

Report To: Inverclyde Integration Joint Board **Date:** 20 March 2018

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Partnership (HSCP) **Report No:**
IJB/18/2018/LL

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Subject: CHIEF OFFICER'S REPORT

1.0 PURPOSE

- 1.1 The purpose of this report is to update the Integration Joint Board on a number of areas of work.

2.0 SUMMARY

- 2.1 The report details a number of updates on work underway across the Health and Social Care Partnership.

3.0 RECOMMENDATIONS

- 3.1 The Integration Joint Board is asked to note the items within the Chief Officer's Report and advise the Chief Officer if any further information is required.

Louise Long
Corporate Director, (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

4.1 There are a number of issues or business items that the IJB will want to be aware of and updated on, which do not require a full IJB report, or where progress is being reported which will be followed by a full report. IJB members can of course ask that more detailed reports are developed in relation to any of the topics covered.

5.0 BUSINESS ITEMS

5.1 Children's Houses:

The young people looked after at Neil St Children's Unit have now moved to the new children's house, The View .The move has been relatively seamless and the young people are already very settled and enjoying the new house.

Young people from Crosshill Children's Unit have now moved to the vacated Neil St in preparation for the final stage of our residential re-provision programme. An update on progress will be included in the next report.

5.2 5 Year Mental Health Strategy:

The draft 5 year Mental Health Strategy for Greater Glasgow and Clyde has been endorsed by all the IJBs within the Board area, which enables further work to be undertaken to develop this into a final strategy by collaboration across the HSCPs and with the Board. The Head of Service, Mental Health, Addictions and Homelessness is currently involved in the development of the implementation plan for the Board area, following which a further report will be presented to the IJB. The timescale for the implementation plan is to June 2018.

A local service user event is being held in April 2018 which will include discussion about the direction of travel within the strategy, and continuing engagement work as the strategy moves into implementation later in the summer.

5.3 Addictions Review:

The aim of the review underway within Addictions is to develop a fully integrated model for the Addiction services in Inverclyde. The programme of work is being undertaken in two phases:

- Phase 1, which is reviewing all aspects of the current model for the delivery of services including the current HSCP service, and that of third sector partners, is reaching a conclusion. A workshop for the programme board will consider the outcome of this work and agree the areas of focus in phase 2. This will conclude in early March.
- Phase 2 will develop options for a new model of system working for a fully integrated pathway across drug and alcohol services and agree a core set of outcomes with a strong focus on the development of the recovery pathway. This will conclude, with recommendations for a new model for implementation at the end of September 2018.

5.4 Homelessness Temporary Accommodation Review:

This review is focussed on our provision of temporary accommodation currently and will propose options for the provision of support and accommodation to people presenting as homeless in Inverclyde in the future. This is joint work with Inverclyde Council Strategic Housing colleagues, and includes representation from the Housing Partnership Group.

Inverclyde Council has engaged Arneil Johnston, a Public Sector Housing Consultancy, to undertake the review to build a delivery plan and financial model to support implementation of a temporary accommodation strategy. The outcome report of this work is anticipated to be complete by March 2018.

5.5 **Complex Care:**

Inverclyde continues to work alongside colleagues in Acute sector and Partnerships to agree a proposal around the future utilisation of complex care beds in Inverclyde. A position statement including financial options on the allocation of any resource transfer is due to be presented to Chief Officers for approval in March 2018 once agreement is reached locally. Any future changes in bed utilisation will be considered by NHS Acute Service Committee.

5.6 **Winter Plan:**

The Winter period has presented heightened challenges to Health and Social Care services across Scotland and Inverclyde has not been an exception. It is the common view that this winter has caused greater problems than the previous two.

The Inverclyde Winter Planning Group met weekly and addressed the challenges that winter posed this year. It has been a very busy period with considerable pressures across the whole system. The NHS Unscheduled Care Board is supporting collective responses across the whole board area. High levels of presentation at Accident and Emergency has impacted on targets. Acute and primary care community services have been working together to reduce demand, reduce length of stay and support discharge timeously.

Inverclyde continues to follow its Home 1st Plan and has sustained a low level of delayed discharge and resulting bed days lost. and this has assisted in reducing the demand faced by Acute colleagues.

Adverse weather conditions from 1 to 6 March showed how partnership working can make such a significant difference, Partners in the Council from Environmental & Commercial Services cleared roads while colleagues from Fire and Rescue and the Coastguard supported HSCP staff to get access to the most vulnerable using 4x4s. They also assisted our staff to get to the hospital so that services could continue to be delivered. The stories of staff going the extra mile to get to vulnerable people are amazing.

The HSCP has been overwhelmed with the amount of the community who have emailed to thank staff. While the weather was difficult your staff were remarkable.

6.0 **IMPLICATIONS**

FINANCE

6.1 **Financial Implications:** There are no financial implications in this report

One off Costs

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

Annually Recurring Costs/ (Savings)

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

LEGAL

6.2 There are no legal issues within this report.

HUMAN RESOURCES

6.3 There are no human resources issues within this report.

EQUALITIES

6.4 There are no equality issues within this report.

Has an Equality Impact Assessment been carried out?

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

6.4.1 How does this report address our Equality Outcomes.

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

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

6.5 There are no governance issues within this report.

6.6 NATIONAL WELLBEING OUTCOMES

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

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

- 6.6.2 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.
- 6.6.3 People who use health and social care services have positive experiences of those services, and have their dignity respected.
- 6.6.4 Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
- 6.6.5 Health and social care services contribute to reducing health inequalities.
- 6.6.6 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.
- 6.6.7 People using health and social care services are safe from harm.
- 6.6.8 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.

7.0 CONSULTATION

- 7.1 There are no consultation requirements related to this report.

8.0 LIST OF BACKGROUND PAPERS

- 8.1 None.