programme has resulted in **246** interactions with people, hosted **22** events, and worked with **33** local partners in the HSCP and across community organisations.

246

Total number of interactions

Addressing Poverty and Deprivation

£7,809,285

Income generated

Many people in Inverclyde are impacted by the effects of poverty. To help address this, our Advice Services support people in maximising their income. During 2024/25 they generated **£7,809,285** in additional income for some of the area's most vulnerable people. In addition, the service also directed **39** people onto employment support services.

Strategic Priority: Strengthen Support to Families and Carers

What strategic direction underpins this priority?

We believe that nurturing, caring households are vital to improving life outcomes. Families and carers play a vital role in supporting individuals at every stage of life. To ensure they can continue to provide this essential care, we will work to strengthen their capacity through targeted support and early help. Recognising the diverse challenges families face from raising children to managing complex health conditions and long-term care, we will provide the right help at the right time. By building on family strengths and resilience, we aim to give every child the best start in life and ensure carers are valued, supported, and empowered in their vital role.

Strategic direction and performance overview

At the outset of this reporting period, we set out a clear strategic direction: to strengthen support to families and carers recognising the vital role that local networks, families, and carers play in helping individuals live healthy, safe, and fulfilling lives. This section reflects on our approach, commitments and actions on strengthening community assets, what we said we would do and what we have achieved, highlighting progress made, the impact of our work, and the areas where continued effort is needed to fully realise our vision of strengthening support to families and carers.

Driving Digital Innovation to Support Families

Inverclyde's Health Visiting Team continues to lead on digital innovation, improving early help and access to trusted information for families. The launch of the **'Happy Healthy Tots' app** Happy Healthy Tots | Right Decisions, developed locally and now adopted across six NHS Greater Glasgow and Clyde areas, consolidates essential health information into a paperless, user-friendly format, enhancing health literacy and reducing barriers to support.

Building on this success, we have introduced the **HENRY app** Homepage | HENRY, a one-stop digital resource providing families with up-to-date guidance and direct access to advice lines. This complements our existing digital platforms and extends our reach, supporting families to give their children the best possible start in life.

Alongside digital tools, we maintain a blended support model through **Barnardo's Family Parenting Programmes**, offering nurturing groups that combine in-person engagement with digital flexibility, ensuring support remains accessible, personalised and impactful.

Children and Families and enhancing whole family supports

Inverclyde HSCP continues to demonstrate its unwavering commitment to keeping **The Promise** by ensuring that children and young people experience good childhoods, families receive the support they need, and our workforce is empowered to lead change. Our strategic focus has centred around three key priority areas: **Good Childhoods**, **Whole Family Support**, and **Supporting the Workforce**.

Young Person - Feedback
"It is a place that is instantly calming and meant I could plan normal stuff and didn't feel like I was in care."

A key initiative was our partnership with The Lens Project and the Promise Team to deliver the **Ideas to Action Programme**, driving innovation and co-production to improve outcomes for children and families.

A standout result was **Home from Home**, a bespoke family time venue, co-designed by a young person with support from social work and Promise colleagues. The space reflects their vision and fosters meaningful relationships in a welcoming, child-friendly setting.

This co-production continues to influence wider practice. One of our young people also produced a video of the space, to be shared with families and integrated into our co-produced Family Time Strategy. Feedback from another young person has informed the development of a storybook-style visual guide to help children prepare for family time visits, reducing anxiety and improving the experience.

Family Feedback
"For me, it is a place to be a mum for a few hours without confusing my kids about coming home. I can make their favourite tea which cannot be done in an office. There is less anxiety about bumping into people I know, they then know my business about my kids being in care."

We continue to develop *The Practice Pad* as a vital part of our approach to supporting young people transitioning to independent living. This service provides young people with the opportunity to build essential independent living skills at an earlier stage, within a safe and supported environment. By enabling them to practice living on their own before taking on a tenancy, *The Practice Pad* helps build confidence, resilience, and readiness for independent adulthood, reducing the risk of tenancy breakdown and promoting long-term stability.

This work exemplifies the HSCP's commitment to performance through partnership, supporting frontline innovation, and embedding The Promise in everything we do. Through this approach, we are building a sustainable culture of improvement and delivering tangible change for children, young people, and their families in Inverclyde.

Palliative Care and dying well - Principles and Strategy

Inverclyde HSCP demonstrated a clear commitment to improving outcomes in Palliative Care and care around dying through the development and implementation of a locally co-produced strategy and delivery plan. This work has been driven by a shared vision to enhance the quality, equity, and person-centred nature of care provided to individuals at the end of life. The strategy reflects the core values of health and social care and sets out measurable actions to ensure delivery of high-quality, compassionate support across Inverclyde.

Shared Vision: To ensure that everyone in Inverclyde who needs palliative and end-of-life care receives high-quality, compassionate care that respects their individual needs and wishes, wherever they choose to be cared for. That our health and care system provide support from the initial diagnosis through to end-of-life care. That our community is aware of all the services provided and knows how to access them

Key achievements this year:

- Established a shared local vision for high-quality, person-centred end of life care.
- Engaged professionals, and community partners in strategy development.
- Embedded local guiding principles into service planning and delivery.
- Laid the foundations for improved coordination, equity of access, and support for families and carers across all settings.
- Collaborated with individuals and families to achieve a preferred place of death to support dignity and comfort at end of life, while providing carers with emotional reassurance and a greater sense of involvement and closure.

These outcomes mark a significant step forward in our commitment to ensuring compassionate and consistent end of life care across Inverclyde.

Always came in with a smile, caring and compassionate.

"My mum was diagnosed with stomach cancer; her wish was to remain at home until she passed away. The District Nursing Team at Gourock Health Centre went above and beyond to keep her comfortable. They visited daily on some days more often if needed and at any hour of the day. It was very comforting to us as a family to know that we had such professional responsive support and this allowed us to care for our mum at home. They always came in with a smile, caring and compassionate, nothing was a problem. They came so quickly when my mum passed, and they were such a great support to our family. We can't praise or thank them enough."

Source: Care Opinion Always came in with a smile, caring and compassionate | Care Opinion

Progress in Partnership – Developing the Carers Strategy

The development of the Carers Strategy is a direct response to the strategic priority of strengthening support for families and carers. This work addresses the needs of diverse carer groups, including young carers, adult carers and carers from underserved communities, with a focus on sustainability, equity, and inclusion. The Carers Strategy will be a living document, designed to evolve with continued input and review. Ongoing co-production with carers ensures the strategy remains current and impactful. The Strategic Planning Group (SPG) will oversee progress to ensure accountability and alignment with broader strategic goals.

Collaborative Partnership Working

A core strength of this initiative is the robust partnership between Your Voice, Carers Gateway (Unity), and key stakeholders across health and social care. This collaborative approach ensures that the voices of carers are central to the strategy's development. Carers themselves have played an integral role through co-production and extensive engagement activities, leading to a more responsive and representative strategy.

To date, significant progress has been made in delivering on the strategic aim of strengthening support for families and carers. A solid foundation of multi-agency collaboration has been firmly established, with organisations working cohesively toward shared objectives. Through extensive engagement efforts, a broad and diverse cross-section of carers have had their voices heard, ensuring that the strategy reflects real-world experiences and needs. This inclusive engagement has led to the identification of key themes that resonate with carers' day-to-day challenges and aspirations. Furthermore, this insight has directly informed the development of a practical and actionable framework, fully aligned with broader system-wide priorities and capable of delivering meaningful, measurable outcomes.

> 55% of carers surveyed have not had a break in the last year.

Engagement and Emerging Themes

Engagement with carers and stakeholders has highlighted several key themes that shape the foundation of the strategy:

- **Young Carers:** The need for better recognition/support in education and healthcare settings
- **Access and Visibility:** Carers require clearer access to information, support services and entitlements.
- **Wellbeing and Support:** The need for consistent mental and physical health support
- **Financial Strain:** Ensuring pathways to financial assistance are clear and accessible.
- **Workplace Flexibility**: Support for carers balancing employment and caregiving responsibilities.

Next Steps

- Finalise the draft strategy and action plan.
- Conduct stakeholder review and feedback sessions.
- Implement pilot initiatives aligned with strategic priorities.
- Schedule regular reviews to monitor progress and adapt as needed.

Improving Mental Health Referral Pathways and Support for Carers

In partnership with Carers Gateway Inverclyde – Welcome | Carers Gateway we have over the past year strengthened our referral pathways to ensure carers receive timely, accessible and coordinated support. These improvements help to reduce barriers, enhance continuity, promote a consistent person-centred approach and improve the overall experience for families and unpaid carers.

Together, this work contributes to building a more supportive, proactive system for carers aligning with our strategic commitment to supporting carers.

Key Developments in Carer Support

- **Faster Access**: A dedicated referral pathway to Carers Gateway is now in place, enabling quicker access to carer support and improved tracking of outcomes.
- **Digital Access**: **QR codes** on Guardianship letters provide easy access to information and support for carers navigating Adults with Incapacity (AWI) processes.
- **Integrated Mental Health Support**: The Community Mental Health Team now has a direct referral route to Carers Gateway, ensuring carer needs are routinely addressed and monitored.
- **Continuous Improvement**: Regular review meetings between Carers Gateway and referring teams support ongoing refinement of the pathway and shared understanding of carer needs.
- **Targeted Training**: A carer session on mental health and wellbeing was delivered at Crown House, boosting confidence and understanding of service user challenges.
- **Advocacy Link**: A named Voiceability advocate now works closely with the Mental Health Officer (MHO) team, improving continuity and collaboration through relationship-building and role clarity.

Strengthening Support: Collaboration with Families Affected by Drugs and Alcohol

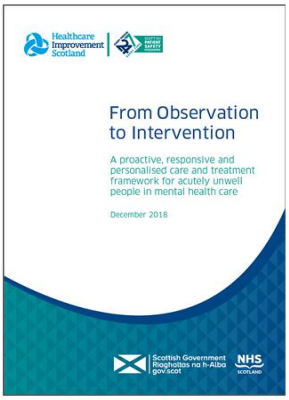
In partnership with the Alcohol and Drug Partnership we continue to strengthen its work with commissioned partner, Scottish Families Affected by Alcohol & Drugs Scottish Families Affected by Alcohol and Drugs plays a vital role in ensuring the voices of families and carers are represented and meaningfully included in service development and delivery.

The relationship between Inverclyde HSCP and Scottish Families Affected by Alcohol and Drugs (SFAD) is a key partnership in our ongoing work to develop consistent, family-focused services for those affected by substance use. This collaboration supports the delivery of our strategic priorities and planning intentions by ensuring that services are not only responsive and inclusive but also aligned with trauma-informed and whole-family approaches. Through this partnership, we are strengthening our capacity to provide meaningful support that promotes resilience, recovery, and long-term wellbeing for individuals and families across Inverclyde.

This partnership will continue to create valuable **opportunities for engagement** with families, including through facilitated sessions, and peer-based activities. These engagement routes are helping to strengthen existing pathways for families and carers, offering early help, consistent support, and stronger connections to local services.

By working in close partnership, we are aligning efforts to deliver on our strategic priorities and embedding lived experience in service development. This collaborative approach is enhancing not only the responsiveness of services but also ensuring families have a clear and active role in shaping the system that supports them.

Strengthening Support to Families and Carers through Continuous Interventions



In preparation for the implementation of the NHS Greater Glasgow and Clyde Continuous Intervention (CI) policy and Practice Guidance on 31st March 2025, a significant programme of groundwork was carried out to support its successful introduction. This included wide-ranging stakeholder engagement, alignment with national best practice, particularly Healthcare Improvement Scotland's (HIS) from Observation to Intervention framework and close collaboration across all inpatient services.

Existing practices were critically reviewed, and staff were equipped through targeted skills enhancement training and policy awareness sessions to embed the principles of proactive, person-centred care. This preparatory work created a strong foundation for the effective rollout of the Continuous Intervention (CI) policy across Mental Health, Learning Disability, and Forensic inpatient wards.

Continuous Intervention represents a proactive, person-centred approach that moves away from standardised observation levels toward continuous, therapeutic engagement tailored to each patient's needs. This approach helps reduce distress, manage risk, and promote recovery, directly impacting the wellbeing of patients and, by extension, the families and carers who support them.

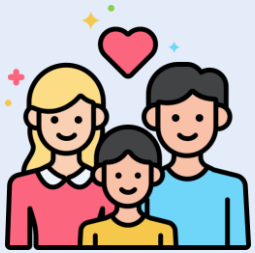
What this means for our families and carers:

- **Greater reassurance and trust:** Families and carers can feel more confident knowing that care is not only reactive but designed to anticipate and respond to patients' needs, reducing crisis episodes and distress.
- **Improved communication and transparency:** The use of person-centered care planning (PCCP) ensures that care is aligned with patient values, with clear documentation that can be shared and understood by families.
- **Multidisciplinary collaboration:** Continuous Intervention (CI) is delivered by skilled multidisciplinary teams, improving coordination of care and ensuring a consistent approach, which provides families with a more stable and coherent care experience.
- **Enhanced involvement:** The approach promotes shared decision-making and actively involves patients and by extension, their support networks in shaping care interventions that are meaningful and appropriate.
- **Focus on wellbeing and recovery:** The use of a wellbeing toolkit and the development of a proposed Wellbeing Hub Service model signals an ongoing commitment to whole-person care. This shift supports families and carers by focusing not only on managing risk, but also on restoring a sense of normalcy and progress for their loved ones.

Looking ahead: the intention to expand Continuous Intervention (CI) across general hospital sites suggests a continued focus on embedding person-centred, therapeutic care across the wider healthcare system, further strengthening the support offered to families and carers throughout the patient journey.

Strengthening Support to Families and Carers – Performance Highlights

The infographics below provide some performance highlights as we have supported families and carers:



Strengthening Families through Family Group Decision Making

41
Families Participating

During 2024/25, **41** local families participated in Family Group Decision Making. This approach supports the wellbeing of children and young people, by bringing family members to together, to work collaboratively to develop a plan, to help nurture and protect the children or young people. This is a key approach to strengthening families.

Listening to the Voice of young people

Listening to the voices of your people and learning their views is important to the HSCP as we continue to improve our service to young people.
Over the past year, Children and Families have used the digital Mind of My Own app to gather the views of young people. In total, 185 statements were provided by, or on behalf of children and young people.

185
Statements provide

Supporting Our Carers and Young Carers

421
Carer Support Plans Offered

158
Young Carers Statements Offered

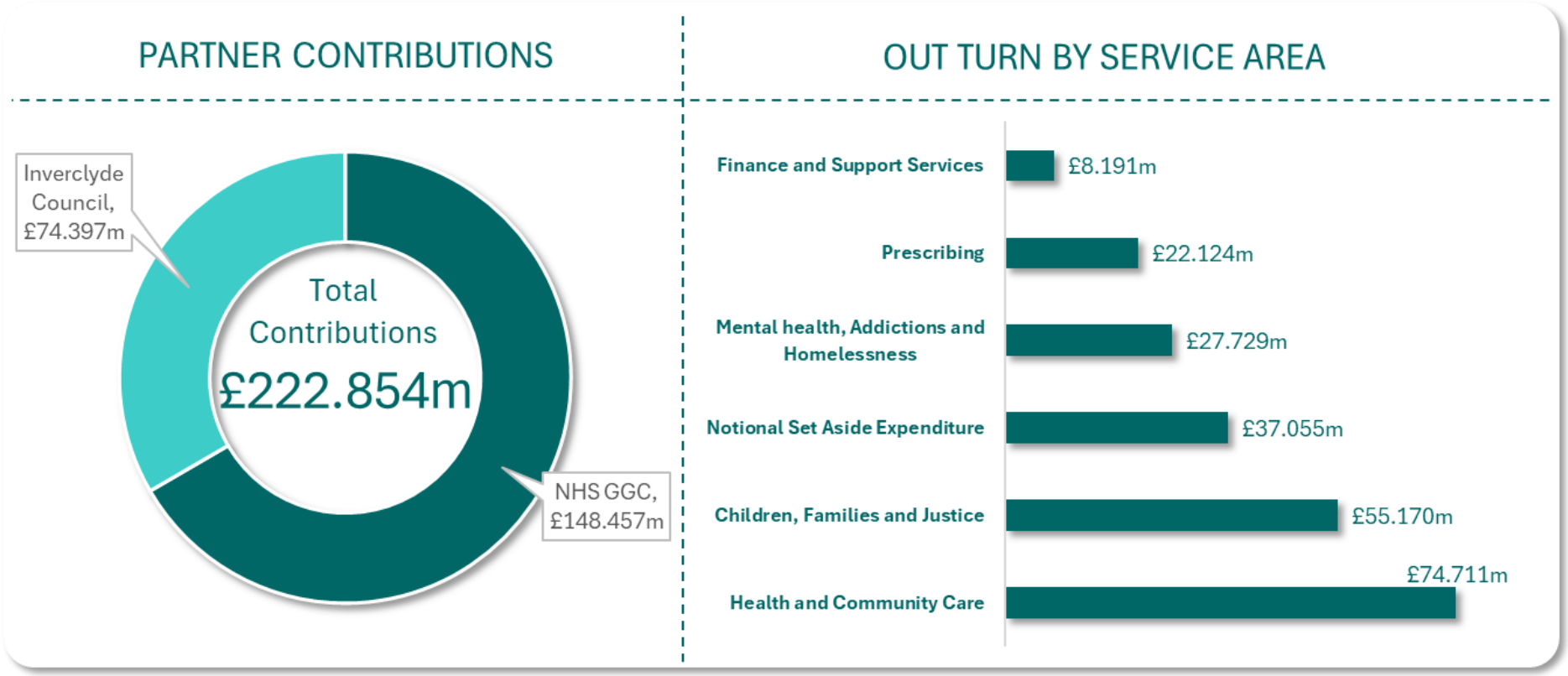
Our partners in Carers Gateway have provided much need support and guidance to local carers and young carers.
During the year, they offered support plans to **421** local carers, with 16% of people completing a plan. They also offered Young Carers Statements to **158** young people, with 47% completing

SECTION 4: FINANCE AND BEST VALUE

Resources

On 24th March 2025, the IJB approved the 2025/26 budget, including £2.3m in planned savings and efficiencies, along with the use of £0.373m of reserves in 2025/26 to meet the remaining budget gap for the year. How this budget was allocated is demonstrated in the image below:

Inverclyde HSCP 2024/25 Outturn



Financial Overview and How We Managed Our Resources

We continue to focus on using our resources effectively to support people and communities, making sure that services are delivered safely, sustainably and in line with local needs. Despite financial pressures during 2024/25, we maintained a balanced position and protected core service delivery.

At the end of the financial year, the Health and Social Care Partnership (HSCP) reported a small underspend of £0.051 million, which was added to our general reserves. Throughout the year, we also achieved £2.554 million in planned savings, which helped support the overall financial position.

Pressures in Social Care

We experienced increased demand and cost pressures in children and families' services, resulting in an overspend of £3.957 million. This was due to higher-than-planned spend on residential placements, fostering, adoption and kinship care.

These pressures were partly offset by a £1.146 million underspend across adult services, achieved through staff vacancies and higher income from client contributions. In addition, we used one-off savings, such as reduced pension-related costs, to help balance the position overall.

Pressures in Health

The prescribing budget was under pressure again this year, with an overspend of £1.453 million. However, this was offset by vacancy-related savings across Health.

Looking Ahead

At the start of the financial year, the HSCP held total reserves of £19.287 million. During the year, £6.020 million of earmarked reserves were used to support agreed projects and service delivery. A further £3.894 million was added to earmarked reserves, leaving a closing balance of £17.161 million available to support planned priorities in 2025/26 and future years.

Performance and Learning through Scrutiny

Joint Inspection of Adult Services

In May 2024, a joint inspection report was published by the Care Inspectorate and Healthcare Improvement Scotland (HIS), focusing on how effectively the Inverclyde HSCP delivers integrated and outcome-focused services for adults living with mental illness. The inspection reviewed strategic and operational delivery over a two-year period and explored the experiences of individuals and unpaid carers.

The report highlighted several key strengths, including the partnership's compassionate and inclusive vision, its investment in early help and prevention, strong community-based relationships and positive outcomes for people living with mental illness. Inverclyde was praised for the delivery in key national integration indicators such as living independently, improved quality of life and feeling safe.

Inspectors identified areas for improvement, particularly around improving support for unpaid carers, strengthening governance and oversight, enhancing co-location of services and better integration to ensure seamless support. These findings informed the development of a detailed improvement action plan, aligned to the inspection's priority recommendations. This plan builds on existing activity and is monitored through the Clinical and Care Governance Forum, with regular progress updates also reported to the IJB Audit Committee.

A significant development within the improvement action plan was the creation of a dedicated service manager post for mental health social work. The responsibilities of the post include strategic/professional management of statutory mental health social work functions, reflecting the inspection findings that areas for improvement included oversight and governance of social work practice, with reference to the statutory functions of mental health officers. This post provides the required scrutiny and oversight of statutory mental health social work services, including complex care and adult support and protection. The service manager post was filled in December 2024 and has a key role in mental health strategy and management of teams providing statutory Mental Health Officer duties, adults with incapacity and guardianship responsibilities.

Inspection of Learning Disability Support and Care at Home

In May 2024, inspectors undertook an inspection of this service and published their findings in June 2024. Inspectors found that managers and staff developed meaningful relationships with individuals who were also supported to participate in a wide range of community activities. Relationships were also developed with external health professionals, enhancing the health and wellbeing of people. Areas for improvement for improving systems around medication support/recording and how audit activity can better inform improvement were included within an improvement action plan and continue to be reported to the Social Work and Social Care Scrutiny Panel, with oversight provided by the HSCP Clinical and Care Governance Forum.

Inspection of Fostering, Adoption and Continuing Care Services

In May 2024, as part of their cycle of scrutiny activity, the Care Inspectorate undertook an inspection of adoption, fostering and continuing care services in Inverclyde. The inspection reports were published in June 2024 and evaluated services against three key questions, namely how children and young people's wellbeing is supported, leadership and how well care and support are planned. Key strengths included recognition that children and young people developed meaningful, affectionate and secure relationships with their caregiver families; siblings were kept together where possible and there was a culture of promoting continuing care embedded within the service where young people were thriving with their caregiver families.

Inspectors also identified areas for improvement, particularly around the development of clearer processes when fostering placements end in an unplanned way, consistent approaches in the training, development and supervision of foster carers and ensuring that quality assurance systems are robust and support improvement. Comprehensive improvement action plans for each service were developed, incorporating improvement activity that pre-dated the inspection and these reflect the findings and key messages of the inspection reports. Progress to achieve these actions has been provided to the Social Work and Social Care Scrutiny Panel and is monitored through the Clinical and Care Governance Forum.

Key achievements to-date include review of systems and processes to improve matching of children's needs to the availability and experience of fostering households, reflective supervision (staff and foster carers), practice improvements around unplanned placement endings and development of a learning and development framework that reflects the knowledge, experience and learning needs of foster carers.

Inspection of children's residential houses: The View

The Care Inspectorate also commenced their regular cycle of inspection activity related to our three residential children's houses. The report on one inspection of 'The View' children's house, was published by 31 March 2025 and noted that young people living there were cared for by a committed staff team who knew them well. Inspectors also noted positive relationships based on trust, understanding and genuine care and cited a consistent staff team having contributed to the stability of the house. Young people were listed to and supported to share their views through access to advocacy and all young people living in The View were attending some form of education with some also having part-time jobs. An ongoing area of improvement was the mechanism to report events to the Care Inspectorate, and this was implemented by the date of the report's publication. The outcome of the inspection was that the service was graded as 'very good.' Inspection reports on our other two children's houses will be included in the next annual performance report.

Appendices

Appendix 1. Nine National Health and Wellbeing Outcomes

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

National Health and Wellbeing Outcomes: A framework for improving the planning and delivery of integrated health and social care services

Appendix 2. How our ambitions align to the Nine National Health and Wellbeing Outcomes

Ambitions	Alignment to Strategic Priority	National Health and Wellbeing Outcomes
We will listen to and learn from our people, staff, and communities to ensure timely and appropriate access to support	1) Provide 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	**1, 3, 4, 7, 8**
We will target our resources to where they are needed most, addressing inequalities across our communities	1) Provide 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	**1, 2, 5, 9**
We will maintain and enhance the delivery of safe, effective, and timely care	1) Provide Early Help and Intervention 2) Improve Support for Mental Health, Wellbeing and Recovery 3) Support Inclusive, Safe and Resilient Communities	**3, 4, 7, 9**
We will ensure all our services are trauma-informed and focus on recovery and continuous improvement	1) Provide Early Help and Intervention 2) Improve Support for Mental Health, Wellbeing and Recovery 3) Support Inclusive, Safe and Resilient Communities	**3, 4, 7, 8**
We will co-design services with local people, ensuring they reflect lived experiences and meet real needs.	1) Support Inclusive, Safe and Resilient Communities 2) Strengthen Support to Families and Carers	**3, 4, 5, 8**
We will work alongside third and independent sector partners to support people with complex needs to live independently	1) Provide Early Help and Intervention 2) Support Inclusive, Safe and Resilient Communities 3) Strengthen Support to Families and Carers	**2, 4, 5, 9**
We will support carers and families, providing the help they need to continue in their caring roles	1) Strengthen Support to Families and Carers 2) Improve Support for Mental Health, Wellbeing and Recovery	**1, 2, 3, 4, 5, 6**

We will empower our workforce to innovate and collaborate, enabling better responses to the needs of individuals and communities.	1) Improve Support for Mental Health, Wellbeing and Recovery	**1, 4, 8, 9**
We will support people through key life transitions, particularly those with complex needs	1) Provide 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	**1, 2, 4**
We will take a system-wide approach to care planning, ensuring it is proactive, person-centred and sustainable	1) Provide 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	**2, 5, 9**
We will ensure everyone who needs palliative and end-of-life care receives compassionate, high-quality support, aligned with their needs and wishes, from diagnosis through to end-of-life	1) Provide Early Help and Intervention 2) Strengthen Support to Families and Carers	**2, 3, 4, 5, 9**

Appendix 3. National Performance Scorecards

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

These following appendices contain information on

- the 23 National Integration Indicators (NII),
- the Ministerial Steering Group (MSG) Indicators, and
- the Local Government Benchmarking Framework (LGBF).

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

Column	Description	Symbol/colour and definition
Indicator	Description of the measure being shown. Type of measure also shown (Total, %, Rate per 1,000 population)	
Value	The most recent measure for Inverclyde HSCP	
Difference from Previous Year (%)	Percentage change in last year of recording.	 Performance has improved since the previous year Performance has stayed the same since the previous year Performance has declined since the previous year
Difference from Scotland (%)	Percentage difference from the most recent Scottish average.	 Performance is better than the Scottish average Performance is the same as the Scottish average Performance is below the Scottish average
HSCP Rank	Ranks Inverclyde within the 31 HSCPs across Scotland. The rank number and colour show	 Performance rank position (1 - 16) Performance rank position (17 to 24)

	whether a high rank signals good performance or bad performance. Rank 1 for an indicator signifies the best performing area. NOTE: For the LGBF indicators - these are ranked 1 to 32 for the Local Authorities instead of 31 HSCPs.		Performance rank position (25 - 31)
5-year Trend	A spark-line chart showing the trend in Inverclyde in the past 5 years. The red dots represent the highest and lowest points		

Appendix 3a. National Integration Indicators

There are 23 National Integration Indicators. These indicators support and demonstrate progress towards the 9 National Health and Wellbeing Outcomes (**Appendix 1**) and are used by all HSCPs in Scotland.
This information is provided by colleagues in Public Health Scotland and is broken down into two types of complementary measures.

1. Outcome indicators 1 to 9 - are based on survey feedback- The Health and Care Experience survey (HACE) is sent to a random sample of patients who are registered with a GP practice in Scotland. Updated every two years – most recent data is 2023/24. As such, there is no update to these indicators in this iteration of our annual performance report.

2. Data indicators, 11 to 20 - are primarily sourced from Scottish Morbidity Records (SMRs) which are nationally collected discharge-based hospital records. In accordance with PHS recommendations, the most recent reporting period available is calendar year 2023; this ensures that these indicators are based on the most complete and robust data currently available.

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

- During 2024/25, the number of days people (aged 75 and over) spent in hospital when they are ready for discharge decreased by **35.1%** and was reported as significantly lower than the national figure. Overall, Inverclyde ranked 5 out of all 31 HSCPs for this measure.

- The rate (per 100,000) of Premature Mortality for people under the age of 75 has increased by **2.4%** in the past year and is higher than the overall Scottish Average.

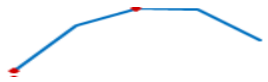
- There is a reported **2.8%** increase in our emergency admission rate in 2024/25 compared to the previous year. This is higher than the Scottish Average. However, while the Emergency bed day rate in Inverclyde is higher than the Scottish average, in 2024/25, Inverclyde experienced a decrease in this rate of **5.4%.**

- While Inverclyde experienced a **2%** increase in the number of adult readmissions to hospitals within 28 days of discharge, we ranked **6th** overall across all HSCPs and performed better than the national average.

- We improved our proportion of Care Services graded ‘good’ (4) by Care Inspectorate inspections by **3%,** and performing above the national average.

National Integration Indicators (NII) Scorecard

Indicator Number	Indicator	Value	Difference from Previous Year (%)	Difference from Scotland (%)	HSCP Rank	5 Year Trend (spark line)	Notes	Most recent data
1	Percentage of adults able to look after their health very well or quite well	88.9%	-1.2%	-1.7%	26		Data is published every 2 years.	2023/24
2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	75.9%	NA	+3.5%	13		Data is published every 2 years. Results for 2023/24 are not comparable to previous years due to changes in survey wording.	2023/24
3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	67.8%	NA	+8.2%	6		Data is published every 2 years. Results for 2023/24 are not comparable to previous years due to changes in survey wording.	2023/24
4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	68.7%	NA	+7.3%	5		Data is published every 2 years. Results for 2023/24 are not comparable to previous years due to changes in survey wording.	2023/24
5	Total % of adults receiving any care or support who rated it as excellent or good	70.7%	NA	+0.7%	16		Data is published every 2 years. Results for 2023/24 are not comparable to previous years due to changes in survey wording.	2023/24
6	Percentage of people with positive experience of the care provided by their GP practice	65.0%	+6.3%	-3.6%	22		Data is published every 2 years.	2023/24
7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	73.6%	NA	+3.9%	10		Data is published every 2 years. Results for 2023/24 are not comparable to previous years due to changes in survey wording.	2023/24
8	Total combined percentage of carers who feel supported to continue in their caring role	31.9%	+3.2%	+0.7%	15		Data is published every 2 years.	2023/24

9	Percentage of adults supported at home who agreed they felt safe	72.7%	NA	0.0%	16		Data is published every 2 years. Results for 2023/24 are not comparable to previous years due to changes in survey wording.	2023/24
11	Premature mortality rate for people under age 75 per 100,000 persons	531.9	+2.4%	+20.5%	28			2023
12	Emergency admission rate (per 100,000 population) for adults (18+)	12,937	+2.8%	+11.9%	19		For the most recent data, calendar year 2024 is used as a proxy for 2024/25 as data for the full financial year is incomplete. However, financial years are used for earlier years as normal.	2024
13	Emergency bed day rate (per 100,000 population) for adults (18+)	146,476	-5.4%	+28.9%	28		For the most recent data, calendar year 2024 is used as a proxy for 2024/25 as data for the full financial year is incomplete. However, financial years are used for earlier years as normal.	2024
14	Emergency readmissions to hospital for adults (18+) within 28 days of discharge (per 1,000 discharges)	82.7	+2.0%	-19.5%	6		For the most recent data, calendar year 2024 is used as a proxy for 2024/25 as data for the full financial year is incomplete. However, financial years are used for earlier years as normal.	2024
15	Proportion of last 6 months of life spent at home or in a community setting	88.2%	+1.3%	-1.0%	22		For the most recent data, calendar year 2024 is used as a proxy for 2024/25 as data for the full financial year is incomplete. However, financial years are used for earlier years as normal.	2024
16	Falls rate per 1,000 population aged 65+	24.1	-3.2%	+7.1%	23		For the most recent data, calendar year 2024 is used as a proxy for 2024/25 as data for the full financial year is incomplete. However, financial years are used for earlier years as normal.	2024

17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	83.6%	+3.0%	+1.7%	15			2024/25
18	Percentage of adults with intensive care needs receiving care at home	66.6%	-0.8%	+1.9%	11			2024
19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population) (age 75+)	340.1	-35.1%	-64.3%	5			2024/25
20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	25.3%	+0.4%	+1.3%	24		Information is not published beyond 2019/20 as detailed cost information is not available.	2019/20

Appendix 3b. Ministerial Steering Group (MSG) Indicators

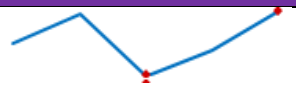
The MSG Performance indicators provide a focus on hospital-based performance within HSCP areas, specifically around Unscheduled Care such as Accident and Emergency attends, Emergency Admissions and Unplanned Bed Days (in hospital).

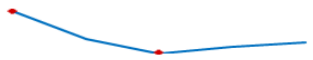
Due to a change in national reporting requirements, MSG indicators are only provided at the local authority level and will no longer include a comparison to the overall national figures or provide a national ranking. As such, only the Inverclyde trend information is provided.

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

- Inverclyde HSCP experienced a **44.9%** reduction in the number of unplanned bed days for Geriatric Long Stays.
- The service also experienced a **14.1%** reduction in the number of unplanned bed days for Mental Health patients.
- The number of people (18 and over) who experience a delayed discharge from hospital, decreased by **52.1%** during 2024/25.
- There was a slight, **0.9%** decrease in the number of people who spent the last 6 months of life in a community setting. This was offset by an **0.8%** increase in those spending the last 6 months of life in a large hospital setting.
- In terms of the balance of care for those 65 and over, there were small changes across the range settings recorded, with the most significant change being a **0.3%** decrease in the local population supported at home. There was no change for those supported in a Hospice/Palliative Care Unit, Community Hospital of Large Hospital.

MSG Scorecard

Indicator Number	Indicator	Value	Difference from Previous Year (%)	5 Year Trend	Notes	Most recent data
1	Number of emergency admissions (18+)	7,893	+4.5%			2024
2a	Number of unplanned bed days - Acute (all ages)	79,120	-0.9%			2024
2b	Number of unplanned bed days - Geriatric Long Stay (all ages)	167	-44.9%			2024
2c	Number of unplanned bed days - Mental Health (all ages)	17,909	-14.1%			2024
3a	Number of A&E attendances (all ages)	29,489	-1.4%			2024/25
3b	A&E % Seen within 4 hrs	75.5%	-0.7%			2024/25
4	Number of delayed discharge bed days (Age 18+)	3,146	-52.1%			2024/25
5	% of Last Six Months of Life by Setting (Community - all ages)	86.9%	-0.9%		Figures for 2023/24 are provisional and may be revised in the future.	2023/24p
5	% of Last Six Months of Life by Setting (Hospice / PCU - all ages)	0.7%	+0.05%		Figures for 2023/24 are provisional and may be revised in the future.	2023/24p

5	% of Last Six Months of Life by Setting (Community Hospital - all ages)	0.0%	+0.03%		Figures for 2023/24 are provisional and may be revised in the future.	2023/24p
5	% of Last Six Months of Life by Setting (Large Hospital - all ages)	12.4%	+0.8%		Figures for 2023/24 are provisional and may be revised in the future.	2023/24p
6	Balance of Care: % of pop in community or institutional settings (Home unsupported - 65+)	90.3%	+0.2%			2023/24
6	Balance of Care: % of pop in community or institutional settings (Home supported - 65+)	5.3%	-0.3%		Inverclyde did not submit Care at Home data for quarter 3 of financial year 2023/24.	2023/24
6	Balance of Care: % of pop in community or institutional settings (Care home - 65+)	3.2%	+0.1%			2023/24
6	Balance of Care: % of pop in community or institutional settings (Hospice / PCU - 65+)	0.01%	0.00%			2023/24
6	Balance of Care: % of pop in community or institutional settings (Community hospital - 65+)	0.0%	0.00%			2023/24
6	Balance of Care: % of pop in community or institutional settings (Large hospital - 65+)	1.1%	0.00%			2023/24

Appendix 3c. Local Government Benchmarking Framework

The Local Government Benchmarking Framework (LGBF), is a high-level benchmarking tool which aims to develop better measurement and comparable data as a catalyst for improving services, targeting resources to areas of greatest impact and enhancing public accountability. Several of the indicators are for services delivered by the HSCP (children and adult services) and are therefore included within this annual Performance Report. Further detail on the indicators can be found at Benchmarking | Benchmarking (improvementservice.org.uk)

The framework provides high-level 'can openers' which are designed to focus questions on why variations in cost and performance are occurring between similar councils. The LGBF helps councils compare their performance against a suite of efficiency, output and outcome indicators that cover all areas of local government activity. To note, information is primarily sourced from national statistical returns to Scottish Government, as a result the most recent reporting period available is for **2023/24.**

Some key highlights from this data include:

- Inverclyde HSCP experienced a **57.6%** increase in the weekly Gross Cost of Children looked After in a Residential setting. Inverclyde ranked 25th out of 32 local authority areas for this measure. While there was an **8.3%** increase in the weekly Gross Cost of children looked after in a community setting, Inverclyde performed better than the Scottish Average and ranked **10th** out of 32 local authorities for this measure.

- During the reporting period there was a **11.3%** increase in the number of care experienced children with more than 1 placement in the reporting year. It also reported as **3.1%** above the Scottish average.

- Inverclyde reported a **4.3%** increase in Direct Payments and Personalised Budgets for adults 18 and over as a percentage of total social work spend. For this measure we also reported as **7.1%** higher than the Scottish Average and Ranked **2nd** out of 32 local authority areas.

- During the reporting period, there was a **3.2%** increase in the number of local carers who felt supported to continue in there caring role.

- There was a **16.4%** decrease in the weekly Residential Costs for people aged 65 and over.

- While the rate of readmission to hospital with 28 days increased by 4.3% during the reporting period, Inverclyde performed significantly better than Scotland as whole and ranked 5th of 32 local authorities for this measure.

LGBF Scorecard

Indicator Number	Indicator	Value	Difference from Previous Year (%)	Difference from Scotland (%)	Local Authority Rank	5 Year Trend (spark line)	Notes	Most recent data
CHN8a	The Gross Cost of "Children Looked After" in Residential Based Services per Child per Week	£6,562	+57.6%	+24.2%	25		Please see note in key regarding LA rankings	2023/24
CHN8b	The Gross Cost of "children looked after" in a community setting per child per week	£391	+8.3%	-17.6%	10			2023/24
CHN9	Percentage of children being looked after in the community	86.8%	+5.6%	-2.0%	19			2023/24
CHN17	Percentage of children meeting developmental milestones	79.3%	+4.1%	-4.0%	28			2023/24
CHN22	Percentage of child protection re-registrations within 18 months	9.0%	+9.0%	+3.1%	24			2023/24
CHN23	Percentage LAC with more than 1 placement in the last year	25.3%	+11.3%	+7.8%	28			2023/24
CHN24	Percentage of children living in poverty (after housing costs)	26.1%	+1.7%	+4.3%	22			2022/23

SW01	Home care costs per hour for people aged 65 or over	£50.23	-1.0%	+49.4%	28			2023/24
SW02	Direct Payments and Managed Personalised Budgets spend on adults 18+ as a percentage of total social work spend on adults 18+	16.1%	+4.3%	+7.1%	2			2023/24
SW03a	Percentage of people aged 65 or over with long-term care needs receiving personal care at home	66.5%	+8.2%	+3.9%	9			2023/24
SW04b	Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life	73.6%	-6.0%	+3.9%	10		Data is published every 2 years. The trend is looking at past 6 years.	2023/24
SW04c	Percentage of adults supported at home who agree that they are supported to live as independently as possible	75.9%	-7.0%	+3.5%	13		Data is published every 2 years. The trend is looking at past 6 years.	2023/24
SW04d	Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided	67.8%	+1.1%	+8.2%	6		Data is published every 2 years. The trend is looking at past 6 years.	2023/24
SW04e	Percentage of carers who feel supported to continue in their caring role	31.9%	+3.2%	+0.7%	15		Data is published every 2 years. The trend is looking at past 6 years.	2023/24
SW05	Residential costs per week per resident for people aged 65 or over	£ 707	-16.4%	-2.2%	14			2023/24

SW06	Rate of readmission to hospital within 28 days per 1,000 discharges	79	+4.3%	-23.8%	5			2023/24
SW07	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	80.6%	+0.6%	+3.6%	16			2023/24
SW08	Number of days people spend in hospital when they are ready to be discharged, per 1,000 population (75+)	514	+18.1%	-38.9%	10			2023/24

Appendix 4. Glossary of terms

ABBREVIATION	DEFINITION
ABI	Alcohol brief Intervention
ADP	Alcohol and Drug Partnership
ADRS	Alcohol and Drug Recovery Services
APR	Annual Performance Report
ASO	Assessment and Support Officers
CI	Continuous Intervention
CoP	Community of Practice
COPD	Chronic Obstructive Pulmonary Disease
CPC	Child Protection Committee
ED	Emergency Department
GIRFE	Getting it for everyone
GIRFEC	Getting it right for every child
HOHAS	Housing Options and Homelessness Advice Services (HOHAS)
HSCP	Health and Social Care Partnership
IJB	Integration Joint Board
IRD	Interagency Referral Discussions
LGBF	Local Government Benchmarking Framework
LPGs	Locality Planning Groups
MHO	Mental Health Officer
MSG	Ministerial Strategic Group
NHS	National Health Service
NII	National Integration Indicators (NII)
OOH	Out of Hours
PCCP	Person-centered care planning
PCMHT	Primary Care Mental Health team
PCU	Palliative Care Unit
RES	Rehabilitation and Enablement Service

RfA	Request for Assistance
RPM	Remote Patient Monitoring
RRSW	Rapid Rehousing Support Workers
SCR	Social Circumstances Report
SIMD	Scottish Index of Multiple Deprivation
SMT	Senior Management Team
SPG	Strategic Planning Group
WFWF	Whole Family Wellbeing Fund (WFWF)

AGENDA ITEM NO: 6

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/88/2025/JH**
Contact Officer:	**Jonathan Hinds Chief Social Work Officer Inverclyde Health and Social Care Partnership**	**Contact No:**	**01475 715212**
Subject:	**HSCP Strategic Partnership Plan – Strategic Priorities 2022-25**		

1.0 PURPOSE AND SUMMARY

1.1 ☒For Decision ☐For Information/Noting

1.2 **Purpose:**
To seek approval from members of the Integration Joint Board to revise the four strategic priorities identified in the Strategic Partnership Plan: People and Partnerships, Making a Difference (2024-27).

1.3 **Summary:**
Following recent engagement with our two Locality Planning Groups and the Strategic Planning group, feedback from groups identified that some of the wording used within the priorities could better reflect the overall approach and ethos of the partnership plan.

1.4 The proposed revisions within the report aim to ensure greater clarity and alignment to our Strategic Partnership Plan, vison and ambitions. The amended priorities would continue to reflect our commitment to improving outcomes for individuals and communities, while supporting the delivery of integrated health and social care services.

2.0 RECOMMENDATIONS

2.1 Members of the Integration Joint Board are asked to approve the revised wording of the four Strategic Priorities.

Kate Rocks
Chief Officer
Inverclyde Health and Social Care Partnership

3.0 BACKGROUND AND CONTEXT

3.1 As part of our ongoing commitment to strengthening Inverclyde's strategic priorities, a review of the language used within the four priorities has been undertaken. This work has been informed by feedback from our Locality Planning Groups, engagement sessions, and the Strategic Planning Group.

3.2 The proposed amendments focus on refining the wording to better reflect the values of autonomy, collaboration and empowerment. In particular, terms such as "support" and "intervention" have been reconsidered, especially based on feedback from individuals with lived experience. Here, they highlighted that these terms can imply a "doing to" approach, rather than one that promotes active participation and better aligns with individual actions to improve health and wellbeing.

3.3 The revised wording aims to ensure that our strategic priorities are aligned with both the values of the HSCP and with our local communities.

4.0 PROPOSALS

4.1 It is proposed that the Integration Joint Board (IJB) approve the revised wording of Inverclyde's four strategic priorities. These amendments are intended to:

- **Better reflect the values** of autonomy, collaboration, and empowerment that underpin our approach to health and social care.
- **Respond to stakeholder feedback**, particularly from locality planning groups, engagement sessions, and individuals with lived experience.
- **Ensure language is inclusive and person-centred**, avoiding terminology that may be perceived as paternalistic or disempowering.

4.2 The revised priorities aim to strengthen our strategic direction and ensure that our commitments are clearly and meaningfully expressed. The proposed changes are provided in the table below.

CURRENT PRIORITIES	PROPOSED CHANGE
Provide Early Help and Intervention	Provide Early Help
Improve Support for Mental Health, Wellbeing and Recovery	Improve Mental Health, Wellbeing and Recovery
Support Inclusive, Safe and Resilient Communities	Inclusive, Safe and Resilient Communities
Strengthen Support to Families and Carers	Strengthen Families and Carers

4.3 Following IJB approval, the priorities in the existing Strategic Partnership Plan will be updated and republished.

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 direct financial implications arising from this.

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 proposed amendment ensures priorities are reflective of the voices of our communities, shaped by meaningful engagement with individuals, partners and those with lived experience. By adopting language that promotes autonomy, collaboration, and empowerment, the strategic plan is better positioned to foster inclusive, person-centred approaches across our services.

These changes will help strengthen trust and engagement with our communities, ensure our strategic direction is aligned with local values, and support the delivery of more responsive and effective health and social care outcomes.
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:

	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
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?

The revised strategic priorities are expected to have a positive impact on equality outcomes by ensuring that the language and intent of our strategic plan are inclusive, empowering, and reflective of the diverse voices within our communities. The changes have been shaped through engagement with a broad range of stakeholders, including individuals with lived experience, helping to ensure that the plan is accessible, respectful and relevant to all.

By removing language that may unintentionally reinforce power imbalances, and by promoting values such as autonomy and collaboration, the revised priorities support a more equitable approach to service design and delivery. This aligns with our commitment to reducing inequalities and advancing fairness across all aspects of health and social care.

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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.	It is anticipated the revision of our strategic priorities will continue its close alignment to our 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.
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.

5.7 **Clinical or Care Governance**

Ongoing monitoring of our strategic priorities by the SMT will ensure any risk to clinical or care governance is 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.	These amendments provide clarity around our strategic approach and what it means for local people.
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	These amendments provide clarity around our strategic approach and what it means for local people.
People who use health and social care services have positive experiences of those services and have their dignity respected.	These amendments demonstrate the HSCPs commitment to listening to the views of the community and respecting their opinions.

Health and social care services are centered on helping to maintain or improve the quality of life of people who use those services.	These amendments provide clarity around our strategic approach and what it means for local people.
Health and social care services contribute to reducing health inequalities.	These amendments provide clarity around our strategic approach and what it means for local people.
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.	These amendments provide clarity around our strategic approach and what it means for local people.
People using health and social care services are safe from harm.	These amendments provide clarity around our strategic approach and what it means for local people.
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.	These amendments provide clarity around our strategic approach and what it means for local people.
Resources are used effectively in the provision of health and social care services.	These amendments provide clarity around our strategic approach and what it means for local people.

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 developed following consultation with members of Locality Planning Groups and the Strategic Planning Group.

8.0 BACKGROUND PAPERS

8.1 N/A.

AGENDA ITEM NO: 7

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**
Contact Officer:	**Scott Bryan Service Manager, Strategic Services**	**Contact No:**	**01475 715365**
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) Equalities

	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)

Appendix 1

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	↑

		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%	↑

AGENDA ITEM NO: 8

Report To:	**Inverclyde Integration Joint Board**	**Date:**	**8 September 2025**
Report By:	**Kate Rocks** **Chief Officer** **Inverclyde HSCP**	**Report No:**	**IJB/93/2025/MW**
Contact Officer:	**Maxine Ward** **Head of Addiction and Homelessness Services** **Inverclyde HSCP**	**Contact No:**	**01475 715365**
Subject:	**Closure of Inverclyde Centre – Transition Planning**		

1.0 PURPOSE AND SUMMARY

1.1 ☒For Decision ☐For Information/Noting

1.2 To advise of the programme of works that intends to see the closure of the Inverclyde Centre in January 2026,

2.0 RECOMMENDATIONS

2.1 Note the programme of works in place to finalise the closure of the Inverclyde Centre by January 2026.

2.2 Endorse the comprehensive Decommissioning and Transition Plan

2.3 Support continued governance, oversight, and monitoring through the Programme Board.

2.4 Agree arrangements for reporting progress updates on the implementation milestones, service user outcomes, and staff restructuring process

Kate Rocks
Chief Officer
Inverclyde Health and Social Care Partnership

3.0 BACKGROUND AND CONTEXT

3.1 The Inverclyde Centre has historically provided congregate emergency accommodation for individuals experiencing homelessness. However, the existing model has been identified as increasingly out of step with national policy, local strategic ambitions, and best practice in homelessness services.

3.2 Key drivers for the proposed closure include:

- Persistent challenges in congregate settings, including trauma exposure, anti-social behaviour, and risks to vulnerable groups and staff.
- Alignment with the Scottish Government's 'Ending Homelessness Together' Action Plan and Inverclyde's Rapid Rehousing Transition Plan (RRTP).
- Evidence from staff consultation, service user feedback, and research highlighting the need for personalised, community-integrated support.

3.3 Robust staff consultation has been carried out between December 2024 and May 2025 that concluded with delivery of a new staffing structure and delivery model although no agreement had been reached in relation to the delivery of an out of hours service i.e. from 5pm to 8am on weekdays and at the weekends. However, recent work concluded with an agreement that Glasgow City Council will provide this service from January 2026, as part of the broader standby service they already operate on behalf of Inverclyde's HSCP.

4.0 Comprehensive Transition Plan

4.1 The transition plan (Appendix 1) is structured around the workstreams to align with the new model of care and have been mapped to specific tasks, milestones, and responsibilities under the following themes: -

- **Decommissioning Plan**
- **Staffing Restructure**
- **Office Relocation**
- **Policies, Procedures, and Operational Standards**
- **Performance Management & Monitoring.**
- **Governance & Reporting**

4.2 Governance and Oversite

A dedicated Decommissioning Programme Board has been established to oversee all aspects of the transition, including monitoring progress, managing risks, ensuring communication strategies are effective, and facilitating accountability to the IJB.

4.3 Equality Impact Assessment

An EQIA conducted in July 2025 identified the following impacts:

Positive Impacts:

- Safer, personalised temporary accommodation in community settings
- Enhanced privacy, dignity, and autonomy for residents.
- Trauma-informed services for women, those with mental health needs, and carers.
- Supporting the reduction of socio-economic inequalities through streamlined access to stable housing.

Potential Negative Impacts:

- Transitional disruption for current residents.
- Increased risk of short-term capacity issues on community-based accommodation.
- Staff uncertainty during restructuring phases.

Mitigation actions will include intensive multi-agency coordination, comprehensive change management for staff, and robust communication strategies.

5.0 Next Steps

5.1 Following approval by the Inverclyde Integration Joint Board, the following actions will be undertaken:

Action	Timeline	Lead
Formal communication to staff, residents, and stakeholders on IJB decision	August 2025	Chief Officer / Head of Service
Finalisation of staffing restructure proposals and initiation of HR processes	Sept – Dec 2025	HR & Service Management
Implementation of Glasgow City Council standby service for out-of-hours provision	Jan 2026	Service Management
Developing a Standard Operating Procedure for the out of Hours service	Dec 2025	Service Management with approval through the Programme Board
Continued phased decommissioning of the Inverclyde Centre facilities	Jan – Mar 2026	Facilities & Estates Service Management
Relocation of office and operational functions	Jan 2026	Service Management
Establish monitoring framework for service user outcomes & system capacity	Jan 2026 onwards	Programme Board
Continued engagement with accommodation providers & support services	Throughout 2025-2026	Service Management
Progress reporting to the IJB on milestones and impacts	Sep 2025-Mar 2026	Programme Board

6.0 IMPLICATIONS

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

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

6.2 **Finance**

Decommissioning costs for staff restructuring and facility closure; long-term savings anticipated, however there may be some risk of additional costs during the 'overlap' period of transition from one model to another.

6.3 **Legal/Risk**

The risk of transitional disruption may create continuity risks and the redesign of the staff restructure requires careful planning around our legal employment obligations. Risks, however, will be managed through the Programme Board

6.4 **Human Resources**

Restructuring involves redeployment, consultations, voluntary early retirement, and wellbeing support. HR and Trade Unions are integrated across all processes.

6.5 **Strategic Plan Priorities**

Aligns with prevention, early intervention and effective integration of services per Strategic Plan and Rapid Re-housing Transition Plan.

6.6 **Equalities**

(a) Equalities

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

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

X	YES – Assessed as relevant and an EqIA is required a copy of which will be made available on the Council's website: https://www.inverclyde.gov.uk/health-and-social-care/equality-impact-assess-me
	NO – This report does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function or strategy. Therefore, assessed as not relevant and no EqIA is required. Provide any other relevant reasons why an EqIA is not necessary/screening statement.

(b) Equality Outcomes

How does this report address our Equality Outcomes?

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

(c) Fairer Scotland Duty

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

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

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

6.7 **Clinical or Care Governance**

Quality, safety, trauma-informed care to be maintained

6.8 **National Wellbeing Outcomes**

Supports outcomes: quality of life, dignity, health inequalities reduction, safer environments.

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

6.9 **Environmental/Sustainability**

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

Has a Strategic Environmental Assessment been carried out?

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

6.10 **Data Protection**

Has a Data Protection Impact Assessment been carried out?

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

7.0 DIRECTIONS

7.1

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

8.0 CONSULTATION

8.1 This, and previous reports, describe the significant consultation process to date and confirms further planned consultation with staff and stakeholders.

9.0 BACKGROUND PAPERS

9.1 **Scottish Government's 'Ending Homelessness Together' Action Plan**

- This national strategy sets the policy framework for homelessness services in Scotland and drives the shift away from congregate settings to community-based solutions.

Inverclyde Rapid Rehousing Transition Plan (RRTP)

- The local strategic plan for transforming temporary accommodation and accelerating access to permanent housing options.

AGENDA ITEM NO: 9

Report To:	**Inverclyde Integration Joint Board**	**Date:**	**8 September 2025**
Report By:	**Kate Rocks Chief Officer Inverclyde Health & Social Care Partnership**	**Report No:**	**VP/LS/109/24**
Contact Officer:	**Vicky Pollock**	**Contact No:**	**01475 712180**
Subject:	**IJB Directions Annual Report – 2024/25**		

1.0 PURPOSE AND SUMMARY

1.1 ☐For Decision ☒For Information/Noting

1.2 The purpose of this report is to provide the Inverclyde Integration Joint Board (IJB) a summary of the Directions issued by the IJB to Inverclyde Council and NHS Greater Glasgow and Clyde in the period September 2024 to August 2025.

1.3 A revised IJB Directions Policy and Procedure was approved by the IJB in September 2020. As part of the agreed procedure, IJB Audit has assumed responsibility for maintaining an overview of progress with the implementation of Directions, requesting a mid-year progress report and escalating key delivery issues to the IJB.

1.4 As part of their review of the IJB Directions Policy, Internal Audit have recommended that the IJB is provided with an annual report summary on the use of Directions. This is the fifth such annual report to the IJB and covers the period from September 2024 to August 2025.

2.0 RECOMMENDATIONS

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

Kate Rocks
Chief Officer
Inverclyde Health and Social Care Partnership

3.0 BACKGROUND AND CONTEXT

3.1 Directions are the means by which the IJB tells the Health Board and the Council what is to be delivered using the integrated budget, and for Inverclyde IJB to improve the quality and sustainability of care, as outlined in its Strategic Plan and in support of transformational change. A direction must be given in respect of every function that has been delegated to the IJB. Directions are a legal mechanism, the use of directions is not optional for IJBs, Health Boards or Local Authorities, it is obligatory.

3.2 A revised IJB Directions Policy and Procedure was approved by the IJB in September 2020. As part of the agreed procedure, IJB Audit has assumed responsibility for maintaining an overview of progress with the implementation of Directions, requesting a mid-year progress report and escalating key delivery issues to the IJB. IJB Audit have received mid-year reports in March and September since March 2021.

3.3 As part of their review of the IJB Directions Policy, Internal Audit have recommended that the IJB is provided with an annual report summary on the use of Directions. This is the fifth such annual report to the IJB and covers the period from September 2024 to August 2025.

3.4 This report outlines a summary of the Directions issued by the IJB during the period in scope. The report does not provide detail of the Directions' content or commentary on their impacts, as it is considered that this level of oversight is facilitated through the normal performance scrutiny arrangements of the IJB and Inverclyde Health and Social Care Partnership.

4.0 SUMMARY OF DIRECTIONS

4.1 A Directions log has been established and will continue to be maintained and updated by the Council's Legal Services.

4.2 Between September 2024 and August 2025 (inclusive):

- the IJB has issued 8 Directions;
- 5 of these were Directions to both the Council and Health Board;
- 3 of these were Directions to the Council only; and
- 0 of these were Directions to the Health Board only.

4.3 Of the 8 Directions issued by the IJB:

- 5 remain open (current); and
- 0 are closed and 3 have been superseded

4.4 The list of Directions issued by the IJB to Inverclyde Council and NHS Greater Glasgow and Clyde is set out at Appendix 1 of this report. The list is split into financial years from 2020/21.

4.5 As requested by the IJB Audit Committee at its meeting on 26 September 2022, Directions noted as completed or superseded in the previous financial years have been removed from the Directions log.

5.0 PROPOSALS

5.1 It is proposed that the IJB notes the content of this report and the summary of Directions issued by the IJB in the period September 2024 to August 2025.

6.0 IMPLICATIONS

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

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

6.2 **Finance**

There are no financial implications arising from this report.

One off Costs

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

Annually Recurring Costs/ (Savings)

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

6.3 **Legal/Risk**

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

6.4 **Human Resources**

There are no Human Resource implications arising from this report.

6.5 **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.

6.6 **Equalities**

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

(a) Equalities

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

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

(b) Equality Outcomes

How does this report address our Equality Outcomes?

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

(c) Fairer Scotland Duty

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

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

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

(d) **Children and Young People**

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

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

6.7 **Clinical or Care Governance**

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

6.8 **National Wellbeing Outcomes**

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

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

6.9 **Environmental/Sustainability**

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

Has a Strategic Environmental Assessment been carried out?

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

6.10 **Data Protection**

Has a Data Protection Impact Assessment been carried out?

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

7.0 DIRECTIONS

7.1

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

8.0 CONSULTATION

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

9.0 BACKGROUND PAPERS

9.1 None.

INVERCLYDE INTEGRATION JOINT BOARD
DIRECTIONS LOG 2020-21

Ref. no.	Report Title	Direction to	Full Text	Functions Covered by Direction	Budget Allocated by IJB to carry out direction(s)	Date Issued	With Effect From	Review Date	Status	Does this supersede, revise or revoke a previous Direction	Direction Reference superseded, revised or revoked	Link to IJB paper	Responsible Officer	Service Area	Most Recent Review (Date)
17.03.2020 IJB/17/2020/AH	Inverclyde Alcohol and Drug Recovery Development Update	Both Council and Health Board	Recruitment to a recovery post for 12 months to support the establishment of a recovery approach including commissioned services within Inverclyde and support development of recovery concepts within communities.	Alcohol & Drug Recovery Services	£825k over 3 years from Transformation Fund if future funding from Scot Govt to ADP is not confirmed	17-Mar-20	17-Mar-20		Current	No	N/A	Inverclyde Alcohol and Drug Recovery Development Update	Head of MH, Addictions and Homelessness	Alcohol & Drug Recovery	
17.03.2020 IJB/17/2020/AH	Inverclyde Alcohol and Drug Recovery Development Update	Both Council and Health Board	allocation of £825k across 3 years from the transformation fund to support the development of a commissioned community recovery hub, if future funding from the Scottish Government to Inverclyde Alcohol and Drug partnership is not confirmed.	Alcohol & Drug Recovery Services	£825k over 3 years from Transformation Fund if future funding from Scot Govt to ADP is not confirmed	17-Mar-20	17-Mar-20		Current	No	N/A	Inverclyde Alcohol and Drug Recovery Development Update	Head of MH, Addictions and Homelessness	Alcohol & Drug Recovery	
17.03.2020 IJB/32/2020/AS	Social Care Case Management - Mini Competition	Both Council and Health Board	Inverclyde Council to oversee the procurement of a replacement Social Work Information system, subject to the Council approving £600,000 Capital funding, on top of the £243,000 agred by the IJB through Prudential Borrowing	HSCP	£243k through IJB prudential borrowing	17-Mar-20	17-Mar-20	Updates will be brought back to the IJB regularlly as the project proceeds	Current	No	N/A	Private report	Head of Strategy & Support Services	Performance & Information	Direction will be superseded by in year subsequent update reports in year
23.06.2020 IJB/44/2020/LL	Unscheduled Care Commissioning Plan	Both Council and Health Board	Note the requirement to implement the Unscheduled Care Commissioning Plan once finalised	HSCP	N/A	23-Jun-20	23-Jun-20	Updates will be brought back to the IJB regularlly as the project proceeds	Current	No	N/A	Unscheduled Care Commissioning Plan	Head of Strategy & Support Services	Commissioning	Direction will be superseded by subsequent update reports
21.09.2020 IJB/68/2020/LA	HSCP Digital Strategy 2020/21	Both Council and Health Board	Inverclyde Council and NHS GG&C jointly are directed to deliver the actions within the digital investment plan for 2020/21 as outlined in the report and Appendix A. (Includes SWIFT replacement).	All functions outlined in Appendix A of the report.	As outlined in Appendix A.	21-Sep-20	21-Sep-20	Sep-21	Current	No	N/A	HSCP Digital Strategy 2020/21	Head of Strategy & Support Services	HSCP	Direction will be superseded by in year subsequent Financial Monitoring reports

INVERCLYDE INTEGRATION JOINT BOARD
DIRECTIONS LOG 2021-22

Ref. no.	Report Title	Direction to	Full Text	Functions Covered by Direction	Budget Allocated by IJB to carry out direction(s)	Date Issued	With Effect From	Review Date	Status	Does this supersede, revise or revoke a previous Direction	Direction Reference superseded, revised or revoked	Link to IJB paper	Responsible Officer	Service Area	Most Recent Review (Date)
01.11.2021 IJB/50/2021/AM	Advanced Clinical Practice Proposal	Health Board only	The Health Board is directed to implement a team of 6 Advanced Nurse Practitioners to work across mental health services as outlined in the report.	Mental Health Services Adult and Older Adult Inpatient Community Services	As detailed in the report. Funded from Mental Health Transformation Fund and Medical Staffing Budget	01-Nov-21	01-Nov-21	Nov-22	Current	No	N/A	Private Report	Head of MH, ADRS and Homelessness	Mental Health	
01.11.2021 IJB/49/2021/AM	Homeless Service - Development of Rapid Rehouing Support Provision September 2021	Council only	The Council is directed to implement the Rapid Rehousing Support Service, including the creation of an Integrated Homeless Team, with 10 additional posts, as outlined in the report in order to provide intensive, wraparound support to those with the most complex needs, often caught up in a cycle of repeat, prolonged periods of homelessness.	Homelessness Service	As detailed in the report. Funded within existing budgets including from ADP, ADRS and Rapid Rehousing Transition Plan	01-Nov-21	01-Nov-21	Nov-22	Current	No	N/A	Private Report	Head of MH, ADRS and Homelessness	Homelessness	

INVERCLYDE INTEGRATION JOINT BOARD
DIRECTIONS LOG 2022-23

Ref. no.	Report Title	Direction to	Full Text	Functions Covered by Direction	Budget Allocated by IJB to carry out direction(s)	Date Issued	With Effect From	Review Date	Status	Does this supersede, revise or revoke a previous Direction	Direction Reference superseded, revised or revoked	Link to IJB paper	Responsible Officer	Service Area	Most Recent Review (Date)
27.06.2022 IJB/31/2022/CG	Proposed Use of IDEAS Project Surplus Funds	Council only	Inverclyde Council is directed to invest the £0.297m surplus funds provided by the IJB to: (a) support the appointment of 2 additional Money Advice posts for HSCP Advice Services; and (b) provide support to Financial Inclusion Partners to be agreed by the Financial Inclusion Partnership all as detailed in the report.	Advice Services	£0.297m as detailed in the report.	27-Jun-22	27-Jun-22	Jun-23	Current	No	N/A	IDEAS Project Surplus Funds	Head of Finance, Planning and Resources	Finance, Planning and Resources	
27.06/22 IJB/27/2022/AM	Mental Health and Wellbeing Service	Health Board only	NHS Greater Glasgow and Clyde is directed to develop and implement the Inverclyde Mental Health and Well-being Service (MHWS) all as detailed in the report, including the appointment of the proposed 13 additional posts as set out in paragraph 6.3.	Primary Care Services Mental Health Services - Young People, Adult and Older Adult	As detailed in the report. Indicative allocation from the Scottish Government: 2022/23 - £156,876.54 2023/24 - £313,263.86 2024/25 - £631,746.06	27-Jun-22	27-Jun-22	Jun-23	Current	No	N/A	Mental Health and Wellbeing Report	Head of MH, ADRS and Homelessness	Mental Health	
20/07/22 IJB/34/2022/CG	Inverclyde Learning Disability Community Hub	Council only	Inverclyde Council is directed to proceed with the approved project on the basis of the alternative design set out in the report and through the intended procurement route via hub West Scotland with additional funding support of £1.117million from the IJB.	Learning Disability Day Services	£1.117million, through a combination of prudential borrowing and use of existing reserves.	20-Jul-22	20-Jul-22	26th June 2023	Current	No	N/A	Inverclyde Learning Disability Community Hub	Head of Finance, Planning and Resources Head of Health and Community Care	Learning Disabilities	
07.11.22 IJB/51/2022/CG	HSCP Workforce Plan - 2022-2025	Both Council and Health Board	Inverclyde Council and NHS GG&C jointly are directed to implement the requirements of the Workforce Plan attached as Appendix A to the report and within the associated budget outlined in the report.	All functions outlined within the report and Appendix A.	As outlined in Appendix A.	07-Nov-22	07-Nov-22	May-23	Current	Yes Supersede	24.08.2020 IJB/54/2020/LA 21.06.2021 IJB/26/2021/AM	HSCP Workforce Plan 2022-2025	Head of Finance, Planning and Resources	Finance, Planning and Resources	
28.11.22 IJB/54/2022/CG	Cost of Living Initiatives	Council only	Inverclyde Council is directed to: 1. Extend access to Section 12 Social Work (Scotland) Act 1968 and Section 22 Children (Scotland) Act 1995 budgets to Health staff employed in Health Visiting, Family Nurse Partnership, Advice Services, Community Mental Health and Occupational Therapy in the allocation of cost of living payments to Inverclyde service users assessed as in need and in line with the Standard Operating Procedure (to be developed) to a maximum value of £0.300m. This direction does not affect access to Section 12 and Section 22 funding for staff with existing access. 2. Offer and provide an initial 500 warm boxes to service users receiving a Care at Home package from HSCP and commissioned providers through the Care at	Advice Services	£0.430m as detailed in the report	28-Nov-22	28-Nov-22	May-23	Current	No		Cost of Living Proposals	Head of Finance, Planning and Resources	Finance, Planning and Resources	

INVERCLYDE INTEGRATION JOINT BOARD
DIRECTIONS LOG 2022-23

23.01.23 IJB/08/2023/AS	Proposal to Fund Final Year MSc Social Work Students to Commit to Work for Inverclyde HSCP for 3 Years	Council only	Inverclyde Council is directed to provide financial support to self funding MSc students by paying set fees for the final year of their education in order to attract new registered social workers to employment in Inverclyde HSCP for 3 years.	Children & Families Adult Services	£150,000 as detailed in the report	23-Jan-23	23-Jan-23	Jan-24	Current	No		MSc Student Funding	Chief Social Work Officer	Children & Families Community Care	

INVERCLYDE INTEGRATION JOINT BOARD
DIRECTIONS LOG 2023-24

Ref. no.	Report Title	Direction to	Full Text	Functions Covered by Direction	Budget Allocated by IJB to carry out direction(s)	Date Issued	With Effect From	Review Date	Status	Does this supersede, revise or revoke a previous Direction	Direction Reference superseded, revised or revoked	Link to IJB paper	Responsible Officer	Service Area	Most Recent Review (Date)
26/06/2023 IJB/33/2023/AB	The Future of Care and Support at Home	Council only	Inverclyde Council is directed to implement the redesign of the Care at Home Support Service as set out in the report and within the associated budget outlined in the report, including the increase from grade 3 to grade 4 for Social Care Workers and the realignment of supervisor posts (Senior Social Care Workers).	Care at Home	As outlined in Paragraph 7.2 and Appendix 2	26-Jun-23	26-Jun-23	Jun-24	Current	No	N/A	The Future of Care and Support at Home	Head of Health and Community Care	Health and Community Care	

INVERCLYDE INTEGRATION JOINT BOARD
DIRECTIONS LOG 2024-25

Ref. no.	Report Title	Direction to	Full Text	Functions Covered by Direction	Budget Allocated by IJB to carry out direction(s)	Date Issued	With Effect From	Review Date	Status	Does this supersede, revise or revoke a previous Direction	Direction Reference superseded, revised or revoked	Link to IJB paper	Responsible Officer	Service Area	Most Recent Review (Date)
24.06.2024 IJB/26/2024/KR	HSCP Senior Management Team Structure	Council only	Inverclyde Council is directed to implement the proposed enhanced management structure for the HSCP through: a. the realignment of the statutory role of Chief Social Work Officer through the creation of a new post of Chief Social Work Officer; b. recruitment to the operational post of Head of Service for Children & Families and Justice; and c. the creation of a dedicated service manager post for mental health (strategy) and complex care all as detailed in the report.	Functions as detailed in the report.	As detailed in paragraph 5.2 of the report.	24-Jun-24	24-Jun-24	Mar-24	Current	No	N/A	Private Report	Chief Officer	HSCP Management Team	
09.09.2024 IJB/32/2024/AB	HSCP Service Manager for Homelessness & Settlement	Council only	Inverclyde Council is directed to allocate the identified budget resource to create and recruit to an additional Service Manager post covering the areas of Homelessness and Settlement all as detailed in the report.	Homelessness and Settlement as detailed in the report.	£90, 807 - as detailed in paragraphs 4.2 and 5.2 of the report.	09-Sep-24	09-Sep-24	Mar-25	Current	No		HSCP Service Manager for Homelessness & Settlement	Head of Addiction and Homelessness Services	Homelessness	
18.11.24 IJB/49/2024/MW	Homelessness - New Model of Care and Support	Council only	Inverclyde Council is directed to oversee the decommissioning of the Inverclyde Centre, Dalrymple Street, Greeenock, all as detailed in the report.	Homelessness Services	As detailed in paragraph 8.2 of the report. The options paper sets out the financial implications for each of the proposed options set out in the report.	18-Nov-24	18-Nov-24	Jun-25	Current	No		Private Report	Head of Addiction and Homelessness Services	Homelessness	
24.03.25 IJB/62/2025/CG	Financial Monitoring Report 2024/25 - Period to 31 December 2024 - Period 9	Both Council and Health Board	Inverclyde Council and NHS GG&C jointly are directed to deliver services in line with the IJB's Strategic Plan and within the associated budget outlined in Appendix 5.	All functions outlined in Appendix 5 of the report.	As outlined in Appendix 5.	24-Mar-25	24-Mar-25	May-25	Current	Yes Supersede	27.01.25 IJB/53/2024/CG	Financial Budget Monitoring Report 2024/25 - Period 9	Chief Financial Officer	Finance	

INVERCLYDE INTEGRATION JOINT BOARD
DIRECTIONS LOG 2025-26

Ref. no.	Report Title	Direction to	Full Text	Functions Covered by Direction	Budget Allocated by IJB to carry out direction(s)	Date Issued	With Effect From	Review Date	Status	Does this supersede, revise or revoke a previous Direction	Direction Reference superseded, revised or revoked	Link to IJB paper	Responsible Officer	Service Area
24.03.25 IJB/68/2025/CG	Inverclyde IJB Budget 2025/26	Both Council and Health Board	Inverclyde Council is directed to spend the delegated net budget of £78.661m for 2025/26 in line with the Strategic Plan and the budget outlined within the report. NHS Greater Glasgow and Clyde is directed to spend the delegated net budget of £146.980m for 2025/26 in line with the Strategic Plan and the budget outlined within the report.	Budget 2025/26	The budget delegated to Inverclyde Council is £78.661m for 2025/26 and NHS Greater Glasgow and Clyde is £146.980m for 2025/26 as per the report.	24-Mar-25	24-Mar-25	May-25	Current	No	N/A	Inverclyde IJB Budget 2025/26	Chief Financial Officer	Finance
23.06.25 IJB/80/2025/MM	Children & Families Redesign: Foster Carer Fees	Council only	Inverclyde Council is directed to implement the revised fostering fees structure, ensuring that existing and new foster carers are provided with the new rate of payment, being £350 per child per week.	Children & Families	£350,000 as detailed in paras 3.3 and 5.2 of the report.	23-Jun-25	23-Jun-25	Jun-26	Current	No	N/A	Children and Families Redesign: Foster Carer Fees	Head of Children, Families and Justice	Children & Families

AGENDA ITEM NO: 10

Report To:	**Inverclyde Integration Joint Board**	**Date:**	**8 September 2025**
Report By:	**Kate Rocks, Chief Officer Inverclyde HSCP**	**Report No:**	**IJB/89/2025/HM**
Contact Officer:	**Dr Hector MacDonald Clinical Director Inverclyde HSCP**	**Contact No:**	**01475 724477**
Subject:	**Clinical and Care Governance Annual Report 2024 – 2025**		

1.0 PURPOSE AND SUMMARY

1.1 ☐For Decision ☒For Information/Noting

1.2 This report provides a summary of the yearly activity of the Clinical and Care Governance Group Structures for 2024 -2025. Members of the IJB are asked to note the report. This report has been sent to NHS Greater Glasgow and Clyde as all Health and Social Care Partnerships are requested to provide an Annual Report covering an overview of clinical and care governance.

2.0 RECOMMENDATIONS

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

Kate Rocks
Chief Officer
Inverclyde Health and Social Care Partnership

3.0 BACKGROUND AND CONTEXT

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

This report provides a summary of the main areas of activity from 31st March 2024 to 31st March 2025.

4.0 PROPOSALS

4.1 The Integration Joint Board are asked to note the Annual Report for Clinical and Care Governance 2024 – 2025 and this report has been sent to NHS Greater Glasgow and Clyde.

5.0 IMPLICATIONS

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

SUBJECT	YES	NO
Financial		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

Annually Recurring Costs/ (Savings)

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

5.3 **Legal/Risk**

None

5.4 **Human Resources**

None

5.5 **Strategic Plan Priorities**

None.

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.	N/A
Children and Young People who are at risk due to local inequalities, are identified early and supported to achieve positive health outcomes.	N/A
Inverclyde's most vulnerable and often excluded people are supported to be active and respected members of their community.	N/A
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.	N/A

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

5.8 **National Wellbeing Outcomes**

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

National Wellbeing Outcome	**Implications**
People are able to look after and improve their own health and wellbeing and live in good health for longer.	N/A
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	N/A
People who use health and social care services have positive experiences of those services, and have their dignity respected.	N/A
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	N/A
Health and social care services contribute to reducing health inequalities.	N/A
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	N/A
People using health and social care services are safe from harm.	N/A
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	N/A
Resources are used effectively in the provision of health and social care services.	N/A

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 None

8.0 BACKGROUND PAPERS

8.1 Attached

INVERCLYDE HSCP
Health and Social Care Partnership

Appendix 1

Health and Social Care Partnership

Clinical and Care Governance Annual Report 2024 - 2025

NHS Greater Glasgow and Clyde

Inverclyde council

INVERCLYDE HSCP Health and Social Care Partnership

Inverclyde Health and Social Care Partnership

Clinical & Care Governance Annual Report

April 2024 to March 2025

Table of Contents

1. Inverclyde HSCP Background

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

2. The level of poverty and inequality in Inverclyde is stark. According to the Scottish Index of Multiple Deprivation (SIMD), the levels of poverty and deprivation in Inverclyde are, proportionately amongst the highest in Scotland. It reports that 43% of local people live in areas that are among the most deprived in the country (SIMD 1). This is second only to Glasgow, where 44% of the population live in SIMD 1 areas. People living in those areas are more at risk of the negative impacts of poverty and deprivation. As a result, they are more likely to experience several adverse outcomes, including physical health challenges, complex long-term medical conditions, negative mental health and wellbeing, social exclusion, and food insecurity. While levels of poverty and deprivation are high in Inverclyde, they are not dispersed across Inverclyde, instead high deprivation areas are clustered across specific communities, particularly in Port Glasgow and the East End of Greenock.

3. Overall, Inverclyde has an estimated total population of 78,340. This accounts for only 1.4% of Scotland's total. Like other places in Scotland, the population of Inverclyde has decreased over the past few years. This is expected to continue with the local population expected to decrease by a further 3.2% by 2028.

4. The HSCP delivers a range of services across primary care, health and social care and through several commissioned providers. There are 13 GP Practices, 11 Dental Practices, 7 Opticians, 19 Pharmacies and 158 Commissioned Services.

2. Clinical and Care Governance Arrangements for Inverclyde HSCP

5. Figure 1 describes the clinical and care governance arrangements for Inverclyde HSCP. The HSCP has a Clinical and Care Governance Group that meets quarterly. The group is chaired by the Clinical Director. The membership of the group comprises of heads of service and staff side representatives. The group met on 3 June 2024; 17th September 2024; 19th November 2024 and 4th March 2025.

6. There are 3 clinical and care governance groups that report by exception to the HSCP Clinical and Care Governance Group.

7. These groups are the Health and Community Care Clinical and Care Governance Group; Children and Families and Justice Clinical and Care Governance Group and the Mental Health, Alcohol and Drug Recovery Services (ADRS) and Homelessness Clinical and Care Governance Group. There is a Mental Health and ADRS Incident Review Group that reports by exception to the Mental Health, ADRS and Homelessness Clinical and Care Governance Group.

8. The HSCP report progress to NHS Greater Glasgow and Clyde to the Primary Care Community Clinical Governance Group 6 times a year. The Clinical Director and Chief Nurse who deputises, represents the HSCP at this meeting.

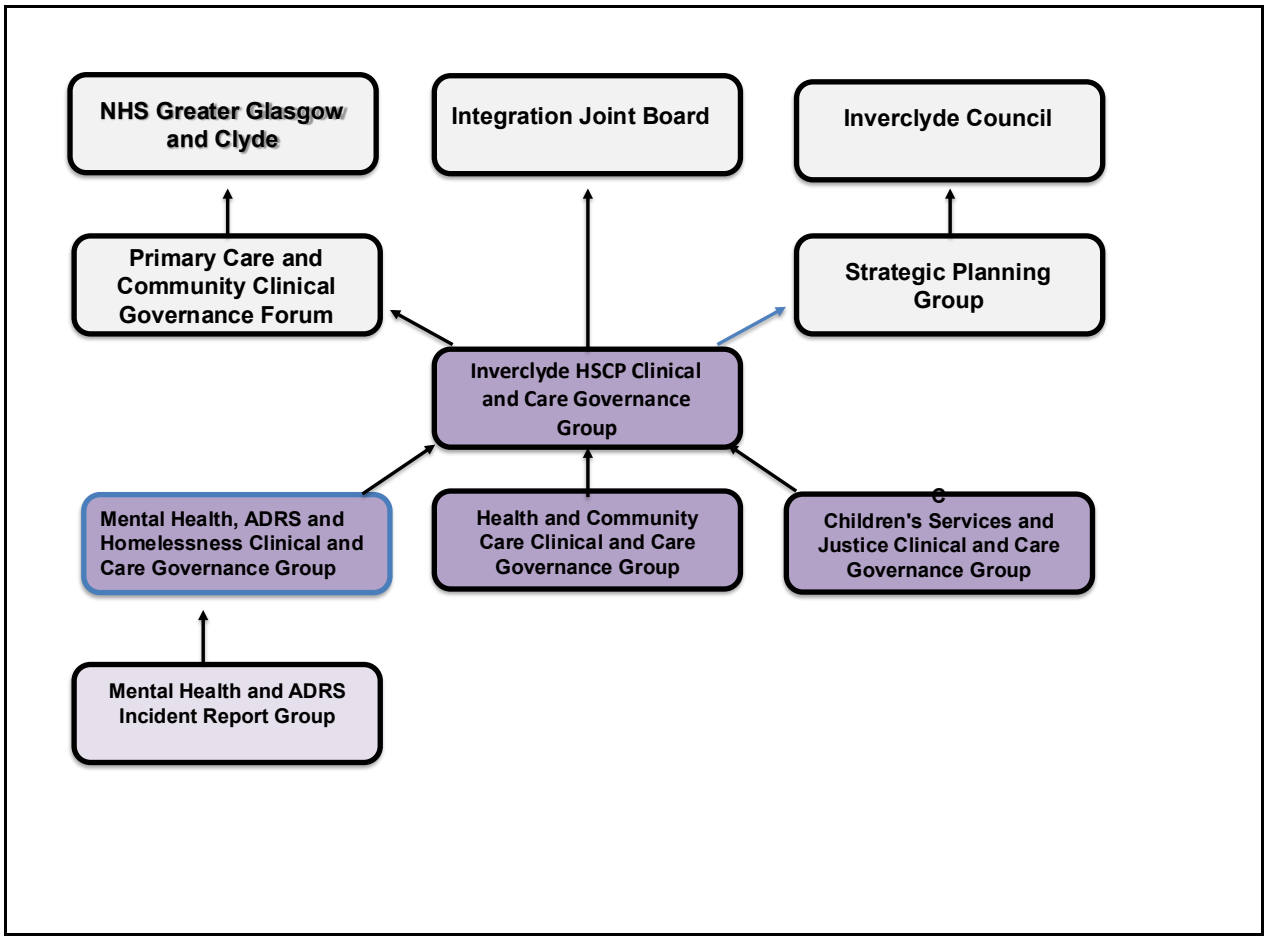
9. Arrangements for clinical and care governance are supported by 2 staff. There is a Clinical and Care Governance Facilitator who supports the HSCP, this post is shared with East Renfrewshire HSCP. There is a Clinical Governance Facilitator who supports the Mental Health and ADRS Incident Review Group.

10. The remit of the HSCP Clinical and Care Governance Group is defined in its Terms of Reference. Each local clinical and care governance group has its own Terms of Reference to support safe, effective and person-centred care to provide assurance to NHS Greater Glasgow and Clyde and the Integration Joint Board.

11. All clinical and care governance groups complete exception reports. This provides a summary of issues regarding safe, effective and person-centred care. The service risk register is reviewed at every meeting. Compliance with the use of the Datix system will be highlighted at each local meeting. Datix compliance is also supported by the Clinical Risk Team, who attend the HSCP Clinical and Care Governance Group twice a year and provide a report on areas of concern and compliance. The HSCP maintains an Integration Joint Board Risk Register and the main areas of risk for the HSCP are drawn from the service risk registers to highlight the main risks to the Integration Joint Board.

12. Updates on inspection activity and action plans will be reviewed by the HSCP Clinical and Care Governance Group, as well as sharing the learning from all reviews into health and social care.

Figure 1 Inverclyde Clinical and Care Governance Structure



3. Safe Care

13. Significant Adverse Events

14. Inverclyde HSCP use the Datix system to comply with the requirements of the Significant Adverse Event Policy from NHS Greater Glasgow and Clyde.

15. There is a set of instances where there is a risk of significant harm to persons receiving care from the HSCP. We have a responsibility to ensure these events are appropriately reviewed to minimise the risk of recurrence by applying lessons learned. This opportunity for learning exists at times without a significant adverse outcome for the person, e.g. a near miss or a lower impact event which exposes potential clinical and care system weaknesses that could lead to further significant harm. Such events have been traditionally referred to as Significant Adverse Events (SAE).

    The criteria is as follows:

16. *Whenever events lead to concerns about the quality and safety of care these should be subjected to an appropriate review.*

17. *When a review of the quality and safety of care is undertaken, the principle of being open with patients (and families) should be followed.*

18. *When the events meet the description of a SAE, then policy should be applied. The purpose of the review is to determine whether there are learning points or improvements for the service and wider organisation. It is then our responsibility to implement those improvements that are identified as producing a greater level of clinical safety for our patients. The management of a SAE forms part of the current Clinical Risk Management arrangements and should be recognised as an important means of improving the quality of care and identifying and minimising risk.*

19. Inverclyde HSCP utilise the Datix system to record incidents and this is the system that is recognised by NHS Greater Glasgow and Clyde.
20. For the purposes of this report, there will be an overview of the number of incidents recorded and what that means in terms of how the service identifies the incidents of actual and potential harm.
21. There was **3** completed Significant Adverse Events for 2024 -2025 for Inverclyde HSCP.

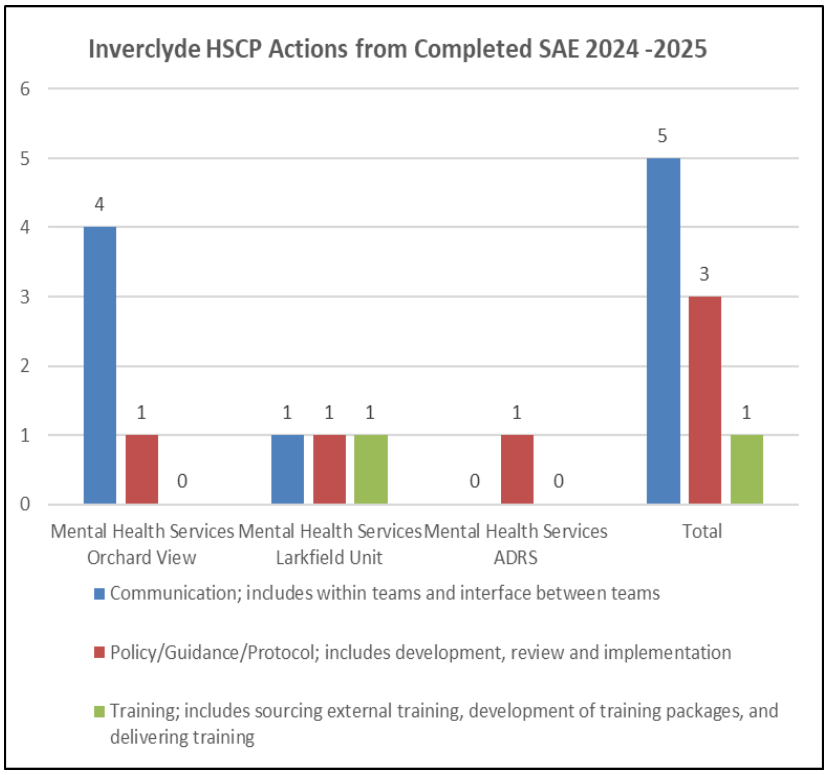
Table 1 Completed Significant Adverse Events Inverclyde HSCP			
Datix ID	**Specialty**	**Category**	**Date completed**
766575	Mental Health Services – Orchard View	Abscondment / Missing	22/8/2024
783258	Older People Mental Health – Larkfield Unit	Slip Trips and Falls	26/2/2025
790357	Alcohol and Drug Recovery Services	Death	24/1/2025

22. There were **9** actions that were identified and for the purposes of this report, the detail of what the actions involved have been included. This ensures that the main recommendations arising from the report are identified and tracked to ensure that they are completed and contribute to thematic analysis provided by the board.
    These actions when placed on the Datix system allow services to both demonstrate what has been achieved to meet each recommendation and to extract the themes to review.
    This is most regularly achieved through NHS Greater Glasgow and Clyde and key themes and learning from all HSCP's and the wider NHS are shared.
    For example, an NHSGGC Cross HSCP Quality Improvement Group was established to oversee activity and learning in relation to ongoing and closed Child Protection (CP) Significant Adverse Event Reviews (SAERs). This information is shared with Chief Officers to disseminate to the relevant teams.

There is a Patient Safety Bulletin that is sent to all NHS Greater Glasgow and Clyde staff and teams that provides a quarterly summary of the main themes and learning from SAE. The Clinical Risk team from NHS Greater Glasgow and Clyde support Inverclyde HSCP in compliance and sharing the learning.

Figure 2 provides a summary of the actions by theme. The need to improve communication was the most common theme followed by updates needed to policies and protocols and then training.

Figure 2 Themes from Completed Actions 2024 -2025



23. Duty of Candour

The organisational duty of candour procedure is a legal duty which sets out how organisations should tell those affected that an unintended or unexpected incident appears to have caused harm or death. Organisations are required to apologise and to meaningfully involve individuals in a review of what happened.

Inverclyde HSCP identify such incidents through the Significant Adverse Event Policy. Each SAE identifies where a Duty of Candour is required.

Table 2 Duty of Candour 2024 -2025 for completed Significant Adverse Events

There was 1 SAE that was identified as applicable for Duty of Candour and the outcomes are summarised below in Table 2.

Table 2 Duty of Candour from Significant Adverse Events 2024 -2025

Is this a Duty of Candour event	**Specialty**	**Category of Harm**	**Patient / Family/ Appropriate Person Notified?**	**Apology offered**	**Patient / Family/ Appropriate Person involved in review?**
No	Mental Health Services Orchard View	N/A	Yes	Yes	Yes
Yes	**Mental Health Services Larkfield Unit**	**Changes to the structure of the person's body**	**Yes**	**Yes**	**Yes**
No	Mental Health Services Alcohol and Drug Recovery Services	N/A	Yes	Yes	Yes

24. INSPECTION ACTIVITY 2024 – 2025

The following is a summary of the external inspection activity for the HSCP.

25. Inspection Fostering, Adoption and Continuing Care

The Care Inspectorate commenced an inspection of Inverclyde's fostering, adoption and continuing care services on 22nd April 2024.

Services were inspected in line with the Quality Framework for Fostering, Adoption and Adult Placement Services and considered the following quality indicators:

How well do we support children, young people's wellbeing?

- Children, young people, adults and their care giver families experience compassion, dignity and respect.
- Children, young people and adults get the most out of life.

- Children, young people and adults' health and wellbeing benefits from the care and support they receive.
- Children, young people, adults and their care giver families get the service that is right for them.

How good is your leadership?

- Quality assurance and improvement is led well.

How well is our care and support planned?

- Assessment and care planning reflects the outcomes and wishes of the children, young people and adults.

  The inspection team primarily looked at children and young people's experiences and outcomes over the preceding two years which included a period of the coronavirus pandemic. A particular focus looked at how regulated services promote children's rights to continuing care and how children and young people are helped to understand their rights.

  The services achieved the following grades for the quality indicators above, using the six-point scale applied by the Care Inspectorate ranging from unsatisfactory to excellent:

	Fostering	**Adoption**	**Continuing Care**
How well do we support people's wellbeing	Adequate	Adequate	Good
How good is our leadership	Adequate	Adequate	Good
How well is our care and support planned?	Adequate	Good	Very Good

Inspectors noted that no complaints for the fostering, adoption or continuing care services had been upheld since the previous inspections. Inspectors also noted that all areas for improvement identified during the previous inspection had been completed and improvement action taken.

26. Joint inspection of adult services Inverclyde Health and Social Care Partnership Integration and outcomes – focus on people living with mental illness.

    The above inspection report was published in May 2024.It was conducted by the Care Inspectorate and Healthcare Improvement Scotland.

    The inspection addressed how well Inverclyde HSCP is working together, strategically and operationally, to deliver seamless services that achieve good health and wellbeing outcomes for adults.

Key Strengths

Most people living with mental illness in Inverclyde had positive experiences of health and social care services that contributed to good outcomes for their health, wellbeing and quality of life.

The partnership's vision focused on inclusion and compassion. It was committed to investing in community-based early intervention and prevention initiatives to support whole population mental health and wellbeing.

Leaders promoted a collaborative culture, which was broadly understood by staff and communities. Longstanding integrated and co-located services provided a good basis for the provision of seamless services.

The partnership had robust contract commissioning processes and there were good relationships with providers.

Priority areas for improvement

- The partnership should develop processes for capturing information about the outcomes of people living with mental illness and their unpaid carers. This should include meaningful opportunities for people to feed back about their experience of services. The partnership should use this information to support plans for improving outcomes.
- The partnership should support staff in mental health services to identify and respond to the needs of unpaid carers of people living with mental illness. It should monitor the impact of its approach.
- The partnership should review the effectiveness of its arrangements for integrated and co-located teams, with a view to maximising opportunities for delivering seamless services for people living with mental illness.
- The partnership should ensure that all staff working in mental health services are confident in the principles and practice of self-directed support, to maximise choice and control for people and unpaid carers.
- The partnership should strengthen its oversight and governance of social work practice, with reference to the statutory functions of mental health officers.
- The partnership should agree and implement its approach to identifying and addressing priorities for improving mental health services. This should include agreement on how it will monitor the progress and impact of improvement activities.

Good Practice Example

Women's Supported Living Service

Staff in the community learning disability team identified a gap in provision for vulnerable women. There were challenges in supporting women who wanted to live independently, but needed a high level of support and were at risk of exploitation in the community.

The partnership worked with a local registered social landlord and a third sector support provider to develop a service response. The resulting housing support service, operational in August 2021, provided a resource across two service areas: learning disability and mental health. It enabled seven women with learning disabilities and/or mental ill health to live in their own tenancies, with flexible and responsive support. Robust telecare arrangements offered tenants the reassurance of being able to call for help at any time. The service was provided as an addition to an existing service that had been developed collaboratively between Inverclyde and Renfrewshire health and social care partnerships.

The service worked in an integrated way, with staff from the support and housing providers and the partnership working together to provide personalised responses to each tenant.

The partnership identified a range of positive outcomes for the women supported by the service, including:

- Being able to live more independently than previously
- Improved mental health and reduced mental health in-patient admissions
- Being more involved in their local community
- Improved family relationships
- Feeling and being safer.

The HSCP has updated the Integration Joint Board on progress of the next steps following the inspection.

27. Inverclyde Learning Disability Support & Care at Home Service Housing Support Service – 6 and 7 February 2025

Inverclyde Learning Disability Support and Care at Home Service enable people with learning disabilities to live in their own homes throughout Inverclyde.

There are three elements within the service, including two supported living services and a dispersed service supporting people in their individual tenancies across the local area.
At the time of the inspection 22 people were supported.

The inspection took place on 06 February and 07 February 2025 and was carried out by one inspector from the Care Inspectorate.

In evaluating quality, the Care Inspectorate use a six-point scale where 1 is unsatisfactory and 6 is excellent. The service was evaluated Good as laid out below.

How well do we support people's wellbeing?	**4 - Good**
How good is our leadership?	**4 - Good**
How well is our care and support planned?	**4 - Good**

28. The Health and Care (Staffing) (Scotland) Act (HCSSA)

The above Act was passed by the Scottish Parliament in May 2019 to come into force on the 1st of April 2024.

The HCSSA legislation provides a statutory basis for the provision of appropriate staffing in health and care services, to enable safe and high-quality care and improved outcomes for service users. It builds on existing policies and procedures within both health and care services.

Effective implementation aims to embed a culture of openness and transparency, ensuring staff are informed about decisions relating to staffing and able to raise concerns.

HSCPs report on services they directly deliver, across all professions, unless in the agreed exceptions, for example pharmacy and on an ongoing basis Inverclyde HSCP will be required to submit quarterly assurance reports to the Health Board using the agreed HCSA Assurance template.

Inverclyde HSCP's return to NHS Greater Glasgow and Clyde showed reasonable assurance reported across all areas of Inverclyde HSCP services with only two duties for Health Visiting and School Nursing reporting limited assurance and no services reporting no assurance for any of the duties. The Senior Management Team has been kept fully informed of all relevant staffing concerns and the mitigations in place to address them. Four duties overall were reported as Substantial Assurance This level of assurance was in line with the expected NHSGGC overall position.

Following the process of completing the assurance templates for April 2025 the HCSSA Programme Board are supporting services to update the workplan for next year. The workplan will focus on developing / enhancing and regularly updating local Standard Operating Procedures (SOPs) to align with NHSGGC available SOPs, in addition to agreement and documentation of escalation processes. The workplan will emphasise ongoing workforce planning, risk

management, and feedback processes, while ensuring the integration of these updates into daily team activities and quarterly reporting.

29. Pressure Ulcer Prevention.

Pressure Ulcer Prevention is embedded within the District Nurse team, there has been **no avoidable** Pressure Ulcer's recorded since September 2024.The table below is an indicator including all HSCPs.

There has been considerable improvement activity in the recording and management of pressure ulcers by the service in 2024 -2025 and this is reflected in the data that Inverclyde HSCP have presented and reviewed by NHS Greater Glasgow and Clyde, that is supported by the Chief Nurse.

Month	HSCP	Total Unique Wounds	Total PU Patients	Total Caseload Patients	PU Per 1000 Caseload
Apr-25	East Dunbartonshire CHP	0	0	1,183	0
	East Renfrewshire CHCP	0	0	841	0
	Glasgow North East CHP	2	2	1,771	1
	Glasgow North West CHP	0	0	1,684	0
	Glasgow South CHP	0	0	2,389	0
	Inverclyde CHP	0	0	1,233	0
	Renfrewshire CHP	1	1	2,553	0
	West Dunbartonshire CHP	0	0	1,064	0
Total		3	3	12,718	0

- **5.4%** of total GGC Pressure ulcers (PU) recorded (April 2025) (n-8) Inverclyde
- **8** new pressure ulcers admitted to caseload (April 25)
- **0** Avoidable pressure ulcers (April 25)
- **100%** (n-8) grading accuracy
- **100%** SSKINs compliance **(**April 2025)

30. Palliative and End of Life Care (PEOLC)

Excellence in Care indicators for PEOLC has been set nationally, these are specific to people who have received District Nursing care in the last month of their life and who had an identified PEOLC need.

The tables below indicate the Inverclyde HSCP position as reported for May 2025.

Out of 920 patients on the caseload there are 100 palliative care patients. For the last 12 months, the preferred place of death out of 282 patients was 229, which was 82% of the total.

4.Effective care

The following section highlights improvement activity that has been initiated or completed in 2024 -2025.

31. Primary Care Transformation

Pharmacy

Public Communication

The Pharmacy Service have been promoting several campaigns including Medicine Waste and Antibiotic Stewardship.
These key messages have been delivered to our local population through a variety of ways including:

- displaying on GP Practice and Health Centre media screens,
- promotion across our digital billboards,
- cascade of promotional material around all staff networks
- Physical medicine waste materials will be available in the next quarter across Community Pharmacy, General Practice and Nursing teams.
- These materials will include a trifold and stickers for Pharmacy Prescription bags.

Digital media boards continue to provide a 'Talking Point' for both Primary Care and Community Pharmacy.

Highlighting Pharmacy roles and services provide that added direction of patients to the 'Right Care in the Right Place'

32. Pharmacy Frailty Polypharmacy Review Pathway

The service has developed a pathway for those living with frailty for referral for a polypharmacy review. This will help to reduce medicines related harm in those living with frailty.

A form has been developed to allow teams in the Community and Acute settings to refer patients who fit the criteria.

Community based Health Care Professionals including Rehab teams, Frailty Practitioners and ANPs can refer when they have patient concerns around Frailty and medication risk.

It will also roll out and be promoted to Community Pharmacies to request review when appropriate.

The MS form is automatically directed to the Inverclyde Pharmacy Hub to be triaged and redirected to either Care Home Pharmacist, Interface Pharmacist or Practice Pharmacist for medication review.

33. Care at Home Service Redesign

The existing model of Care at Home in Inverclyde needed enhancement due to the increasing number of older, complex service users.

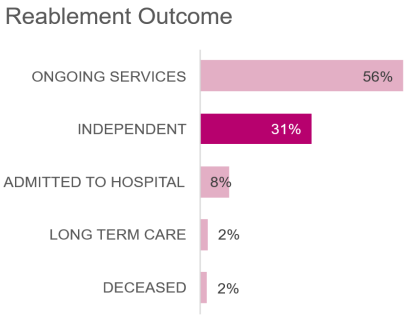
The goals were to address recruitment and retention issues whilst maintaining a high-quality support for service users.

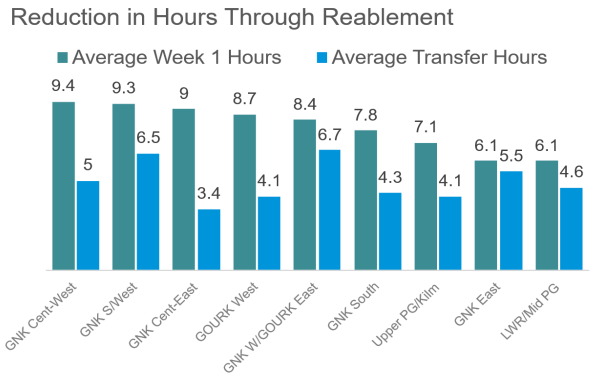
There has been a marked improvement in reablement as well as recruitment and retention and delayed discharge improvements.

Service Redesign and Impact

SUCCESS OF REDESIGN AND IMPACT

High percentage of service users regain independence through reablement services (**31%** as of April 7, 2025).

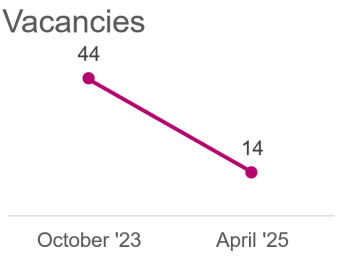




Outcome

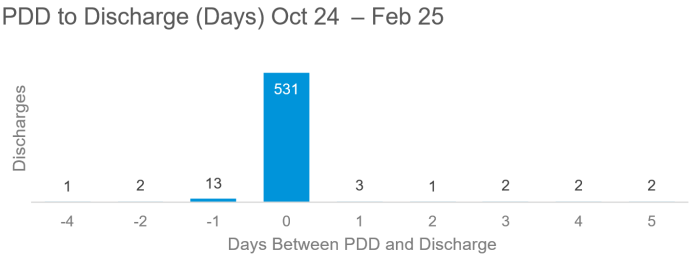
RECRUITMENT & RETENTION

The redesign of the service, along with the change in staff grading, has had a significant positive impact on our recruitment and retention efforts.



DELAYED DISCHARGES

We have almost eradicated delays in hospital discharges due to waiting for a package of care



Service Capacity & Governance of Commissioned Providers

1099 Unique Care at Home Service Users

Internal Service Delivery

Supporting 912 service users internally with 5,117 weekly hours of care

External Service Delivery

Commissioning 4,023 weekly hours of care for 312 service users.

Internal, 56% | External, 44%

Regular performance monitoring and consistency in KPI measurement using ECMS

Continuity of Care
Punctuality
Service Duration
Compliance

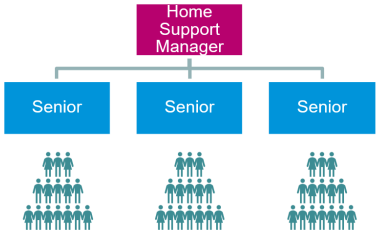
Key Changes to Improve Service Delivery

FLEXIBILITY & EFFICIENCY

Removal of fixed boundaries, introduction of smaller, fluid boundary lines.

TEAM RESTRUCTURE

Integration of Reablement teams into mainstream teams, creating nine new teams



STAFF TRAINING

Training all staff in the Reablement ethos.

REDISTRIBUTION OF EXPERIENCED STAFF

Strategic dispersal of experienced Reablement staff into new teams

34. Platinum Digital Telecare Implementation Award

Inverclyde HSCP have embraced the journey from initial test stage to complete full digitalisation 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.

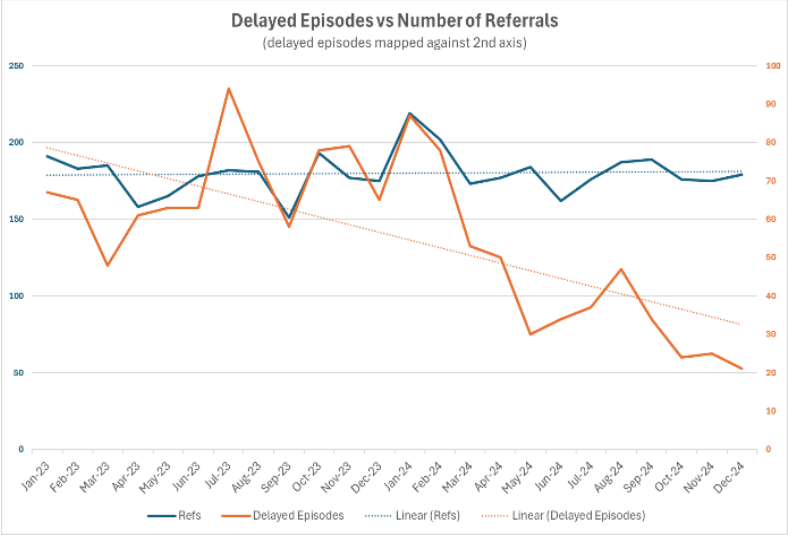
This is a remarkable achievement and the final major milestone in the transition to digital telecare. Next steps include further integration with commissioned providers, continuous improvement and upskilling of staff, robust monitoring and evaluation frameworks to track the performance of digital systems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

35. 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.

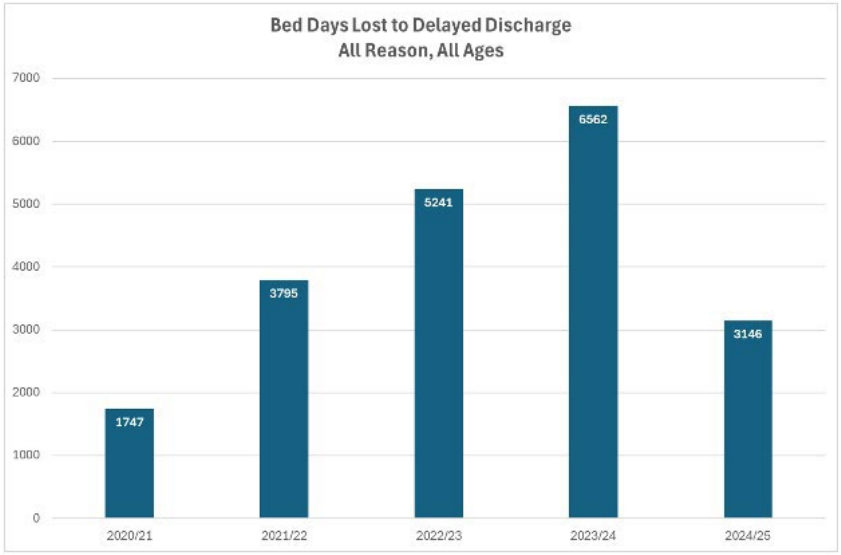
This includes a pathway for those who have attended the local Emergency Department and do not need to be admitted to hospital but require support to return home. Working collaboratively, supports can be put in place immediately to prevent an unnecessary admission. While this work is in its early stages,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



5.Person Centred Care

36. Inverclyde HSCP have been actively promoting Care Opinion (www.careopinion.org.uk) for 3 years now. This has been reflected upon in the last two annual reports for Clinical and Care Governance.

Table 3 shows for 2024 -2025 there have been 33 stories received from Care Opinion.

Table 3: When stories were told 2024 -2025

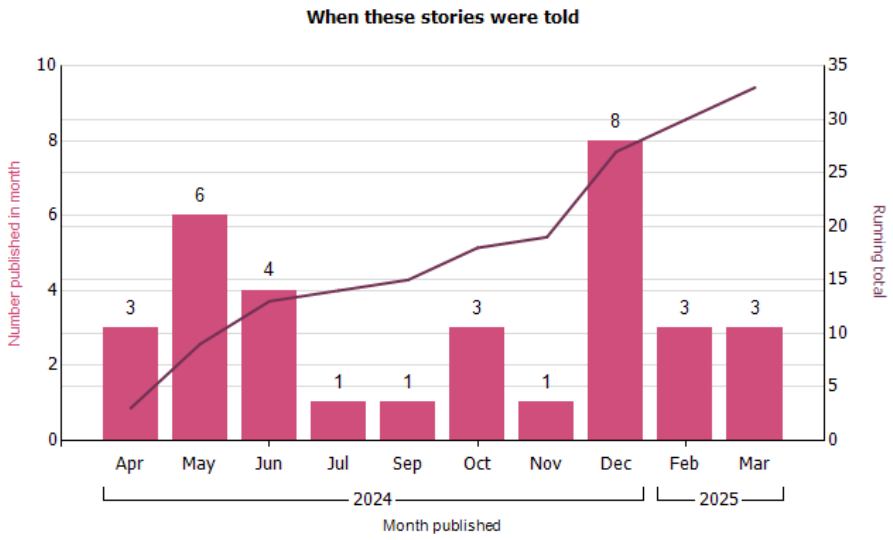


Table 4 shows how authors of the stories identify themselves. The majority of stories are for people who describe themselves as the patient or service user but stories are received for those who describe themselves as a relative, parent or carer.

Table 4 How Authors of Stories identify themselves 2024 -2025

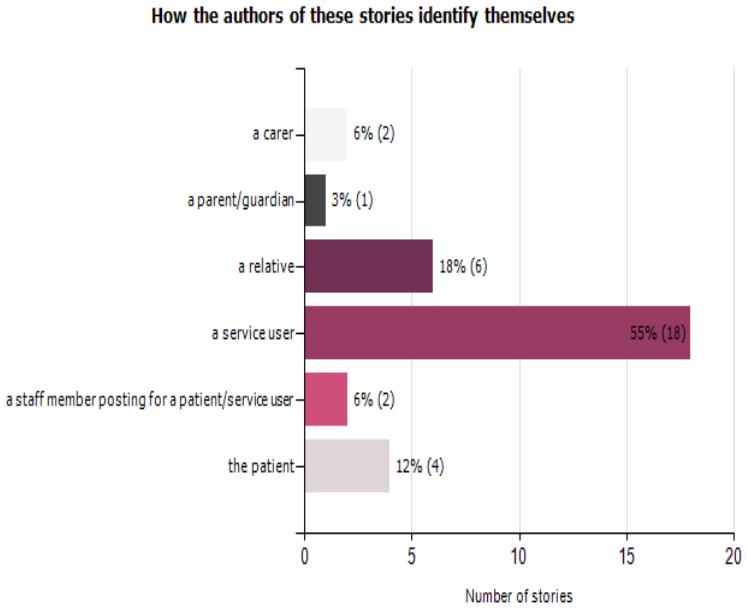


Table 5 shows how the stories were submitted.

It is encouraging to see the amount of stories that have been submitted via Freepost Envelopes (leaflet). This is provided as part of the HSCP subscirption and helps to improve the accessiblity for Care Opinion that can't or struggle to use the web based platform.

Table 5 How stories were submitted 2024 -2025

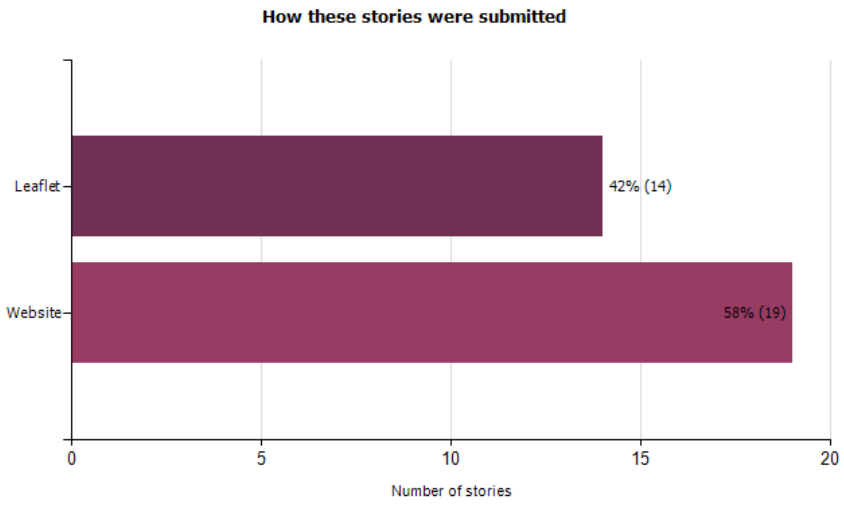


Table 6 shows how Care Opinion have rated how critical the stories are.

The majority of feedback (79%) is not critical and every story has had a response.

Table 6 How Care Opinion moderators have rated the criticality of stories 2024 -2025

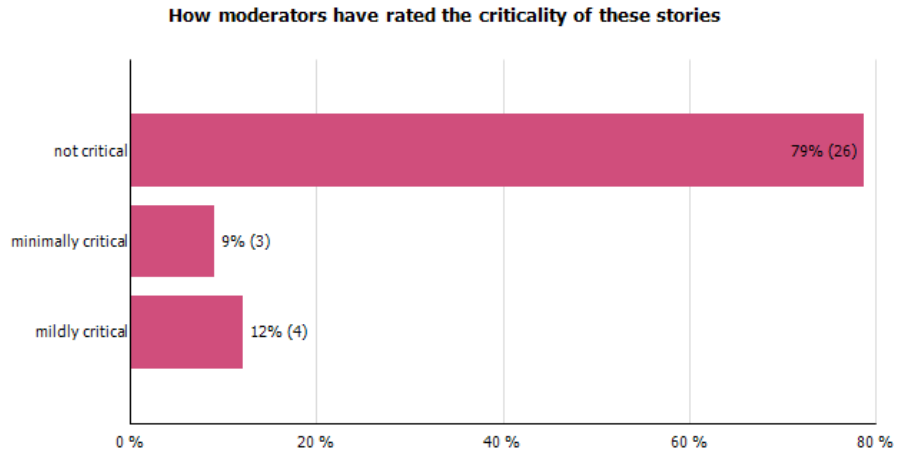


Figure 3 below shows ‘What was good’ for 2024 -2025.

Helpful, Friendly and Professional Staff.

Figure 3 What was Good 2024 -2025

The following 2 examples have been chosen to showcase the kind of feedback that has been received.

On the day of a big storm, I went outdoors to investigate how much damage was done to my roof from an embankment at the rear end of my garden. On the way back down, I slipped and broke my ankle.

I was taken by ambulance to the Royal Alexander in Paisley, where I had surgery. I needed a metal plate and 11 pins to fix it. I am grateful to the skill of the surgical team and nurses for all what they did for me that day.

When I got out of hospital, I was cared for by the team of Gourock district nurses who attended me at my home to change my wound dressings twice a week. Their care and compassion were second to none and I am extremely grateful to them and the NHS.

I am now back to full health and fitness and grateful to all those in our amazing NHS.

https://www.careopinion.org.uk/1357698

Yesterday my mum took unwell within her care home, I work in healthcare and got a call at work to attend.

A nurse Stuart from my mums practice attended and carried out a full, thorough assessment. His knowledge was exceptional, and he sensitively advised me on courses of action touching on pros and cons of whether escalation to hospital was appropriate.

My mum appeared to have had a TIA/stroke along with chest infection and the nurses knowledge was exceptional. His calm professional approach was outstanding, it made me feel reassured she was in good hands.

He assisted me with getting her into bed and went beyond the call of duty, he fed back to the GP who in turn phoned me with a plan.

Stuart was kind, helpful and highly skilled.

https://www.careopinion.org.uk/1261962

37. 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 several 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.

Client 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 Client A said, “I don’t think college would have happened”. Client A and his girlfriend are currently in temporary accommodation; however, work is ongoing to see if this could become his permanent tenancy. Client 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.

6. Conclusion

The HSCP has been negotiating significant challenges throughout 2024 - 2025. One of the main aspects of this is meeting the requirements for the Health and Care (Staffing) (Scotland) 2019 Act.

The HSCP has reasonable assurance through the work that has been ongoing on the legal requirements for the Act. The HSCP has an implementation group to oversee progress. Care Opinion will be a vital aspect that has been incorporated into this work to feedback on progress from the public’s perspective. Existing systems will be used to record staff concerns, such as Datix. There are Standard Operating Procedures developed to monitor the real time staffing aspect. This status will be carefully monitored and is a standard agenda item for the HSCP Clinical and Care Governance Group.

The Terms of Reference for the Clinical and Care Governance Group will be reviewed in 2025.

The implications of any changes to the Significant Adverse Event Review process will also be discussed at local governance groups and the HSCP Clinical and Care Governance Group. Issues will be escalated to the Primary Care and Community Clinical Governance Forum.

The structure for clinical and care governance, shown in Figure 1, provides assurance that all services report by exception to the HSCP Clinical and Care Governance Group. This ensures that NHS Greater Glasgow and Clyde have an accurate and up to date overview of the risks and issues for the HSCP.

Exemplar Case Studies

Case Study 1

Inverclyde HSCP Community In – Reach

The aims of the service are to:

- Provide link from acute to primary care.
- Prevent delays through Health and DN services.
- Ensure no one remains in Hospital for longer than necessary.
- Preferred Place of Care/Death is met.
- Community Palliative Kardex.
- Scottish Palliative Care Guidelines for Rapid Discharge for Patients who are in the Last Days of Life.
- District Nursing Service via Clinical Portal to allow staff to access if patient known to District Nursing service and active care plans

This service is community based within Inverclyde Royal Hospital.
They accept referrals for complex discharges including:

- Wound Management
- Diabetes Management
- Insulin Management
- Palliative Care and Rapid End of Life Discharges
- Pressure relieving equipment
- Support and advice regarding District Nursing Services and resources.

The team liaise with:

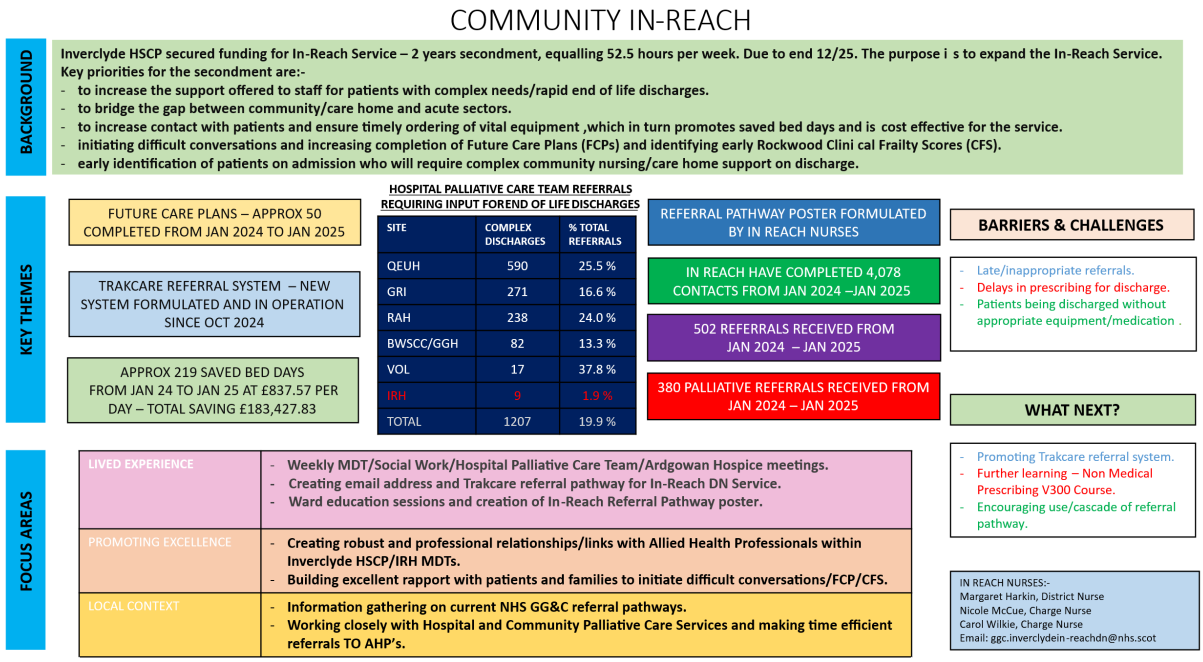
- Social Work
- Hospital Palliative Care Team
- Allied Health Professionals
- Community Nurse Specialists and Nutrition Nurse Practitioners
- Home Care
- Ardgowan Hospice
- Family and Carers

The impact of the service:

- Contribute to the vision, approach and strategic priorities of the Strategic Partnership Plan.
- Contribute to the End-of-Life Palliative Care Strategy.
- Contribute to reducing workloads on other services and retaining care delivery within community nursing where appropriate.
- Increased support offered to staff for patients with complex needs/rapid End-of-Life discharges.
- Bridged the gap between Community/Care Home and Acute Sectors.

- Increased the number of completed Future Care Plans (FCP) and identified early Rockwood Clinical Frailty Scores (CFS).
- Contributed to the reduction in complaints and Datix due to improved communication.
- Improved timely ordering of equipment, which in turn promotes saved bed days and cost effectiveness of the service.
- Identify at an earlier stage patients on admission who will require complex community nursing/care home support on discharge.
- Liaise with families to support the people in our communities, therefore reducing inequalities.

The following graphic is a flash report which shows how the service communicates key concepts and progress with other staff and teams.



Case Study 2

Inverclyde Chronic Obstructive Pulmonary Disease (COPD) Pathway Remote Patient Monitoring

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

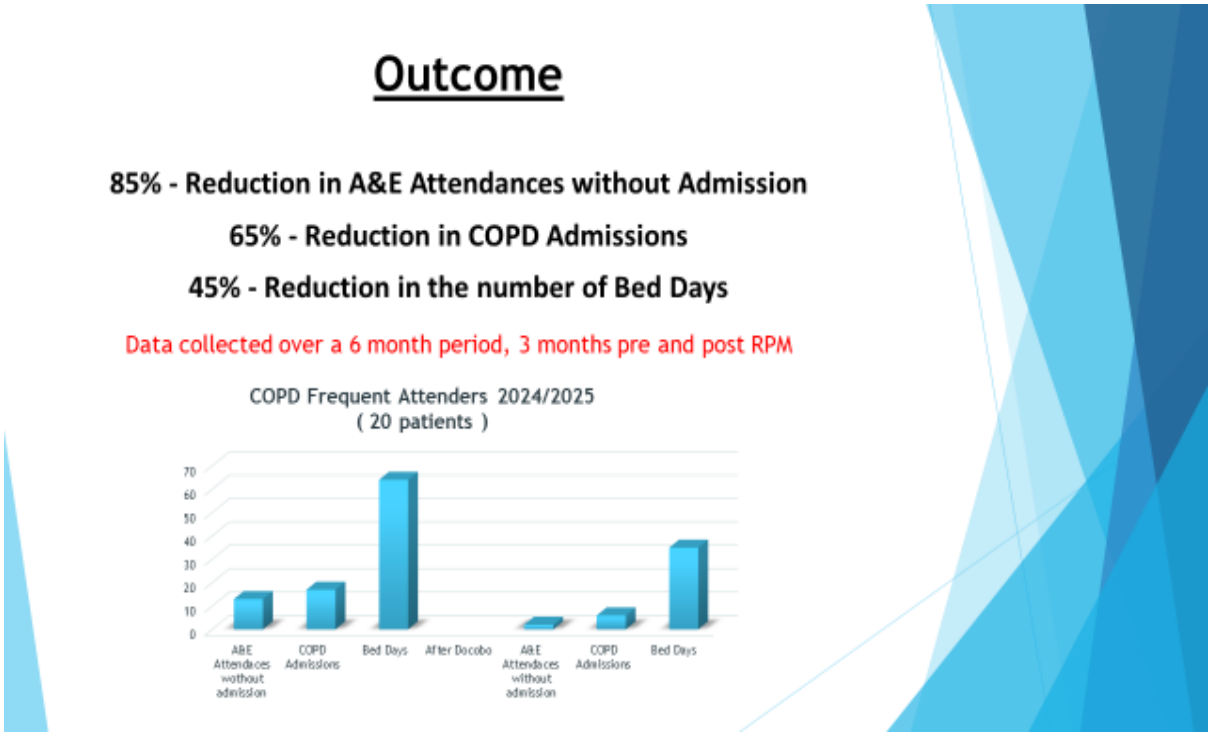
Inverclyde's rate is above both the NHS Greater Glasgow & Clyde and Scotland rate per 100 000 population.

The aim of the remote monitoring pathway is to utilise existing resources and workforce to target residents of Inverclyde who are diagnosed with COPD. The main aim is to avoid unnecessary admissions and form a preventative approach that can be built into normal practice for COPD care. The initial focus was on the most frequent attenders who are admitted to Inverclyde Royal Hospital (IRH) due to exacerbation of COPD.

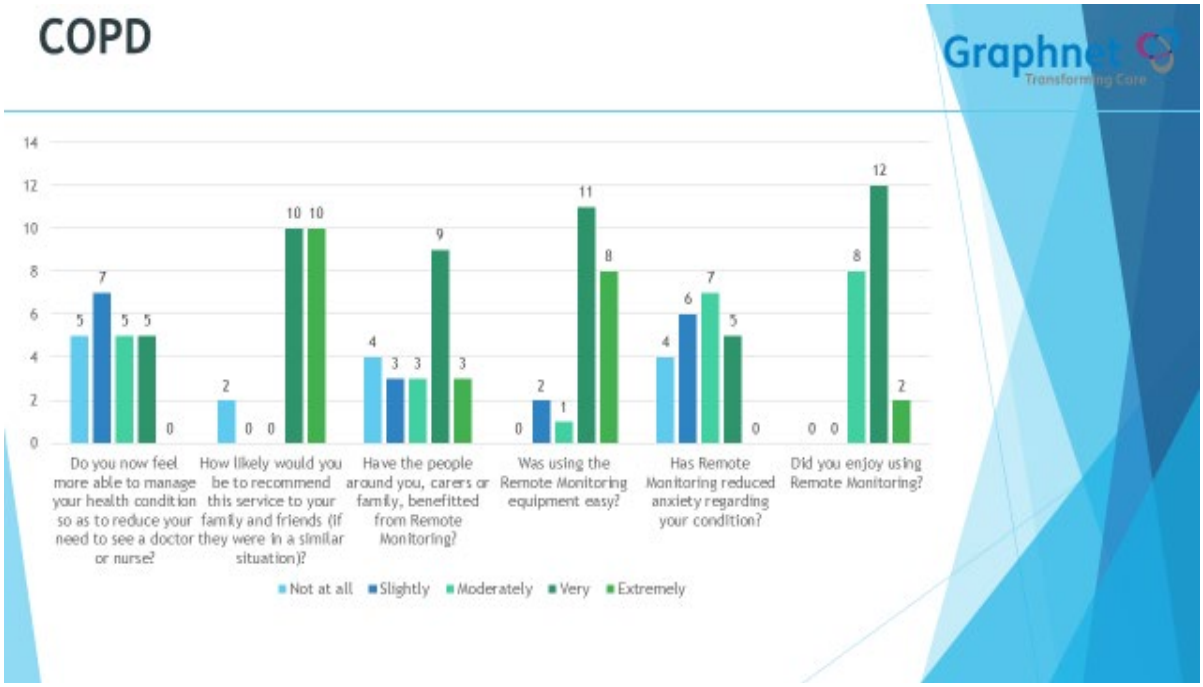
The method is to utilise existing preventative tools, the focus of this pathway is to re-introduce the remote patient monitoring (RPM) system, Graphnet/Docobo. This system allows the patient to input daily observations and answers a question set (COPD) which are assessed daily by a Community Nurse, with the aim of initiating treatment if required at an early stage to prevent unnecessary hospital admission.

This pathway empowers patients to take an active role in their health, supporting self-care and improving well-being.

Currently Inverclyde has 93 COPD patients who attended IRH 720 times 2024 -2025 for exacerbations of COPD. Of this cohort 20 patients have been established on the system, 18 patients were excluded for not meeting the criteria due to reasons such as visual impairment, assisted living, brain injury or dexterity issues. 4 refused to participate and 3 patients sadly passed away during screening.



Patients using the system have responded positively to the experience and provided the feedback outlined below.



Looking into the future

A new referral pathway is set up through Access 1st allowing all professionals to refer into the service. (GP, ANP's, Practice Nurse, District Nurse etc.). The Long-Term Conditions Nurse continues to engage with all GP Practices and the Respiratory Team and IRH whist picking up referrals from Access 1st and continuing to target the remaining frequent attendee cohort of patients with the intention of establishing a large percentage on either remote monitoring, medication review or sign them up for a rescue medication card.

The Inverclyde Care Home 5G Project in partnership with Graphnet/Docobo went live on the 27th of January 2025 within 2 care homes in Inverclyde, involving a total of 81 residents.

This expansion into long term care home settings has seen additional pathways being set up with remote patient monitoring along with the use video consultation including:

1. The 'monthly wellness check' – Each month a carer completes these questions with a resident to monitor their baseline measurements. This fits with the My health, My Care, My Home National Care Home Framework (2022) and current unscheduled care work on Call before You Convey.

2. The 'deteriorating resident' or 'my resident is unwell' – is completed when a resident is feeling unwell or demonstrating signs of deterioration.

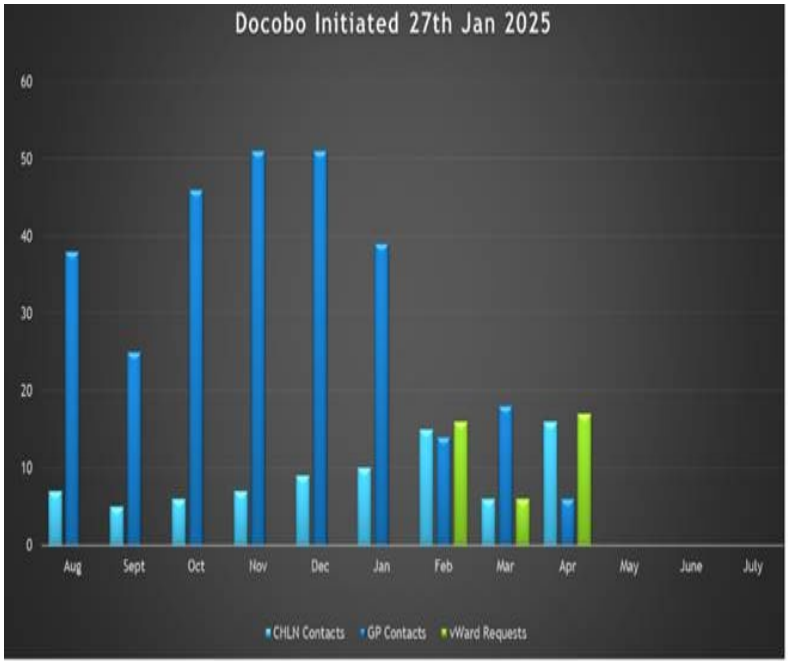
3. The 'virtual ward round' – Highlights specific residents and health concerns that need to be reviewed at ward round with the residents' CHLN.

The project aims to improve individuals' quality of life through technology enabled integrated care delivery, leading to below objectives:

- Reduced GP appointments/contacts, hospital attendance and admissions
- Improved clinical capacity and assessment
- Clinical improved triage
- Regular monitoring to support the progress from reactive to proactive preventative
- Keeping individuals in their preferred homely setting
- Clear recording and history of individual notes

Unfortunately, one care home withdrew due to difficulties supporting 2 additional electronic systems within their care home.

The example shown provides data in a Care Home from February to April 2025 where the number of GP contacts has signifcantly reduced for that time period.


Docobo Initiated 27th Jan 2025
60
50
40
30
20
10
0
Aug
Sept
Oct
Nov
Dec
Jan
Feb
Mar
Apr
May
June
July
CHLN Contacts
GP Contacts
vWard Requests

Case Study 3

Urgent Hub Centre for Independent Living Team

The service is an integrated Council and NHS Team.

The Urgent Hub is a dedicated integrated team with a focus on prevention of admission to hospital, supporting hospital discharges and crisis prevention to support care at home and informal carers.

The resource was launched in 2022 to differentiate between urgent and routine work coming into the centre.

Previously the team were getting into a cycle of prioritising crisis work over routine resulting in routine work getting to crisis stage and the waiting lists increasing.

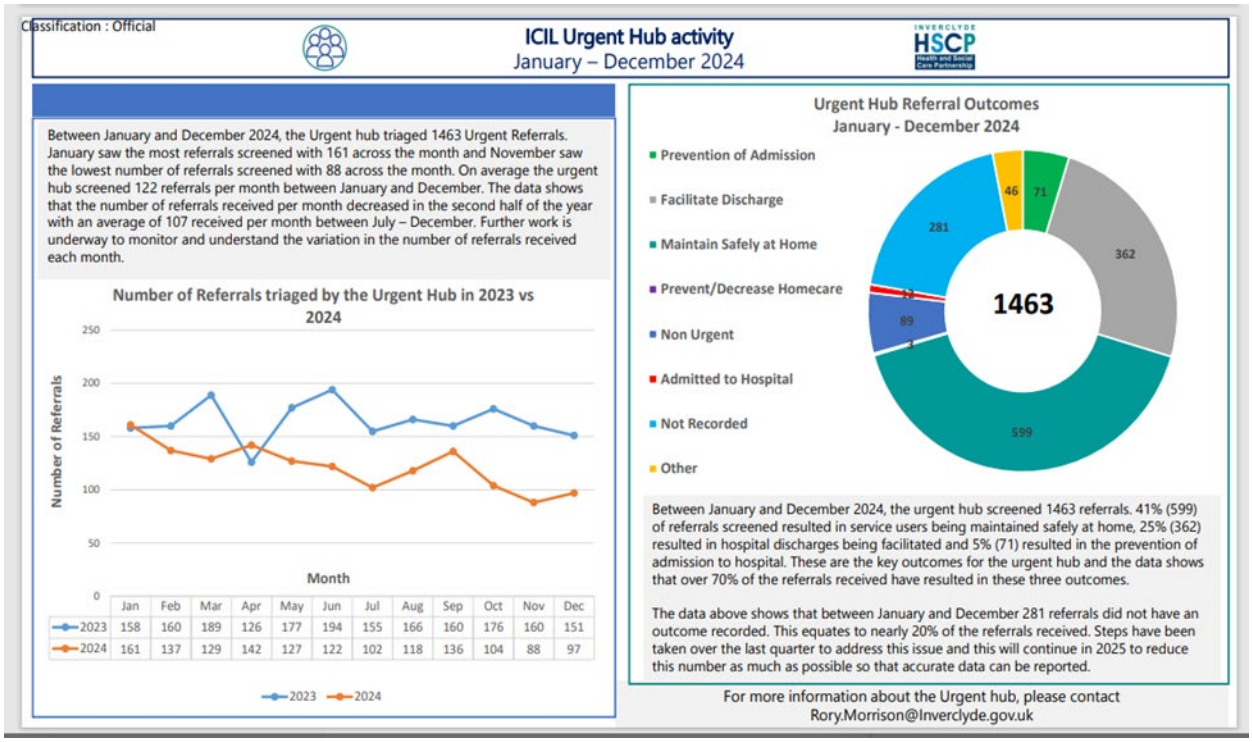
The aims are to:

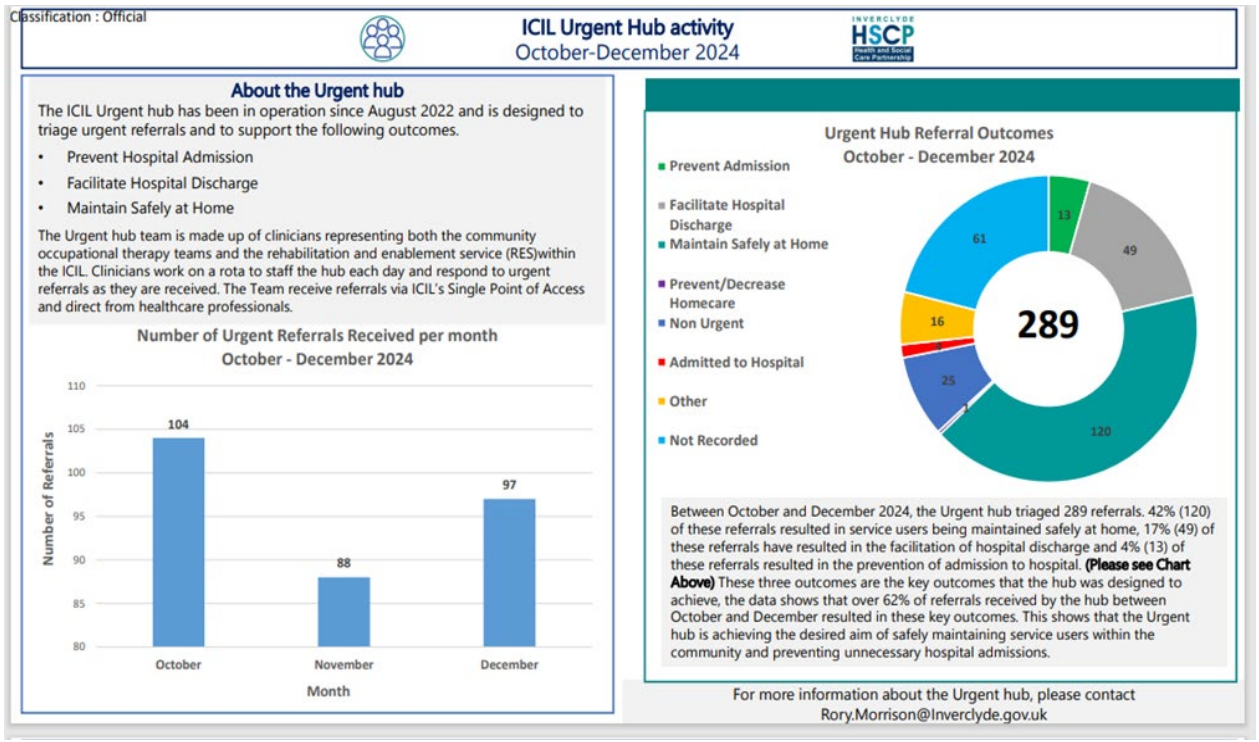
1. Achieve best outcomes for service users and families
2. Joint working
3. Right Care, Right Person and Right Time
4. Pressure off non -urgent staff to work on routine caseload

It was realised that the idea worked but there was no data to back the work up. A data recording system was designed and put into practice August 2022. The system scores the outcome of each referral that is triaged by the Urgent Hub. There are 9 categories of outcome including:

1. Prevention of Admission
2. Facilitate Hospital Discharge
3. Maintain Safely at Home
4. Prevent/Decrease Home Care
5. Non-Urgent
6. Admitted to Hospital
7. Refer to Nurse
8. Patient Declined
9. Falls level 2 – falls team disbanded and increase in referrals who would previously have gone to falls service

Data collection





Data gathered so far since the launch in 2022:

- **Since the launch of the urgent hub – triaged 4355 referrals**
- **1757 service users have been maintained safely at home**
- **538 admissions to hospital have been prevented**
- **273 referrals have been downgraded as non-urgent**
- **1051 Discharges from hospital have been facilitated**

This shows that a planned, improvement-based approach is having a positive impact. This impact can be evidenced due to the data collection methods described.

AGENDA ITEM NO: 11

Report To:	**Inverclyde Joint Integration Board**	**Date:**	**8 September 2025**
Report By:	**Kate Rocks Chief Officer Inverclyde HSCP**	**Report No:**	**IJB/91/2025/AB**
Contact Officer:	**Alan Best Head of Health & Community Care Inverclyde HSCP**	**Contact No:**	**01475 715365**
Subject:	**NHS Greater Glasgow & Clyde Primary Care Strategy Implementation**		

1.0 PURPOSE AND SUMMARY

1.1 ☐For Decision ☒For Information/Noting

1.2 The purpose of this report is to provide Inverclyde Health and Social Care Partnership Board with an update on the NHS Greater Glasgow and Clyde Primary Care Strategy 2024 – 2029.

2.0 RECOMMENDATIONS

2.1 It is recommended that the Inverclyde Health & Social Care Integration Joint Board:

- Note the progress against the Primary Care Strategy 2024-2029
- Note the performance across NHSGGC Primary Care Strategy in relation to the deliverables for year 1.
- Note ongoing efforts to support progression of whole system working to strengthen future delivery through Moving Forward Together Programme Board.

Kate Rocks
Chief Officer
Inverclyde Health and Social Care Partnership

3.0 BACKGROUND AND CONTEXT

3.1 The NHSGGC's first Primary Care Strategy (2024-29) was approved by the Board on 30 April 2024. Overall progress with the Strategy set up and delivery is reasonable including:

- Good strategic support and buy-in within the current delivery resource and we will continue to negotiate support to progress work streams.
- The Implementation Plan was approved by Corporate Management Team (CMT) in August 2024 and will be refreshed annually. It sets out governance and delivery arrangements, as well as each work stream projects and outputs (deliverables).
- Support to the Strategy vision remains strong; engagement is ongoing to grow awareness and shared delivery with the wider system.
- Year 1 of delivery there has focused on establishing effective whole system working and medium-to-long term strategies for key enablers to meet our primary care ambitions, including sustainability.
- Consistent reporting format for monitoring i.e. 6 monthly was approved by CMT in February 2024
- Whole system strategic leadership capacity is building i.e. Director of Primary Care, and the Depute Medical Director for Primary Care roles have been appointed to in early 2025.
- The Primary Care Programme Board (PCPB) has adopted bi-annual, in-person extended meetings to also include public partner members, wider services and operational primary care. These will adopt a deep dive approach to consider challenging issues and reach consensus for next steps.

Development of engagement through a Primary Care reference group to enable collaborative working with independent contractor and provider member bodies.

3.2 Key strategic challenges and risks are largely in relation to the scale of the Strategy ambition, the level of resource in place to support delivery, the limited levers to effect change given independent contractor delivery model and delays in national programmes to remedy issues e.g. digital transformation.

3.3 Looking Forward over the next year the programme aims to have developed the following:

- A refreshed Implementation Plan due to be submitted to CMT in September 2025.
- Two strategies for Primary care i.e. *Optimising our Primary Care Workforce* Strategy and a 5-year *Communications, Engagement and Health Literacy strategy*.

4.0 PROPOSALS

4.1 The Primary Care Strategy's vision is one of sustainable primary care, at the heart of the health system. People who need care will be more informed and empowered, well access the right professional at the right time, and will remain at or near home whenever possible. Multi-disciplinary teams will deliver care in communities and be involved in the strategic planning of our services.

These aspirations are broadly aligned to Inverclyde HSCP specific priorities as set out in Inverclyde HSCP's Strategic Plan, including specifically empowering people and connecting communities and prevention and early intervention.

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		
Clinical or Care Governance	x	
National Wellbeing Outcomes	x	
Environmental & Sustainability		x
Data Protection		x

5.2 **Finance**

One off Costs

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

Annually Recurring Costs/ (Savings)

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

5.3 **Legal/Risk**

None

5.4 **Human Resources**

None

5.5 **Strategic Plan Priorities**

None

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.	Board wide action to understand and improve variations in patient experiences with support to ensure that implementation does not negatively impact on equalities
Children and Young People who are at risk due to local inequalities, are identified early and supported to achieve positive health outcomes.	Board wide action to understand and improve variations in patient experiences with support to ensure that implementation does not negatively impact on equalities
Inverclyde's most vulnerable and often excluded people are supported to be active and respected members of their community.	Board wide action to understand and improve variations in patient experiences with support to ensure that implementation does not negatively impact on equalities
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.	Board wide action to understand and improve variations in patient experiences with support to ensure that implementation does not negatively impact on equalities

(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**

None

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.	Sustain and develop primary care provision
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	Improve access and experience of care; improved care journeys
People who use health and social care services have positive experiences of those services, and have their dignity respected.	Improve access and experience of care; improved care journeys
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Sustain and develop primary care provision
Health and social care services contribute to reducing health inequalities.	Reduces Health Inequalities
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	Improve access and experience of care; improved care journeys and additional system capacity
People using health and social care services are safe from harm.	Keeps our community safe and well.
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.	Improve access and experience of care; improved care journeys and additional system capacity
Resources are used effectively in the provision of health and social care services.	Promotes additional system capacity

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 Board Wide GGC Consultation

8.0 BACKGROUND PAPERS

8.1 Appendix 1 – Board Report - Annual Update Primary Care Strategy 2024-29

Appendix 1

NHS Greater Glasgow and Clyde	**Paper No. 25/52**
Meeting:	**NHSGGC Board Meeting**
Meeting Date:	**29 April 2025**
Title:	**Annual Update on Delivery of NHSGGC Primary Care Strategy 2024-29**
Sponsoring Director:	**Carron O'Byrne, Interim Chief Officer Renfrewshire HSCP** **Fraser McJannett, Director of Primary Care & GPOOHs**
Report Author:	**Ann Forsyth, Head of Primary Care Support**

1. Purpose

The purpose of the attached paper is to:

- Provide an update on the NHSGGC Primary Care Strategy 2024 -2029 to the Board.

2. Executive Summary

The paper can be summarised as follows:

The NHSGGC's first Primary Care Strategy (2024-29) was approved by the Board on 30 April 2024. Overall progress with the Strategy set up and delivery is reasonable including:

- Good strategic support and buy-in within the current delivery resource and we will continue to negotiate support to progress workstreams.
- The Implementation Plan was approved by Corporate Management Team (CMT) in August 2024 and will be refreshed annually. It sets out governance and delivery arrangements, as well as each workstream's projects and outputs (deliverables).
- Support to the Strategy vision remains strong; engagement is ongoing to grow awareness and shared delivery with the wider system.
- Year 1 of delivery there has focused on establishing effective whole system working and medium-to-long term strategies for key enablers to meet our primary care ambitions, including sustainability.

- Consistent reporting format for monitoring i.e. 6 monthly was approved by CMT in February 2024
- Whole system strategic leadership capacity is building i.e. Director of Primary Care and the Depute Medical Director for Primary Care roles have been appointed to in early 2025.
- The Primary Care Programme Board (PCPB) has adopted bi-annual, in-person extended meetings to also include public partner members, wider services and operational primary care. These will adopt a deep dive approach to consider challenging issues and reach consensus for next steps.
- Development of engagement through a Primary Care reference group to enable collaborative working with independent contractor and provider member bodies.

  Key strategic challenges and risks are largely in relation to the scale of the Strategy ambition, the level of resource in place to support delivery, the limited levers to effect change given independent contractor delivery model and delays in national programmes to remedy issues e.g. digital transformation.

  Looking Forward over the next year the programme aims to have developed the following:

  - A refreshed Implementation Plan due to be submitted to CMT in July 2025.
  - Two strategies for Primary care i.e. *Optimising our Primary Care Workforce* Strategy and a 5-year *Communications, Engagement and Health Literacy strategy*.

3. Recommendations

The NHSGGC Board is asked to consider the following recommendations:

- Note the progress against the Primary Care Strategy 2024-2029
- Note the performance across NHSGGC Primary Care Strategy in relation to the deliverables for year 1.
- Note ongoing efforts to support progression of whole system working to strengthen future delivery through *Moving Forward Together Programme Board*.

4. Response Required

This paper is presented for **assurance**.

5. Impact Assessment

The impact of this paper on NHSGGC's corporate aims, approach to equality and diversity and environmental impact are assessed as follows:

- **Better Health** **Positive impact**
  (Sustain and develop primary care provision)
- **Better Care** **Positive impact**
  (Improve access and experience of care; improved care journeys and additional system capacity)

- **Better Value** **Positive impact**
  (Partnership working across NHSGGC, HSCPs and Contractors; increased efficiency/reduced duplication of efforts across HSCPs)
- **Better Workplace** **Positive impact**
  (Improved workforce recruitment, retention and progression; strengthened access to professional and system supports; increased trust and collaboration)
- **Equality & Diversity** **Neutral impact**
  (Board wide action to understand and improve variations in patient experiences with support to ensure that implementation does not negatively impact on equalities)
- **Environment** **Positive impact**
  (More locally available care will reduce travel; Primary Care Asset strategy to contribute to the achievement of wider strategies, such as sustainability and climate change (net zero carbon) ambitions and targets).

6. Engagement & Communications

The issues addressed in this paper were subject to the following engagement and communications activity:

Reporting to the CMT, Chief Officers group via the Primary Care Programme Board chaired by the Director of PC and GPOOHs and ensures alignment to the Boards ADP and national strategy developments.

7. Governance Route

This paper has been previously considered by the following groups as part of its development:

Primary Care Programme Board
Corporate Management Team 6th March 2025
Finance, Planning and Performance Committee 8th April 2025

8. Date Prepared & Issued

Date prepared: 10 April 2025
Date issued: 17 April 2025

NHS Greater Glasgow and Clyde	**Paper No. 25/52**
Meeting:	**NHSGGC Board Meeting**
Meeting Date:	**29 April 2025**
Title:	**Annual Update on Delivery of NHSGGC Primary Care Strategy 2024-29**
Sponsoring Director:	**Carron O'Byrne, Interim Chief Officer Renfrewshire HSCP** **Fraser McJannett, Director of Primary Care & GPOOHs**
Report Author:	**Ann Forsyth, Head of Primary Care Support**

1. Introduction

The purpose of the attached paper is to:

- Provide an update on the NHSGGC Primary Care Strategy 2024 -2029 to the Board.

2. Background

The Primary Care Strategy

- The Board approved NHS Greater Glasgow and Clyde's first Primary Care Strategy on 30 April 2024 alongside a supporting Implementation Plan. The strategy and implementation plan cover the period 2024-2029.
- The strategy was developed through engagement with independent contractors, staff and the public.
- The Primary Care Strategy aligns to the NHSGGC Annual Delivery Plan and with medium and longer-term transformation plans under *Moving Forward Together's Clinical Roadmap* (2024).
- The Primary Care Programme Board provides oversight and governance on the delivery of the strategy and onward 6 monthly updates to the Corporate Management Team (CMT) and Board update on an annual basis.

Primary Care implementation plan 24/25

- The Strategy is delivered incrementally through an Implementation Plan which was approved by CMT in August 2024 following review and will be refreshed annually. It sets out governance and delivery arrangements, as well as each workstream's projects and outputs (deliverables).
- The Chief Officer for Primary Care acts as Corporate Sponsor for Strategy delivery.
- To meet the commitment to deliver within current resource, the Strategy sets out three priorities and five wider areas for development. These are as follows:

Strategy Priorities	**Wider Areas for Development**
• Optimising our workforce • Digitally enabled care • Effective integration and interfacing	• Improving our communications • Improving Access • Strengthening Prevention, Early Intervention and Wellness • Improving equity and reducing inequality • Optimising our estate

- Appendix A sets out the *Primary Care Strategy Action Tracker* for 2024/25. This is an adapted extract of the *Primary Care Strategy Implementation Plan, and it* includes the deliverables due this financial year and progress updates on each.
- In year 1 we have focussed on establishing effective whole system working and medium-to-long term strategies for key enablers to our primary care ambitions, including sustainability.

Governance

Prior to reaching the Board, this paper will have been reviewed by the following groups:

- Primary Care Programme Board
- Corporate Management team 6 March 2025
- Finance, planning and performance committee 8 April 2025

3. Assessment

Progress on delivering the Primary Care Strategy 2024-2029

Appendix A provides a summary of implementation across the following dimensions:

- a strategic assessment of progress and impact to date
- a summary of performance against milestones and measures
- key areas that are going well, and others that are in need of improvement
- a forward look on the next steps.

As delivery progresses monitoring reports will be updated to include metrics around impact (e.g. improved public understanding around how to access the right care at the right time).

3.1 Overall assessment

Overall there has been reasonable progress on delivery, with some challenges around capacity constraints and national factors. At the end of quarter 3 2024/25, 14 of the 34 deliverables are delivering against trajectory, 15 are rated as 'at risk' (amber) and 5 have been rated as 'delayed' (red).

Thresholds	Progress / Status key	Deliverables (in 2024/25)
On track and on time	On Schedule	14
Some delay; minor to moderate concerns	At Risk	15
Significant delay; and/or significant concerns	Delayed	5
	Completed	N/A
		34

An overview of progress for each workstream is provided below, alongside a RAG-rating for key deliverables:

Workstream	Overview of progress
1 – Optimising our workforce	• The workstream is established with senior leadership and staffside membership. • Agreed the approach to the Workforce Strategy i.e. adopt the 5-pillars approach used nationally and aligned to NHSGGC's wider *Workforce Strategy 2025-30*. • The strategy ambitions are agreed, and a project initiation documents e.g. terms of reference also in place for the group. • Commenced in depth work to agree measurable outcomes for its Strategy vision by 2029. • Interim lead arrangements and capacity presenting a level of risk to delivery (no major concerns at this stage). • Work to gather workforce data is also in its early stages; this aims to add significant, long-term capacity to system planning and workforce development. • Engagement sessions March – April 2025
	Q3 Start NHSGGC primary care workforce strategy development
2 – Digitally enabled care	• Due to national delays, target timeframes to roll out two new systems to general practice have been delayed, one at least nine months from target (Docman and GP IT Reprovisioning). • Following the entry of the GP IT reprovisioning supplier into administration, national work is underway to put in place recovery arrangements. • NHSGGC await outcome of this national work prior to further migration of practices. In the meantime, we continue to work on local technical preparations. The advice is that there is no current delivery risk to local Boards. • Locally controlled delivery had been progressing well with 19 practices migrated (18 Vision and 1 EMIS Practice) • The Senior Responsible Officer continues to work with eHealth to ensure appropriate oversight (strategic and operational) of primary care digital developments, into the medium term.
	Q2 Start roll out of GPIT re-provisioning, prioritising general practice
	Q3 Information sharing agreement(s) development and delivery
	Q1 Start pilot GP Digital Asynchronous Triage solutions
	Q3 Start phased replacement of Docman (GP Document Management)
	Q4 Deploy ANIA Digital Dermatology Referrals to GP practices
3/4 – Effective integration and interfacing	• This workstream is pending and due to start early 2025. The workstream group will be led by the incoming Deputy Medical Director for Primary Care with interim arrangements in place. • Following set up, two new pathways are planned for development: neuro

	diversity referrals and cardiology. Early engagement has taken place with clinical directors, GP Sub-Committee and Chief Officers around proposals for the new neurodiversity pathway. • Primary Care's Community Optometry stands ready to support increased numbers of glaucoma patients who are currently being cared for as outpatients. This increase will support NHSGGC's *Moving Forward Together clinical route map's* aims of shifting the balance of care from hospital to community, with more, locally available specialist care. • Work to strengthen alignment of this workstream with *Moving Forward Together* progressing.
	Q1 -4 Workstream set up - review and update of patient pathways into and from wider health and social care
Wider Areas for development	
Improving communications and engagement	• The workstream group is established with regular meetings enabling good progress. • A one-year communications plan has been developed with a programme of monthly public communications planned. This aims to raise public awareness of primary care and how to access the right care at the right time. • STV ran a dedicated piece to raise awareness of the availability and importance of Community Link Workers in NHSGGC, on 11 December 2024. • Work to develop the 5-year communications strategy commenced in Q4, with the key strategic outcomes including: inequalities informed approaches to improved patients' health literacy (both supported self-management and system navigation), and professional supports to directing patients to the right place at the right time.
	Q3 Start development of NHSGGC Primary Care Communications and Engagement Plan; wider activities
Improving access to care	• The workstream group is established with regular meetings resulting in good progress. • Scoping sessions with primary care leadership in NHSGGC and HSCPs identified a wide range of potential improvements to access, including digital, and increased effectiveness and efficiency. • A rapid review of literature around low value activity in primary care identified a number of areas for onward consideration in NHSGGC. • Work continues to embed realistic medicine across Primary Care, particularly in General Practice and Dentistry. • In December, the Primary Care Programme Board provided direction on areas to be shortlisted for more focussed planning, in Q4. These will be fully developed into proposals for Primary Care Programme Board approval in spring 2025 and include work to embed realistic medicine and shared decision making in primary care.
	Q3 Planning and definition of onward joined up action to: - Strengthen direct patient access to the right care at the right time; increase our efficiency and effectiveness
Strengthening prevention, early intervention and wellness	• Planning sessions to progress this workstream took place in Q4 to consider work to improve outcomes in a range of areas, including coronary heart disease, cancer, diabetes, drug harms, and respiratory conditions. • Vaccination programme delivery continues via Public Health and HSCPs with work underway to address low uptake (e.g. via education, additional

		vaccination sites) • Screening has focussed initially on cervical screening, with completion of a new cervical screening PowerBI dashboard providing programme, cluster and practice level monitoring visualisation/output. Work is in progress to enable GP practices/Cluster to access own data and expand to other screening programmes. Development of a cervical screening QI approach is also underway. • Scoping work to improve identification and support to carers is pending progression.
	Q3	Planning and definition of onward joined up action to: - Strengthen prevention - Increase strength-based approaches
Improving equity and reducing inequality		• This workstream is being stood up, with internal capacity creating some delay to initiation • This workstream aims to identify priority areas for action in relation to: o Our public sector equality duties o Improving the health and wellbeing of those worst off o Inequalities in NHSGGC most affecting access, health and wellbeing • This work has been initiated in Q4 24/25; long term resourcing options are actively being explored. • Scoping session will inform structure for delivery in March 2025
	Q3	Planning and definition of onward joined up action across PCS delivery to better target action in areas of greatest need
Primary Care Asset Strategy		• This work has not yet initiated. PCS team are meeting with Capital Planning colleagues on 9 March to consider next steps in relation to Primary Care Assets.
	Q2	Start development of a comprehensive Primary Care Asset Strategy to optimise the primary care estate, ensuring it supports existing care delivery, enhances the workplace environment, and adapts to the future care model by 2026/27
Monitoring, Evaluation and Intelligence		• The workstream group is established with regular meetings enabling good progress. • A five-year work plan is in development that aims to strengthen the availability and use of high-quality data in primary care strategic planning, delivery and improvement. This is on track to complete Q4. • It is recognised that there are significant opportunities to rapidly accelerate improvements across Strategy delivery (including in needs-led delivery in general practice), with a conservative level of additional investment (2-3 B5/6 posts). CMT is asked to support the exploration of opportunities to secure this/equivalent resource, via *Moving Forward Together Programme Board*. • A monitoring and evaluation project group has established with work underway to identify measures to operationalise monitoring and evaluation in readiness for year one baseline reporting. Constraints to capacity have delayed progress as planned; we continue to seek resource to deliver important learning around future investment / delivery. If this cannot be found, we will amend project scope until resource is in place to deliver within our means.
	Q3	Monitor and evaluate the impact of our actions – agree and operationalise framework
	Q3	Define relevant primary care intelligence population health indicators – scoping to inform onward development of strategic approach to data development

- Key strategic risks
    - The Primary Care Strategy is ambitious but there is no dedicated resource on its implementation. This poses a risk to successful implementation, as does the uncertainty around Primary Care at national level in relation to investment, IT etc.

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3.2 Areas of Successful Delivery

- Strategy delivery has established across all active workstreams by the target date of October 2024, with many starting earlier. Good progress has been made to develop medium-to-long term strategic plans for enablers; adopting a 'once for NHSGGC' approach that has enabled rapid development of patient-facing communications.
- There is support for the aims and vision of the strategy; engagement is ongoing to grow awareness and shared delivery with the wider system.
- Effective delivery of the Strategy will accelerate the timeframes and impact of *Moving Forward Together's Clinical Route map* implementation.
- Whole system leadership capacity is building:
    - A permanent Director of Primary Care started in post on 17 March and a new Deputy Medical Director for Primary Care is starting on 17 April.
    - The implementation of the Strategy requires support across the whole system. Options are being explored as part of the whole system planning review, with a view to receiving planning and implementation support for the strategy. It is envisaged that this will be provided through a combination of support from PC HSCP support and corporate planning.
    - Strategy workstream leadership is now almost fully in place. Knowledge and capacity is growing, and cross-workstream support is developing.
    - Medium to long term planning – the Primary Care Programme Board (PCPB) has adopted bi-annual, in-person extended meetings to also include public partner members, wider services and operational primary care. These will adopt a deep dive approach to consider 'wicked issues' and reach consensus for next steps. These sessions will be key forum in relation to Primary Care's contribution to wider Board reform plans.
    - A reference group is being established to enable collaborative working with independent contractor and provider member bodies in a cost effective way.
    - A HSCP primary care leads group is also being established to support timely input, shared awareness and effective 'once for NHSGGC working'.
- In December 2024 the Programme Board agreed that Primary Care should prioritise on a needs-led rather than demand-led basis and this approach was endorsed by the CMT in February 2025.
- A number of opportunities will require cross-system support to deliver. We will will progress these via *Moving Forward Together's Programme Board* and / or new reform infrastructure as it develops.
- Forward look:
    - A refreshed Implementation Plan will be submitted to CMT in July 2025. This will include approved proposals for delivery under *Improving Access, Strengthening Prevention and Early Intervention delivery, Monitoring, Evaluation and Intelligence* (all currently planning for delivery 2025/26 onwards). Proposals are due to Primary Care Programme Board by May 2025.
    - Two strategies are currently under development (*Optimising our Workforce* and a 5-year *Communications, Engagement and Health Literacy strategy*) and will complete later in 2025.

3.3 Key Areas of Focus / Improvement

- Capacity to progress the entirety of the strategy has and continues to be a challenge. At end of Q3 2024/25, there is requirement to stand up three workstreams.
- The Primary Care Strategy Implementation Plan was developed to deliver within available resource. Primary care leadership continue to work collaboratively with HSCP partners and others to identify any opportunities to use existing resources to drive forward the ambitions of the strategy.
- Active workstreams with red / amber ratings are managed by workstream leads. Issues are raised at monthly workstream lead meetings for awareness/shared resolution where possible. Delayed objectives are escalated to the Senior Responsible Officer for early awareness and management.

Recommendations are consistent with NHS Scotland values.

- **Better Health** **Positive impact**
  (Sustain and develop primary care provision)
- **Better Care** **Positive impact**
  (Improve access and experience of care; improved care journeys and additional system capacity)
- **Better Value** **Positive impact**
  (Partnership working across NHSGGC, HSCPs and Contractors; increased efficiency/reduced duplication of efforts across HSCPs)
- **Better Workplace** **Positive impact**
  (Improved workforce recruitment, retention and progression; strengthened access to professional and system supports; increased trust and collaboration)
- **Equality & Diversity** **Neutral impact**
  (Board wide action to understand and improve variations in patient experiences with support to ensure that implementation does not negatively impact on equalities).
- **Environment** **Positive impact**
  (More locally available care will reduce travel; Primary Care Asset strategy to contribute to the achievement of wider strategies, such as sustainability and climate change (net zero carbon) ambitions and targets).

4. Conclusions

In the first year of the period covered by the Primary Care Strategy overall progress with the Strategy set up is reasonable, with good strategic support and buy-in for this significant change process. Delivery resource will continue to be negotiated to progress workstreams. The annual refresh of the Implementation Plan will continue to ensure the profile of Primary Care remains high within the Board and inform cross-system resourcing discussions and decisions, aligned to wider corporate objectives, including reform.

5. Recommendations

The NHSGGC Finance, Planning and Performance Committee is asked to consider the following recommendations:

- Note the progress against the Primary Care Strategy 2024-2029

- Note the performance across NHSGGC Primary Care Strategy in relation to the deliverables for this period.
- Note ongoing focus on whole system working to strengthen future delivery through *Moving Forward Together Programme Board*.

6. Implementation

- The NHSGGC Primary Care Programme Board continues to govern the delivery of the Primary Care Strategy.
- Progress and impact will continue to report to NHSGGC Corporate Management Team (CMT) and HSCP Chief Officers twice annually. Updates will also go to NHSGGC Moving Forward Together Strategic Programme Board twice annually to ensure cross-Board alignment and support to delivery.
- Rolling public and professional facing communications are underway and planned on a monthly basis.

7. Evaluation

Monitoring and evaluation will be overseen by the Primary Care Strategy monitoring, evaluation and intelligence group following development of a high-level monitoring and evaluation framework by led by Public Health. A project group is progressing identification and agreement of measures for onward impact reporting.

8. Appendices

Appendix A - NHSGGC Primary Care Strategy Summary Implementation Plan 2024-29

NHSGGC Primary Care Strategy Action Tracker
Reporting Period: To end Quarter 3 (Jan 2025)

Workstream 1	Optimising our Workforce (Priority 1)
Strategic objective:	By 2025/26, we will develop our first primary care workforce strategy for NHSGGC aimed at enabling a more sustainable, skilled and sufficiently staffed workforce in the medium to long term, and aligned to wider healthcare transformation.
Priority lead:	Brian Greene, Head of HR (Inverclyde and Renfrewshire HSCPs)
Board Aims & Objectives:	**Better Workplace** By working with our contractor groups and directly provided services we will work: • To treat those we work with fairly and consistently, with dignity and respect and value diversity • To ensure people are well informed • To ensure people are appropriately trained and developed

Deliverable		What we will do	Delivery milestones	Measures	Progress to date
1.1	**NHSGGC primary care workforce strategy development and delivery**	1. Establish Strategy development group and ToR; delivery and reference structures 2. Engage nationally to raise awareness and strengthen alignment to PC Workforce Strategy 3. Ongoing national advocacy/influence to ensure sufficient trainee numbers including on the basis of 'good work'	Strategy draft completed September 2025 Workplan development approval and initiation 2026/27 (6-9m post completion of Strategy)	✓ Completion of draft strategy document	● Strategy development group set up with ToR and PID agreed with the membership which includes representation from contractor groups, PC, HR and APF ● Linking with national discussions through PC leads on primary and community care strategic development group and data intelligence group on WF data requirements ● Making connections to position NHSGGC in place of influence on workforce requirements for PC ● Scoping of data availability commenced and structure approach of WF strategy been agreed in line with national and NHSGGC WF strategies ● Consulting with wider PCPB on parameters of WF Strategy and maintain engagement with wider stakeholder with need for contractor reference group to check out developments with independent contractors ● Process of WF developments more complexed as work with contractor groups rather than directly employed NHSGGC workforce ● Risk and possible delays due to capacity and complexity of PC for stakeholder engagement i.e. independent contractors and nationally with variable time lines across professional groups on

Workstream 2	Achieving a Digitally Enabled Primary Care (Priority 2)
Strategic objective:	By 2026/27 we will make a shared care record accessible to all primary care, both in- and out of hours, to enable improved patient, workforce and system outcomes
Priority lead:	Mark Darroch, Strategic Development & Programmes Manager, eHealth Strategy & Programmes
Board Aims & Objectives:	**Better Value** · To reduce cost variation, improve productivity and eliminate waste through robust system of efficiency savings management · To exploit the potential for research, digital technology and innovation to reform service delivery and reduce costs

Deliverable		What we will do	Delivery milestones	Measures	Progress to date
2.1	All primary care read access to Electronic Patient Record (EPR)	1. Roll out access to Clinical Portal (EPR) to all primary care clinicians	Completion 2026 and beyond	✓ All general practices have been offered access to clinical portal	● National delays with commencing EMIS to Vision migrations as part of GP IT Reprovisioning has impacted commencing work on appropriate data sharing agreements. ● Status of Clinical Portal Electronic Patient Record (EPR) access for Primary Care clinicians is currently:

		2. Training, support and education to increase uptake and use; improve usability of systems through feedback 3. Data Sharing agreements for Vision Anywhere Shared Care and automatic sharing of information		✓ All practices signed up to data sharing agreements for Vision Anywhere	- General Practice - currently offered - Community Optometry - currently offered - Community Pharmacy - currently offered - Community Dentistry - rollout to commence, dependant on resource
2.2	GPIT re-provisioning	1. Priority rollout to general practice 2. Agreement and associated planning for wider primary care rollout 3. Federated configuration of new Vision system 4. Federated configuration of new Vision system for use with agreed HSCP-attached services and Out of Hours 5. **Support –** scope opportunities for integration of Chronic Disease Management (CDM) clinical decision support tools to support routine enquiry on health behaviours and social determinants on new eHealth system	Start September 2024 Completion June 2026 and rollout by HSCP	✓ 40% general practice adopted by ✓ 100% general practice adoption by June 2026	● All 18 existing Cegedim Vision GP Practices successfully migrated onto the new Vision Hosted environment by August 2024. ● Migrations for GGC's 207 EMIS PCS GP Practices onto Cegedim Vision have been delayed whilst NSS and Cegedim continue assurance on the data conversion tool (Stalis) and resolved issues that occurred at the first national EMIS to Vision migration within NHS Lanarkshire (Sept '24). ● GGC's first EMIS to Vision migration migrated on 09/12/24. ● Further migrations currently paused due to Cegedim Vision being placed into Administration on 10 Dec 24. Re commencement dates awaited via NSS National Incident Team.
2.3	Information sharing agreement(s) development and delivery	1. Review and scope existing information sharing agreements 2. Agree key service areas and sequencing of development 3. Partnership working to scope and agree data requirements 4. Board IG staff provide support to GP Practices for IG / data Protection Queries.	Initiation 2024 Completion 2026 (as part of GPIT Re	✓ Appropriate data sharing agreements and Rule based access controls (RBAC) access are signed off by all	● National delays with commencing EMIS to Vision migrations as part of GP IT Reprovisioning has impacted commencing work on appropriate Vision Anywhere data sharing agreements
2.4	Procurement of new Community Clinical Systems	1. Replacement of EMIS Web System (Scope: wider HSCP Services including Community Nurses and Children's Services)	By June 2026	✓ Replacement in line with agreed plans by June 2026	● The procurement process is ongoing with the issuing of the Invitation to Tender in January 2025.
2.5	Community Optometry access to Open Eyes Ophthalmic Electronic Patient Record	1. Training offer to NESGAT trained Optometrists to use Open Eyes EPR system (Glaucoma Service)	Training offer 2024/25	✓ 20 Optometrists trained to use Open Eyes (2024/25) ✓ 100% adoption of Open Eyes for NESGAT Trained	● 20 NESGAT Optometrists trained and using OpenEyes, and other involved in training. ● 749 patients sent to NESGAT Optoms, 585 patients have registered, 75 have been brought back into the Service and 89 patients yet to register.
2.6	Patient Remote Monitoring Pathway solutions	1. Learning from early adopter practices 2. Further roll-out based on evidence 3. Encourage further adoption of remote monitoring pathways to include blood pressure; blood glucose	Test of change reports 2024/25 Onward roll out pending test of change findings Promoting BP adoption year on year	✓(re remote monitoring roll out, Pt 3): Year on year 10% increase of general practice use of remote monitoring pathways (baseline 50%) report via delivery tracker to SG	● 64% of practices live with system ● 4499 patients live on the BP Pathway.
2.7	Increased use of GP Digital Asynchronous Triage solutions	1. Pilot established Q4 2023/24 2. Pilot delivery and reporting of results 3. Evidence informed scaling up	Pilot delivery 2024/25 and onward scaling 2025/26 based on results of pilot	✓ Pilot report informs future areas for development	● 10 GP Practices have gone live with Engage Consult Digital Triage solution since May 2024. ● Approximately 1,100 patient requests are currently dealt with per week across the 10 GP Practices currently live, with the volume increasing weekly as GP Practices enable additional services within the Digital Triage application. ● 9 other practices currently using historically purchased solutions. ● Benefits realisation to follow in the first quarter of 2025.
2.8	Docman (GP Document Management) Replacement	Replace the GP Document Management System to Docman 10 Cloud	Phased roll out from October 2024/25 and 2025/26	✓ 30% general practice adoption of new system by 2024/25	● National & supplier development and testing challenges have delayed commencing the rollout of the new GP Document Management System (Docman10) until April 2025 at the earliest. ● Deployment Plan to be agreed in conjunction with NSS and the supplier once accurate commencement date finalised. Depoyment anticipated to take approx 18 months.

				✓ 100% general practice adoption of new system by 2025/26	
2.9	Improvements e-prescribing and e-dispensing systems	Work with Scottish Government to progress national developments to e-prescribing and e-dispensing	Ongoing	✓• Time saved by GPs/pharmacist *(measure estimated to be in place from approx. 2027/28)*	• The Digital Prescribing and Dispensing Pathways (DPDP) Programme is being delivered jointly by NSS & NES and is moving forward with GG&C representation on the national Programme Board.
2.10	Digital Dermatology	Deploy ANIA Digital Dermatology Referrals to GP practices	By end 2024/25	✓· Number of referrals sent and change in number being refused due to lack of info ✓· Clinician feedback and treatment within Primary Care	• Renfrewshire HSCP launched on 11th November • East Renfrewshire & Inverclyde HSCP launched on 25th November • East & West Dunbartonshire HSCP to launch on 2nd December • Glasgow HSCP to launch on 9th December • Ongoing communication programme with practices to encourage use of diigital images with referrals

Workstream 3	**Effective Integration and Interfacing (Priority 3 - 1st of 2 workstreams)**
Strategic objective:	By 2029 we will have robust processes across our whole health and care system for pathway management.
Priority lead:	Kerri Neylon, Deputy Medical Director for Primary Care
Board Aims & Objectives:	**Better Care** • To provide a safe environment and appropriate working practices that minimise the risk of injury or harm to our patients and to our people • To ensure services are timely and accessible to all parts of the community we serve • To deliver person centred care through a partnership approach built on respect, comparison and shared decision making • To continuously improve the quality of care, engaging with our patients and our people to ensure healthcare services meet needs • To shift the reliance on hospital care towards proactive and co-ordinated care and support in the community

Deliverable		**What we will do**	**Delivery milestones**	**Measures**	**Progress to date**
3.1	Review and update of patient pathways into and from wider health and social care	1. Collaborative workstream and group set up, agree governance arrangements, detailed scoping with primary and secondary care / mental health / public health partners	1.Set up and scoping 2024/25	✓Review and redevelopment of workstream group 2024/25 i.e. interface group	Refresh of NHSGGC Interface group to be progressed with Interim Workstream lead until MDM appointed and agreement of co-chair from secondary care. Engagement with PC on the proposed ND pathway underway along with input from COs, CDs and GP Subcommittee.
		2. Whole system agreement for ownership and connect of group with secondary care and mental health		✓Agreement of two pathways in 2024/25 (Neuro Diversity (ND)	Agreement on process for pathways still to be developed and approved which will delay progress on 2024/25 milestones in light of personnel changes and need to align to Board / MFT programme at greeting in Jan 2025
	Scope:	3. Develop key principles for streamlined, effective and efficient pathways	2. Interface group (IISG) review and redevelopment	✓Agreed process for pathways across acute, primary and community care	
	· Primary care to Primary care	4. Identify care pathways for development		✓Set pathway priorities for 2025/26 and future years in line with board priorities and national developments	
	· Primary care to secondary care	5. Primary care and wider health and care collaboration to review and update pathways using best available clinical evidence, update as required	3. Principles developed and agreed within 1st year		
	· Secondary care to community services	6. Promote use of quality improvement approaches, implementation of evidence-based approaches and evaluation			

		7. Support for referrers and Right Decision Platform; link with GP Triage & Signposting; secondary care referral vetting	4. Wider milestones TBC through Pathways developments		
3.2	Develop and deliver NHSGGC-specific content on the national Right Decision resource (RDS)	1. Create and host clinical guidance on health and care pathways in RDS website 2. Link with Access & Equity Workstream re content/output development and support to dissemination 3. Work with wider system professionals to increase consistency of patient referral/direction	TBC through Pathways developments	✓ Clinical guidance added to RDS ✓ Establish if mechanism to measure uptake/access of information via RDS	Currently utilising existing forums for approval i.e. PC clinical advisory group (CAG), NHSGGC interface group and Referral management group for new and revised pathways were request is made for update to RDS. No mechanism to measure uptake /access of information via RDS
3.3	Build on success/activities of Community Glaucoma Service to grow numbers of patients **Lead:** Gen Mgr Surgery (Eye Care) Craig	1. Review and agree priority of increasing patient numbers within primary care and agree associated system resourcing for delivery; onward partnership working via West Dunbartonshire and Hospital Eye Services, oversight via Optometry Interface (sub-group),	Agreement of relative priority of work Q3 2024/25	✓ 1,000 secondary care outpatients move to primary care ✓ 3,000 secondary care outpatients move to primary care ✓ Maintain community glaucoma	689 patients registered with CGS across 21 location in NHGGC with hospital eyecare working to reach 1,000 patients by end March 2025 Late for Q3 target and again in the ADP SG guidance for next year; progress of this deliverable contingent on secondary care capacity and patient identification processes (primary care capacity available)
3.4	Targeted and tailored action	1. Building on primary care intelligence, focus quality improvement approaches firstly on those conditions and pathways that will bring greatest population health benefit.	*TBC pending wider planning*	✓ Scope conditions and pathway areas for action informed by intelligence data	Areas for priority to be explored with NHSGGC interface group i.e. Burden of Disease and by PCPB for approval through MFT /CMT

Workstream 4	**Effective Integration and Interfacing (Priority 3 - 2nd of 2 workstreams)**
Strategic objective:	By 2029, we will mainstream and standardise professional to professional decision-making across agreed primary care professionals
Workstream lead:	Kerri Neylon, Deputy Medical Director for Primary Care
Board Aims & Objectives:	**Better Care** **• To ensure services are timely and accessible to all parts of the community we serve** **• To deliver person centred care through a partnership approach built on respect, comparison and shared decision making** **• To continuously improve the quality of care, engaging with our patients and our people to ensure healthcare services meet needs** **• To shift the reliance on hospital care towards proactive and coordinated care and support in the community**

Deliverable		**What we will do**	**Delivery milestones**	**Measures**	**Progress to date**
4.1	Mainstream and standardise professional-to-professional *('Prof-to-Prof')* decision making across all services i.e. primary, community and acute services	1. Baseline Prof-to-Prof experience and referral activity 2. Agree priority for Prof-to-Prof 3. Extend access to Prof-to-Prof to include wider MDTs 4. Consider further extension of Prof-to-Prof with social care and wider stakeholders	TBC	✓ Baseline measure established for use of Prof:Prof ü Roll out of Prof:Prof to practice MDT for agreed ✓ Set targets for future year change in	Delay due to capacity within PC and wider system to scope and agree plan including priorities, process and timelines for developing Prof: Prof which requires to be part of wider planning through wider system planning i.e. ADP, MFT and unscheduled care

Workstream 5	**Improving our communications and engagement**
Strategic objective:	In 2025/26, we will develop a primary care communications and engagement plan, setting out how we will better support people to look after their own health to the best of their ability and to use primary care more effectively and sustainably.
Workstream lead:	Allen Stevenson, Interim Director of Primary Care
Board Aims & Objectives:	**Better Care** **• To ensure services are timely and accessible to all parts of the community we serve** **• To deliver person centred care through a partnership approach built on respect, comparison and shared decision making** **• To continuously improve the quality of care, engaging with our patients and our people to ensure healthcare services meet needs**

Deliverable		What we will do	Delivery milestones	Measures	Progress to date
5.1	Primary care communications and engagement plan development and delivery	1. Develop and publish 5-year plan setting out what we will deliver, by when and how, including priority areas for action i. Workstream set up ii. Planning and development activity including engagement with public and professional partners; drawing on existing learning and planning iii. Existing priority areas include: - *Growing a shared primary care identity and purpose;* - Communications centred on the renewal of professional behaviours around trust, reciprocity and respect; - Helping staff and NHSGGC population understand how services will be delivered in the future 2. Scope vision, requirements and capacity to grow patient voice in planning and delivery forums	Communications and engagement plan completed by Q3 2025/26 First meeting September 2024 Approval and initiation by Q1 2026/27	✓ By 2025 have communication and engagement plan ✓ Communicate the shared identity of primary care	A series of Primary Care videos has been agreed and is being progressed with communication colleagues. The Inverclyde Primary Care Transformation film will be edited to suit the needs of GGC and priorities for the purpose of PCS. There will be 9 videos in total covering services including receptionist, GP and community pharmacy. •The introductory video being the role of Primary Care being released in December, with the other video roll out into the New Year. These will be hosted on NHS GGC website. Inverclyde service flyers will also be rebranded and edited to suit GGC branding to explain the supporting services surrounding General Practice. •Ongoing collaboration between workstream lead and Communications team •High level draft PCS for public facing communications underway •Inverclyde bi-fold Guide to Primary Care is being considered as a format to share the PCS with our populations. Communications will review and established if rework, redesign and standarise with GGC branding moving forward. •A similar exercise will be progressed for materials to suit workforce reading. •Clear for all team will guide on translation, easy read and accessible formats. •Group meeting monthly to keep momentum of this workstream.
5.2	Grow our offer of accessible health information for supported self-management	1. Lead development of new/improved information resources, including those that promote: a. supported self-management b. clear primary care role and remit ('primary care offer'); and c. alternative pathways to care 2. To support Workstreams, undertake public and professional communications and engagement activity to enable information resources and service developments to be person-centred, effective and equitable 3. Link with colleagues (e.g. NHSGGC public health and HSCP Primary Care) to identify and share existing resources on a board wide basis 4. Support dissemination via Right Decision resource (and wider)	TBC	✓ Completion of scope exercise ✓ Development of work plan in line with local and national programmes ✓ Timeline in development to support the delivery from December 2024	•Development of work plan pending. •The clear role of Primary Care and remit will be progress through the communication and engagement materials. •There will be reference to both self care, self management and alternative pathways within these materials which will be used to signpost our population to the Right Care in the Right Place. •Building on NHS Inform, Right Decision and Waiting Well platforms to facilitate this journey.
5.3	Embed patient voice in our strategic planning and delivery	1. Expand PCPB membership to include Patient/public and communications membership 2. Provide ongoing support to the meaningful use of patient feedback around 'what matters to me' in our strategy delivery, including in collaboration with independent contractors and providers	PCPB membership expanded 2024/25 Scoping – 2024/25-25/26	✓ Public Partner Representation on Primary Care programme board and priority workstreams	•Public Partner Representation on Primary Care Programme Board •Item 2 (Patient/public feedback) to be included in pending Communications plan
5.4	Monitor and evaluate the impact of our actions	1. Link with MEIG to support development and delivery of monitoring and evaluation framework, including: progress and impact measures 2. Regular monitoring, reporting and review.	5.4.1 - pending 5.4.2 - Q2/3 2024/25 and twice annually from January 2025	ü Monitoring & evaluation support	• Support provided to MEIG to develop monitoring and evaluation framework (approved June 2024) • Evaluation measures will be developed alongside the 5-year Communications Strategy and in collaboration with MEIG

Workstream 6	Improving Access to Care
Strategic objective:	In 2024/25, we will identify and progress joined up actions to strengthen direct patient access to the right care at the right time
Workstream lead:	Gary Dover, Assistant Chief Officer Primary Care, Early Intervention and Prevention (Glasgow City HSCP)
Board Aims & Objectives:	**Better Care** • To ensure services are timely and accessible to all parts of the community we serve • To deliver person centred care through a partnership approach built on respect, comparison and shared decision making • To shift the reliance on hospital care towards proactive and co-ordinated care and support in the community

Deliverable	What we will do	Delivery milestones	Measures	Progress to date

6.1	**Increasing access to primary care**	1. We will scope opportunities to increase self-referral and direct access into primary care and define onward areas for development, linking with relevant Work streams as appropriate (e.g. Priority 3 & 4; Community Treatment and Care), supported by continued knowledge exchange/translation with National Primary Care Collaborative (NPCC)	Further discussion and development with key leads and onward development of Implementation Plan/delivery milestones 2024/25 High level 5 year workplan in place by end 2024/25	✓ Completion of scoping exercise ✓ Development of workplan and evaluation measures	**Key actions completed** ● Regular workstream meetings taking place. ● Scoping meetings held with NHSGG&C leads for four contractor groups, HSCP Primary Care leads and Primary Care Clinical Advisory Group. ● Standard presentation prepared outlining the aspirations of the workstream and the feedback from the scoping meetings. ● Collation of contextual information on access issues related to the contractor groups. ● Identification of cross-workstream issues and opportunities. **Risks and challenges** ● Lack of capacity to deliver on the aspirations of the PC Strategy ● Inability to influence key delivery bodies to participate in the change process ● The very broad agenda and the need to focus on what is on our power to change versus public expectations of what they should be able to access ● Reliance on the work of the other workstreams to facilitate improvements in access ● Further scoping required to agree efficiency and effectiveness actions ● Focused discussion planned at PC PB (12/12/24) to collaboratively agree priority actions and focus, including opportunities to support their delivery
6.2	**Increasing digital access**	1. Drawing on wider learning and developments, we will seek opportunities to promote and/or increase digital access to health and care services. Examples will include: a. remote assessment and triage; online appointments; b. prescriptions; c. contact with practices using technology, such as through asynchronous consulting; d. remote monitoring of patients with long term conditions to support self-management; and e. emerging opportunities in the community estate for patients to use Near Me Video Consultations with acute services.	To be agreed with the Digitally Enabled Care Group	✓ Measures to be developed with digital priority and in line with national development e.g. IT re provisioning & digital prescribing	● The scoping exercise has identified challenges and potential areas for further development.
6.3	Supporting patients to make decisions about the care that is right for them through realistic medicine (RM) **Deliverable Leads** Dr Jude Marshall Ashley McLaren	1. Shared Decision-Making a. **Training:** Provide comprehensive training on shared decision-making to Primary Care including multidisciplinary teams (MDTs) and through Health and Social Care Partnership (HSCP) Education Forums. b. **Comms and Engagement:** Promote Shared Decision-making framework - BRAN (**B**enefits/**R**isks/**A**lternatives and what happens if I do **N**othing) and 'it's ok to ask' campaign through our GGC wide Communication and Engagement Plan c. Conduct a survey to assess awareness levels among staff and the public regarding Realistic Medicine. d. **Future Care Plans:** Support embedding Future Care Plans within the community and promote the national direction for Future Care Plans 2. **Strategic Collaboration:** a. Link with relevant programmes to mainstream/accelerate changes to primary care culture and practice b. National Engagement with Realistic Medicine Primary Care Leads and share best practice where appropriate. 3. **Resources:**	1a. Begin Q3 2024/25 1b. Begin Q2 2024/25 1c. March 2025 1d. Ongoing 2a. Begin Q2 2024/25 2b. Ongoing	✓ Number of staff trained ✓ Feedback on training effectiveness. ✓ Reach and impact (surveys and feedback mechanisms) ✓ Adoption rate of Future Care Plans in the community. ✓ Possible further development aligned to 6-Monthly Scottish Government Realistic Medicine Progress Reports - activity and outcomes (date to be	**1. Shared Decision-Making** **1a. Training** on shared decision-making has been provided to Primary Care, including CLWs and through Health and Social Care Partnership (HSCP) Education Forums. Plans are underway to promote uptake of the new shared decision-making Turas module. **1b. Communications and Engagement** - Promotion of Shared Decision-Making Framework: The BRAN framework and the 'It's OK to Ask' campaign are being promoted through our GGC Boardwide Communication and Engagement Plan. **1c. Awareness Survey:** A survey will be conducted early 2025 to assess awareness levels among staff and the public regarding Realistic Medicine. **1d. Future Care Plans:** We continue to support the embedding of Future Care Plans in the community and promoting the national direction for Future Care Plans. This area of good work was highlighted in East Dunbartonshire HSCP during a visit by the CMO on 5th March '24. Note - Future Care Planning sits within the GGC HomeFirst Design & Delivery Plan as a key improvement action. As such this is led, directed, evaluated and reported via a well embedded governance structure. Interdependency with Realistic Medicine and TEPs is well understood in GGC with those connections and relationships well understood. **2. Strategic Collaboration** **2a. Programme Linkage**: We are linking with relevant programmes to align the vision for Realistic Medicine and Value Based Health and Care Boardwide. This includes GGC Quality Strategy, GGC Workforce Strategy, Moving Forward Together Programme, Climate Sustainability and Annual Delivery Plans. **2b. National Engagement:** Engaging with Realistic Medicine Leads nationally across Primary and Secondary Care continues and sharing best practices where appropriate. **3a. Resources Promotion-** Training and Education: Sharing and promoting realistic medicine training and education resources through Primary Care/HSCP communication channels. We are working with Public Health to deliver training and engagement to staff and public on Realistic Medicine and Health Literacy across Public Libraries. This includes supporting Public Health with the

		a. Share and promote realistic medicine training and education resources through Primary Care/ HSCP Communication channels. b. Utilise realistic medicine community engagement results to inform future areas for improvement.	3a. Ongoing 2024/25		Medicine and Health Literacy across Public Libraries. This includes supporting Public Health with the establishment of Health and Wellbeing Hubs in Libraries. **3b. Community Engagement Results** Informing Improvements: Following the Realistic Medicine Survey we will utilise realistic medicine community engagement results to inform future areas for improvement.
6.4	Action to maximise our efficiency and effectiveness	1. We will scope the key areas for possible change, i.e. evidence- and value-based approaches to identify work areas that could be reduced or stopped. 2. We will hold planning sessions to develop proposed change areas and next steps including considering the: i. Available evidence, benchmark against professional current experience, gap analysis and prioritisation process ii. Possible impacts on the wider health and care system iii. Development of options and recommendations for action for onward approval iv. Regular review and update in line with wider primary care system developments v. Oversight of local delivery, linking with relevant work stream/local leads	First scoping meeting - key leads and clinical directors: highest areas for change (clinical, processes, administrative, health systems) Q2-3 2024/25 Develop options and recommendations and undertake stakeholder engagement to be complete by end 2025/26.	✓ Completion of planning ✓ Development of workplan and evaluation measures	● Scoping of key areas undertaken with primary care stakeholders via engagement sessions reported via 6.1 (above). ● Rapid literature review undertaken, with findings intended to inform an evidence based approach to identifying areas of work that are low value and workstream actions. Evidence was low-quality with results used for discussion and reflection. A further more targeted search/review can be delivered on identification of areas for action, to inform design and delivery. ● Reporting to PCPB December 2024 with request for high level direction and onward delivery to follow.
6.5	Targeted and tailored action	1. As part of each *Improving Access* workstream activity, identify and seek support for action on barriers to equal and equitable access to care in line with the legal requirement to protect against discrimination, advance equality of opportunity and 2. Focus improvements on areas/populations where people can benefit most 3. Pay particular attention to the needs of equality and inequality groups for any digital developments, to avoid widening inequalities in health	Ongoing throughout delivery		

Workstream 7	**Strengthening Prevention, Early Intervention and Wellness**
Strategic objective:	We will work to strengthen prevention and early intervention to better protect wellbeing, avoid ill-health, and improve supported self-management.
Workstream lead:	Susan Hunt, GPN/ANP Professional Nurse Lead.
Board Aims & Objectives:	**Better Health** • To reduce the burden of disease on the population through health improvement programmes that deliver a measurable shift to prevention rather than treatment • To ensure the best start for children with a focus on developing good health and wellbeing in their early years • To promote and support mental health and wellbeing at all ages

	Deliverable	**What we will do**	**Delivery milestones**	**Measures**	**Progress to date**
7.1	Strengthen prevention to better avoid ill-health, protect wellbeing, and improve supported self-management Deliverable lead: Susan	1. Scope opportunities to improve management of existing health conditions in priority areas (e.g. Drug harms, chronic disease management, cardiovascular disease, cancer, diabetes) 2. Work with key NHSGGC strategies to map existing activity underway, undertake a gap analysis and identify priority areas for improvement. 3. Ensure alignment with pending national developments in related areas (e.g. Long Term Conditions)	1. Planning session with key leads Q3 2024/25 2. Collaborate to update Implementation Plan to include wider system action supporting this theme – 24/25 3. Make recommendations around any emerging work proposals to	✓ Completion of planning ✓ Updated Implementation Plan and inclusion of evaluation measures	● Stakeholders identified and contacted good engagement to attend planning session in Jan 2025 ● Small group scoping meetings scheduled with some clinical and service leads from priority areas on 3rd Dec ● Commenced collation of existing strategy priorities for each area and support meeting arranged with National SG Group chair for strengthening prevention and early intervention Jan 2025. ● Identification of cross-workstream priorities meeting with Access lead planned date Jan 2025 tbc to facilitate a standard equitable effective approach with common wider priorities for implementation at centre . Planned update of implementation plan, recommendations and evaluation methods be updated following engagement. This had initially been planned for 3rd Dec, but due to lack of capacity of attendees this was cancelled. Planned date now 28th Jan 2025

7.2	Increase strengths-based approaches Deliverable lead: Susan Hunt, Primary Care Support	1. With partners, scope and agree our vision for strengths-based approaches in primary care and make recommendations to the Primary Care Programme Board around how best we can empower people to look after their own health as well as possible, and to have a better experience of primary care. 2. Develop and deliver activities as approved by the Primary Care Programme Board 3. Link with related work streams/strategic ambitions e.g. realistic medicine	1. Discuss with key leads Q4 2024/25 2. Scoping sessions (2-3) in 2024/25 with options and recommendations later 2024/25 or 2025/26	✓ Complete scoping exercise and recommendations ✓ Develop a workplan	• Scoping exercise complete and agreement from Primary Care Programme Board to develop Long Term conditions programme which includes independent contractors and wider primary care services, using realistic medicine framework • Planned patient engagement via contact with Patient Participation lead, February 2025 to evaluate patient requirements and experiences in relation to self management (current pilots in place including using patient held care plans). • Discussions planned Jan to scope with relevant leads screening tools to support early intervention and risk stratification. • October 2024 engagement with Inclusion Health Action in General Practice leads at local and SG level, to scope and align ambitions which are inclusive and incorporate socio economic factors which will influence strength based approaches to implementation of recommendations • Workplan developed
7.3	Promote uptake of routine vaccination programmes across primary care Adult Board wide Immunisation Team – Bryan Forbes Childhood Immunisation Team – Mags Simpson / Nicole Moran, GCHSCP HSCP Housebound and Care Home Immunisation Teams	1. Through the existing public health vaccination programme, continue to deliver routine vaccination 2. Ongoing dedicated work with populations where there is known lower uptake e.g. MMR (Scope - excludes travel and non-routine vaccination; no denominator available) 3. Public health scoping of current and future opportunities to increase opportunistic promotion of vaccination by primary care contractors and providers (via existing oversight and delivery structures) – to include a. Early years/MMR b. Ethnic minority communities/communities in high deprivation where there is low uptake 4. Public Health liaison with HR/HSCPs re scoping of opportunities for improved staff uptake (flu/covid). 5. Ensure uptake of non-routine and promote uptake of travel vaccines by at risk cohorts, e.g. those visiting relatives and friends / close contacts of e.g. typhoid via HSCP clinical directors encouraging general practice signposting	Delivery milestones set annually by Scottish Government Financial framework for vaccination agreed 2024/25 Scoping delivery and reporting 2024/25 Pending approval and dependencies, progress increase opportunistic promotion of vaccination	✓ Monitoring reports on uptake of vaccinations per vaccination and population group	1) Financial framework for 2024/25 agreed. Planning for over 1 million Autumn/ Winter vaccinations within NHSGGC is sufficient to meet SG targets around proportion of patients offered appointments by mid and end of December. Offer of vaccination for newly eligible patients for Shingles and Pneumococcal across all 6 HSCP and 20 venues while also offering patients who had not partaken in a previous offer. delivery of RSV vaccination programme August 2024. 2) Education & Engagement Worker programme continuing to support outreach activities, evaluation of model underway. To address low uptake in Glasgow City, the number of venues has been increased (to 9 from 6 last year) and the locations revised (with 4 now operating in South compared to 1). Regular review of engagement data and telephone prompts in place to reduce DNAs and support attendance 3) Immunisation annual report with mid-year performance reporting arrangements in place, 2023/24 annual report went to Population Health & Wellbeing Committee March in October 2024. Measles elimination plan in place 4) Short life working groups set up to address uptake in Staff and Weakened immune system cohorts. Peer immuniser model and dedicated on site clinics are underway (with over 1,100 and 4,900 vaccines respectively delivered to date through these approaches). Further staff flu week w/c 16th December. 5) Continued offer of other non-routine vaccination as part of treatment across all 6 HSCP areas, supported by Education & Engagement workers for groups with known lower uptake. Ongoing communications/engagement activity - material in development, plan to launch Q4.
7.4	Screening Deliverable leads: Alison Potts, Consultant in Public Health Heather Jarvie, Public Health programme manager - screening	1. Opportunistic promotion of screening uptake by primary care independent contractors and providers to encourage participation with population groups / individuals with lower levels of uptake 2. Public health scoping of opportunities / priorities to increase participation in screening and address geographic inequalities in uptake, including: a. Bowel, breast, cervical b. Abdominal Aortic Aneurysm c. Diabetic eye screening 3. Public health oversight, monitoring and evaluation of programme delivery of test of change initiative by targeted clinic, with a focus on increasing cervical screening uptake by hard to reach groups	Ongoing (pre-existing) Scoping 2024/25 TBC	✓ Monitoring reports on uptake of vaccinations per vaccination and population group ✓ Development of cervical screening activity dashboard ✓ Development of Quality Improvement approach	**1) Initial focus on cervical screening:** ● Completed development of cervical screening activity PowerBI dashboard providing programme level, cluster and practice level monitoring visualisation /output. Work in progress to enable GP practices/Cluster to access own data directly and expansion to other screening programmes. ● Development of cervical screening QI approach- building on existing national & local resources/intelligence and learning from Inclusion Health Action in General Practice (IHAGP) programme. Initial meeting held with Practice Support Development Team to develop pro-active offer of QI support to those practices with lowest cervical screening uptake ● Early scoping work progressing with Public Health Pharmacy to identify Q4 and 2025/26 priority activities across community and PC pharmacy ● Targeted cervical clinics - due to limitation in service provision out with GP setting this work has been re-focused on GP QI activities detailed above and delivery of in MH inpatient settings and supporting existing My Body Back clinics for women who have experienced sexual trauma - out with scope and reporting of PC strategy. **2) All adult screening** ● Development of Adult Screening Communications plan in partnership with HSCPs, including calls to actions for Cancer, AAA and DES Screening programmes . Planning sessions progressing with CRUK and Bowel Cancer UK in order to coordinate community engagement and awareness activities in areas of high deprivation / lowest uptake. ● Commissioned CRUK delivery of Talk Cancer programme targeting non clinical staff. - ongoing engagement with PH Pharmacy and HSCPs to identify offer to key community, Primary care wider partners. - delivery from January 2025. ● Learning Disabilities - Enhanced routine screening questions included in Learning Disabilities Health

7.5	Identification of carer needs including carer health Deliverable lead: Jenny Watt	1. Via HSCP carer leads, cite primary care on existing SCI-Gateway carer support referral pathway 2. Public Health action and influencing to enable improved access to appropriate carer support through activity to increase routine enquiry, use of SCI gateway referral within general practice and signposting from community pharmacy; promotion of training Scoping of improvement opportunities (practice and data)	1. Engagement with Primary Care to promote and spread rolling programme activity 2024/25; onward TBC Promotion of NES Equal Partners in Care training package - ongoing	✓ Scope possibilities of carer status being part of EPR	● SCI-Gateway referral pathway is active and will be integrated into the PC communications plan. Training available via NES. Contact still to be made with HSCP carer Leads
7.6	Supporting children to have the best start in life, with a focus on the early years Deliverable lead: TBC	1. Grow Board-wide opportunities to strengthen support family wellbeing in general practice (through for example Community Link Worker Programme; Whole Family Wellbeing fund in HSCPs (learning/financial/wider support; and employability supports) 2. Generate and embed learning from Welfare Advice in Health Partnerships in future delivery through Primary Care Programme Board	1. Initiation of new activity on receipt of additional resource 2. Welfare Advice in Health Partnership Evaluation reporting and dissemination 2024/25	✓ Measures to be developed on initiation of new work	● Planned event with leads and wider as part of PC Programme Board meeting to direct focus for a collaborative approach to priorities. Engaged with Head of Health Improvement, Glasgow City HSCP, who will update if any change to resources. Also included as part of scoping meeting in section 7.1

Workstream 8	**Improving Equity & Reducing Inequality**
Strategic objective:	We will work to identify the key issues within Primary Care to better improve equity and reduce inequalities
Priority lead:	Ann Forsyth, Head of Primary Care Support
Board Aims & Objectives:	**Better Care** • To reduce the burden of disease on the population through Health Improvement Programmes that deliver a measurable shift to prevention rather than treatment. • To reduce health inequalities through advocacy and Community Planning • To reduce the premature mortality rate of the population and the variance in this between communities. • To ensure the best start for children with a focus on developing good health and wellbeing in their early years. • To promote and support mental health and wellbeing at all ages.

Deliverable		**What we will do**	**Delivery milestones**	**Measures**	**Progress to date**
8.1	Cross-cutting action across PCS delivery - strengthen prevention and better target action in areas of greatest need Deliverable Lead TBC	1. Work stream establishment 2. Scoping and analysis of key issues 3. Identification of priority areas for action in relation to: a. Our public sector equality duties b. improving the health and wellbeing of those worst off c. inequalities in NHSGGC most affecting access, health and wellbeing (e.g. by population group; intervention; communication supports such as interpreting) 4. resource measurable improvements/reduced inequalities in access and experience in key areas 5. With Workstream leads, support meaningful translation of equalities/inequalities learning into strategy delivery, particularly our responses to need and demand; health information development and dissemination.	Workstream set up Q3 24/25 Position statement and proposal for areas for action Q1 2025/26 Ongoing support to strategy delivery in line with wider work plan Ongoing translation of learning throughout implementation	✓ Completion scoping ✓ Identification key principles for delivery across the Strategy ✓ Measurements of inequality across the Framework	● Workstream set up as sub group of the MEIG it support scoping and identify key principles across the strategy. ● Require to then set measurement of equity within the framework.

Workstream 9	**Enhancing our Primary Care Accommodation and Property**
Strategic objective:	Develop and implement a comprehensive Primary Care Asset Strategy to optimise the primary care estate, ensuring it supports existing care delivery, enhances the workplace environment, and adapts to future care model by 2026/27
Workstream lead:	Gordon Love, Head of Property NHSGGC
Board Aims & Objectives:	**Better Value** • To reduce cost variation, improve productivity and eliminate waste through robust system of efficiency savings management • To exploit the potential for research, digital technology and innovation to reform service delivery and reduce costs • To utilise and improve our capital assets to support the reform of healthcare

Deliverable		What we will do	Delivery milestones	Measures	Progress to date
9.1	Primary Care Asset Strategy	Phased growth of whole primary care system approach to estates optimisation, progressing existing estates challenges and opportunities with HSCPs, and undertaking additional planning to support Asset Strategy development and delivery, by: 1. Sector engagement and mapping of pharmacy, dental, optometry service delivery scope and scale (building on prior work with general practice); gap analysis between current and future delivery ambitions 2. Agree scope of Primary Care Asset Strategy in discussion with MFT (TBC if to form part of whole system transformation over 20-30 years, or more discrete primary care focus only) 3. Primary Care Asset Strategy development and delivery, to include: i. Work to maximise our patient-facing estate and refine administrative facilities, adopt the "Digital by Default approach" ii. Agreed ambition re utilisation of estate for clinical and non-clinical delivery; steps to implement iii. Work collaboratively across the whole system, including HSCPs, to address existing local challenges through the NHSGGC MFT Implementation Strategy and Primary Care Asset Strategy iv. Building on recent work within general practice to: ▪ resolve issues around the requirement to manage and maintain GP practice property on lease transfers ▪ support the national programme for access to sustainability loans, against the value of premises, where these are practice-owned. ▪ continue to support general practice in their own premises 4. Via the Asset strategy, contribute to the achievement of wider strategies, such as the NHS as an Anchor organisation, community wealth building aspirations, and sustainability and climate change (net zero carbon) ambitions and targets. 5. Work in partnership with local authorities to ensure that future development plans	1. Initial mapping of pharmacy, dental, optometry to commence 2024 2. Asset Strategy – target to commence development Q2 2024/25 3. (See point 2) 4. These are outlined in the Sustainability strategy and the Anchor Strategic Delivery Plan 5. This will be on-going depending for each of the 6 local authority areas	✓ Completion of mapping and gap analysis – timescale TBC on scoping with sector representatives on workstream initiation and development of baseline measures, e.g.: ✓ Baseline estate accessibility measure - Proportion of GPs, Pharmacies, Opticians, Dentists that are wheelchair-accessible. ✓ Mapping of location and services offered by health centres across GGC ✓ Trends in average travel time to nearest primary care setting □ Patient and public knowledge of service locations and options/routes to	● Due to capacity constraints this work is on pause, with start date to be advised - current delay is 3 months. ● Require to establish PC Strategy property in line with the development within MFT programme
9.2	Targeted and tailored action	1. Grow the use of good quality data on population need in our property planning – Asset Strategy development and delivery	Ongoing		See 9.1

Workstream 10	Monitoring, evaluation and intelligence
Strategic objective:	We will develop and deliver a Primary Care Strategy monitoring and evaluation framework to measure the progress and impact of our actions and to support continuous improvements between 2024/25-2028/29 and beyond.
Workstream lead:	Dr Matt Saunders, Consultant in Public Health
Board Aims & Objectives:	**Better Value** • To reduce cost variation, improve productivity and eliminate waste through robust system of efficiency savings management • To exploit the potential for research, digital technology and innovation to reform service delivery and reduce costs

Deliverable		What we will do	Delivery milestones	Measures	Progress to date
10.1	Monitor and evaluate Primary Care Strategy implementation and impact on population health **Lead:** Ann Forsyth	1. We will develop and implement a monitoring and evaluation framework in partnership with work stream/priority leads to assess the Primary Care Strategy progress and population impact	Monitoring and Evaluation Framework approval by summer 2024 Development of Primary Care Intelligence, Monitoring and Evaluation annual work plan Q3 2024/25	✓ Monitoring and evaluation framework agreed	● High level monitoring and evaluation framework agreed by Primary Care Programme Board ● Onward attempts to implement the M&E Framework delayed for want of resource / staff time to work through data sources and identify appropriate metrics to monitor progress. Templates developed for monitoring information. Several members of team including public health providing input but this aspect is likely to continue being delayed/at risk without identifying additional resource. ● Work is underway to both map out useful PC data sources (now almost complete) and undertake a gap-analysis identifying useful data sources for ongoing strategic and situational awareness and for evaluation.

10.2	Grow the availability and use of data in primary care	1. We will define relevant primary care intelligence population health indicators to inform ongoing primary care strategic planning and delivery, local quality improvement and strategy monitoring and evaluation.	Initial scoping of baseline and key challenges/opportunities to inform work plan for 2024/25-29 by Q3 of 2024/25 Workplan development Q4 2024/25	✓ Completion of scoping document (Q3) ✓ Agreement of next steps around strategic approach to primary care data development (Q3)	● MEIG meetings established on a 2-monthly cycle with good attendance and engagement chaired by Consultant in Public Health and resourced by PH admin. ● Role of MEIG developed to include provision of supportive high-level data/intelligence to inform whole-system and sub-system priorities, development of GGC-specific demographic trends and burden of disease paper to inform priorities within all PCS workstreams, oversight of PC data asks (to provide cross-system strategic support to prioritising same). ● December MEIG meeting to consider proposed workplan including timeframes, with further development in time for March milestone.

AGENDA ITEM NO: 12

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/95/2025/MW**
Contact Officer:	**Scott Bryan Service Manager, Strategic Services**	**Contact No:**	**01475 715365**
Subject:	**Housing Contribution Statement: 2024/2025**		

1.0 PURPOSE AND SUMMARY

1.1 ☐For Decision ☒For Information/Noting

1.2 This report provides an update to the Integration Joint Board on the progress of the Inverclyde Housing Contribution Statement.

1.3 The Housing Contribution Statement is a joint document between Inverclyde HSCP and Inverclyde Council Housing Services and details how local housing can help reduce health inequalities for local people.

1.4 The action plan within the Housing Contribution Statement is drawn from Outcomes 2 and 3 of the Local Housing Strategy:

- **Outcome 2: People in Inverclyde find it easier to access and sustain a home.**
- **Outcome 3: People in Inverclyde are supported to live independently and well at home.**

1.5 These outcomes and actions are strongly aligned to the Strategic Partnership Plan. During 2024/25 the actions within the Local Housing Strategy were reviewed to ensure they are both meaningful and actionable. These revised actions are now included in the Housing Contribution Statement.

1.6 The Inverclyde Housing Strategy team have produced a year-one progress report for the housing contribution statement, demonstrating the progress made against the identified actions during 2024-25 (appendix 1).

2.0 RECOMMENDATIONS

2.1 It is recommended that members of the Integration Joint Board:

- Note the update to the action plan within the Housing Contribution Statement;
- Note the progress within the 2024/25 update report against the actions within the Housing Contribution Statement.

Kate Rocks
Chief Officer
Inverclyde Health and Social Care Partnership

3.0 BACKGROUND AND CONTEXT

3.1 The Housing Contribution Statement 2024-27 was published following IJB approval in May 2024. The document acknowledged:

- the shared governance procedures and strategic alignment between the HSCP and Housing Services;
- people's right to live at home or within a homely setting;
- the impact suitable, quality housing has on reducing health inequalities; and
- that housing successfully contributes towards the area's repopulation, regeneration and economic growth objectives.

3.2 The Housing Contribution Statement was developed in close collaboration with local Housing Strategy Services, with the actions contained in the document being taken from outcomes 2 and 3 of the Local Housing Strategy:

- **Outcome 2: People in Inverclyde find it easier to access and sustain a home**
- **Outcome 3: People in Inverclyde are supported to live independently and well at home**

3.3 Throughout 2024/25 work was undertaken across all Local Housing Strategy Delivery Groups to consider and revise the actions identified. This was undertaken to improve the actions in terms of clarity, accountability, outcome alignment and timescales.

3.4 Revised actions are included at appendix 2 and have been uploaded to the Council corporate performance management system, Pentana, which will support future progress reports on the Housing Contribution Statement.

3.5 The revised Housing Contribution Statement is available at Strategies, Policies and Plans - Inverclyde Council .

4.0 PROPOSALS

4.1 Progress Report 2024/25

4.2 The year one progress report for the Housing Contribution Statement (appendix 1) includes a number of key highlights:

4.3 Outcome 2: People in Inverclyde find it easier to access and sustain a home – Key highlights

- **2.4**: Work underway to transform temporary accommodation and support rapid rehousing; includes targeted investment in empty homes.
- **2.5**: Rapid Rehousing Support Team reported a 96% tenancy sustainment rate; staffing changes may impact capacity.
- **2.6**: A Community Repopulation Officer and new Service Manager have been appointed to support refugee integration and settlement.
- **2.8**: Adoption of Homestar software shows 87% progress in support outcomes; repeat homelessness down to 2.1%, well below national average.
- **2.9**: Sustainable Housing on Release for Everyone (SHORE) standards implementation progressing; data sharing agreement signed and further process development underway.

4.4 **Outcome 3: People in Inverclyde are supported to live independently and well at home - Key Highlights**

- **3.1**: "Wellbeing at Home" model under review to broaden relevance beyond River Clyde Homes; actions pending further alignment with IJB reporting.
- **3.2**: Wheelchair accessible housing policy review brought forward to align with Local Development Plan.
- **3.8**: A new Young People's Housing Strategy is underway, with a literature review and project plan approved.
- **3.11**: Acquisition Strategy Review launched to improve specialist housing procurement; milestones set through 2025.
- **3.13**: Review of Armed Forces Covenant confirmed existing Registered Social Landlord policies adequately support veterans; no changes needed.

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 Housing Contribution Statement aligns both the Strategic Partnership Plan and the Local Housing Strategy. Contributions towards the Housing Contribution Statement support the four strategic priorities and help to reduce local health inequalities by improving local housing provision.

5.6 **Equalities**

(a) Equalities

	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.	Providing positive housing options will impact positively across for people with protected characteristics.
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:-

	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 implementation of the Housing Contribution Statement and its actions, people will be more able to care for themselves at home and receive care at home when required.
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 The revision to the actions set out in the Housing Contribution Statement, where completed through engagement with Local Housing Strategy Outcome Groups.

8.0 BACKGROUND PAPERS

8.1 Inverclyde Housing Contribution Statement 2024 (revised)
8.2 Housing Contribution Statement – Action change log
8.3 Housing Contribution Statement 2024-25 progress report

Appendix 1

Inverclyde Housing Contribution Statement

2024/2025 update

March 2025

Introduction

On the 2nd November 2023, Inverclyde Council's Environment & Regeneration Committee approved the Inverclyde Local Housing Strategy (LHS) 2023-2028. Approval was also granted for an LHS implementation strategy which determined that the steering group used to oversee LHS development is retained to oversee implementation. The objectives of this group are to:

- Track progress and measure impact via LHS monitoring and evaluation – LHS update reports.
- Ensure that LHS outcomes are linked effectively into other strategic plans across Inverclyde partnerships,
- Consider investment priorities and maximise shared resources,
- Exchange information and outcome data,
- Review outputs from monitoring updates and make recommendations to drive LHS action points which are off track.

This group has a wide membership including representation from the Inverclyde Health and Social Care Partnership (HSCP).

LHS Delivery Groups

For each LHS outcome a series of detailed action plans have been developed. Under each outcome sit our LHS priorities which will have their own delivery group to oversee the delivery of these actions. The aim of each LHS Delivery Group is to:

- Formalise workstreams and actions
- Assign lead responsibilities for specific LHS objectives,
- Agree timescales and delivery priorities,
- Deliver partnership approaches to implementing LHS objectives,
- Track progress with implementation,
- Agree and initiate remedial activity where required,
- Report progress to LHS Steering Group feeding into LHS update reports.

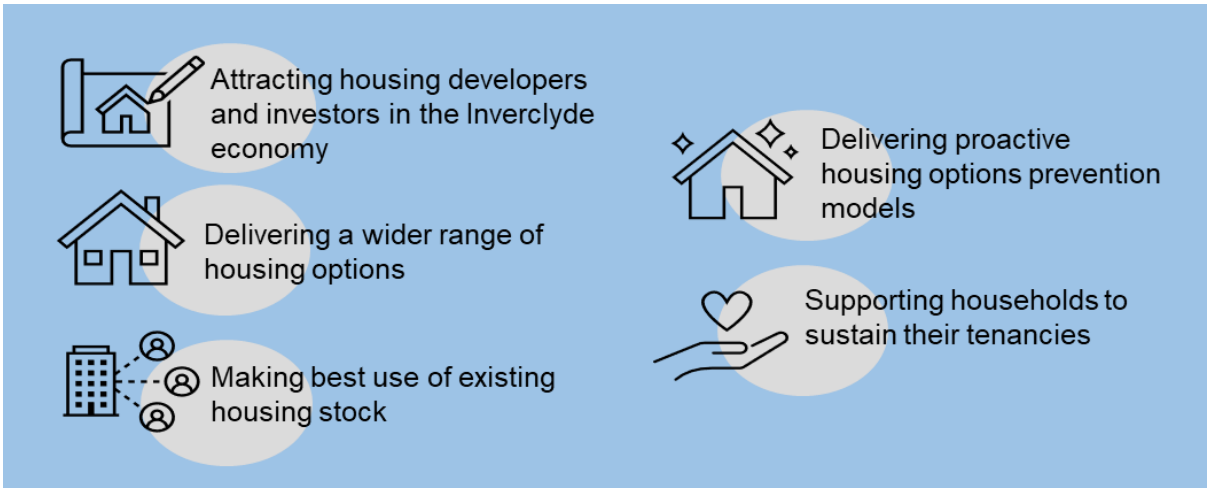
Representatives from Inverclyde HSCP and Homelessness Services HSCP participate in all LHS Delivery Group's when relevant, however have regular representation on delivery groups for LHS Outcome 2 and LHS Outcome 3 due to overlapping nature of objectives between the LHS and HCS. Each delivery group reports into the overall LHS Steering Group. Inverclyde Registered Social Landlord (RSLs) are actively involved in all LHS Delivery Groups.

As reported within the Inverclyde Housing Contribution Statement (HCS), a robust action plan has been agreed to progress the Local Housing Strategy. Actions are aligned to each of the four Outcomes in the LHS. It was agreed by the wider Inverclyde Housing Partnership Group that relevant LHS actions would be included within the HCS and would be adopted directly from the LHS Action plan. This approach was taken to remove any duplication in activity and reporting.

The following paper provides an update on HCS related actions undertaken by LHS delivery groups 2 and 3.

LHS Outcome 2: People in Inverclyde find it easier to access and sustain a home.

LHS Outcome 2 focuses on ***'making it easier for people in Inverclyde to access and sustain a home'*** by:



The following outlines activity on Outcome 2 actions which are included within the Inverclyde Housing Contribution Statement and have been developed by LHS delivery group 2 in 2024/25.

Action 2.2

Action 2.2 instructs the Public Health and Housing team to Improve advice, assistance and access to the Private Rented Sector (PRS) including the rent deposit guarantee scheme, financial advice and information on rights and responsibilities. It was agreed within the delivery group that the team would produce an information leaflet which would publicise information on where people can go for advice and assistance and available services to assist tenants in the PRS. The Private Rented Sector officer has started this process by identifying agencies and departments that the team will contact and collate information to share within the leaflet.

Contact was made to relevant services and agencies in January 2025 however due to a low response rate this exercise will have to redone. A further update on progress of this action is expected at the May delivery group meeting.

Action 2.4:

Action 2.4 states that the HSCP will 'transform the temporary accommodation model in Inverclyde to provide more community-based tenancies with support and decommission the Inverclyde Centre.' As part of this work, Housing Strategy and the Housing Options and Homelessness Advice Service have commenced discussion on how best to develop an evidence base to support the requirement for additional units to be utilised in tackling homelessness. The objective is to quantify both potential demand for additional temporary accommodation units as well as permanent solutions for service users and enable rapid rehousing. The acquisition programme may provide opportunity for suitable properties to be identified and enhance a person-centred response to homelessness in Inverclyde.

In addition to this, a further sub action has been added to Action 2.3 which focuses on prioritising targeted investment in the Inverclyde Empty Homes Service in areas where local housing pressure is evidenced. The sub action requires stakeholders (RSLs, Housing Options &

Homelessness Services, Housing Strategy) to develop local lettings plan to increase the target % of lets for homeless households and assist in delivering Inverclyde's Rapid Rehousing Transition Plan responsibilities. It is anticipated that this work will explore the potential of bringing long-term void properties within the social rented sector back into use to be used for temporary accommodation and support the delivery of Action 2.4.

Action 2.5

Action 2.5a instructs the Housing Options and Homelessness Advice Service to develop a rapid rehousing support team to meet the needs of households experiencing severe and multiple disadvantage. The Housing Options and Homelessness Advice Service have reported that this work is on track and 2024 is not an end point to this work which will continue beyond this year. Two staff have moved on to promoted posts and two other members of staff have contracts due to complete prior to the end of the financial year and will therefore be re-deployed. The team are therefore diminished and looking to protect their capacity for the most complex of cases and the Service will seek to commission support for low level support needs. The Wellbeing Coordinator has now moved on and looking at succession for this post in the interim while staff structure is considered. The Housing Options and Homelessness Advice Service also reported that there has been a 96% tenancy sustainment rate of individuals supported by the team of more than 12 months.

Action 2.5c instructs the Service to develop a personal housing plan process in partnership with HSCP Resource Group. The Service is currently supporting 45 individuals and was developing a review schedule and step-down process for individuals towards independence.

On the back of review schedule.14 support reviews were carried out in November 2024 with 87% in a positive distance travelled (positive outcome in 2 to 3 outcomes in Homestar). There was a 94% tenancy sustainment rate of individuals of more than 12 months.

Action 2.6 - Continue to provide housing and support to asylum seekers and refugees as part of the Inverclyde Alliance repopulation strategy.

Action 2.6a instructs the delivery group to Review LHS objectives and Inverclyde Repopulation Strategy to improve alignment. In relation to this work, a report was presented to the Policy and Resources committee in Autumn 2024 seeking approval for match funding (part funded by the Scottish Government) for an officer to address depopulation and work on actions to attract and retain people in Inverclyde.

A Community Repopulation Officer has recently been recruited by the Inverclyde Council Regeneration team and is scheduled to commence employment in March 2025. The officer will be invited to participate within the delivery group to ensure objective of the LHS are reflected within future strategies which focus on repopulation and to work with the New to Scotland team with regards to settlement.

Furthermore, a new Service Manager has been recruited to cover both the Housing Options & Homelessness Advice Service and the New to Scotland team with a focus on settlement due to the significant overlap between the two services focused on finding settled housing outcomes.

This integration will start the process of integrating LHS Delivery Group 2 and the Refugee Integration Team as instructed to within action 2.6b.

RSL Partners continue to engage with Council services to identify opportunities to support resettlement as directed to in action 2.6c. Current focus is about developing processes to support family reunion where other family members may be entering the country.

Action 2.7

Action 2.7a instructs the Housing Options and Homelessness Advice Service to provide universal housing options advice and assistance model and optimise support assessment tools. The service has reported that service redesign in 2023 enabled them it to provide universal housing options to Inverclyde residents and those at risk of homelessness to enable prevention of homelessness, not just assisting those through the homelessness pathway.

Action 2.8

Action 2.8 focuses on developing capacity to deliver the right intensity of person-led housing support which prevents homelessness and enables tenancy sustainment. The Housing Options and Homelessness Advice Service report that the reporting software 'Homestar' has been adopted which is used to undertake support needs assessment and to plan the support required.

The software gives 10 outcomes which the service use to measure an individual's level of support against. This is reviewed with the individual after every 6 weeks. It was reported at the January 2025 delivery group that there had been an 87% progress from service users in at least 3 outcomes. The Performance team, have a licence to enable them to do useful reporting to assess what impact support team are having on these outcomes, and it has been evidenced that the support team are having an impact on the individuals who are being monitored.

Positive impact of in-house support recognised in the Quarter 2 Scottish Government repeat homelessness statistics which is down to 2.1%, which is below 7% for 2023/24 and below Scottish average of 5% for repeat homelessness. This impact has been recognised by the Integration Joint Board who approved a re-design option which will include a complex support needs service and will protect RRST from becoming overburdened with lower support needs and allocation of support which can be provided from other HSCP services.

Action 2.9 - Sustainable Housing on Release for Everyone (SHORE) Standards

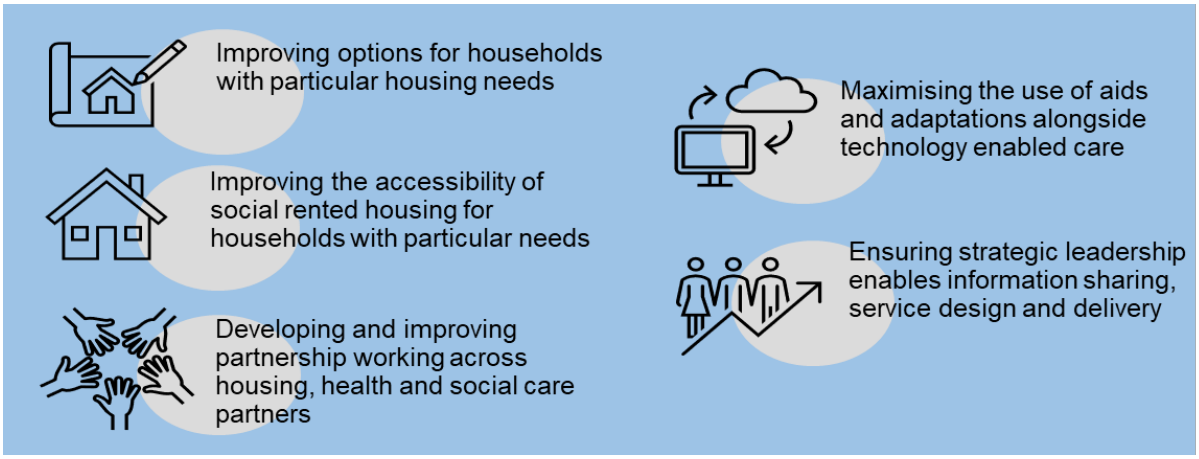
Action 2.9a instructs members of the delivery group and the Criminal Justice Lead to improve the reliability of data between Inverclyde Council and Registered Social Landlords with respect to the admissions of Inverclyde residents into the Scottish Prison Service (SPS) custody and liberations from SPS custody.

The Council and SPS have signed off on a data sharing agreement. However, the stock transfer agreement does create added complexities on accessing housing with the Council not acting as a social landlord. There isn't a provision within the data sharing agreement to inform RSLs collectively when someone enters the prison system. Discussions within the delivery group identified further work is required to create the necessary processes to ensure there is better understanding when individuals are moving through the prison system and the impact on the requirement of housing.

Action 2.9b instructs the Criminal Justice Lead to engage with local housing providers and SPS on current issues around SHORE implementation in Inverclyde. In August 2024, a SHORE conference was hosted at River Clyde Homes office and led by the Criminal Justice team in collaboration with the Housing Options and Homelessness Advice Service. This event had various presentations on the SHORE standards and examples of good practice from Glasgow City Council. A report outlining engagement, feedback and findings from the event is to be developed.

LHS Outcome 3: People in Inverclyde are supported to live independently and well at home.

LHS Outcome 3 focuses on 'People in Inverclyde are supported to live independently and well at home' which includes:



The following outlines activity on Outcome 3 actions which are included within the Inverclyde Housing Contribution Statement and have been developed by LHS delivery group 3 in 2024/25.

Action 3.1 Build on the existing success from the RCH 'Wellbeing at Home' developments and consider the feasibility of extending this model further.

This action is scheduled to be completed by the end of 2025. Currently, none of the sub-actions have been started. Preliminary discussions have taken place regarding potential amendments, particularly concerning sub-action 3.1a: *"Continue to monitor and evaluate the wellbeing at home model, including customers' experience at RCH development in Port Glasgow."*

This sub-action appears to be too focused on RCH to be relevant to other RSLs. An amended version that reflects the work of all RSLs was agreed will be finalized at the first meeting of 2025, after which work on achieving the remaining objectives will begin. However upon the January meeting taking place, it was agreed that this action would be subject to further review (along with the **all** the actions of DG 2 and 3 in line with HSC reporting requirements) in order to conform better with IJB reporting procedures.

3.2 Review and update wheelchair accessible housing policy across all tenures.

Action 3.2 of the LHS instructs the Council to '*Review and update wheelchair accessible housing policy across all tenures.*' Although this action has been identified for delivery by 2028, it was agreed by Delivery Group 3 that it should be brought forward to align with the development of the Local Development Plan. This work is now scheduled to commence in the near future as Inverclyde Council prepares its evidence report for the development of the next Local Development Plan. The review will examine the policy's deliverability within the private sector in particular with consideration toward Inverclyde Council and its partners wider regeneration and repopulation objectives.

3.8 Continue to improve housing outcomes across a range of measures for young people, including care leavers and young adults with complex needs

Action 3.8 of the Inverclyde Local Housing Strategy (LHS) 2023-2028 states that Inverclyde Council and its partners will "continue to improve housing outcomes across a range of measures

for young people, including care leavers and young adults with complex needs." To address these issues, a renewed Young People's Housing Strategy will be developed, superseding the one produced in 2017.

To this end, discussions have begun with Inverclyde HSCP Children's Services and Registered Social Landlords (RSLs) through LHS Delivery Group 3 to assess the future housing requirements of care leavers and young adults with complex needs in Inverclyde. Further work is needed to identify any shortfall in provision and to develop a robust evidence base. This will inform the support model to be advocated for in the strategy.

Regarding young people more broadly, a literature review has been drafted that explores barriers at a macro level to accessing housing across tenures. This review sets the broad parameters for conducting a localised assessment of young people's access to housing and review of whether the current supply and housing market adequately meets their needs and identify unmet needs and barriers to tenure at the local level. Consultation with RSL partners will be necessary to determine whether these housing needs can be met using existing housing stock or if a bespoke solution is required, potentially utilising Affordable Housing Supply Programme (AHSP) funding via the Strategic Housing Investment Plan (SHIP).

A PID outlining the rationale, methodology, and project time scales of the Young Peoples Housing Strategy was brought to DG3 for approval, which was approved. The project is now to be carried out by Damian Dempsey (HS) in conformity with the timescale established in the PiD

3.11 Review and update the RSL Acquisition programme and processes for purchasing specialist housing.

A project initiation document setting out an intention to undertake an *Acquisition Strategy and Programme Review 2025* is a project led by Inverclyde Council's Housing Strategy team to assess and improve the acquisition of second-hand properties for social housing.

As well as addressing Action 3.11 which Focuses on reviewing and updating the Registered Social Landlord (RSL) acquisition programme and processes specifically for purchasing specialist housing, it also deals with Action 1.10a: instructing LHS Delivery Group 1 to review the operation and criteria of the housing acquisition scheme.

Work is required for both actions to evaluate the performance of the acquisition programme, identify barriers, and ensure the programme meets the objectives set within the strategy.

The review will evaluate past acquisitions, identify gaps, and analyse barriers to achieving strategic housing goals, particularly for specialist housing. Work has commenced on the review with the project running between January and December 2025. Key milestones include a policy and practice review between January and February, data collection from January to April, stakeholder consultations from May to July, and the completion of a new acquisition strategy by October 2025. The final strategy will be approved by the Steering Group in January 2026.

3.13 Review armed forces covenant and RSL allocation policies

As part of the Inverclyde Local Housing Strategy (LHS) 2023-2028, Action 3.13 tasked Delivery Group 3 with reviewing the Armed Forces Covenant and RSLs allocation policies to ensure the housing needs of the Armed Forces Community were fully addressed. This action included reviewing the covenant, RSL policies, and updating them if necessary.

A comprehensive review has been completed by Housing Strategy team, confirming that Inverclyde's RSLs, including the Inverclyde Common Housing Register (ICHR) and River Clyde Homes, adequately account for the housing needs of veterans and Armed Forces personnel. Both systems award priority to veterans, with no updates required to the existing policies as the Armed Forces Community is already well-represented within the current allocation processes.

Appendix 2

Housing Contribution Statement – Action Revision Log

LHS Outcome 2: People in Inverclyde find it easier to access and sustain a home.

No.	Original Action	Revised to	New No.
2.2.	Improve advice, assistance, and access to the PRS including the rent deposit guarantee scheme, financial advice and information on rights and responsibilities.	No Change	2.2
2.4	Transform the temporary accommodation model in Inverclyde to provide more community-based tenancies with support and decommission the Inverclyde Centre.	No Change	2.4
2.5	Deliver 'wraparound' housing support models for households experiencing multiple and severe disadvantage	No Change	2.5
2.6	Continue to provide housing and support to asylum seekers and refugees as part of the Inverclyde Alliance repopulation strategy	No Change	2.6
2.7.	Develop a collaborative housing options model in Inverclyde based on consistent advice, needs assessment, referrals and case management tools for all frontline staff and services engaging with people at risk of homelessness	No Change	2.7.
2.8	Develop capacity to deliver the right intensity of person-led housing support which prevents homelessness and enables tenancy sustainment.	No Change	2.8
2.9.	Ensure that the housing needs of individuals in prison are addressed consistently and at an early stage by fully implementing and embedding the Sustainable Housing on Release for everyone (SHORE) standards across Inverclyde (National Strategy for Community Justice- Scottish Government:2022)	No Change	2.9.

LHS Outcome 3: People in Inverclyde are supported to live independently and well at home.

No.	Action	Revised to	New No.
3.1	Build on the existing success from the RCH 'Wellbeing at Home' developments and consider the feasibility of extending this model further.	No Change	3.1
3.2	Review and update wheelchair accessible housing policy across all tenures.	Develop specialist housing evidence bases for inclusion within the local development plan.	3.2
3.3	Improve our understanding of the housing and related support needs of ethnic minority groups and others who experience disadvantage and inequality, including asylum seekers and refugees.	Removed – captured as sub-action against action 2.6	2.6
3.4	Investigate opportunities for dementia friendly design features in retrofitting existing stock and in the specification of new build	Develop good practice guides for housing design and support models that meet the needs of a range of client groups and carers including dementia, autism, learning disability	3.3
3.5	Project future investment requirements which arise from an aging population with growing needs for property adaptations and improve evidence for funding adaptations through enhance information sharing	No Change	3.4
3.6	Maximise the use of assistive technology including telecare, telehealth and wearable tech to enable people with housing needs to live independently and well at home.	No Change	3.5
3.7	Work in partnership with legal services to develop and improve information sharing protocols on pipeline need for specialist housing to ensure early planning and commissioning across housing, health and care partners.	No Change	3.6

3.8	Continue to improve housing outcomes across a range of measures for young people, including care leavers and young adults with complex needs.	Moved to Local Housing Outcome 2	2.10
3.9	Develop pilots for housing design and innovative housing support models that meet the needs of a range of client groups and carers (e.g. autism, learning disability).	Develop good practice guides for housing design and support models that meet the needs of a range of client groups and carers including dementia, autism, learning disability	3.3
3.11	Review and update the RSL Acquisition programme and processes for purchasing specialist housing.	No Change	3.8
3.12	Review provision of site requirement and services for gypsy/ travellers in Inverclyde.	No Change	3.9
3.13	Review armed forces covenant and RSL allocation policies to ensure the housing requirements of the Armed Forces Community have fully been accounted for.	No Change	3.10

AGENDA ITEM NO: 13

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/97/2025/HM**
Contact Officer:	**Dr Hector Macdonald Clinical Director Inverclyde Health and Social Care Partnership**	**Contact No:**	**01475 715365**
Subject:	**Request by the New Surgery Kilmacolm to Close their Langbank Branch Surgery and Dispensary (General Practice)**		

1.0 PURPOSE AND SUMMARY

1.1 ☐For Decision ☒For Information/Noting

1.2 This report provides information on the request by the New Surgery Kilmacolm to close their Langbank branch surgery and dispensary. Members of the Integration Joint Board are asked to note the report.

2.0 RECOMMENDATIONS

2.1 To note the HSCP's approval of the closure of the Langbank Branch Surgery & dispensary.

Kate Rocks
Chief Officer
Inverclyde Health and Social Care Partnership

3.0 BACKGROUND AND CONTEXT

3.1 The Langbank branch surgery has been in place for many years as a satellite surgery to the New Surgery's main premises in Kilmacolm. As the main surgery is in Inverclyde the Inverclyde HSCP is the partnership that oversees their contract. The branch surgery for historical reasons has a dispensary. Dispensing practices are usually reserved only for rural and island communities and allow supply of medicines where there is no access to community pharmacy. There are no other dispensing practices in Greater Glasgow and Clyde.

The practice have made a request to GG&C / Inverclyde HSCP to close the branch surgery. The practice proposes to continue care for their patients from their main site in Kilmacolm.

In October of 2024 the Practice had requested to reduce the hours of the branch surgery from 5 mornings to 3 mornings due to staffing pressures.

Although Langbank receives GP services from Inverclyde HSCP based practices it sits within the boundaries of Renfrewshire.

There are no Renfrewshire based GP practices that cover the Langbank postcode area.

3.2 GG&C has a process when applications to close branch surgeries are received. The process requires a 3 month consultation period with patients and other stakeholders. The Practice is responsible for consulting with its patients and the HSCP with other stakeholders. An initial EQIA was carried out during the process to help inform the consultation.

3.3 The proposed closure of the Langbank Branch Surgery by the New Surgery (Kilmacolm) is driven by sustainability concerns, operational inefficiencies, and the strain of maintaining two sites. The practice has identified closure will lead to increased appointment capacity at the main site.

3.4 The attached documents "*The Langbank Patient Consultation Report*" and the "*Report on stakeholder Consultation"* outline the methods undertaken and the feedback received.

The "Evaluation of the Consultation documents" looks at the issues raised and assesses mitigations.

3.5 Healthcare Improvement Scotland (HIS) have had oversight of our consultation process and made recommendations which they confirmed we had followed.

3.6 Evaluation suggests that although a loved community asset there are appropriate mitigations to ensure the residents of Langbank can continue to access General Practice Care. This may involve, as a number of patients have indicated, changing GP practice to one of those in Port Glasgow (74 of 314 respondents) due to easier public transport access. Consultation shows high levels of access to cars.

This is not a request the practice have undertaken lightly but they suggest it is necessary to ensure the sustainability of the practice moving forward and to meet the challenges facing Primary Care in the NHS in the coming years.

4.0 PROPOSALS

4.1 To allow closure of the Langbank Branch Surgery and dispensary.

5.0 IMPLICATIONS

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

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

5.2 **Finance**

One off Costs

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

Annually Recurring Costs/ (Savings)

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

5.3 **Legal/Risk**

N/A

5.4 **Human Resources**

N/A

5.5 **Strategic Plan Priorities**

This proposal aligns with the direction of the HSCPs Strategic Plan 2024-27. The plan sets out the approach that resource should be appropriately focused where they can provide the greatest need. In accepting this proposal, the New Surgery Kilmacolm will be able to make significant changes to its practice and provide a greater level of appointments and services to registered patients.

Through this approach, the proposal will support the Strategic Plan's priority of providing early help. By providing a greater number of GP appointments, more local people will be able to see a GP faster and identify and address their concerns at an early stage.

5.6 **Equalities**

(a) Equalities

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

The proposed closure of Langbank Surgery and dispensary has been assessed and has identified low negative impacts for those with certain protected characteristics, particularly Age (Older People) and Disability (physical frailty). However, supporting mitigations have been addressed this that will ensure overall impact will be limited.

x	YES – Assessed as relevant and an EqIA is required, a copy of which will be made available on the Council's website: https://www.inverclyde.gov.uk/health-and-social-care/equality-impact-assess-me
	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.	Not applicable.
Children and Young People who are at risk due to local inequalities, are identified early and supported to achieve positive health outcomes.	No impact. There will be no barriers to young people accessing their GP. Findings from the consultation indicate that majority of children attend the Kilmacolm practice for all appointments.
Inverclyde's most vulnerable and often excluded people are supported to be active and respected members of their community.	Not applicable.
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.	No impact. This proposal will not negatively impact on the ability of people who are new to Scotland accessing a GP practice.

(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. The decision does not constitute a strategic decision and has no relevance re socio-economic inequalities.

(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 implication 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.	Accepting the proposal will lead to a more effective service, with greater availability of GP appointments for people. This enhanced service will help local people to maintain and improve their health.
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	The GP practice will offer home visits and remote appointments to support those who have difficulty travelling, ensuring they can be fully cared for at home
People who use health and social care services have positive experiences of those services, and have their dignity respected.	The proposal will ensure the Kilmacolm practice can provide a greater level of service for patients, including increased availability of appointments.
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.	By having greater access to a GP, people can get the right health and support at the right time, contributing to improved health overall.
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.	No impact

People using health and social care services are safe from harm.	The practice will ensure to uphold its quality standards ensuring all care and treatments provided are for the benefit of the patient and support them to receive care, safely in their own community
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	Staff affected will be relocated to the Kilmacolm Practice, providing greater support to the overall practice team.
Resources are used effectively in the provision of health and social care services.	This proposal will support the Kilmacolm practice to re-organise it's resources for the benefits of patients.

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 See attached appendices & EQIA available online.

8.0 BACKGROUND PAPERS

8.1 i) Langbank Patient Consultation report
ii) Stakeholder Consultation Report
iii) Evaluation of the Consultation report

Appendix 1

Langbank Patient Consultation Report

At the start of the consultation (24.04.25) there were 1011 patients registered at Langbank Branch. The consultation ran for 3 months until 25.07.25.

Questionnaires were sent to 428 households which covered 1011 patients on 24.04.25 and all new registrations since have been provided with a copy of the letter, consultation questionnaire and FAQs explaining the proposal.

To ensure everyone received the information we followed up a week later by sending out a text message with documents attached to all registered mobiles over 18 years of age.

As at 25.07.25
21 patients have left Langbank (moved away, died or registered elsewhere)
23 new patients have registered at Langbank

Current number of patients: **1013**

Age breakdown of Langbank Population as at 25.07.25

Age range in years	Number of patients	% of population
0-16	142	14%
17-24	78	8%
25-34	83	53%
35-44	124	
45-54	137	
55-64	193	
65-74	161	25%
75-84	80	
85+	14	

Number of questionnaires received back

187 questionnaire responses received responding on behalf of 314 patients

Response rate: 31%

We assume that non responders have no particular issues with the proposal to close the surgery 699 patients (69%)

Age breakdown of patient completing the questionnaire
0 - 24: 0 respondents
25 - 34: 1 respondents (0.5%)
35 – 44: 9 respondents (4.5%)
45 - 54: 6 respondents (23%)
55 - 64: 30 respondents (16%)
65 – 74: 44 respondents (24%)
75 – 84: 47 respondents (25%)
85 +: 6 respondents (3%)
Anonymous/Unknown: 44 respondents (24%)

Which surgery do you normally attend

Langbank: 145 questionnaires – 242 respondents
Kilmacolm: 6 questionnaires – 11 respondents
Both: 34 questionnaires – 58 respondents
Not applicable (can't access either, just registered): 2 questionnaires – 3 respondents

What will be the Impact of the Closure

Negative impact: 156 questionnaires - 265 respondents
Little or no impact: 19 questionnaires - 29 respondents
Not sure: 9 questionnaires - 15 respondents
Positive impact: 3 questionnaires - 5 respondents

Summary of Responses

Positives:

- Prefer to attend Kilmacolm as live between the two
- Would prefer a local service in Langbank but can travel to Kilmacolm with no issue
- I can attend either
- I have not used Langbank surgery in over a year, Kilmacolm is easy and prescriptions are dispensed at Boots
- Your FAQs confirm there will be no reduction in service provided and appointments should increase
- I support your decision to close. It would be excellent to keep it open but if it's draining the main practice and stretching your facilities it is the correct decision.
- Have been with this surgery for 40 years and it has been great
- I don't mind accessing Kilmacolm just now to get more convenient appointment times but worry these will be impacted by additional patients also using Kilmacolm.

Little or No impact:

- Little impact as long as we can drive
- Langbank is easier but I have never been given an appointment there

Negatives

Travel, parking and increased cost

- I can drive but will find collecting prescription from a pharmacy an inconvenience
- Winter travelling to Kilmacolm challenging, road conditions risky and dangerous
- Shortage of parking at Kilmacolm and car park is on a slope making it difficult
- No easy/direct public transport links for non-drivers to Kilmacolm, which is a 14 mile round trip
- I will have to collect my prescriptions by train and bus
- I cannot drive in the dark and the road is difficult.
- Increased car use and reliance on car
- Friends will give me a lift to Langbank but will not be so easy for Kilmacolm
- People who cannot drive will have to get a train to Port Glasgow and then a bus to Kilmacolm – train services are limited and cost money
- Cost implications, more expensive, time involved increased, bad for carbon footprint
- Seems a backward step, instead of one GP and one nurse travelling we all are

- Langbank surgery is a 5 minute walk from home, whereas Kilmacolm is a 20 minute car journey and no bus service
- Journey time by public transport is over an hour which is greatly increased.
- Concerns about having to cancel appointments last minute if not feeling well enough to drive or cannot get a lift to Kilmacolm

Inconvenience

- Prefer to have a surgery in the village I live in
- Work would be affected and school if appointments are at Kilmacolm
- Very inconvenient having to travel to Kilmacolm and school age children would need to take more time out of school.
- I am a shift worker and normally request my partner to pick up my prescriptions and he doesn't drive
- Does not suit my family's lifestyle
- For tests, consultation and dispensary I make at least 30 visits per year including as a carer for my wife
- I retired here and major factor in doing so was local doctors surgery
- I would need to get someone to take me and that is not always practical/accessible.
- Not so easy to get prescriptions

Service Issues

- The service in Langbank should be increased not reduced, hospitals are not coping, primary care should be increasing
- Appointments are at present a 7 week wait, closing Langbank will not reduce this by much if at all as doctors are only present at Langbank for 2 hours on 3 days.
- Less likely to book GP appointment
- Pressure on one site of increased patient numbers, extreme pressure on car parking
- Will lose the personal touch that Langbank surgery has, it is part of the community
- Visiting the doctors will become more stressful.
- Lack of health provision in the local community

Frequency of Visits to the surgery in the Last 12 Months (includes for appointments and prescription collections)

Never: 14 questionnaires – 19 respondents
1–3 times: 40 questionnaires - 62 respondents
4–6 times: 37 questionnaires – 71 respondents
7–9 times: 22 questionnaires – 37 respondents
10+ times: 74 questionnaires – 125 respondents

Transportation Methods to the Surgery

Walk: 107 questionnaires - 184 respondents
Car: 53 questionnaires – 86 respondents
Car and walk: 23 questionnaires - 38 respondents
Other (e.g., lift with someone, public transport): 5 questionnaires - 7 respondents

What will you do if the surgery closes

Attend Kilmacolm by car: 106 questionnaires – 189 respondents
Attend Kilmacolm by car or public transport: 2 questionnaires – 3 respondents
Attend Kilmacolm by public transport: 6 questionnaires – 13 respondents
Attend Kilmacolm by other means (e.g. lift): 4 questionnaires – 6 respondents
Attend Kilmacolm or register at a different practice: 8 questionnaires – 13 respondents
Register at another practice: 43 questionnaires – 74 respondents
Other (request telephone appointments or house visits, assess my options, don't know): 17 questionnaires – 20 respondents

Summary of Additional Comments

A review of the 'Any other comments' section revealed several recurring themes and concerns among respondents

1. Loss of Local Services:

Many respondents expressed concern that the closure of the surgery would be another blow to Langbank's minimal amenities, which has already lost its shop, library, and pub.
The surgery is seen as a vital community asset, especially for those without access to transport.
Felt some may not bother to book appointment when needed and ignore health conditions.
Suggestion of sharing the space with other health services e.g. dentist, chiropractor
More staff should be recruited to help run the service.
Negative impact for the young families and elderly.
Proposal would increase health inequalities.
Should be allowed to register in Bishopton as this is closer than Port Glasgow.
Non-residents do not understand the importance of the surgery to the village.
The loss of the surgery might encourage people to use 111 or 999 more frequently.
We value our village GP Surgery and want to keep it open and active for a large village of many people of all ages.

2. Transport and Accessibility:

A recurring issue is the lack of public transport to Kilmacolm.
Elderly residents and those without cars fear they will be unable to access care.
Suggestions included a request bus service or home delivery of prescriptions.
Query if longer opening hours would be introduced at Kilmacolm to cope with demand.
Support for the proposal if appointment numbers are increased.
The practice will end up having to cover more house visits if patients are unable to travel into surgery.
Concerns about Port Glasgow or Bishopton surgeries refusing to register patients as they are already over stretched or if these are able to cope with additional registrations.
Cost of travelling by public transport, around £11 per trip.
Arrange transport to Kilmacolm, otherwise keep the surgery open.

3. Value of the Dispensary:

The dispensing service at Langbank is highly valued, especially for urgent or regular medication but many patients would appreciate having their prescriptions delivered by local pharmacies.
Some suggested prescription delivery or 2-month supplies to ease the transition.
Support requested to change prescriptions over to new pharmacy.
Suggestion of a 24 hour vending machine to be installed in Langbank instead.
Suggestions of closing the dispensary to save the surgery.
Electronic sending of prescriptions to pharmacies should be brought in, the current paper system is archaic.

4. Emotional and Practical Impact:
Long-term patients (some for over 30 years) feel disappointed and let down.
Loss of a surgery that has been in the village since the 1960's.
Concerns were raised about increased pressure on carers and families.
Some questioned why Kilmacolm wasn't considered for closure instead.
Concerns if have to cancel appointments last minute if not well enough to attend Kilmacolm.
Support for the decision if it means the long term sustainability of the practice, it is the medical care that is important not where it is.
Support for the proposal, while no one likes change it seems that the closure is for the best.
Concerns about the future of the surgery building and that it will become derelict.

5. Concerns about fairness of the consultation process
Queries as to why Renfrewshire HSCP is not leading on this process as council tax is paid to Renfrewshire, seems unfair when Renfrewshire residents will be directly impacted.

Summary

Consultation
The consultation ran from 24/04/25 to 25/07/25 and we collated all questionnaire received and patient feedback passed on from the HSCP.

Dr. McCusker and Dr. Stark attended the Langbank Community Council meeting on 14/05/25 along with Dr. Hector MacDonald and Alan Best representing the HSCP. A number of questions were sent to us ahead of the meeting which Drs. McCusker and Stark were able to directly address and answer, although judging by the questionnaires that continued to come in and the issues raised it does not look like these were widely shared with the community.

We were contacted by a few local councilors/elected officials asking to discuss the closure with us, however they didn't follow up to arrange any meetings and there has been no contact since.

Addressing the Questions Raised

Travel - Public transport is an issue with no direct link between Langbank and Kilmacolm. However since covid general practice has evolved and we are able to see more patients remotely either by phone or video consultations, therefore not every appointment needs to be face to face. We currently use telephone for 34% of our patient contacts and make use of email and text message to communicate with patients e.g. sending in photos, forms.

We understand that Finlaystone Road/Old Greenock Road is not perceived as a good road to travel on in the dark or winter however the main A8 from Langbank to Port Glasgow and the A761 from Port Glasgow to Kilmacolm would be the recommended route and is the preference of the surgery staff and doctors.

We recognise that some elderly patients will struggle to travel to Kilmacolm if they have limited mobility or are unwell and we are prepared for an increase in requests for house visits. We are supported by the ANP and District Nursing teams who already cover Langbank area and we understand they will continue to do so.

Dispensary – Local pharmacies have been contacted and have no issues taking on the additional dispensing patients. M&D Greens offer a free delivery service to Langbank, Boots Kilmacolm may have a charge. If we were no longer dispensing we would move patients onto a standard 2 month prescription therefore collections and deliveries would be less frequent. Our admin team will be able to support any patients to transfer their prescriptions to a community pharmacy and a number of

patients have already chosen to move their dispensing and have commented to us about the benefits of the delivery service.

Issues with registering elsewhere - Port Glasgow Health Centre has 3 surgeries within it and having consulted with them the HSCP is not aware of any current registration issues in taking on extra patients. Bishopton Surgery is only able to register patients who live in their Bishopton catchment area.

However, from the consultation responses only 74 patients confirmed they would register elsewhere and a further 13 said they would attend Kilmacolm or register elsewhere so we would hope the numbers leaving would remain small.

Appointments – By closing the Langbank surgery the GPs will have travel time freed up and time from checking and dispensing prescriptions. We estimate that 2 hours will be saved 3 times a week (6 hours) from travel and dispensing admin which would equate to an extra 3 surgeries (24 patients) and we would be able to increase the number of appointments we have in Kilmacolm.

Communication - Having staff working together within one premises will make team communication easier. Kilmacolm has much better, more modern facilities and will make patient care more equal across both surgeries.

The dispensing function at Langbank introduces an additional layer of operational complexity. Currently, we are required to run separate systems and maintain distinct lists, such as for special requests and messages, which can lead to confusion among staff and increase the risk of administrative errors. By transitioning all patients onto a unified system, we can significantly simplify the prescription process. This change will enhance efficiency, reduce the likelihood of mistakes, and allow staff to focus more effectively on delivering safe and consistent care.

Branch Surgery Closure

We fully acknowledge that the closure of the branch surgery would represent a loss for the community and for those patients who have valued its presence over the years. This decision has not been taken lightly.

However, the reality is that general practice has changed significantly. The demands on our clinical teams have increased dramatically, with rising patient volumes, more complex care needs, and growing administrative responsibilities. Operating across two sites has become increasingly unsustainable under these pressures.

Running two separate surgery sites places a significant strain on both financial and operational resources. Each location requires its own infrastructure, staffing, equipment, and administrative oversight, effectively duplicating many core functions. This not only increases overhead costs but also stretches our clinical and support teams, making it more difficult to maintain consistent service levels across both sites.

In the current climate, where general practice is under increasing pressure, this model is no longer sustainable. Consolidating services into a single, well-supported site will allow us to allocate resources more efficiently, reduce duplication, and focus on delivering high-quality, coordinated care.

To ensure the continued excellence of our clinical services, it's essential to confirm our doctors are medical professionals, not dispensary managers. Their training, expertise, and value lie in patient care, diagnosing, treating, and supporting individuals with skill and compassion. Dispensary operations, while critical to the smooth running of our practice, involve a distinct set of responsibilities: inventory control, regulatory compliance, financial oversight, and logistical

coordination. These are complex tasks that require dedicated administrative support and operational leadership, not the diversion of clinical staff from their primary duties.

When our doctors are carrying out dispensary functions on top of their clinical work, we risk diluting their focus, increasing burnout, and compromising the quality of care. It is no longer sustainable nor strategic to continue not just as a matter of efficiency; but as a commitment to clinical excellence and organisational integrity.

Maintaining safe, high-quality care requires us to focus our resources and clinical capacity where they can have the greatest impact. Consolidating services into a single site will allow us to streamline operations, improve team coordination, and ensure that our doctors can continue to deliver the level of care our patients deserve, without the strain of managing two separate locations.

We understand the emotional and practical implications of this change, and if closure goes ahead we are committed to supporting patients through the transition with clear communication and continuity of care.

Supporting Patients Through the Transition

We recognise that the closure of the branch surgery may cause concern and inconvenience for some patients. To ensure a smooth and supportive transition, we would implement the following measures:

1. **Clear and Early Communication**
   Patients would be informed well in advance through letters, text messages, and notices in both surgeries.
2. **Continuity of Care**
   All patients would continue to have access to the same clinical team at the main site, ensuring continuity of care and familiarity with their healthcare providers.
3. **Prescription and Repeat Medication Adjustments**
   We would ensure that prescription services are not disrupted. Patients will be supported in updating their preferred pharmacy or collection arrangements.
4. **Feedback and Listening Channels**
   Patients will be invited to share their concerns and suggestions through surveys or drop-in sessions, helping us to address issues proactively and compassionately.

Report compiled by Practice Manager and GP Partners
Rebecca Greene
Dr. Barry McCusker
Dr. Kim Stark
Dr. Victoria Lee

31st July 2025

Appendix 2

Inverclyde HSCP

Stakeholder Consultation Report

Proposed Closure of Langbank Branch Surgery

Introduction

This consultation was initiated following a formal request from the New Surgery GP Practice (Kilmacolm) to close the Langbank Branch Surgery. The objective was to evaluate how best to meet the ongoing healthcare needs of approximately 900 patients currently registered at the branch.

To ensure a comprehensive assessment, feedback was sought from a broad range of stakeholders, including neighbouring GP Practices, community pharmacies, elected representatives, and local community groups. While the Inverclyde Health and Social Care Partnership (HSCP) did not directly collect patient feedback, the responsibility for engaging with patients and gathering their views rested with the GP Practice . The HSCP role focused on engagement with a wider stakeholders and assessing the broader implications of the proposed closure on local services and the community.

The Practice ’s patient consultation process was conducted concurrently with HSCP stakeholder engagement, and a separate report has been produced by the Practice to reflect their findings.

The overarching aim of this consultation was to understand the potential impact of the branch closure on patients, explore viable alternatives to support affected individuals, and identify mitigation strategies to minimise disruption to healthcare access.

Additional paper (ii)

Background

The Langbank Branch Surgery has operated for many years as a satellite facility to the New Surgery's main premises in Kilmacolm. As the principal site is located within Inverclyde, the Inverclyde Health and Social Care Partnership (HSCP) holds contractual oversight of the Practice .

Historically, the Langbank site has included a dispensary, a feature typically reserved for rural or island communities where access to community pharmacy services is limited. Notably, this is the only dispensing Practice within the NHS Greater Glasgow and Clyde (GG&C) area. While the dispensary previously generated income that helped offset the operational costs of maintaining two sites, dispensing fees have remained static since 2002. Additionally, the dispensing function places further demands on GP time, as clinicians are required to fulfil both prescribing and dispensing roles.

The New Surgery has formally submitted a request to GG&C and Inverclyde HSCP to close the Langbank Branch Surgery. The rationale for this proposal centres on enhancing the long-term sustainability of the Practice . Operating across two sites has led to increased financial and staffing pressures, and the dual-site model is perceived as a barrier to recruiting and retaining clinical staff. Furthermore, recent changes, such as the unfunded rise in employer National Insurance contributions have added to the financial strain faced by GP Practices.

Additional paper (ii)

Consultation Rationale

The New Surgery has been experiencing increasing operational pressures associated with maintaining services across two sites. In response, the Practice has submitted a formal request to close the Langbank Branch Surgery. As part of the decision-making process, it is essential to undertake a structured consultation to engage with patients, stakeholders, and service partners. This consultation aims to assess:

1. **The capacity of neighbouring healthcare providers** to absorb and effectively support the patient population currently registered at the Langbank Branch.
2. **The potential impact on patient access, continuity of care, and overall service delivery**, particularly for vulnerable groups and those with complex health needs.
3. **Opportunities to mitigate disruption**, including the provision of additional administrative support, enhanced transport options, and the identification of alternative service models to maintain continuity of care.

This process is intended to ensure that any decisions taken are informed by a comprehensive understanding of the implications for patients and the wider health and social care system.

Additional paper (ii)

Summary of Stakeholder Feedback

1. General Practice Feedback

Birkmyre and Newark Medical Practices (Port Glasgow Health Centre):

- Both Practices confirmed that their patient lists are open, and they are willing to accept registrations from Langbank residents should the branch surgery close.
- They indicated that while they are prepared to support the transition, a significant influx of new patients may necessitate short-term administrative support to manage the increased workload effectively.
- The Practices expressed a commitment to collaborative working to ensure equitable distribution of patients and maintain service quality.
- Neither Practice is in a position to assume full operational responsibility for the Langbank site, citing similar financial and logistical challenges associated with managing dual-site operations.

Bishopton Medical Practice (Bishopton Health Centre):

- Although geographically closest to Langbank, Bishopton Medical Practice does not currently include Langbank within its catchment area.
- Following suggestions raised at the Langbank Community Council meeting, the Practice was approached regarding the possibility of extending its boundaries or taking over the branch surgery.
- The Practice advised that it is unable to accommodate this request due to existing pressures linked to rapid population growth in its own locality.
- Bishopton is the nearest Renfrewshire HSCP Practice to Langbank.

2. Community Pharmacy Feedback

M&D Green Pharmacies (Port Glasgow):

- Both branches confirmed they have sufficient capacity to support additional patients and currently operate a collection and delivery service for Langbank residents.
- They viewed the potential increase in patient numbers positively and do not anticipate significant disruption to their operations.

Rowlands Pharmacy (Port Glasgow):

- Rowlands Pharmacy indicated that the closure of the Langbank dispensary would have minimal operational impact.
- They confirmed they have adequate capacity to absorb additional demand and are confident in their ability to support affected patients.

3. Feedback from Elected Representatives and Community Groups

- Local councillors and the constituency MSP raised concerns regarding transport and accessibility, particularly for elderly and mobility-impaired residents.
- There was notable anxiety about potential increases in waiting times and reduced appointment availability at Kilmacolm and Port Glasgow Practices.
- Concerns were also expressed about the loss of continuity of care, with patients potentially needing to register with new GPs, disrupting long-standing clinical relationships.

4. Patient Feedback

- The Inverclyde HSCP did not directly collect patient feedback; this responsibility was undertaken by the New Surgery.
- A separate report detailing patient views has been compiled by the Practice .

5. GP Subcommittee Feedback

- The GP Subcommittee raised no objections to the proposed closure.
- They emphasised the importance of proactive engagement and support for neighbouring Practices that may experience increased demand as a result of patient transfers.

6. Langbank Community Council Feedback

- Feedback was gathered through an open meeting held on 15 May, attended by both HSCP and Practice representatives, as well as via a written submission from the Community Council.
- Key concerns included:
    - **Transport limitations**: No direct bus service; travel to Kilmacolm via Port Glasgow requires a combination of bus and train, which may be unreliable, especially in adverse weather.
    - **Pressure on Port Glasgow Practices**: Concerns about capacity and lack of direct consultation with their patient populations.
    - **Alternative provision**: Questions raised about the feasibility of Bishopton Medical Practice extending services to Langbank.
    - **Access to medicines**: Anxiety over the impact of losing the dispensary service.
    - **Sustainability of the New Surgery**: Fears that a significant patient migration could undermine the long-term viability of the Kilmacolm site.

Key Issues Raised:

1. **Patient Access**:

    - Respondents raised that closure of Langbank's surgery would potentially disproportionately impact those with limited mobility or without reliable transport options.
    - The distance to alternative GP Practices is a key concern.

2. **Capacity of Other Healthcare Providers**:

    - Feedback suggests that nearby GP Practices have the capacity to absorb additional patients, although temporarily this could place pressure on administrative and operational systems.
    - Community pharmacies in Port Glasgow also confirmed they have the capacity to meet the additional demand and already offer a collect and deliver service for Langbank patients.
    - Bishopton Health Centre is not an option for the Langbank patients.

3. **Continuity of Care**:

    - Some respondents felt the loss of Langbank's branch surgery would disrupt continuity of care for some patients who have long-standing relationships with their current GPs.
    - There is concern about the emotional and practical impact this will have on more vulnerable patients.

4. **Communication and Support**:

    - It is essential that patients are provided with clear guidance and support during any transition, including information about how to register with new Practices and how to access continued care.

Suggestions for Mitigation:

- **Additional Administrative Support**
    - If large numbers of patients (e.g. 900) transfer to surrounding Practices, there will be a need for additional short term administrative resources to ensure smooth processing and registration.

- **Transport Solutions**
    - Given the transport challenges, particularly for elderly or vulnerable patients, stakeholders have suggested exploring potential solutions such as enhanced local transport or home visit services for those with significant mobility issues. Note the Practice have already made provision for increased home visiting and a proportion of their home visiting is already provided by the Advanced Nurse Practitioner team based in Port Glasgow Health Centre. The Practices early consultation suggested very high access to cars from patients.

- **Digital Services**
    - There is some support for expanding digital consultation options, although concerns remain regarding digital exclusion for older or more vulnerable groups. Of note the vast majority of GP Practice remote consultations are telephone calls.

Additional paper (ii)

Considerations and Next Steps

The proposed closure of the Langbank Branch Surgery presents several important considerations, particularly in relation to patient access, continuity of care, and the capacity of surrounding GP Practice s to accommodate additional registrations.

Stakeholder feedback suggests that while GP Practice s and community pharmacies in Port Glasgow are broadly able to absorb increased patient numbers, concerns remain regarding the impact on vulnerable populations, especially individuals with limited mobility or without access to private transport as well as the administrative burden on receiving Practices.

A further report will be developed to consolidate stakeholder and public feedback, and to explore potential mitigation strategies and service solutions aimed at minimising disruption and safeguarding patient care.

Dr Hector Macdonald
14/08/2025

Appendix 3

INVERCLYDE HSCP Health and Social Care Partnership

Evaluation on the consultation on the Langbank Branch Surgery proposed closure request by the New Surgery Kilmacolm.

This report summarise the key themes from the Practice and Stakeholder reports on the New Surgery's proposal to close their Langbank Branch Surgery and looks at any mitigations that may be in place or needed should this happen. It will also look at the practices reasoning behind the request and the potential consequences of the closure not being allowed.

The summary of practice and stakeholder feedback from those representing local residents shows that the Langbank branch surgery is felt to be important to the local community and most respondents would prefer it remain open.

Langbank , although on a main train line , has no direct bus service to either Kilmacolm or Port Glasgow. Although feedback demonstrates a very high level of car access this has been a key message from feedback.

The option of patients to move practice if needed to Port Glasgow Health Centre was raised by the New Surgery in their initial communication with patients. This raised issues during the consultation of potential capacity in Port Glasgow and also the question of Bishopton Health Centre as an option .During the consultation it was established that Port Glasgow would have capacity if needed and that due to their own capacity and population changes Bishopton would not have capacity.

Continuity of care was another theme and the practice have stated they would ideally keep caring for all their current patients but with services based at the main site in Kilmacolm.

The practice also described that the move could be supported by wider use of remote consultations and accepted an increase in home visits may be necessary. This prompted concerns from stakeholders of potential digital exclusion for the elderly.

In the next section I've outlined key themes and concerns raised in the consultation and also the potential mitigations that may address these.

Proposed Mitigations

1. Transport Solutions

Why: Langbank residents, especially elderly or mobility-restricted individuals, face significant transport challenges. There is no direct bus route to Kilmacolm, and travel often requires a combination of train and bus, which the public feedback suggested can be unreliable in poor weather

Mitigation

The consultation shows high levels of access to cars and willingness to travel to the Kilmacolm site.

The transfer to Port Glasgow Health Centre GP practices is an available option for patients and is one stop on a direct train line.

The practice has made provision for increased need for home visits

2. Additional Administrative Support

Why: If up to 900 patients transfer to surrounding practices, this could overwhelm existing administrative systems.

Mitigation: Provide short-term administrative resources to Port Glasgow practices (Birkmyre and Newark) to ensure smooth patient registration and processing.

3. Remote Services Expansion

Why: Remote consultations can reduce the need for travel, but digital exclusion remains a concern for older or vulnerable patients.

Mitigation:

Expand telephone and video consultations.

Maintain telephone as the primary remote consultation method, which is already widely used.

Continue using email and text messaging for communication, including sending forms and photos.

Pharmacy First - services unavailable from the dispensary but available from local community pharmacies offer phone or face to face access for advice and medication provision for minor ailments.

4. Continuity of Care

Why: Patients fear losing long-standing relationships with their GPs.

Mitigation

If remaining with the Kilmacolm practice the clinical team will remain the same.

Any patients wishing to move will have their full medical records transferred to the new GP practice. IT systems are the same.

5. Prescription and Dispensary Adjustments

Why: Closure of the Langbank dispensary could potentially disrupt access to medications.

Mitigation:

Transition patients to local community pharmacies, such as M&D Green, which offer free collection and delivery to Langbank.

Move patients to a standard 2-month prescription cycle to reduce frequency of collections.

.

6. Clear Communication and Support

Why: Patients need clarity and reassurance during the transition.

Mitigation:

Communicate changes early and clearly via letters, texts, and notices.

Offer guidance on how to register with new practices and access continuing care.

Practice to work with local pharmacies to ensure smooth transfer of medication supply.

The Practices case for closure

The practice has outlined their case describing the changes that have occurred since the current branch and dispensary were first opened.

They reference increasing complexities of care and changes the Primary care is now delivered.

They describe the dispensary as being an inefficient use of their clinical time which could be diverted to direct patient care.

They also describe the challenges of running 2 sites both financially and operationally and have suggested further gain to clinical time of consolidation of services at the Kilmacolm site.

Of note the practice ,like all GP surgeries ,have had to absorb the effects of recent employers National Insurance contributions as well as a lack of increase in dispensing fees in the last 20 years.

They also cite that continuing to provide care on 2 sites may increase risk of clinical staff burnout, compromise quality of care as well as harm recruitment moving forward. This may lead to sustainability issues for the practice if not addressed.

Conclusion

The Langbank Branch surgery appears to be a well loved community asset and community feedback reflects that.

There are genuine concerns raised about transport and access to care for those more vulnerable.

The consultation has also suggested that there are proposed mitigations in place for the concerns raised.

GP practice sustainability has been a well described issue in recent years and there is a significant risk that not allowing the closure will risk the practices sustainability in the near future.

These are the factors that must be weighed up making a decision on the future of the branch surgery and dispensary.

Dr Hector Macdonald

(August 2025)

AGENDA ITEM NO: 14

Report To:	**Inverclyde Integration Joint Board**	**Date:**	**8 September 2025**
Report By:	**Kate Rocks Chief Officer Inverclyde Health & Social Care Partnership**	**Report No:**	**IJB/96/2025/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 8 September 2025.

2.0 RECOMMENDATIONS

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

- **Delayed Discharge Position**
- **Inverclyde Health Visiting Team – Social Media Platform**
- **Grow Our Own**

Kate Rocks
Chief Officer
Inverclyde Health and Social Care Partnership

3.0 BACKGROUND AND CONTEXT

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

4.0 BUSINESS ITEMS

4.1 Delayed Discharge Position

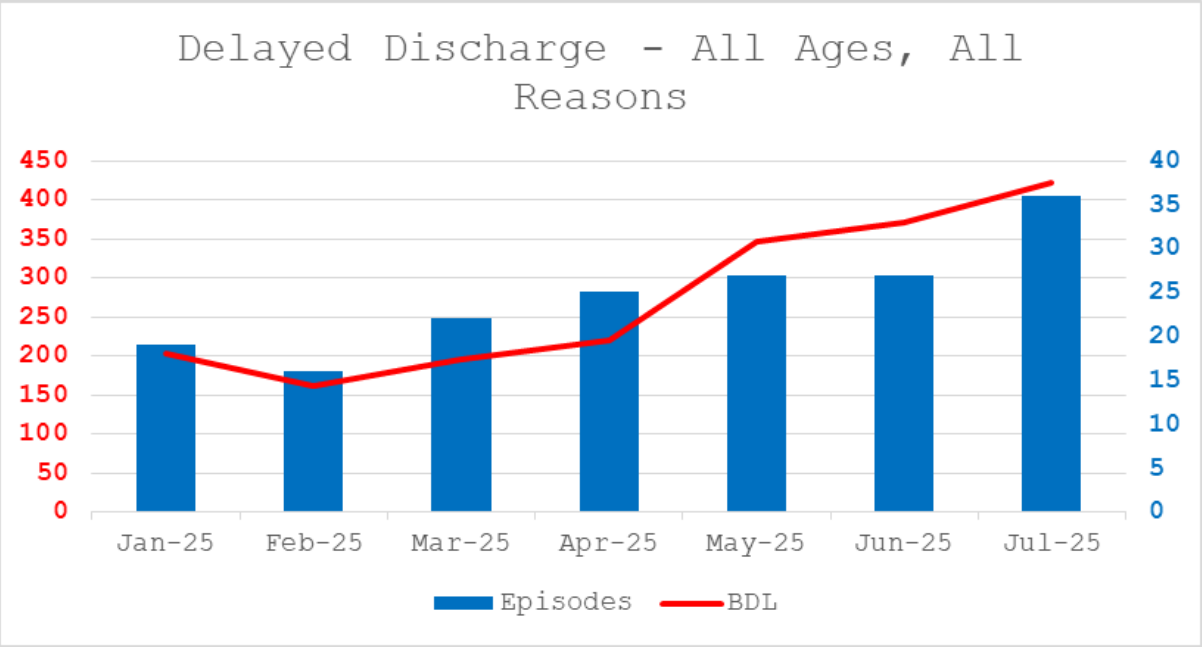
Nationally the delayed discharge position has seen an increase in delayed discharge across the system.

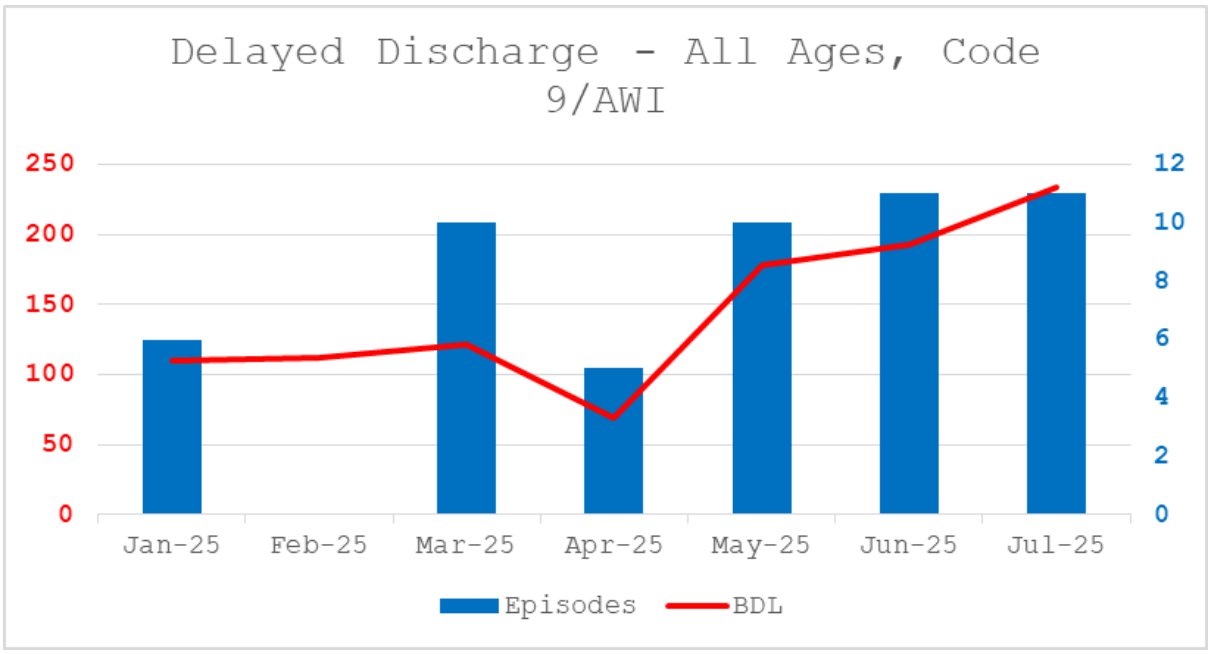
Inverclyde has seen an increase in delays for both standard and complex delays (Adults with Incapacity). Inverclyde is still preforming well in relation to the national picture and sit under the national position of the expected number of delays per 100,000 of population.

The data from Scottish Government is embargoed and we aren't able to publicly benchmark our position however we use this data as part of our internal quality assurance process. Within NHS GGC we are continuously within the top two performing HCSPs for discharge.

The increase in standard delays is as a result of the temporary decrease in available nursing/care home beds due to the decommissioning of Glenfield care home (31 beds) and the refurbishment of a local care home resulting in a lower availability of care home placements. Adult Social work is reviewing this position along with our Commissioning colleagues and it is anticipated that care home capacity will be remain at a lower level in the short to medium term.

Adult Social Work and Mental Health Services are working collaboratively on the service users subject to Adult with Incapacity legislation to ensure that service users are placed within the appropriate care environment. This is a legislative process and is subject to decisions out with the HSCP's remit, with our Mental health officer service leading on legislative interventions in close collaboration with Legal Services and Senior Management.





4.2 **Inverclyde Health Visiting Team – Social Media Platform**

Inverclyde health visiting team has embraced the use of social media platforms to support parents and carers by facilitating communication, supporting wellbeing, information sharing, collaborations and community building.

Now in its 4th year, it continues to grow and connect people, between its 3 platforms that are Facebook, Instagram and X, its currently has over 5000 active followers which continues to grow weekly.

Some of our most popular posts as seen within the poster can have between 10,000 to 20,000 views and likes and shares can be over a 100.

The active reach and traction for this page is board and daily engagement positive. We collaborate with many other agencies and charities Scotland and Uk wide which further disseminates health information and promotes and supports positive behaviour change.

4.3 **Grow Our Own**

IJB members will be aware of continuing work to strengthen the social work workforce through a clear and ambitious focus on sustainable recruitment, retention, and career progression. This reflects local and national challenges around social worker recruitment, where vacancy levels can be particularly challenging, especially around the capacity of services to fulfil their statutory duties. Within Inverclyde, the "Grow Our Own" initiative developed over the past two years, offering structured development pathways into professional social work roles for existing paraprofessional staff.

So far, a total of 15 paraprofessionals have been supported, including three postgraduate and 12 undergraduate candidates, from across Children & Families, Justice social work, adult services, New to Scotland, Homelessness and Alcohol & Drug Recovery Services.

This includes three staff members who are expected to qualify by May 2026 and a further six employees who were accepted onto the programme following a competitive selection process prior to the summer who will commence their studies in October 2025.

To support high-quality practice learning, the programme also introduced peer mentoring, dedicated learning support, and structured study time, ensuring students are well-prepared for both academic achievement and professional practice.

A key performance strength of this initiative is its dual impact: it addresses recognised barriers to qualification, such as loss of income and job insecurity, while investing in staff retention and professional advancement. Course fees are fully funded, and participants maintain their substantive posts and salaries, removing critical financial obstacles that have historically limited access to qualification routes.

5.0 IMPLICATIONS

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

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

5.2 **Finance**
One off Costs

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

Annually Recurring Costs/ (Savings)

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

5.3 **Legal/Risk**

There are no legal implications within this report.

5.4 **Human Resources**

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

5.5 **Strategic Plan Priorities**

5.6 **Equalities**

(a) Equalities

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

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

(b) Equality Outcomes

How does this report address our Equality Outcomes?

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

(c) Fairer Scotland Duty

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

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

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

(d) **Children and Young People**

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

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

5.7 **Clinical or Care Governance**

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

5.8 **National Wellbeing Outcomes**

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

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

People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care, and treatment they provide.	Strategic plan covers this.
Resources are used effectively in the provision of health and social care services.	Strategic plan covers this.

5.9 **Environmental/Sustainability**

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

Has a Strategic Environmental Assessment been carried out?

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

5.10 **Data Protection**

Has a Data Protection Impact Assessment been carried out?

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

6.0 DIRECTIONS

6.1

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

7.0 CONSULTATION

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

8.0 BACKGROUND PAPERS

8.1 None.

INVERCLYDE INTEGRATION JOINT BOARD AUDIT COMMITTEE – 24 MARCH 2025

Inverclyde Integration Joint Board Audit Committee

Monday 24 March 2025 at 1.00pm

Present:

Voting Members:

Councillor Lynne Quinn (Chair)	Inverclyde Council
Councillor Sandra Reynolds	Inverclyde Council
Dr Rebecca Metcalfe (Vice Chair)	Greater Glasgow & Clyde NHS Board
Karen Turner	Greater Glasgow & Clyde NHS Board

Non-Voting Members:

Diana McCrone	Staff Representative, Greater Glasgow & Clyde NHS Board

Also present:

Kate Rocks	Chief 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
Jonathan Hinds	Chief Social Work Officer, Inverclyde Health & Social Care Partnership
Katrina Phillips	Head of Mental Health, 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 Justice, Inverclyde Health & Social Care Partnership
Diane Sweeney	Senior Committee Officer, Inverclyde Council
Colin MacDonald	Senior Committee Officer, Inverclyde Council
Emma Peacock	Solicitor, Inverclyde Council
Alison Ramsey	Corporate Communications, Inverclyde Council

Chair: Councillor Quinn presided.

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

1 Apologies, Substitutions and Declarations of Interest **1**

No apologies for absence or declarations of interest were intimated.

Prior to the commencement of business, the Chair referred to the retirement of Ms McCrone and thanked her for her service to the IIJB Audit Committee.

2 Minute of Meeting of IIJB Audit Committee of 9 September 2024 **2**

There was submitted the Minute of the Inverclyde Integration Joint Board Audit Committee of 9 September 2024.

The Minute was presented by the Chair and examined for fact, omission, accuracy and clarity.
Decided: that the Minute be agreed.

3 Minute of Meeting of IIJB Audit Committee of 18 November 2024 **3**

There was submitted the Minute of the Inverclyde Integration Joint Board Audit Committee of 18 November 2024
The Minute was presented by the Chair and examined for fact, omission, accuracy and clarity.
Decided: that the Minute be agreed.

4 IIJB Audit Committee Rolling Annual Workplan **4**

There was submitted a list of rolling actions arising from previous meetings of the IIJB Audit Committee. The list was presented by Mr Given.
Decided: that the Rolling Annual Workplan be noted.

5 Internal Audit Progress Report from 1 June 2024 to 28 February 2025 **5**

There was submitted a report by the Chief Internal Auditor, Inverclyde Council on the progress made by Internal Audit during the period 1 June 2024 to 28 February 2025. The report was presented by Ms Priestman and being the regular progress report advised of updates since the last meeting.
Decided: that the progress made by Internal Audit for the period 1 June 2024 to 28 February 2025 be noted.

6 Status of External Audit Action Plans at 28 February 2025 **6**

There was submitted a report by the Chief Internal Auditor, Inverclyde Council on the status of current actions from External Audit Action Plans at 28 February 2025. The report was presented by Ms Priestman and being the regular progress report advised of updates since the last meeting.
Decided: that the progress to date in relation to the implementation of external audit actions be noted.

7 IJB Best Value Statement 2024/25 **7**

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership appending for approval the Draft Best Value Statement in relation to how the IIJB has delivered Best Value during the previous financial year. The report was presented by Mr Given.
Decided: that the Draft Best Value Statement 2024/25 be approved.

8 IJB Risk Register **8**

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership (1) providing an update on the status of the IIJB Strategic Risk Register, and (2) appending the most recent Risk Register reviewed by officers in March 2025. The report was presented by Mr Given.
Ms Phillips responded to comments and questions concerning (1) Mental Health staffing, (2) in-patient beds, (3) targets and (4) locums and seconded staff.
Decided: that the content of the report be noted.

9 Inverclyde Integration Joint Board – Directions Update February 2025 **9**

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership providing a summary of the Directions issued by the IIJB to Inverclyde Council and NHS Greater Glasgow & Clyde in the period September 2024 to February 2025. The report was presented by Ms Pollock.
Decided: that the contents of the report be noted.

10 External Audit – Audit Fee 2024/25 **10**

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership advising that KPMG External Audit Fee for 2024/25 is £34,000. The report was presented by Mr Given.
Mr Given advised of a typographical error in the report, and accordingly paragraph 1.2 should read 'The purpose of this report is to present the KPMG External Audit Fee for 2024/25, for IJB approval.'
Decided: that the Audit Fee be approved.

11 Joint Inspection on Adult Services: Update **11**

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership advising the Committee of the progress made in relation to the HSCP Improvement Plan following the joint inspection by the Care Inspectorate and Healthcare Improvement Scotland of 'Adult Services: Integration and Outcomes – focus on people living with mental illness'.
Referring to Self Directed Support, the Committee asked what training had been given to staff and if there had been an increase in take-up. Ms Phillips provided an overview of staff training and advised that up-take would be monitored. Ms Rocks emphasised the importance of providing service users with options.
Decided: that the progress made within the Improvement Plan be noted.