Municipal Buildings, Greenock PA15 1LY

Ref: SL/AI

Date: 3 May 2018

A meeting of the Inverclyde Integration Joint Board will be held on Tuesday 15 May 2018 at 3pm within Board Room 1, Municipal Buildings, Greenock.

Gerard Malone
Head of Legal and Property Services

BUSINESS		
1.	**Apologies, Substitutions and Declarations of Interest**	**Page**
Item for Noting:		
2.	**Hospital Discharge Performance** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership **NB: There will also be a presentation on this item**	**p**
Items for Action:		
3.	**Minute of Meeting of Inverclyde Integration Joint Board of 20 March 2018**	**p**
4.	**Rolling Action List**	**p**
5.	**Inverclyde Integration Joint Board (IJB) and IJB Audit Committee – Proposed Dates of Future Meetings** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**
6.	**Review of the Inverclyde HSCP 2017/18 Winter Plan** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**
7.	**Big Lottery: Early Action Systems Change Fund** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**
8.	**Enhancing Children's Wellbeing and Addressing Neglect** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**

9.	**New General Medical Services (GMS) Contract Implementation** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**
10.	**Update on Learning Disability Day Services Estate Configuration** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**
Items for Noting:		
11.	**Budget 2018/19** A verbal update will be provided to the Board	
12.	**Chief Officer Report** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**p**
13.	**Integration Joint Board Integration Scheme** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	**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 paragraphs 6 and 9 of Part I of Schedule 7(A) of the Act.		
14.	**Governance of HSCP Commissioned External Organisations** Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on matters relating to the HSCP governance process for externally commissioned Social Care Services	**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

The papers for meetings of the IJB Audit Committee can be viewed/downloaded at https://www.inverclyde.gov.uk/meetings/committees/59

The papers for meetings of Inverclyde Council's Health & Social Care Committee can be viewed/downloaded at https://www.inverclyde.gov.uk/meetings/committees/49

Enquiries to - **Sharon Lang** - Tel 01475 712112

AGENDA ITEM NO: 2

Report To:	**Inverclyde Integration Joint Board**	**Date: 15 May 2018**
Report By:	**Louise Long Corporate Director, (Chief Officer) Inverclyde Health and Social Care Partnership (HSCP)**	**Report No: IJB/23/2018/AS**
Contact Officer:	**Allen Stevenson Head of Health and Community Care Inverclyde Health and Social Care Partnership (HSCP)**	**Contact No: 01475 715283**
Subject:	**Hospital Discharge Performance**	

1.0 PURPOSE

1.1 The purpose of this report is to update the Board on the progress the HSCP is making towards achieving the targets relating to Hospital Discharge.

1.2 This report focuses on the key performance indicator of people currently in an Acute hospital bed whilst deemed as medically fit for discharge. Reducing the number and length of time people are delayed in an Acute hospital bed continues to be a key priority for the Scottish Government, NHSGGC and Inverclyde Health and Social Care Partnership.

2.0 SUMMARY

2.1 Inverclyde has a positive record in meeting Delayed Discharge targets and thus ensuring people spend the minimum time in a hospital bed when deemed fit for discharge.

2.2 With a renewed focus on reducing the number of patients who are delayed, Inverclyde HSCP and Acute colleagues have been able to sustain a high level of performance although this has been impacted on by the pressures presented by this winter.

3.0 RECOMMENDATIONS

3.1 The Integration Joint Board is asked to note the sustained performance against the Hospital Discharge Targets.

Louise Long
Corporate Director (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

4.1 As has been previously reported to the Board, performance against the Delayed Discharge target in Inverclyde has been positive for some time, as has the reducing number of bed days lost. Inverclyde performance is extremely positive and is a leading HSCP when compared to other authorities across NHSGGC and Scotland.

In the financial year 2017/18 so far, Inverclyde, according to Scottish Government statistics, has led other Partnerships across Scotland in terms of individuals recorded as delays (over 72 hours) at census point. We are the best placed Partnership in terms of least number of people delayed.

This performance places Inverclyde consistently ahead of other Partnerships in Scotland and NHSGCC since August 2017 and should also be viewed in the context of Inverclyde's levels of multiple deprivation and prevalence of long term conditions, in particular COPD.

Partnership work with colleagues at Inverclyde Royal Hospital continues to demonstrate the effectiveness of early commencement of assessments regarding future care needs in achieving an appropriate, timely and safe discharge. The result is that the majority of individuals are assessed and discharged home as soon as they are deemed medically fit for discharge, including those requiring a complex home care package or a care home placement. To assist in achieving this we have worked to a Home1st plan utilising a range of interventions and building additional capacity which has been funded from existing budgets, Local Authority pressures monies, Social Fund, Integrated Care Fund and Delayed Discharge monies.

4.1.1 Performance Targets

The Scottish Government is now releasing monthly data on numbers of patients at the census date who are viewed as a delay. This report will reference the national data as well as locally collated information and experience to ensure a local context. Chart 1 references all patients delayed including **less than 72 hours** from Inverclyde at the census data which is the performance recorded by the Scottish Government. There is a clear downward trend in numbers of people who are deemed to be delayed.

CHART 1

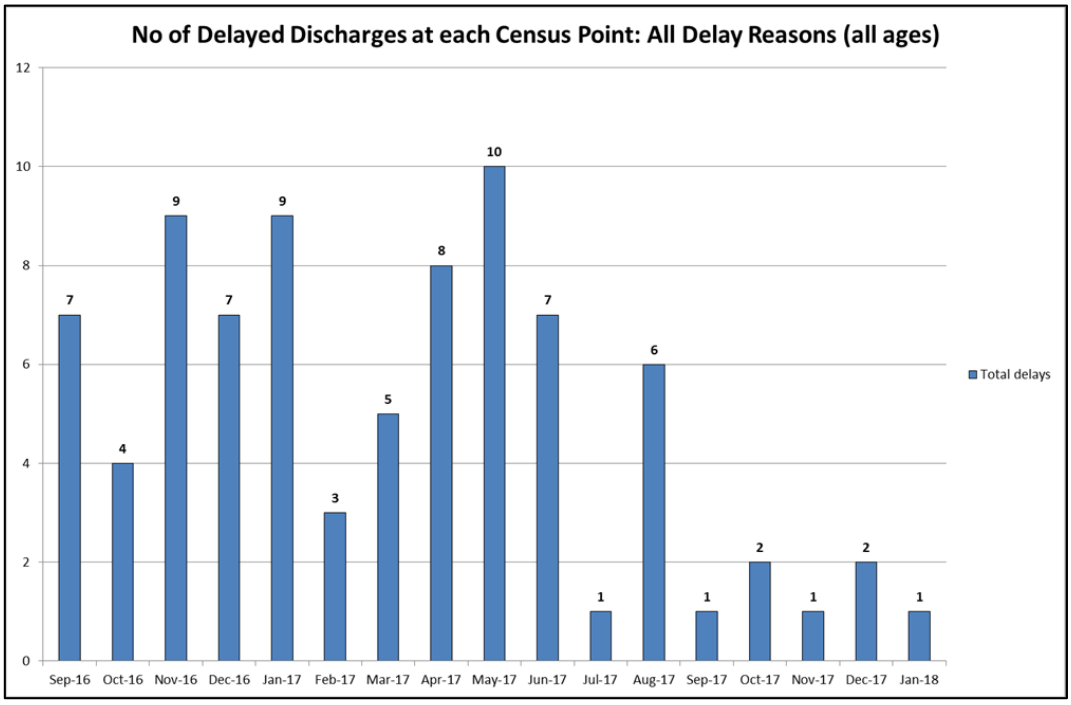


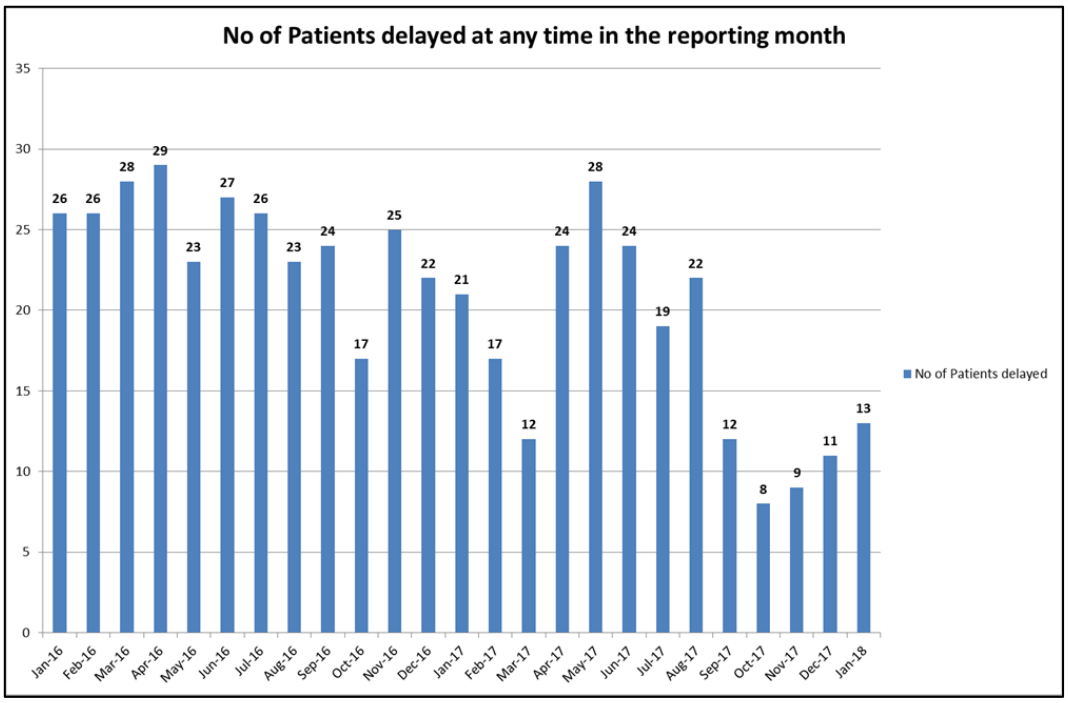
Chart 2 is local data which gives the number of Patients Delayed in any given calendar

month from 1 January 2016. This demonstrates the wide variance in recorded delays which is dependent on factors such as number of admissions, level of complexity patients and carers exercising choice and how quickly patients move through the hospital pathway.

This local data will allow for reporting on the actual number of individuals delayed each month rather than just at census point and gives a truer picture of the positive performance in reducing the number of individuals who are subject to a delay.

This chart also demonstrates how this has been maintained over the first two months of the winter period. Comparing the number of individuals delayed during January of each year we see a consistent move down from 26 to 21 to 13.

CHART 2



4.1.2 **Delayed Discharges: NHS GGC new arrangements from 1st May 2017**

The census return now records a delay as a patient who is in hospital on the last Thursday of each month when considered to be fit to leave hospital.

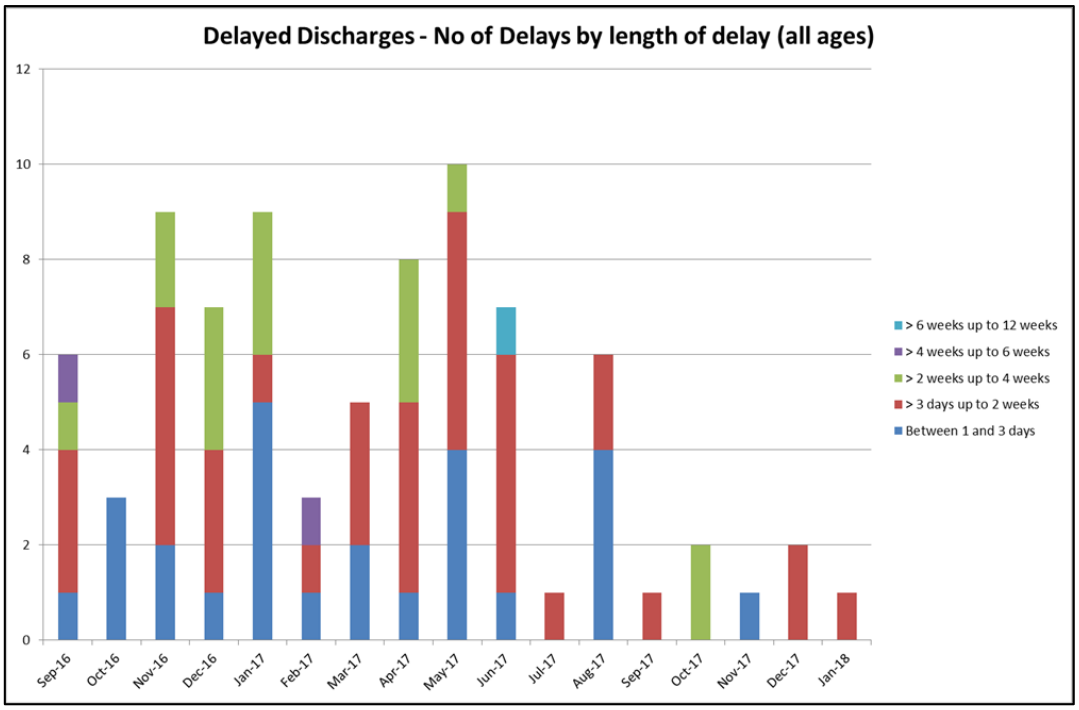
From the beginning of May 2017, NHS GGC put in place a target which will establish that all patients are moved from frontline Acute beds to other facilities once they are viewed as medically fit. This identifies patients who do not have a timely discharge plan in place. The approach has been developed in discussion with NHS GGC Divisional Management Team and with Chief Officers. The ambitious target is that no patient will be in an Acute hospital bed when fit for discharge.

4.1.3 **Bed Days**

Another important factor is the number of days individuals are waiting for discharge - this is the bed days lost figures.

Chart 3 records the total number of individuals delayed at census point and the number of days they were delayed. Generally people at census point in Inverclyde are delayed over 3 days and less than two weeks. This is due to reasons identified in terms of complexity and identification of the appropriate resource in terms of care home placement. No delays at census are due to the inability to provide a home based support package.

CHART 3



These figures cover all Patients who are delayed including under and over 65 and those with a mental health or wellbeing diagnosis. Inverclyde HSCP applies the Mental Welfare Commission guidance in terms of applying AWI legislation and we have no delays associated with 13za placements.

This sustained reduction in the number of individuals delayed and the length of time they wait for discharge has resulted in a corresponding reduction in Bed Days Lost. Chart 4 presents the statistics for all people over 65 since April 2017 and demonstrates a marked reduction in line with the target of reducing bed days lost by 10% based on the 2015/16 figure (baseline of -2,754).

CHART 4

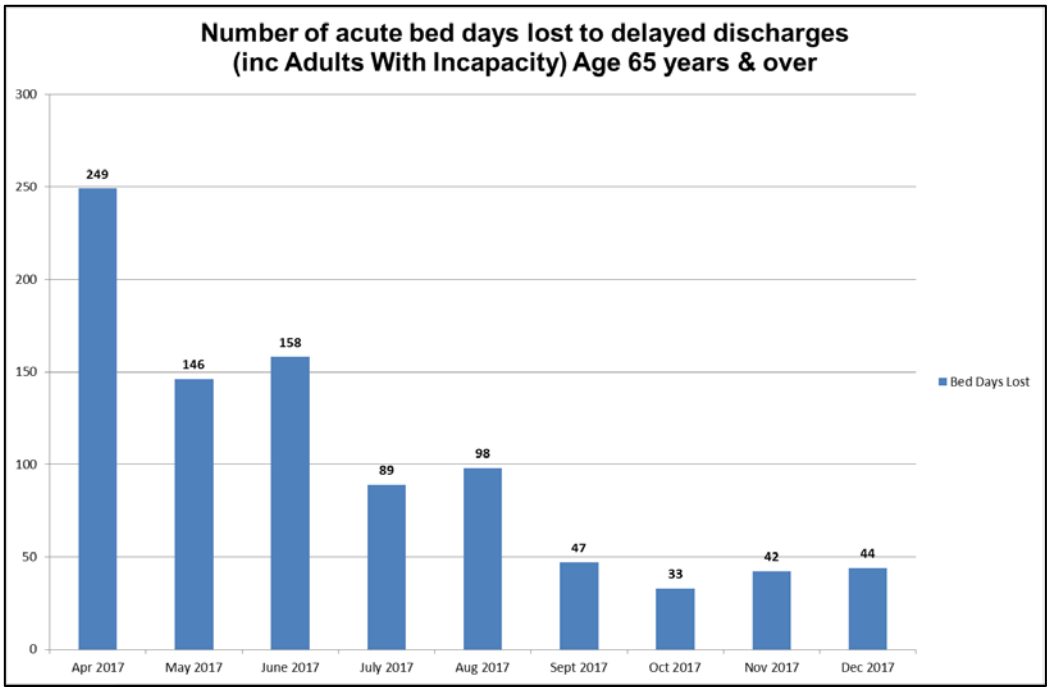
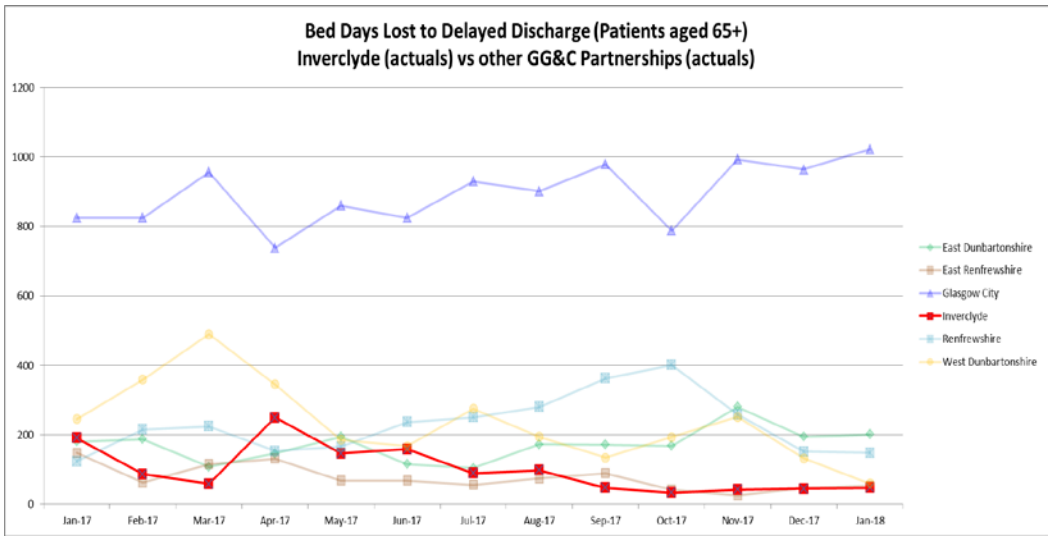


Chart 5 demonstrates this performance as a comparator to other Partnerships and the Greater Glasgow and Clyde figures. We are equal and at times perform better than all

Partnerships including East Renfrewshire and East Dunbartonshire which do not have the high level of deprivation present in Inverclyde.

CHART 5

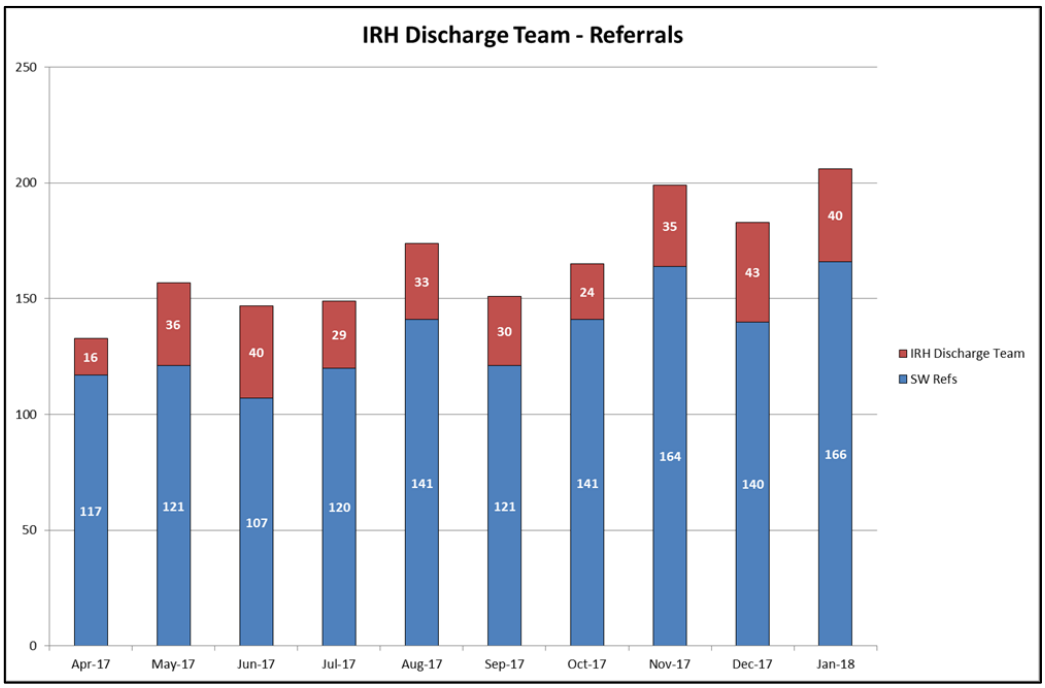


4.1.4 **Demand and Activity**

This performance has a context of a continued high level of referrals for social care and community supports following discharge.

Chart 6 demonstrates the referrals from Acute to Health & Community Care.

CHART 6



During January 2018, 206 individuals were referred for social care support of which 40 people required a single shared assessment indicating complex support needs. A total of 13 individuals were identified as being delayed following the decision they were medically fit for discharge. This equates to 6.3% of all discharges.

A review of delays as a percentage of referrals was identified for the financial year 2017/2018 and indicated 90% of service users requiring social care support were discharged when medically fit and not required to be recorded as a delay.

4.1.5 **Winter Plan 2017/28**

It is acknowledged that this winter has provided exceptional challenges to the Health and Social Care system. As well as the adverse weather that we experienced in March, there was a high level of respiratory illness across the general population and high rates of acuity amongst the frailer members of our community.

There was a great deal of pressure on Inverclyde Royal Hospital in terms of presentations and length of stay due to patients being unwell and not fit for discharge. This led to subsequent pressures on the community services when discharge became appropriate. Chart 4 indicates an increase in number of referrals for community services between November and February. The Inverclyde Winter Plan does cover the movement of staff when required to cover discharges and this was required for Assessment and Care Management where members of the Home 1st team covered discharge arrangements.

The second largest contributor to the pressure on the service was staff absence which was peaking at around 20% across community services. This was mitigated in part by the number of frail service users in hospital and use of the step-up model for people who were unable to stay at home but did not require hospital admission.

The Scottish Government has requested a review of local arrangements and Inverclyde HSCP will contribute to this, reviewing the Home 1st plan to ensure seasonal pressures are responded to.

4.1.6 **Adverse weather**

A period of severe weather impacted on Scotland from 27 February until the end of the first week in March. The severity of the weather led to the MET Office issuing a RED weather warning for the first time. The severe weather placed great demands on the HSCP. Delivering services across our communities was a significant challenge given the sheer amount of snow that settled across Inverclyde. Travelling on public transport was disrupted while many of our side roads and estates became unpassable for non 4x4 vehicles. Our staff struggled to get from home to work due to the travel disruption. Despite these conditions the stories started to emerge of members of the community getting involved in helping staff get to hospital and social care workplaces. Our care at home and district nurses battled through the snow to undertake home visits to the most vulnerable service users and patients. Roads staff from the Council worked closely with our senior managers to prioritise clearing GP surgeries including car parks. Care home sites and children's homes were also prioritised. Roads staff also picked up staff in 4x4 vehicles and dropped them at hospital and care homes. The sheer determination and commitment of staff across the HSCP was exceptional. In any adverse conditions there are lessons to learn and the HSCP has undertaken a de-brief internally within the HSCP and in a wider de-brief with Council and NHS Board de-brief sessions. The senior management team will ensure the lessons learned are updated in our service continuity plans moving forward.

4.1.7 **Summary**

The content of this report is for noting, and to ensure that Board members are informed about performance in relation to hospital discharge and how this was sustained over the winter period. Certainly for the November, December and January period delays and bed days lost had a minimal effect upon the pressures felt by the Acute sector in Inverclyde.

Inverclyde performance is positive in comparison to other authorities across NHSGGC and across Scotland. Work with colleagues at Inverclyde Royal Hospital continues to demonstrate the effectiveness of early commencement of assessments regarding future care needs in achieving an appropriate, timely and safe discharge. The result is that the majority of individuals are assessed and discharged home as soon as they are

deemed medically fit for discharge, including those requiring a home care package and residential care placement.

Along with colleagues in Acute sector we will also revise the Home 1ST 2017/18 action plan to engage in the Unscheduled Care Planning to ensure services relating to discharge are refocused on the key performance targets as well as ensuring the best outcomes for service users and carers.

5.0 IMPLICATIONS

FINANCE

5.1 **Financial Implications**:

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

5.2 There are no legal implications in respect of this report.

HUMAN RESOURCES

5.3 There are no human resources implications in respect of this report at this time.

EQUALITIES

5.4 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.

5.4.1 **How does this report address our Equality Outcomes?**

a) **People, including individuals from the protected characteristic groups, can access HSCP services.**

Hospital Discharge process is inclusive in regard to people with protected

characteristics, and also has elements within it to ensure HSCP takeS an equalities-sensitive approach to practise.

b) **Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.**

Not applicable.

c) **People with protected characteristics feel safe within their communities.**

Not applicable.

d) **People with protected characteristics feel included in the planning and developing of services.**

HSCP includes an equalities-sensitive approach to including all groups in the planning and development of services.

e) **HSCP staff understands the needs of people with different protected characteristics and promote diversity in the work that they do.**

Hospital Discharge processes and guidance is inclusive of people with protected characteristics, Assessment and Care Management guidance has elements within it to ensure that services and practitioners take an equalities-sensitive approach to practise.

f) **Opportunities to support Learning Disability service users experiencing gender based violence are maximised.**

Hospital discharge and processes and guidance applies to adults with learning Disability and applies to the work of the Community Learning Disability Team.

g) **Positive attitudes towards the resettled refugee community in Inverclyde are promoted.**

Hospital discharge processes and guidance applies to all adults including those from the refugee community in Inverclyde.

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

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

5.6 **NATIONAL WELLBEING OUTCOMES**
How does this report support delivery of the National Wellbeing Outcomes?

a) **People are able to look after and improve their own health and wellbeing and live in good health for longer.**

Hospital discharge process is committed to ensuring high-quality services that support individuals to maximise their wellbeing and independence.

b) **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.**

Hospital discharge process will ensure high-quality services that support individuals and maximise independence.

c) **People who use health and social care services have positive experiences of those services, and have their dignity respected.**

Hospital Discharge is an essential element to ensuring high-quality services that support individuals and maximise independence. These principles are important in ensuring that dignity and self-determination are respected and promoted.

d) **Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.**

Hospital discharge is an essential element to ensuring high-quality services that support individuals and maximise independence. These principles are important in ensuring that dignity and self-determination are respected and promoted.

e) **Health and social care services contribute to reducing health inequalities.**

Hospital discharge process supports the outcome of reducing health inequalities.

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

The Carers Act imposes a duty on the HSCP and partners to promote the health and wellbeing of informal carers and in particular around planning of hospital discharge for the cared-for person.

g) **People using health and social care services are safe from harm.**

The HSCP has at its priority to safeguard service users.

h) **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 part of a programme of ongoing training and awareness around assessment and care management process.

6.0 CONSULTATION

6.1 This report has been prepared by the Chief Officer, Inverclyde Health and Social Care Partnership (HSCP) after due consultation with relevant senior officers in the HSCP and partners in the Acute Hospital Sector.

7.0 LIST OF BACKGROUND PAPERS

7.1 None.

Inverclyde Integration Joint Board

Tuesday 20 March 2018 at 3pm

Present: Councillors J Clocherty, J MacLeod, L Quinn and L Rebecchi, Mr S Carr, Dr D Lyons, Mr A Cowan, Dr H MacDonald, Ms D McCormick, Dr C Jones, Ms L Long, Ms S McAlees, Ms L Aird, Mr D White (for Ms R Garcha), Ms D McCrone, Ms M Telfer, Mr I Bruce, Ms C Boyd and Ms S McLeod.

In attendance: Ms H Watson, Head of Strategy & Support Services, Mr A Stevenson, Head of Health & Community Care, Ms C Fitzharris (for Head of Mental Health, Addictions & Homelessness), Mr A Brown, Service Manager (Assessment & Care), Ms A Mailey, Acting Service Manager (Quality & Development), Ms G Kilbane, Learning Disability Review, Implementation and Carers Act Lead, Ms V Pollock (for Head of Legal & Property Services) and Ms S Lang (Legal & Property Services).

Prior to commencement of the scheduled items of business, the Board heard a presentation by Dr Linda de Caestecker, Director of Public Health, NHS Greater Glasgow & Clyde which provided information about mental health issues in Greater Glasgow & Clyde focusing particularly on the "Healthy Minds" initiative which aims to promote public mental health and address inequalities in the Health Board area.

Following the presentation Dr de Caestecker answered a number of questions from members relative to the issues raised in the presentation.

(Councillor Rebecchi entered the meeting during the presentation).

16 Apologies, Substitutions and Declarations of Interest **16**

An apology for absence was intimated on behalf of Ms D McErlean.

Declarations of interest were intimated as follows:

Agenda Item 4 (Inverclyde HSCP Market Facilitation and Commissioning Plan) – Ms S McLeod.

Agenda Item 13 (Governance of HSCP Commissioned External Organisations) – Councillor J MacLeod and Ms S McLeod.

17 Minute of Meeting of Inverclyde Integration Joint Board of 30 January 2018 **17**

There was submitted minute of the Inverclyde Integration Joint Board of 30 January 2018.
Decided: that the minute be agreed.

18 Rolling Action List **18**

There was submitted a rolling action list of items arising from previous decisions of the Integration Joint Board.
Decided:

(1) that the rolling action list be noted; and
(2) that actions which have been completed for a period of more than three months be removed from the list.

19 Inverclyde HSCP Market Facilitation and Commissioning Plan **19**

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership seeking approval to publish the Draft Market Facilitation and Commissioning Plan and to commence the implementation process for the Plan.
Ms McLeod declared a non-financial interest in this item through her employment with River Clyde Homes. She also formed the view that the nature of her interest and of the item of business did not preclude her continued presence at the meeting or her participation in the decision making process.
Decided: that the Board approve the Inverclyde HSCP Draft Market Facilitation and Commissioning Plan appended to the report.

20 Implementation of Carers (Scotland) Act 2016 **20**

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on the progress being made towards implementation of the Carers (Scotland) Act 2016.
Decided:
(1) that the Board note the contents of the report and the progress by partners across Inverclyde to bring about the successful implementation of the Carers (Scotland) Act 2016, including the Inverclyde HSCP Draft Local Eligibility Criteria Policy for Carers and Young Carers and the Carers (Scotland) Implementation Plan;
(2) that a report be submitted to the Board in May/June 2018 (a) providing case studies to illustrate the levels of impact/risk in connection with the eligibility criteria threshold and (b) setting out the proposals for a communications strategy; and
(3) that a further progress report be submitted to the October 2018 meeting of the Board.

21 Indicative Inverclyde IJB Budget 2018/19 **21**

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership requesting agreement of an indicative budget for the Inverclyde Integration Joint Board for 2018/19 in line with the Strategic Plan.
During the course of discussion on this item, it was noted that a report would be made to the Staff Partnership Forum on the support review and that this would be included in the budget report to be submitted to a future meeting of the Board.
Decided:
(1) that the Board note the contents of the report;
(2) that the Board note the anticipated funding of £46.404m from Inverclyde Council together with the additional one-off £0.5m for Continuing Care for young people and coverage for other cost pressures around the pay award, living wage and other non-pay inflation once these costs are confirmed;
(3) that the Board note the anticipated funding of £105.260m from Greater Glasgow & Clyde Health Board;
(4) that delegated authority be granted to the Chief Officer to accept the formal funding offers from the Council and Health Board, once received, provided these are

broadly in line with these indicative figures;
(5) that following the decisions of the Council on 15 March 2018, the Board approve the final proposed Social Care and Health savings, drafts of which were set out in Appendices 4 and 7, and note the temporary funding required for the £0.068m anticipated timing delay in delivery of some of these savings;
(6) that the Board note the ongoing discussions and continued budget risk around Mental Health Inpatients;
(7) that the Board agree the indicative net revenue budgets of £46.404m to Inverclyde Council and £82.902m excluding the "set aside" and net hosted budgets to NHS Greater Glasgow & Clyde and direct that this funding be spent in line with the Strategic Plan;
(8) that the Board authorise officers to issue related Directions to the Health Board and Council;
(9) that the Board note the previously agreed use of the Social Care funding for 2018/19;
(10) that the Board note and approve the proposals relating to the creation of and/or use of Reserves at the year-end; and
(11) that the Board note the ongoing work in relation to the "set aside" budget and hosted services.

22 Financial Plan 2018/19 to 2020/21 **22**

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an estimate of the Health & Social Care Partnership projected position moving into 2018/19 and the medium term financial outlook to 2020/21.

Decided:
(1) that the Board note the assumptions and context of the Financial Plan for 2018/19 to 2020/21 and the level of uncertainty that exists in relation to a range of these assumptions;
(2) that the medium term outlook for the Integration Joint Board be noted;
(3) that the Board approve the medium term Financial Plan attached at Appendix 1 to the report; and
(4) that the Board note the ongoing work to continue to monitor and update the Plan.

23 Financial Monitoring Report 2017/18 – Period to 31 December 2017, Period 9 **23**

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership on the Revenue and Capital Budgets, other Income Streams and Earmarked Reserves position for the current year as at Period 9 to 31 December 2017.

Decided:
(1) that the Board note the Period 9 position for 2017/18 as set out in Appendices 1 to 3 of the report;
(2) that the Board approve the proposed budget realignments and virement as set out in Appendix 4 and authorise officers to issue revised Directions to the Council and/or Health Board as required on the basis of the revised figures as set out in Appendix 5;
(3) that the Board note the previously agreed use of the Social Care Fund in 2017/18 as set out in Appendix 6;
(4) that the Board note the current position for the Integrated Care Fund and Delayed

Discharge monies as set out in Appendix 7;
(5) that the Board note the current Capital position as set out in Appendix 8; and
(6) that the Board note the current Earmarked Reserves position as set out in Appendix 9.

24 Inverclyde HSCP People Plan Action Plan 2017 - 2020 **24**

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership appending the Inverclyde HSCP People Plan Action Plan 2017 – 2020.
Decided: that the Board approve the Inverclyde HSCP People Plan Action Plan 2017 – 2020 appended to the report.

25 Minute of Meeting of Inverclyde Integration Joint Board Audit Committee of 30 January 2018 **25**

There was submitted minute of the Inverclyde Integration Joint Board Audit Committee of 30 January 2018.
Decided: that the minute be noted.

26 Cathcart Centre Proposal **26**

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on proposed changes and movements in relation to staff accommodation for the staff currently based at the Cathcart Centre, Greenock.
Decided: that the report be noted.

27 Chief Officer's Report **27**

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on a number of areas of work underway across the Health & Social Care Partnership.
Decided:
(1) that the report be noted; and
(2) that the Board's appreciation be conveyed to all staff who had worked together with the community during the recent severe weather conditions to ensure the continued provision of essential services to vulnerable people within Inverclyde.

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 paragraphs 6 and 9 of Part I of Schedule 7(A) of the Act.

28 Governance of HSCP Commissioned External Organisations **28**

There was submitted a report by the Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership providing an update on matters relating to the HSCP governance process for externally commissioned Social Care Services.
Councillor MacLeod declared a non-financial interest in this item as a Director of

Parklea Association Branching Out Limited and Ms McLeod declared a non-financial interest through her employment with River Clyde Homes. Both Members of the Board were of the view that the nature of their interest and of the item of business did not preclude their continued presence in the meeting or their participation in the decision making process.

Decided:

(1) that the Board note the governance report for the period 25 November 2017 to 26 January 2018; and

(2) that Members acknowledge that officers regard the control mechanisms in place through the governance meetings as sufficiently robust to ensure ongoing quality and safety and the fostering of a commissioning culture of continuous improvement.

AGENDA ITEM NO: 4

INVERCLYDE INTEGRATION JOINT BOARD

ROLLING ACTION LIST

Meeting Date and Minute Reference	Action	Responsible Officer	Timescale	Progress/Update/Outcome	Status
15 March 2016 (Para 24(3))	Report to be submitted on the proposed Named Pilot Project and the proposals for implementation	Sharon McAlees	March 2018	Report on update for GIRGEC	Complete
12 June 2017 (Para 39(3))	Action plan arising from the recommendations of the People Plan to be submitted within 6 months	Helen Watson	August 2018	SPG have established Sub Group to progress the People Plan would be to take to August IJB which will focus on "Employability and Meaningful activity" and report back to SPG then to IIJB.	Complete
12 September 2017 (Para 60(2))	Report to be submitted on readiness of HSCP for implementation of Carers (Scotland) Act 2016 in April 2018	Allen Stevenson	March 2018	Strategic Planning consider tools, to measure readiness, update report to next IJB.	Complete
7 November 2017 (Para 76(3))	Explanatory note on budget movements to be submitted to next meeting	Lesley Aird	January 2018	Now contained within finance report.	Complete
7 November 2017 (Para 81(2))	Report to be submitted to January 2018 meeting on interim option to support prescribing/pharmacy pilot projects in 2018/19	Allen Stevenson	January 2018	Include in new Ways and GP contract report to IJB	Complete
7 November 2017 (Para 87(2))	Report to be submitted to March 2018 meeting on matters arising from development session	Louise Long	March 2018	Report to IJB	Complete

Meeting Date and Minute Reference	Action	Responsible Officer	Timescale	Progress/Update/Outcome	Status
30 January 2018 (Para 2(2))	Full Adult Mental Health Strategy & Implementation Plan to be submitted to March 2018 meeting	Deborah Gillespie	March 2018	Plan currently being developed, to be taken in summer	In Progress
30 January 2018 (Para 7(7)	Information on factors which have resulted in increased administration costs to be included in Financial Monitoring report to March 2018 meeting	Lesley Aird	March 2018	In report	Complete
30 January 2018 (Para 9(2))	Report to be submitted defining criteria used for selecting performance exceptions data as part of the Annual Performance review	Helen Watson	July 2018	Report to be amended for next performance report	In progress
20 March 2018 (Para 20(2))	Carers (Scotland) Act 2016 – Report to be submitted to May/June 2018 meeting providing (a) case studies to illustrate impact/risk levels in connection with eligibility criteria threshold and (b) Communication Strategy proposals	Allen Stevenson	June 2018		
20 March 2018 Para 20(3))	Carers (Scotland) Act 2016 – Further update report to be submitted to October 2018 meeting	Allen Stevenson	October 2018		

AGENDA ITEM NO: 5

Report To:	**Inverclyde Integration Joint Board**	**Date:**	**15 May 2018**
Report By:	**Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership**	**Report No:**	**SL/LP/045/18**
Contact Officer:	**Sharon Lang**	**Contact No:**	**01475 712112**
Subject:	**Inverclyde Integration Joint Board (IJB) and IJB Audit Committee – Proposed Dates of Future Meetings**		

1.0 PURPOSE

1.1 The purpose of this report is to request agreement of a timetable of meetings for both the Inverclyde Integration Joint Board (IJB) and the IJB Audit Committee for 2018/19.

1.2 Members will note from the attached timetable that it is proposed to hold six meetings of the Integration Joint Board in this cycle, allowing for an additional meeting in June, and three meetings of the IJB Audit Committee. It is proposed that all of the meetings of the IJB will begin at 2pm, rather than 3pm as at present, and that the IJB Audit Committee will begin at 1pm rather than 2pm.

2.0 RECOMMENDATION

2.1 It is recommended that agreement be given to the timetable of meetings for the Inverclyde Integration Joint Board and IJB Audit Committee for 2018/19, as detailed in the appendix to the report with altered start times of 2pm and 1pm respectively.

Corporate Director (Chief Officer)
Inverclyde Health & Social Care Partnership

3.0 BACKGROUND

3.1 The Standing Orders of the Inverclyde Integration Joint Board provide for meetings to be held at such place and such frequency as may be agreed by the Board. The proposal in this report is for six meetings to be arranged for the period from September 2018 to June 2019, all commencing at 2pm rather than the current start time of 3pm. There has previously been a necessity to arrange an additional meeting of the Board in June to deal with items of business arising after the May meeting and this has now been formalised in the timetable.

3.2 In June 2016 an Audit Committee was established as a Standing Committee of the IJB. The Audit Committee's terms of reference provide for the Committee to meet at least three times each financial year and that there be at least one meeting a year, or part thereof, where the Committee meets the External and Chief Internal Auditors without other senior officers present.

3.3 It is proposed that the Audit Committee meet on three of the six dates on which the IJB meets, with meetings commencing at 1pm, rather than 2pm as at present, to accommodate the earlier start time of the Integration Joint Board.

4.0 IMPLICATIONS

Finance

4.1 There are no financial implications arising from this report.

Financial Implications:

One Off Costs

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

Annually Recurring Costs/ (Savings)

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

Legal

4.2 None.

Human Resources

4.3 None.

Equalities

4.4 There are no equality issues within this report.

4.4.1 Has an Equality Impact Assessment been carried out?

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

4.4.2 How does this report address our Equality Outcomes

There are no Equalities Outcomes implications within this report.

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

Clinical or Care Governance

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

National Wellbeing Outcomes

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

There are no National Wellbeing Outcomes implications within this report.

National Wellbeing Outcome	**Implications**
People are able to look after and improve their own health and wellbeing and live in good health for longer.	None
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	None
People who use health and social care services have positive experiences of those services, and have their dignity respected.	None
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	None
Health and social care services contribute to reducing health inequalities.	None

People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	None
People using health and social care services are safe from harm.	None
People who work in health and social care services feel engaged with the work they do and are supported to 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

5.0 CONSULTATIONS

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

6.0 BACKGROUND PAPERS

6.1 N/A

TIMETABLE 2018/19

IJB/IJB Audit Committee	Submission Date – 9am	Pre-Agenda Date	Issue Agenda	Date of Meeting
IJB Audit Committee	17 August	Monday 27 August – 2.15pm	31 August	**Tuesday 11 September – 1pm**
Inverclyde Integration Joint Board	17 August	Monday 27 August – 3pm	31 August	**Tuesday 11 September – 2pm**
Inverclyde Integration Joint Board	12 October	Monday 22 October – 3pm	26 October	**Tuesday 6 November – 2pm**
IJB Audit Committee	4 January	Monday 14 January – 2.15pm	18 January	**Tuesday 29 January – 1pm**
Inverclyde Integration Joint Board	4 January	Monday 14 January – 3pm	18 January	**Tuesday 29 January – 2pm**
IJB Audit Committee	22 February	Monday 4 March – 2.15pm	8 March	**Tuesday 19 March – 1pm**
Inverclyde Integration Joint Board	22 February	Monday 4 March – 3pm	8 March	**Tuesday 19 March – 2pm**
Inverclyde Integration Joint Board	18 April	Tuesday 30 April – 3pm	3 May	**Tuesday 14 May – 2pm**
Inverclyde Integration Joint Board	31 May	Monday 10 June – 3pm	14 June	**Tuesday 25 June – 2pm**

AGENDA ITEM NO:6

Report To:	**Inverclyde Integration Joint Board**	**Date: 15 May 2018**
Report By:	**Louise Long** **Corporate Director, (Chief Officer)** **Inverclyde Health and Social Care Partnership (HSCP)**	**Report No: IJB/27/2018/AS**
Contact Officer:	**Helen Watson** **Head of Strategy and Support Services** **Inverclyde Health and Social Care Partnership**	**Contact No: 01475 715285**
Subject:	**REVIEW OF THE INVERCLYDE HSCP 2017/18 WINTER PLAN**	

1.0 PURPOSE

1.1 The purpose of this paper is to provide the Inverclyde Integration Joint Board (IJB) with a review of the Inverclyde Health and Social Care Partnership (HSCP) Winter Plan 2017/2018, and the key arrangements that will be put in place to manage demand over Winter 2018/19.

1.2 The IJB is asked to note the collaborative work of the HSCP and NHS Greater Glasgow and Clyde Health Board (NHSGGC) acute sector in producing this review and to identify the key priorities to be taken forward in preparation for Winter 2018 - 2019.

2.0 SUMMARY

2.1 In line with Scottish Government guidance, this review of the winter plan 2017/2018 provides an overview of what went well, the lessons learned from its implementation and identifies improvements that could be made to enhance performance. The review process also informs the key priorities in the development of planning for the 2018/2019 reporting period, underpinned by the self-assessment included in the guidance.

3.0 RECOMMENDATIONS

3.1 The IJB is asked to note the findings of the review and the key priorities for the development of the Winter 2018/2019 plan.

3.2 The IJB is asked to approve submission of the review and forward plan to the Scottish Government.

Louise Long
Corporate Director, (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

4.1 Since HSCPs were set up, there has been a focus on identifying key pressures on our own as well as wider health and care systems. This work feeds into the National Winter Reports.

4.2 To continue to improve winter planning across Health and Social Care, NHS Scotland have asked for local systems to lodge a draft of their local winter review for 2017/18 with the Scottish Government to support national and local winter planning preparations for 2018/19.

The HSCP review sets out the local key priorities for the 2018/2019 Winter Plan.

4.3 NHS Scotland have requested that this year's review should again include:

- the named executive officer leading on winter reviews across the local system;
- key learning points and future recommendations / planned actions;
- identify the top 5 local priorities to be addressed in the 2018/19 winter planning process;
- to provide views on the effectiveness of the wider winter planning process, particularly from Health and Social Care Partnerships, and suggestions on continuous improvement.

4.4 If approved by the IJB, the attached papers will be submitted to the Scottish Government.

5.0 IMPLICATIONS

FINANCE
There are no financial implications from this report.

5.1 Financial Implications:

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

5.2 There are no legal implications from this report

HUMAN RESOURCES

5.3 There are no human resource implications from this report

EQUALITIES

5.4 Has an Equality Impact Assessment been carried out?

	YES
X	NO

5.4.1 As this is an NHS Scotland operational review of performance there is no requirement to produce an Equalities Impact Assessment.

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

5.5 There are no clinical or care governance implications

NATIONAL WELLBEING OUTCOMES

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

5.6 The Inverclyde HSCP meets the delivery of the National Wellbeing outcomes as highlighted below.

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

The review of the HSCP winter plan 2017/2018 promotes service users' independence, resilience and use of support networks and communities as assets to support better outcomes and discharge as soon as the service user is medically fit to do so.

5.6.2 **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.**

The Winter Planning process is based on the promotion of support and independence.

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

The winter planning process is centred on the wellbeing and dignity of service users. The overarching outcomes from the winter plan review are to build on success, identify issues and take action to ensure good health, make use of alternative ways to prevent unnecessary hospital admissions and delay discharge which can be distressing and disorienting for service users.

5.6.3 **Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.**

The winter planning process ensures that service users admitted to hospital are provided with a quality service which effectively supports the transition from admission of service users to their planned date of discharge.

5.6.4 **Health and social care services contribute to reducing health inequalities.**

The review of the winter plan informs and identifies improvements to reducing the health inequalities of service users by ensuring a robust and quality health system which is responsive to the population of Inverclyde as well as being sensitive to individual service users' needs.

5.6.5 **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 winter planning process is designed to ensure engagement and communication with carers and service users to ensure their important input is taken on board and is a valuable asset to the wellbeing and recovery of their relative, friend or loved one.

5.6.6 **People using health and social care services are safe from harm.**

The winter planning process ensures the most vulnerable people in our communities are provided with the assessed support they need to maintain independence and to live in good health at home for longer.

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

The winter plan and review process is designed to ensure adequate and sufficient information to enable staff to engage and provide the right information at the right time to the population of Inverclyde.

5.6.8 **Resources are used effectively in the provision of Health and Social Care.**

6.0 CONSULTATION

6.1 This document has been developed by the HSCP.

7.0 LIST OF BACKGROUND PAPERS

7.1 http://www.sehd.scot.nhs.uk/dl/DL(2016)18.pdf

7.2 http://www.gov.scot/Publications/2015/11/9014

7.3 NHS Scotland: Preparing for Winter 2017/18, 4th August 2017

Health & Social Care: Local Review of Winter 2017/18

HSCP	Inverclyde HSCP	Winter Planning Executive Lead	Helen Watson Head of Strategy & Support Services Helen.Watson2@inverclyde.gov.uk

1	**Business continuity plans tested with partners.**	National Outcome: The local system has fully tested business continuity management arrangements / plans in place to manage and mitigate against key disruptive risks including the impact of severe weather.	Local indicator(s): Progress against any actions from the testing of business continuity plans.

1.1 What went well?

- We sustained local performance despite the exceptional circumstances and challenges to the Health & Social Care system.
- Local processes were implemented with ownership across all key partners.
- Lead roles and responsibilities were clearly identified with information supplied to partners.
- Weekly updates of information ensured consistency and accuracy of approach and understanding, across partners.
- Weekly meetings were set with required attendance by all key partners to review and address any identified issues - in particular with regard to the adverse weather and the high level of respiratory illness across the local population.
- Implementation of single access point and out of hours pathways for community services gave clarity to staff and patients.
- GP Practices ensured their business continuity plans were up to date and that emergency contact details were accessible in the event of an incident.
- Winter plan was linked to our Pandemic Flu Plan and the Council's Resilience Plan.

1.2 What could have gone better?

- Ensuring improved co-ordination and implementation of our Business Continuity Plan in light of the adverse weather.
- There were transport issues due to adverse weather – future planning will include better co-ordination of transport for staff.

1.3 Key lessons / Actions planned

- Recognising that pressures on health and social care systems are not seasonal. Locally we schedule the 'Winter Plan Operational Group' at regular times with our data pack being produced weekly all year round, not just throughout the winter period.
- Business continuity 'trial' practice should be introduced to test and review.
- Weekly planning meetings now held at the hospital.

2	**Escalation plans tested with partners.**	National Outcome: Access block is avoided at each ED where there is a target operating model managed effectively by an empowered site management team with clear parameters on whole system escalation processes.	Local indicator(s): • attendance profile by day of week and time of day managed against available capacity; • locally identified indicators of pressure (i.e.) % occupancy of ED, utilisation of trolley/cubicle, % of patients waiting for admission over 2, 4 hours; • all indicators should be locally agreed and monitored.

2.1 What went well?

- Escalation plans were renewed and further developed with attention given to the service/departmental level action cards. Local processes were implemented with ownership across all key partners.
- Lead roles and responsibilities were clearly identified, with information supplied to partners.
- GP Practices ensured their business continuity plans were up to date and that emergency contact details were accessible in the event of an incident.
- Winter plan was linked to our Pandemic Flu Plan and the Council's Resilience Plan.
- Points from the previous section are all relevant.
- Additional capacity was opened as required, as part of escalation processes.
- Daily conference calls took place, to communicate across Acute Services, HSCPs and Scottish Ambulance Services.

2.2 What could have gone better?

- Full testing would have helped identify potential issues in advance.
- Ensuring improved co-ordination and implementation of our Business Continuity Plan in light of the adverse weather.
- There were transport issues due to adverse weather – future planning will include better co-ordination of transport for staff.

2.3 Key lessons / Actions planned

- Recognising that pressures on health and social care systems are not seasonal. Locally we schedule the 'Winter Plan Operational Group' at regular times with our data pack being produced weekly all year round, not just throughout the winter period.
- Business continuity 'trial' practice should be introduced to test and review.
- Weekly planning meetings are now held at the hospital.

3	**Safe & effective admission / discharge continues in the lead-up to and over the festive period and also in to January.**	National Outcomes: • Emergency and elective patients are safely and effectively admitted and discharged over the Christmas - New Year holiday period. • The numbers of patients receiving elective treatment reduces and the risk of boarding medical patients in surgical wards is minimised. • Patients do not have unnecessary stays in hospital; hospitals are in a good position to deal with the surge in patients normally admitted in the first week back in January.	Local indicator(s): • daily and cumulative balance of admissions / discharges over the festive period; • levels of boarding medical patients in surgical wards; • delayed discharge; • community hospital bed occupancy; • number of Social Work assessments including variances from planned levels.

3.1 What went well?

- Positive joint working and communications between Acute and HSCP teams.
- Early identification of vulnerable people in the community, at risk of admission to Inverclyde Royal Hospital.
- Collaborative working of medical, nursing and AHP staff across all specialties maintained a proactive approach to communication ensuring safe, speedy and effective patient discharges were achieved through the Daily Dynamic Discharge process. This included early identification of people in the IRH for discharge - the 'Fit List'.
- Operational discharge meetings were attended by key individuals, including community leads who assist in planning the discharge of complex cases.
- Joint working between Community Nursing and Homecare teams in partnership with Acute and Out of Hours services supporting safe and effective hospital discharges during weekends and holidays.
- There was a single point of access for the discharge team at the local health centre, meaning that discharge staff could contact the right people quickly and easily.

- Our Home First initiative whereby a District Nurse and OT in-reach have been appointed to facilitate communication between acute and community and assist assessment and support planning for quicker discharge to home.
- Falls pathway now in place and linked to initial referral to HSCP to take preventative approach.
- The elective programme across all Acute sites was managed down to focus on urgent and cancer patients, this was planned in advance to avoid unnecessary disruption and reviewed daily over the holiday period.
- Joint working with the Council roads department to clear specific streets and thereby enable timely hospital discharge.

3.2 What could have gone better?

- Acute to review process of email communication rather than phone calls.
- Double checking Edison Business Objects.
- While communication was a key focus, at times the communication between Homecare and the wards could have been better.
- Different IT systems run the risk of intelligence not being fully co-ordinated.

3.3 Key lessons / Actions planned

- Homecare in-reach post in situ to facilitate communication and assessment of the service user prior to discharge.
- Good forward planning for winter 2018/9 and a level of additional winter funding will be important to help maintain the progress made during this recent winter period.
- Identified need for Homecare in-reach post to facilitate communication and assessment of service user prior to discharge.

4	**Strategies for additional surge capacity across Health & Social Care Services**	Outcome: • National risk of an increase in the levels of boarding medical patients in surgical wards in the first week of January is minimised. The staffing plans for additional surge capacity across health and social care services are agreed in October. The planned dates for the introduction of additional acute, community and social work capacity are agreed and that capacity is operational before the expected surge period. It is essential that additional capacity is developed	Local indicator(s): • planned additional capacity and planned dates of introduction; • planned number of additional staffed medical beds for winter by site and the planned date of introduction of these beds; • planned number of additional intermediate beds in the community and the planned date of introduction of these beds;

		alongside appropriate arrangements to create a safe and person centred environment.	• levels of boarding; • planned number of extra care packages; • planned number of extra home night sitting services • planned number of extra next day GP and hospital appointments.

4.1	What went well?	

- Care home capacity was monitored daily in order to identify pressures.
- System for prioritising emergency patients in place.
- Continuation of Step-Up bed pilot to reduce possible admissions.
- Criteria for identification of the most vulnerable adults at risk of admission (such as mental wellbeing; ill-health/elderly carer; complex cases).
- Locality meetings in place to ensure good information as close to service users as possible.
- The Community Nursing teams introduced *Patient Status at a Glance* - this involved having daily update meetings with details of vulnerable patients as well as patients with changing needs to identify those at risk of admission. The nurses linked in with our GPs and Adult Health and Community Care Services to identify patients who could potentially be vulnerable during the winter period. Liaison Nurses/ AHP peer group supported work with care homes to identify residents at risk of admission. There were clear plans in place for additional acute bed capacity from December.
- Plans were enacted to reduce the elective programme and provide extended pharmacy opening.
- Some additional AHP cover was put in place throughout the winter period in the Clyde Sector generally.

4.2	What could have gone better?

- Dedicated/ aligned Planning Support would have been useful.
- Workforce planning for surge wards was delayed due to uncertainty of funding. In some areas this led to an over dependence on bank and agency staff. In Clyde sector generally, fill rates are lower than the Board averages and as a consequence substantive medical ward teams were disrupted to meet the gaps.
- Exceptional pressures required more capacity to be opened – in future it will be described in winter plans as escalation steps.
- Delays with patient transfers continued to be challenging, leading to delays in bed availability.

4.3	Key lessons / Actions planned

- Implementation of key learning points

5	Whole system activity plans for winter: post-festive surge/ respiratory pathway.	National Outcome: The clinically focussed and empowered hospital management have a target operating model that sets out the expected range of daily emergency and elective admissions and discharges over the festive and winter period. The expected range takes account of the potential surge in emergency admissions in the first week of January and includes the potential surge in respiratory and circulatory admissions over the winter. Hospital models will include flows between front doors, receiving units, and downstream wards.	Local indicator(s): • daily number of cancelled elective procedures; • daily number of elective and emergency admissions and discharges; • number of respiratory admissions and variation from plan.

5.1	What went well?

- GPs implemented agreed contingency arrangements over the festive period as per LMC guidance.
- GP Practices advised patients of closures via SOLUS Screens and encouraged patients to order prescriptions in advance.
- Home Care capacity - exception reporting was included in Weekly Plan Data Pack.
- We established cut-off referral dates.
- Cut-off referral time of 2pm for next day discharge was put in place, which encouraged referrals at a time of day when support could be more readily organised.
- Direct communication channels between Ward and Home Care were established.
- The work of the staff in Acute and Community who went the extra mile in getting people returned home safely (e.g. getting roads cleared or accessing appropriate transport.
- Daily Huddles on all sites provide a clear picture of admissions and discharges, with additional meetings held as part of escalation processes.
- Point of Care testing used on all acute sites for Flu – allowed patients to be discharged with clear advice and allowed precautions to be put in place quickly – minimal spread of flu within the hospitals.
- HSCP Chief Officer linked with NHSGG&C Acute Division and other Partnership Chief Officers to maintain a collective perspective on performance issues, pressures and escalation arrangements which required action.
- Situation reports (SITREPs) were shared between the Community and Acute Services to inform escalation pressures.

5.2 What could have gone better?

- Transport issues – the extreme weather was challenging for our vehicles, and some were not able to function.
- Emergency care summaries from GP anticipatory care plans need to be available to emergency clinicians electronically to inform decision making.

5.3 Key lessons / Actions planned

- Continuity and attendance at ongoing weekly Planning Operational Group is required throughout the year.
- Continued work under the COPD UCC workstream is starting to show better coordination of care across the entire patient pathway and this work will continue in 2018.

6	**Effective analysis to plan for and monitor winter capacity, activity, pressures and performance**	National Outcome: • Local systems have, and use, a range of analysis to effectively plan for and monitor winter capacity, activity, pressures and performance at board and site levels.	Local indicator(s) : • Agreed and resourced analytical plans for winter analysis.

6.1 What went well?

- The data pack is fit for purpose and now produced weekly.
- Ad hoc data packs are also produced.
- HSCP staff are actively encouraged to be vaccinated and local peer vaccination sessions were organised.
- We reviewed annual leave requests to ensure sufficient cover – this was linked to our business continuity plans.
- Acute Sector Flow Hubs were established in October to provide a central coordination point for information and action planning. The hubs are informed on a daily basis of the operational position in relation to demand and capacity using daily predictive tools to estimate demand and plan for the day ahead. The sector is using the Microstrategy Dashboard, TrakCare and Portertrak to establish the current status of patient movements and this information continues to inform the operation teams to manage demand.

6.2 What could have gone better?

- Edison Business Objects system is often unreliable, impacting planning preparation – this needs to be addressed.
- A higher uptake of staff being vaccinated might have reduced levels of staff sickness absence.

6.3 Key lessons / Actions planned

- The necessity for robust information systems.
- There is considerable development work ongoing to produce Dashboards to support the tracking of admissions and patient flow for specific cohorts of patients; a current SG funded project is focused on developing a COPD dashboard which will establish a platform that can be adapted for other patient groups.

7	**Workforce capacity plans & rotas for winter/festive period agreed by October.**	National Outcomes: • Rotas and workforce capacity plans for all disciplines are agreed for the winter (and particularly the 4 day festive holiday) period by October to underpin safe and effective admission and discharge of emergency and elective patients. This should encompass all relevant health and social care services. • Maintain discharges at normal levels over the two 4 day festive holiday periods.	Local indicator(s): • workforce capacity plans & rotas for winter/festive period agreed by October; • effective local escalation of any deviation from plan and actions to address these; • extra capacity scheduled for the 'return to work' days after the four day festive break factored into annual leave management arrangements; • number of discharges on each of the 4 day festive holiday periods compared to number if normal daily discharges.

7.1 What went well?

- HSCP rotas over winter period were created and confirmed, including duty cover at the IRH.
- An acute daily staffing report was produced and shared.
- Community staffing numbers were reported weekly.

- Having a RAG status chart across all service for staffing levels helped identify gaps.
- In Acute, a senior decision maker was available over PH weekends and immediate days thereafter.
- GP OOH rota was fully populated due to enhanced rates.

7.2 What could have gone better?

- Transport issues for staff meant that some staff were unable to get through the snow.
- Additional staffing is required over the winter period each year, however recruitment does not begin until there is confirmation of funding. Recruitment is generally into temporary contracts. This is providing significant challenge in nursing and AHP professions with both services experiencing difficulties in filling 'winter' posts.
- Medical Staffing continued to have gaps. Following rotation in February, 50% of middle grade posts were vacant forcing closure of winter wards sooner than anticipated.
- Clyde continues to have lowest rates across the Board for filling nurse bank and retinue requests.

7.3 Key lessons / Actions planned

- Transport issues for staff meant that some staff were unable to get through the snow. This will be reviewed before next winter.
- Earlier planning of surge capacity and consideration of authorisation processes for advance recruitment of staff.

8.8	**Discharges at weekends & bank holidays**	National Outcome: • Patients are discharged at weekends and bank holidays to avoid unnecessary stays in hospital and to improve flow through the hospital. Medical and Nurse Directors provide monthly report on weekend (pre-noon) discharge rate progress and performance.	Local indicator(s): • % of discharges that are criteria led on weekend and bank holidays; • daily number of elective and emergency admissions and discharges.

8.1 What went well?

- Having access to equipment out-with working hours enabled prompt and safe discharge.
- A stock of equipment is left at several points across Inverclyde - the Joint Equipment store staff ensure that equipment is always stocked at all venues. This allows for 24 hour local access to equipment if required.
- Also shared equipment with the hospital
- The district nursing service also holds moving and handling equipment, mattresses, commodes etc.
- Rigorous monitoring of pre-noon discharges and weekend discharges is in place, detailing performance down to individual ward level.
- Data is shared widely across the sector in weekly and monthly reports.
- Hospital site presence of Senior Managers ensured continued emphasis of priorities.

8.2 What could have gone better?

- Care Homes generally in the past unable to admit at weekends. We are working with local providers to have this addressed, and it was during the adverse weather this year.

8.3 Key lessons / Actions planned

- Identify and quantify the need for discharges at weekends, so that these can be properly resourced.
- We will liaise with local care homes around admissions outwith office hours and at weekends.
- A reliable system for increasing the number of patient discharges at weekends is necessary.

9	**The risk of patients being delayed on their pathway is minimised.**	National Outcome: • Patients receive timely assessments in A&E, Acute Assessment Units, Acute Receiving Units and downstream specialty wards. Delays between decision to transfer/discharge and actual transfer/discharge are minimised. The capacity in these units reflect the arrival patterns and potential waiting times for assessment and/or transfer/discharge. Patients in downstream wards are	Local indicator(s): • distributions of attendances/ admissions; • distribution of time to assessment; • distribution of time between decision to transfer/discharge and actual time; • % of discharges before noon;

		discharged earlier in the day to avoid unnecessary stays in hospital and to improve flow through the hospital. There is early engagement with SAS for ambulance discharge and transfer. Medical and Nurse Directors provide monthly report on ward by ward, in/out balance, daily discharge progress and performance.	• % of discharges through discharge lounge; • % of discharges that are criteria led; • levels of boarding medical patients in surgical wards.

9.1 What went well?

- Twice daily huddle established in IRH, and HSCP staff were included.
- Partners were advised of Winter and Holiday referral and discharge process prior to the festive period.
- Duty rota for winter and festive period was provided to IRH for back-up and support- maintaining staffing levels was key to safe and timely discharge.
- Early identification of patients requiring supported discharge ensured that the right packages could be put in place.
- Home First Action Plan is in place.
- Joint working with the Council Roads department to clear specific streets and thereby enable timely hospital discharge.

9.2 What could have gone better?

- Business continuity 'trial' practice should be introduced to test and review.
- Patient flow remains vulnerable in the out of hours period.

9.3 Key lessons / Actions planned

- Testing of Contingency planning

10	**Communication plans**	National Outcome: • The public and patients are kept informed of winter pressures, their impact on services and the actions being taken.	Local indicator(s) : • daily record of communications activity; • early and wide promotion of winter plan.

10.1 What went well?

- Significant communications were issued at Board level through a number of media avenues, to help patients understand who they should contact and when.
- Representatives from the HSCP were at the acute sector daily Huddle.
- Winter Planning is on the agenda of the HSCP communication group.
- Information was circulated with regard to available community services and clinics during the festive period, including pharmacy and GP Practice opening times.
- We collated a range of information regarding staff rotas, service operating hours and lead contact details, circulated these widely throughout the HSCP.
- Information regarding GP availability throughout the festive period was provided through the NHSGG&C Winter Booklet.
- Posters were also provided and made available to the public through public-facing websites and displayed in GP Practices.
- The Clinical Director re-enforced these messages to GP Practices.
- Advice leaflets were given to patients with chronic conditions on source of help during the winter period.

10.2 What could have gone better?

- Being clear about communication routes between Community and Acute, at times of high pressure.

10.3 Key lessons / Actions planned

- Continue discussion around discharges at Acute.

11	**Preparing effectively for norovirus.**	National Outcome: • The risk of norovirus outbreaks becoming widespread throughout a hospital is minimised through the effective implementation of the HPS Norovirus Outbreak Guidance (2016/17).	Local indicator(s): • number of wards closed to norovirus; • Application of HPS norovirus guidance.

11.1 What went well?

- Norovirus activity was low this year
- Twice Daily huddles in place, so everyone was kept aware of the norovirus status.
- The weekly winter planning update was shared.

- Infection control protocols are in place to manage outbreaks in a range of settings, including local Care Homes, GP Practices and acute sector services.

11.2 What could have gone better?

N/A

11.3 Key lessons / Actions planned

N/A

12	Delivering seasonal flu vaccination to public and staff.	National Outcome: • CMO uptake targets for seasonal flu vaccination for those aged 65 and above, at risk groups and front line staff are delivered in accordance with CMO Guidance.	Local indicator(s): • % uptake for those aged 65+ and 'at risk' groups; • % uptake of staff vaccine by site / speciality and variance from planned levels in line with CMO advice.

12.2 What went well?

- Local drop-in vaccination clinics were set up across all HSCP staff buildings, with good uptake by HSCP staff.
- Communication ongoing to ensure that as many staff as possible know when and where clinics are taking place.
- The GP flu vaccination programme for elderly or at-risk patients had good uptake.
- Vaccination was made available to staff in local care homes and home care providers.

12.3 What could have gone better?

- We would have wished for a higher uptake of Flu vaccine by Inverclyde HSCP staff.

12.4 Key lessons / Actions planned

- We will do more to raise awareness with staff around flu vaccination in advance of next winter.

13	**Additional Detail** *Include detail around when this review is likely to be considered by the Board's senior management team.*

Winter Plan 2017/18

The key priorities for winter 2017/18 have been developed through the review process for Winter 2017/18 arrangements, and the joint undertaking of the self-assessment included in the Scottish Government Guidance.

14	**Top Five Local Priorities for Winter Planning 2017/18**

- Recognising that pressures on health and social care system are not seasonal and contingency planning should be in place at all times.
- Having a local agreement in place to reconvene the Contingency Planning Group at any time.
- Weekly data pack to be produced and analysed as an ongoing requirement.
- Ensuring that national data systems are reliable at all times in order for local health and social care systems to have access to live data.
- Reinforcing effective channels of communication between Acute and Community services.

15	**Actions for Winter 2017/18**

Identified Priority	Local Indicator	Identified Action	Strategic Lead	Target Date for implementation
Pressures on health and social care system are not seasonal.	Progress against any actions from the testing of business continuity plans.	• 'Winter planning' removed and rebranded as weekly planning. • Articulate rebranding to all partners for consistency of approach.	Quality and Development Service	October 29017 Achieved
Having a local agreement in place to reconvene the Winter Planning Operational Group at any time	Progress against any actions from the testing of business continuity plans.	• Data pack to be issued to all key partners on a weekly basis.	Quality and Development Service	September 2017 Achieved
Weekly data pack to be produced and	Agreed and resourced analytical plans for winter analysis.	• Standardised and agreed data pack to	Quality and Development	September 2017 Achieved

analysed as an ongoing requirement		be produced and circulated on a weekly basis. • Norovirus data and reports to be included in the shared data pack.	Service All Partners	
Ensuring that national data systems are reliable at all times in order for HSCPs to have access to live data	Agreed and resourced analytical plans for winter analysis.	• Robust systems to be followed by all partners to ensure continuity of intelligence.	Partner leads	October 2017 Achieved
Reinforcing effective channels of communication between Acute and Community	Daily and cumulative balance of admissions / discharges over the festive period Levels of boarding medical patients in surgical wards Delayed discharge Community hospital bed occupancy Number of Social Work assessments including variances from planned levels.	• Improvement and development of robust communication systems between Ward and Homecare. • A data management plan which is fit for purpose developed to prevent unnecessary delays to discharge due to the administration of care packages	Ward and HSCP homecare leads Quality and Development Service	September 2017 Achieved

Inverclyde HSCP Review of Winter Plan

Winter Plan Data Analysis (Nov 17 to Mar 18)

No. of Delayed Patients (from weekly planning file)

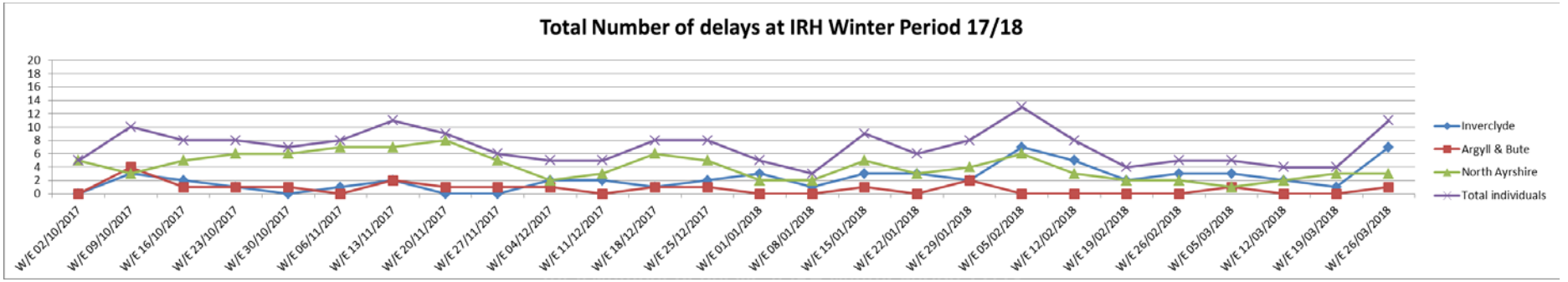
This data set illustrates the number of occupied beds within Inverclyde Royal Hospital (which includes the Larkfield Unit) which are considered to be “delayed discharges”. In the main, 3 local authorities tend to be the highest users. Inverclyde HSCP being the obvious Local Authority, but also North Ayrshire and Argyll & Bute.

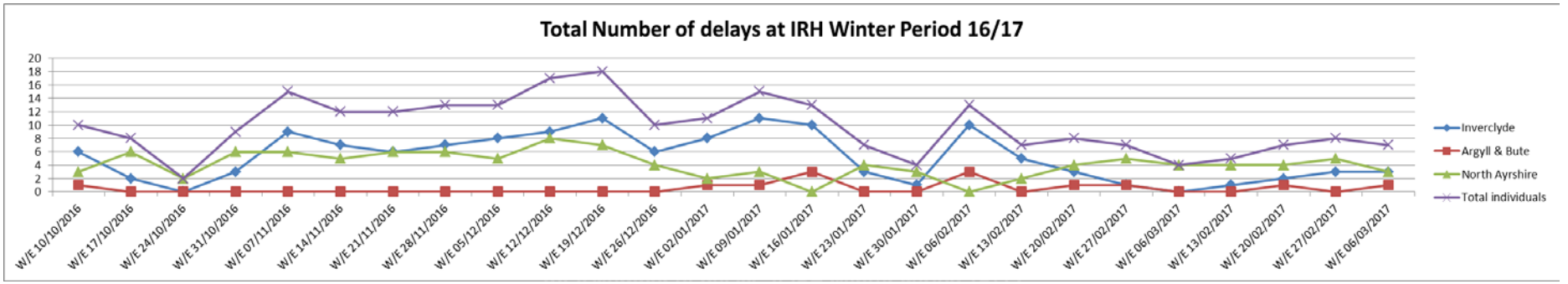
An examination of the data since Nov 17 (week ending 02/11/2017) until Mar 18 (week ending 26/03/2018) shows that during this period, North Ayrshire had the highest number delayed patients on the IRH site. Inverclyde only exceed North Ayrshire on 6 occasions during the entire period, on 5 occasions Inverclyde and North Ayrshire had an equal number of delayed patients

Over this period, the weekly average number of patients attributed to Inverclyde was 2.23 delayed patients, with North Ayrshire’s average for the same period being 4.07 delayed patients. For information, Argyll and Bute’s average was 0.73 patients. Inverclyde achieved 3 periods of 0 delayed patients during this time.

A seasonal spike was recorded week ending 05/02/2018 where the number of patients delayed within the week rose to 13, with Inverclyde contributing 7 of these delays.. A further rise at the end of the period (week ending 26/03/2018) was recorded with Inverclyde contributing 7 patients.

For the most part, Inverclyde HSCP managed to keep the number of delays per week below 4 delays.

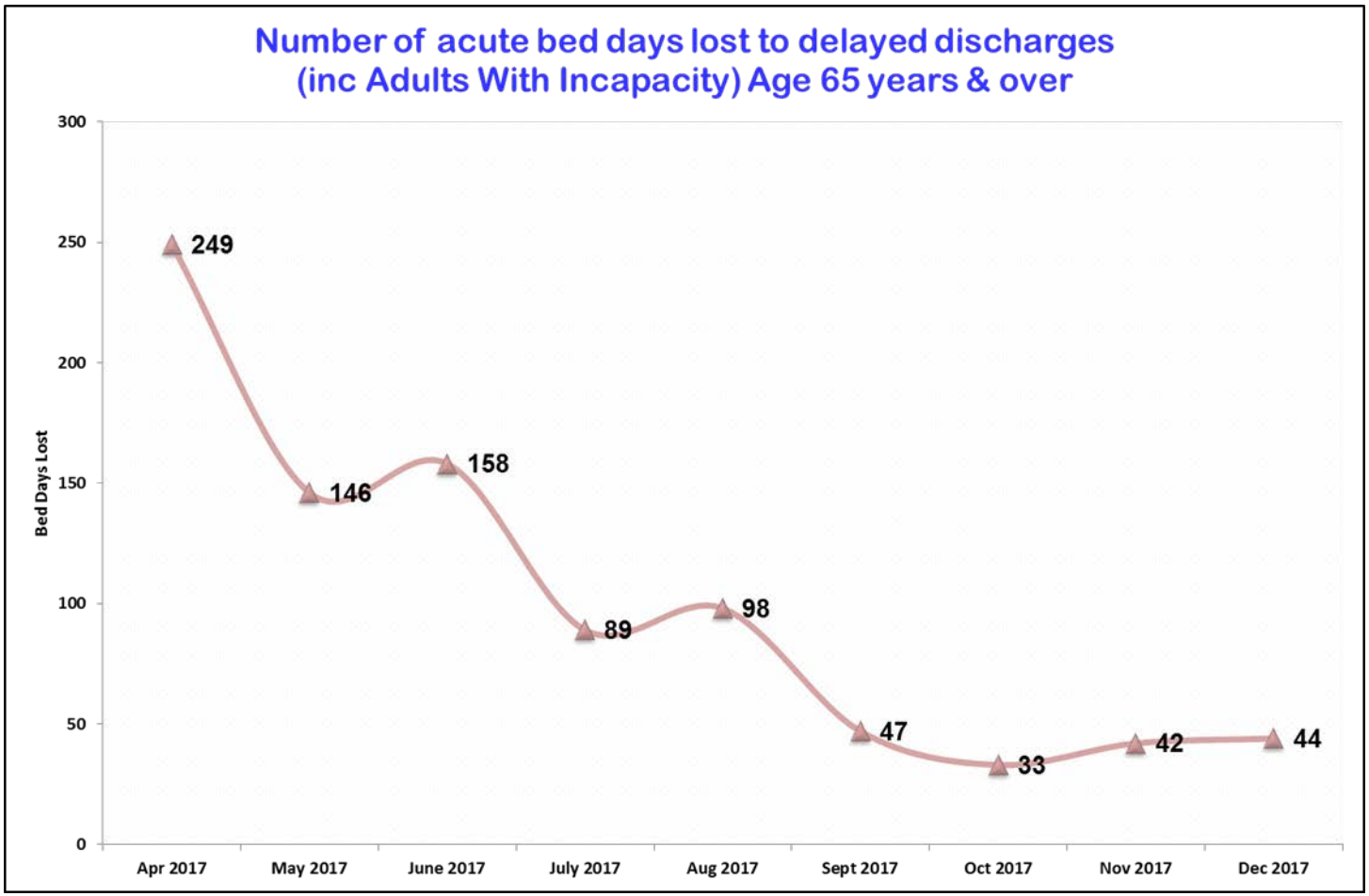




Bed Days lost to Delayed Discharge (GG&C Older Peoples Summary and ISD Bed Days lost)

In terms of bed days lost due to delayed discharge. Inverclyde HSCP has performed well during the winter months with the peak number of bed days lost for those patients 18+ occurring in January with 84 bed days lost during the month. The total number of bed days lost for those aged 65 and over in this same month was 47 bed days lost. The average number of bed days lost from October 17 to January 18 for those aged 18+ was 71.5 bed days lost and for those aged 65 and over the average was 42 bed days lost.

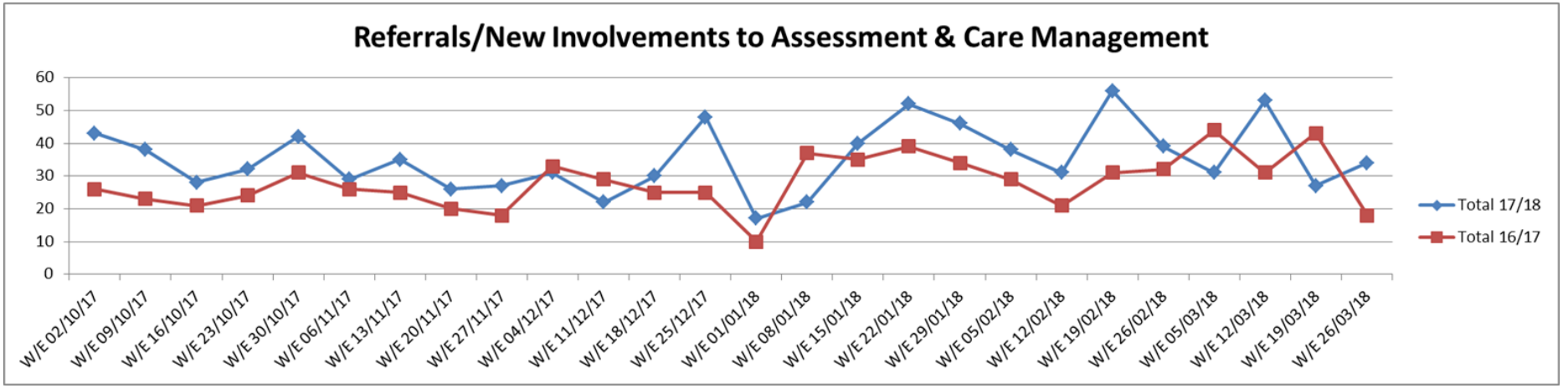
Given the extreme weather in the months of February 18 and March 18, the HSCP expects the bed days lost to delayed discharge to rise during this period as the ability to discharge patients in a timely manner was hampered by the unusually bad weather.



Referrals/New Involvements to Assessment & Care Management (from Weekly Planning File)

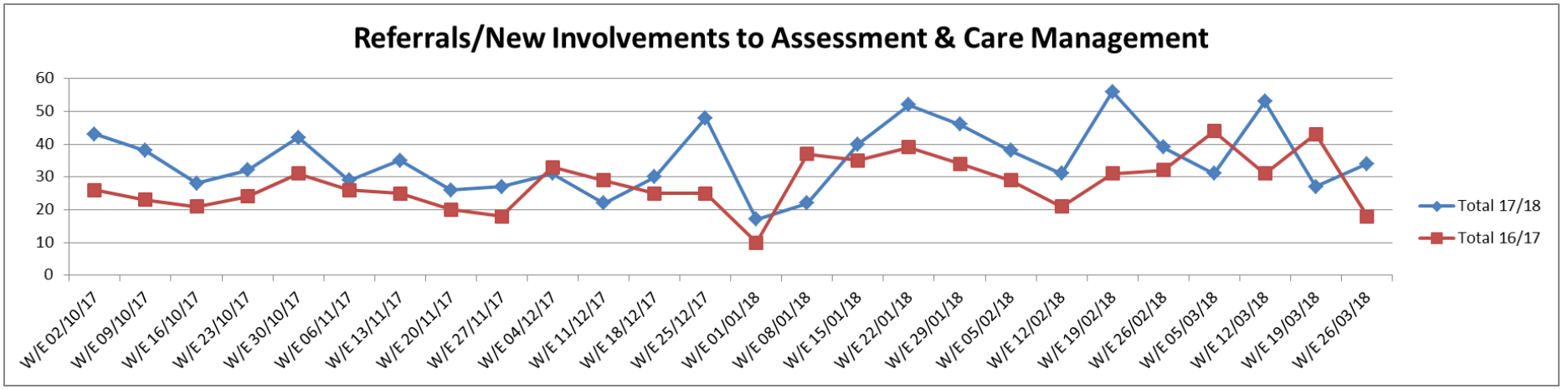
Information gathered for the Weekly Planning Group shows that from October 17 to March 18 referrals to the Assessment and Care Management team were consistently higher than for the same period last year. The total number of referrals received by this team from Oct 17 to Mar 18 was 917, for same period for last year the total was 730, an increase of 187 referrals on last year. This demonstrates the incredible efforts made by the team given the good performance of the Bed Days Lost to Delayed Discharge performance measure.

The average number of referrals for the ACM team for this period was 35.27 referrals per week as opposed to 28.08 referrals per week for the same period in 16/17. The highest number of referrals for any given week this year was 56 (week ending 19/02/2018), this was quickly followed 2 weeks later with another high spike of 53 (week ending 12/03/2019). This period coincided with the extreme weather encountered at the end of February and the beginning of March.



Community Referrals to Care at Home Services (from Weekly Planning File).

The number of referrals to Care at Home Services was only slightly higher than last year for the same period last year, with an increase of only 6 over the period. The linear trend line for this year however is not as pronounced as for the same period last year with last year's linear trend line having a slightly great incline. This, in layman's terms means as the period progressed, the number of referrals increased more than they did this year. It should be noted however that this year's data illustrates that the highest number of referrals in single week occurred this year with a total of 20 (week ending 15/01/2018), with the highest number of referrals in a single week for the same period last year being 15, although this level of referrals occurred on 2 occasions last year.

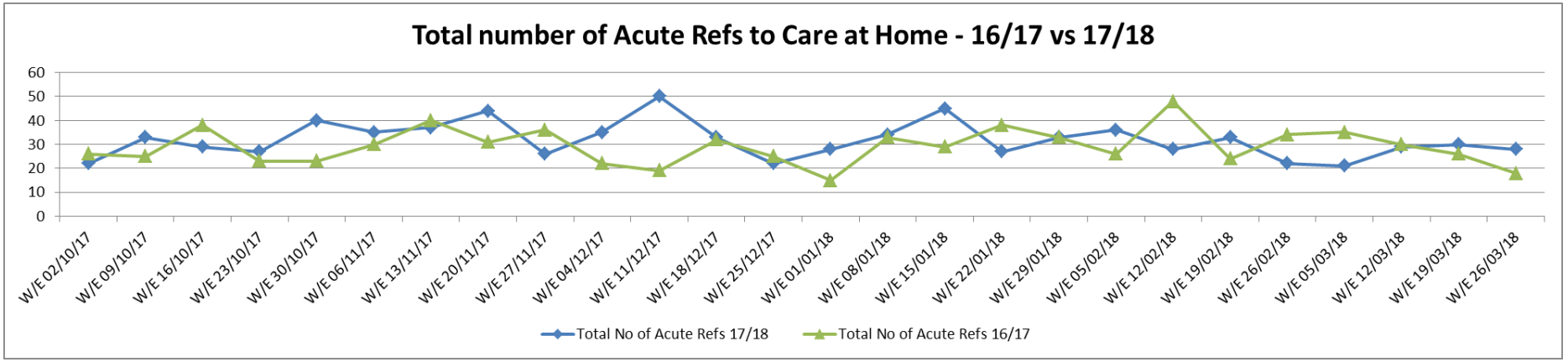


Acute Referrals to Care at Home Services (Including Referrals to Reablement - from Weekly Planning File)

Total Number of Referrals from Acute

The total number of acute referrals to Care at Home Services from October 17 to March 18 was 827 for the period. For the same period last year the number of referrals were 759. This amounts to an increase of 68 referrals on last year. There is no discernable pattern from either year with 16/17 numbers being higher some weeks with 17/18 being higher in other weeks. The Weekly averages for both periods' shows that 2016/17 winter period had a higher average at 31.81 referrals per week as opposed to 29.19 for the same period in 17/18. The data does show whoever that in the week leading up to Christmas, the number of referrals dropped in both periods.

The linear trend lines show a slight decline for 17/18 but a barely noticeable incline for 16/17.



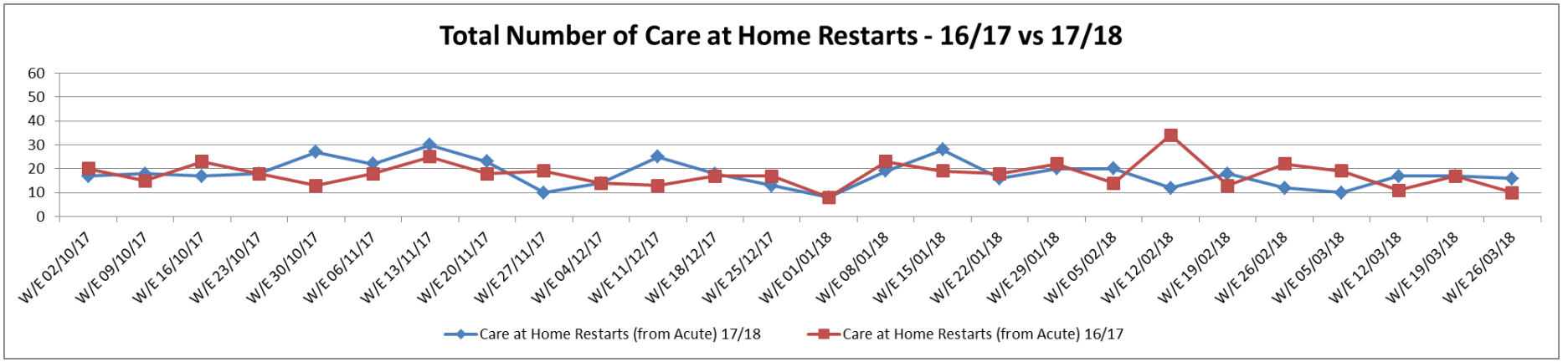
Care at Home restarts (after an acute episode of care - from Weekly Planning File)

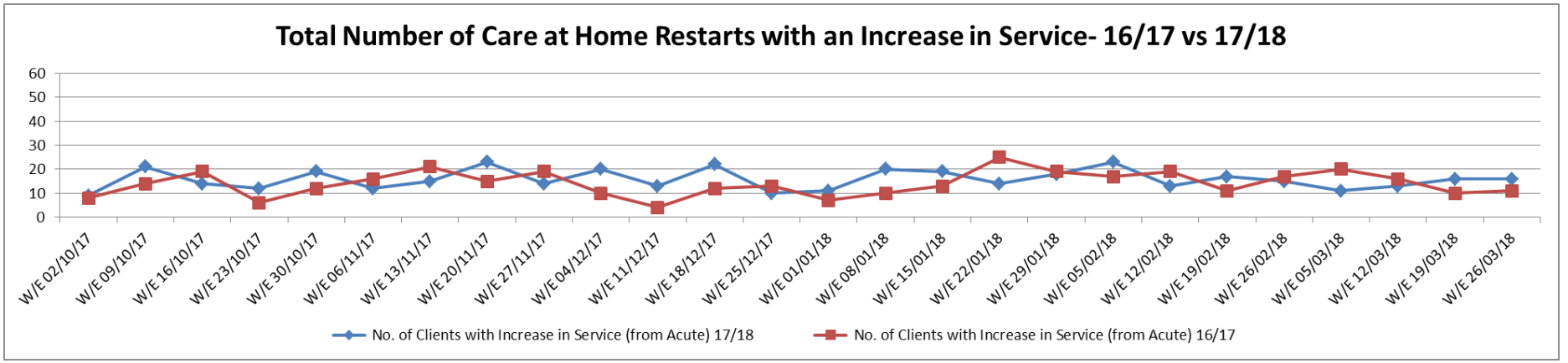
Cares at Home restarts are clients who were in receipt of a service before their acute episode.

The total number of Care at Home restarts in both years (i.e. 16/17 and 17/18) was 460 for the same time period. The highest number of referrals in a single week for 17/18 was for week ending 17/11/20 and reached 30 referrals. The highest number of referrals in a single week for 16/17 was 34 (for week ending 13/02/2017). Again, no discernable pattern of referrals can be seen during the winter period for both years.

The average number of referrals in 17/18 was 17.88 referrals per week, for the same period for 16/17 the average was 17.69 referrals per week.

In regards to the level of care being delivered rising to this client group after the acute episode of care, an increase of 12% has been recorded in the number of service increase requests. The total number of service increases in the 16/17 winter period was 364, with the number rising in 17/18 to 410. The average number of service increases for 17/18 was 15.77 per week; the average for the same period in 16/17 was 14.00 per week.





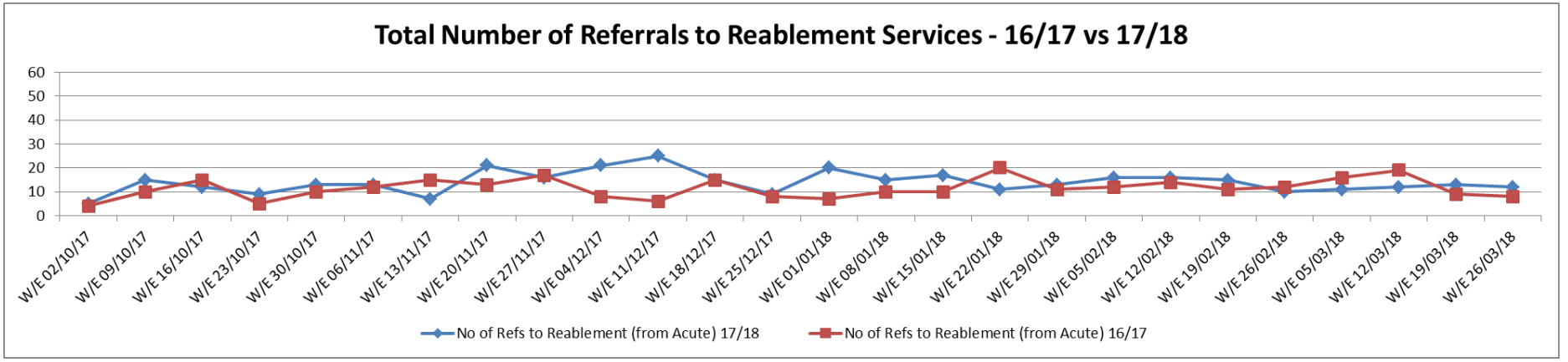
Referrals to Reablement Services (from Weekly Planning File)

Referrals to the Reablement Service in 2017/18 were significantly higher than the previous winter period with the total number of referrals in 17/18 being 362 with the total number of referrals for 16/17 being 297, which is a 22% increase on the previous period.

For the most part 17/18 referrals were higher week on week than 16/17, with the 16/17 period exceeding the number of referrals per week on only 6 occasions from November 16 to March 17.

The referral trend for 17/18 shows the linear trend line decreasing ever so slightly over the entire winter period as opposed to a slow increase in 16/17.

The average number of referrals per week in 17/18 was 13.92 with the average in 16/17 for the same time period being 11.42 referrals per week.



AGENDA ITEM NO: 7

Report To:	**Inverclyde Integration Joint Board**	**Date: 15 May 2018**
Report By:	**Louise Long Corporate Director (Chief Officer) Inverclyde Health and Social Care Partnership (HSCP)**	**Report No: IJB/24/2018/SMcA**
Contact Officer:	**Sharon McAlees Head of Criminal Justice and Children's Services**	**Contact No: 01475 715282**
Subject:	**Big Lottery: Early Action Systems Change Fund**	

1.0 PURPOSE

1.1 The purpose of this report is to inform the Inverclyde Integration Joint Board of the outcome of a submission made to the Big Lottery Early Action System Change Fund.

2.0 SUMMARY

2.1 On 2nd October 2017, the Health and Social Care Partnership completed an Expression of Interest for the Early Action Systems Change Fund hosted by the Big Lottery in the area of Women and Criminal Justice, which was one of the three designated themes.

2.2 The purpose behind the Early Action Systems Change is to help make a fundamental shift towards effective early intervention in Scotland. The Fund recognises that to achieve this, systems of services and support that are in place now will have to change. The grants, where successful, are intended to fund the first steps towards this change.

2.3 The Inverclyde HSCP submission aims to achieve a step change in the response to women in the criminal justice system. It seeks to build this response around the women themselves and the community, ensuring their voices shape how the HSCP moves forward. The ambition is to provide women with the support they need at a time and in a way that is right for them.

2.4 There were two competitive stages to the assessment and application process, the first involved a Funding Officer visit to meet with key partners and to talk through in detail the feasibility of the proposal. The Inverclyde HSCP visit took place on 6th December 2017. Thereafter a further sift occurred, with a limited number of applicants being invited to present to the decision making panel early March 2018. Inverclyde HSCP gave its presentation on 6th March 2018.

2.5 On 8th March 2018, Inverclyde HSCP was advised it had been successful and receives £682,250. A formal announcement was made on 5th April with an accompanying press briefing.

3.0 RECOMMENDATIONS

3.1 It is recommended that the Integration Joint Board:

a) Notes the content of the report and approves the strategic direction presented within the Early Action Systems Change submission.
b) Requests a further report that updates how the HSCP is progressing with the project.

Louise Long
Corporate Director, (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

4.1 The Commission on Women Offenders (2012) provided a catalyst which re-energised the debate on the specific impact of the criminal justice system on the lives of women. It championed the establishment of Women's Centres, aimed at improving consistent access to a range of specific services focused on the needs of women.

4.2 From the HSCP's own work with women involved in the criminal justice system the top four issues affecting women were found to be:

- Relationships
- Domestic Abuse
- Mental Health
- Social Isolation

4.3 This work has also shown that many of the women supported have been visible to services for many years and their trajectory recognised. Their reason for engaging with services often relates to high levels of vulnerability and complex needs, rather than presenting a high risk of harm to others. In addition, their engagement with services is typically crisis driven and chaotic.

4.4 This suggests that a broader conversation is needed, one which is not limited solely by a focus on justice. Indeed it points to a radical shift being required to the lens applied to women in the justice system, to one that encompasses a public health perspective and requires a whole systems approach.

4.5 This experience has been further supported by work undertaken by the Inverclyde Community Justice Partnership, within which the HSCP has a leadership role. Here, through profile and data analysis, a picture is beginning to be built up of how current systems and structures, more broadly, constrain early help. The Partnership's recent work in the area of domestic abuse is one illustration of this.

4.6 It is within this context that the HSCP, supported by the Inverclyde Community Justice Partnership, decided to express its interest in making a grant application to the Big Lottery Early Action System Change Fund in the area of Women and Criminal Justice. The purpose behind the Fund is to help make a fundamental shift towards effective early intervention in Scotland. Applications are required to demonstrate a commitment which embraces approaches that are: people-led, strength-based and connected.

4.7 The Inverclyde submission looks to develop a local response to the needs of women that captures and builds on the evidence from the Commission on Women Offenders. The aim is to provide non-stigmatising, whole systems support to Inverclyde's most vulnerable women as early as possible and in ways that reflects what women tell us they need.

4.8 Following a competitive assessment and application process the HSCP was advised on 8th March 2018 that its application for £607,250, with an additional £75,000 test of change monies had been successful. This will be formally communicated by the Big Lottery on 5th April with an accompanying press briefing. The Inverclyde submission has been chosen to be one of the applications that will be highlighted in the briefing.

5.0 PROPOSALS

5.1 The funding secured covers a five year period and is split into two parts. The first is awarded to develop and research a plan for service redesign and the second part is awarded to begin transition and implementation and is conditional on developing a viable and adequately funded design for services. The Inverclyde submission proposed employing three staff (a project manager, a community worker and a graduate apprentice) to provide additional capacity to bring about this whole system change.

5.2 The intermediate goals for the project are:

Connected: Clear understanding of how women currently engage or not with services and the wider community.

Strength Based: A data informed understanding of women's experiences in Inverclyde.

People Led: Co-design pathways to better meet the needs of women built on improved partnership working and community engagement.

6.0 IMPLICATIONS

FINANCE

6.1 Financial Implications:

Projects are expected to realise a shift in their organisational expenditure from acute services to early action approaches of somewhere in the region of 5%.

One off Costs

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

Annually Recurring Costs/ (Savings)

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

LEGAL

6.2 There are no specific legal implications in respect of this report.

HUMAN RESOURCES

6.3 The grant will fully fund the three posts identified in the submission. Finance colleagues having been involved in the costings of these, and the posts themselves will be temporary in nature.

EQUALITIES

6.4 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.

7.0 CONSULTATION

7.1 This report has been prepared by the Chief Officer, Inverclyde Health and Social Care Partnership (HSCP) after due consultation with statutory and third sector partners.

8.0 BACKGROUND PAPERS

8.1 None

INVERCLYDE HSCP Health and Social Care Partnership

AGENDA ITEM NO: 8

Report To:	**Inverclyde Integration Joint Board**	**Date: 15 May 2018**
Report By:	**Louise Long Corporate Director (Chief Officer) Inverclyde Health and Social Care Partnership (HSCP)**	**Report No: IJB/26/2018/SM**
Contact Officer:	**Sharon McAlees Head of Children's Services and Criminal Justice**	**Contact No: 01475 715282**
Subject:	**Enhancing Children's Wellbeing and Addressing Neglect**	

1.0 PURPOSE

1.1 The purpose of this report is to advise the Integration Joint Board of:

- Progress to date of the Scottish Government supported partnership between Inverclyde Council/HSCP and CELCIS (Centre for Excellence for Looked after Children – based at Strathclyde University) in relation to enhancing wellbeing, addressing neglect and enhancing children's wellbeing.

- The proposals and next steps aimed at strengthening and supporting the role of the named person: head teachers and health visitors, operating within the Inverclyde GIRFEC (Getting it Right for Every Child) pathway.

2.0 SUMMARY

2.1 In October 2016, from work commissioned by the Scottish Government, Inverclyde was selected as one of three local areas (Inverclyde, Dundee City, Perth and Kinross) to partner CELCIS in developing new approaches aimed at reducing childhood neglect and enhancing children's wellbeing.

2.2 The partnerships agreed to be guided by CELCIS in the use of Active Implementation science for up to five years.

2.3 Implementation science is at the centre of this work with the aim of assisting us with our work, in particular our offer of early help to disadvantaged children with wellbeing concerns as they transition from early years, through primary and secondary school services to adulthood.

2.4 Between October 2016 and June 2017 significant stakeholder consultation took place helping to develop a better understanding of the strengths and areas for improvement in the GIRFEC and early help system.

2.5 That work was initially led by two 0.5 Implementation Leads until March 2017. Thereafter the education lead returned to their substantive post. Key staff have been supported by CELCIS to progress themes emerging from the exploration with practitioners and parents. These themes were:

- The importance of effective early help and support without delay in order that children's healthy development and general wellbeing are supported and adverse circumstances avoided.

- Health Visitors and Primary Head Teachers are especially well placed to play a lead role in noticing unmet need at an early stage and planning targeted support across transition points.

2.6 CELCIS have confirmed that good implementation practice advocates the design initially be implemented in one geographical area of Inverclyde with a population of fifteen to twenty thousand people. The area of focus studied so far can be seen below in figure 1 on page 5.

2.7 The next steps activity will tell us more about the strength of our support and services to our most disadvantaged children and how they might improve. Our exploration and early design activity supported by strong evidence-informed research confirmed that our collaboration is on the right track. That track is to develop further our support of the Inverclyde GIRFEC pathway and establish the recommendations proposed below. It is important to note that the findings of this work are consistent with that of the Care Inspectorate and the actions arising from core activity of the Children's Services Improvement Plan.

3.0 RECOMMENDATIONS

3.1 It is recommended that the Integration Joint Board notes the proposed next steps and:

a) Notes the original commitment to continue 0.5 Implementation Lead from the Children and Families HSCP improvement service from existing resources.

b) Notes the extension of this work to include a 0.5 Education Lead and 0.4 Lead from children and families health to support the development of this project, thereby establishing an integrated implementation team.

c) Notes that the initial implementation activity takes place in the locality of South and South West Greenock (figure 1).

d) Requests updates on progress being provided to the IJB on supporting the Inverclyde GIRFEC pathway to enhance children's wellbeing.

Louise Long
Corporate Director (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

4.1 The collaboration between CELCIS and Inverclyde began in October 2016 and was established on the understanding that:

- Two 0.5 Implementation Leads be provided by Inverclyde in order to support the approach of Active Implementation offered by CELCIS.

- CELCIS implementation experts would visit Inverclyde two days each month offering coaching and support to local implementation leads, practitioners, managers and community groups in order to guide progress in the exploration and early design phases.

- CELCIS agreed to provide a quarterly Community of Practice event to allow the three selected areas (Inverclyde, Dundee City, Perth and Kinross) to share learning of challenge and good practice.

- CELCIS leads would have bi-monthly meetings with senior managers to provide clear updates on progress.

4.2 The Inverclyde Alliance Vision is Getting it Right for Every Child, Citizen and Community**.** This vision was considered an important reference point for the collaboration with CELCIS. This supported focus on the implementation of Inverclyde's GIRFEC pathway and exploration of how well embedded it was within our support services for parents and communities.

4.3 The work being undertaken with CELCIS is guided by active implementation science which offers evidence on how to achieve successful and sustainable change by focusing on practice improvement and policy alignment that addresses the largest population possible. The evidence now suggests that *systematic implementation practices* are essential to any attempt to use evidence and good practice to improve the lives of our populations of concern. Applied to major service strategies such as GIRFEC, this kind of evidence-informed approach has the potential to significantly improve provision to all children and parents and particularly to those children where unmet needs may impact on development, learning and wellbeing which might place them at risk of poor outcomes.

4.4 The exploration stage has facilitated critical appraisal within Inverclyde on how public services and communities can better address the needs of those children who are under stress and have wellbeing concerns. Inequalities in health and education are a significant issue for Inverclyde. From a community planning strategic perspective, a key local priority is protecting and promoting the health and wellbeing of children and reducing inequalities.

4.5 The table below, established during our exploration phase, shows local data indicating increased prevalence of wellbeing risk factors, commonly occurring in Inverclyde allowing comparison to Scotland in general.

Table 1

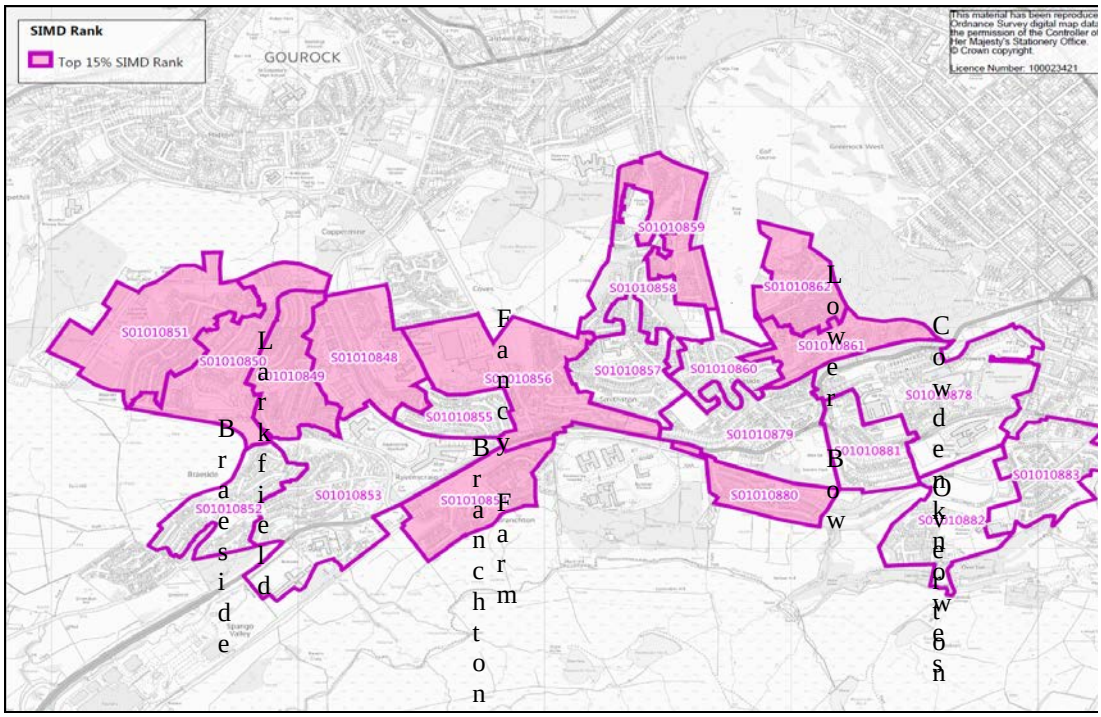
Risk indicator (to wellbeing)	Inverclyde	Scotland
%age of children living in low income families	24%	18%
%age of data zones in Scotland's 20% most deprived	44%	20%
%age of working age population claiming out of work benefits	15%	10%
%age of primary 4 – primary 7 pupils registered for free school meals	27%	17%
%age of P1 pupils achieving expected reading levels	79%	81%
writing levels	76%	78%
Listening and talking	79%	85%
Numeracy levels	84%	84%
%age of mothers who are current smokers at ante-natal booking	18%	17%
%age of mothers breastfeeding exclusively at 6-8 week review	14.7%	41%
%age of primary 1 children classified as obese (2015)	5%	4%
%age of 27 – 30 month health visitor reviews indicating a wellbeing concern for a child	27%	18%
%age of child protection conferences in which neglect is primary concern	50%	34%

4.6 Through a series of facilitated workshops we have listened closely to the experiences and insights of a broad range of stakeholders, including:

- Community nurses (health visitors, district nurses, community midwives, family nurse partnership, school nurses and community psychiatric nurses).
- Allied health professionals (speech and language therapists, occupational health therapists, dieticians).
- Early Years practitioners offering family support and pre-school childcare.
- Teachers, pupil support workers, and community link workers.
- Family support practitioners offering peripatetic support working across different ages and stages in childhood.
- Welfare Rights officers and advisers.
- Nurses providing adult support to recover from drug and alcohol dependency, and support in living with mental health conditions.
- Parents with experience of community resources, universal and targeted services within their community.
- Social housing providers and housing associations.
- Social work professionals from children and adult services.
- 3rd sector community and voluntary organisations

4.7 In addition we have engaged with people occupying cross cutting and coordinating positions (e.g. leads and members of: Violence against Women Partnerships, Alcohol and Drug Partnerships, Child Protection Committee and the GIRFEC strategic group).

4.8 Initially, the design is proposed to be implemented in Inverclyde South and South West Greenock shown below in figure 1.



4.9 The population of Greenock South & South West is 15,538, accounting for 19.5% of the overall population of Inverclyde. Table 2 below indicates there is a slightly higher ratio within the younger age groups when compared to Inverclyde overall.

Age Band	Greenock South & South West		Inverclyde	
	No.	%	No.	%
0 - 16	3,068	19.7	13,888	17.5
17 - 44	5,338	34.4	25,822	32.5
45 – 64	4,544	29.2	23,899	30.1
65 – 84	2,296	14.8	13,932	17.5
85+	292	1.9	1,959	2.5

Following wide consultation during the exploration phase, partners agreed that Greenock South and South West was the preferred locality to implement our next steps work. This area clearly had significant challenges, however, it was also clear from the consultation that this locality had readiness for community engagement with parents, infants, toddlers and young people.

Exploration showed a readiness for service improvements at school transition points (e.g. 6 primary and 2 secondary schools and 5 early years sites) which was felt to be a strength in terms of testing out change ideas in rapid cycles before reliably implementing and later upscaling them.

Additional community profile factors were suggested by our CELCIS partners as important and present in South and South West which were:

- It has a significant proportion of families with young children under five.
- There are 245 cases open to Social Work and Health visiting which require multi-agency collaboration on the Inverclyde GIRFEC pathway and will enable an improved understanding of risk to children with wellbeing concerns

- It has a mix of income groups, community resources, issues and challenges. Not least perhaps 10 out of 21 deprived data zones.

4.10 This thorough exploration of the current system established an improved qualitative understanding of current strengths and challenges. It started to shape evidence-informed design ideas. Consultation themes which emerged to shape design:

- The importance of strong collaborative approaches and services for children from the ante-natal stage, through early years, maintained until they enter primary school and then transition to secondary mean they are more likely to attain in secondary school and become successful adults.

- Sustained offers of early help to children and their families as difficulties arise prevent problems from becoming harder to address down the line.

- Inverclyde communities have many assets which can be built upon, not least being extended family members, friends and neighbours, other parents, community and voluntary organisations and groups.

- Health Visitors and Primary Head Teachers are especially well placed in the community to play a pivotal role in prevention of unmet needs arising and early identification of need for targeted early support across transition points.

4.11 From the exploration and design phases the collaboration has progressed to a clear vision of what is trying to be accomplished:

Starting in one area of Inverclyde we will strengthen and support the role of the Named Person, within the local GIRFEC pathway, so that children and their families receive a proportionate offer of early help when they need it.

Broad next steps activities have been established to be progressed and reported on by the Implementation Leads. They will:

a) Undertake sustained focus on improvement activities in the following key areas:

    - Transition points, paying regard not only to the outgoing named person (Health visitor), transitioning information and support to the incoming named person (Head Teacher), but also the transition of lead professional responsibilities as the child's wellbeing assessment and single plan steps up or steps down the Inverclyde GIRFEC pathway.

    - Team around the child, examine multi-agency cooperation through the team around the child so that equality of partnership is achieved and consistent participation is highly valued by all agencies.

    - Relationships and collaboration, further developing equality of partnership between workers from different agencies and most importantly between workers, children and their families, so that a nurturing offer of early help can be empathically established.

The overall goal of this work is to support and enable the shift from targeted intervention to greater spread of early help which is well evidenced in terms of outcomes for children. At the same time there is an opportunity to use the methodology of implementation science to support services in shifting spend to more financially viable upstream activity recognising this is likely to require several years to achieve and embed.

5.0 IMPLICATIONS

FINANCE

5.1 **Financial Implications**:

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
HSCP	Employee costs	April 2018	27.5		23 months
HSCP	Employee costs		30		
HSCP	Employee costs		37		

LEGAL

5.2 There are no legal issues within this report.

HUMAN RESOURCES

5.3 Education will need to backfill to release a person to undertake the implementation role.

EQUALITIES

5.4 None at this time, although recognition will be given to the wider and associate equalities agenda.

Has an Equality Impact Assessment been carried out? Yes/No.

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

5.5 **CLINICAL OR CARE GOVERNANCE IMPLICATIONS**

5.5.1 There are no governance issues within this report.

5.6 **NATIONAL WELLBEING OUTCOMES**

5.6.1 How does this report support delivery of the National Wellbeing Outcomes
This report supports all of the National wellbeing outcomes as it seeks to embed excellent GIRFEC practice in one area of Inverclyde before upscaling evidence informed, what works, practice through a collaborative integrated partnership of local agencies and communities guided by Active implementation science and our academic partnership with CELCIS.

There are no National Wellbeing Outcomes implications within this report. The recommendations proposed will help to nurture Inverclyde's children and support their parents and carers in strengthened communities.

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

6.0 CONSULTATION

6.1 Extensive consultation has been carried out as described in section 4.0.

7.0 BACKGROUND PAPERS

7.1 None.

AGENDA ITEM NO: 9

Report To:	**Inverclyde Integration Joint Board**	**Date:**	**15 May 2018**
Report By:	**Louise Long Corporate Director (Chief Officer) Inverclyde Health and Social Care Partnership (HSCP)**	**Report No:**	**IJB/25/2018/AS**
Contact Officer:	**Allen Stevenson**	**Contact No:**	**715283**
Subject:	**NEW GENERAL MEDICAL SERVICES (GMS) CONTRACT IMPLEMENTATION**		

1.0 PURPOSE

1.1 The purpose of this report is to advise the Integration Joint Board of progress made towards implementing the new General Medical Services (GMS) Contract 2018-2021.

2.0 SUMMARY

2.1 The Integration Joint Board was updated in January 2018 on the outcomes from the New Ways pilot and future planning for the new GMS contract, based on consultation with local GPs.

2.2 Inverclyde HSCP is required to develop a Primary Care Improvement Plan which must be approved by the Integration Joint Board and the GP Sub-Committee of the Local Medical Committee.

2.3 An overarching NHSGG&C Primary Care Programme Board is in place, as is a local Primary Care Implementation Group (formerly New Ways Governance Group).

3.0 RECOMMENDATIONS

3.1 The Integration Joint Board is asked to:

1. Note progress towards delivery to date;

2. Note the risks associated with implementation; availability, recruitment and retention of appropriately skilled staff;

3. Delegate responsibility for implementation for primary care plan to the Chief Officer; and

4. Note regular updates will be provided to the IJB at the meeting in November.

Louise Long
Corporate Director, (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

4.1 The new General Medical Services (GMS) Contract 2018-2021 was implemented in Scotland on 1st April 2018. The contract aims to transform the role of the General Practitioner by improving being a GP, providing income security, reducing workload, reducing risk and improving patient outcomes and experience.

4.2 A Memorandum of Understanding (MOU) has been agreed between the Scottish Government, British Medical Association, Integration Authorities and NHS Boards. This MOU will cover an initial 3 year period 1 April 2018 to 31 March 2021 and sets out the key aspects relevant to facilitating the commissioning of Primary Care Services and service redesign to support the role of the GP as the expert medical generalist.

4.3 The MOU requires the development of a HSCP Primary Care Improvement Plan (PCIP) developed in partnership with GPs and collaborating with other key stakeholders including NHS Boards, supported by an appropriate and effective MDT. NHSGG&C has developed a framework and guidance for developing these plans.

4.4 Key Priority areas for the PCIP are:

1. The Vaccination Transformation Programme (VTP)
2. Pharmacotherapy Services
3. Community Treatment and Care Services
4. Urgent Care (Advanced Practitioners)
5. Additional Professional Roles (Physiotherapy & Mental Health Professionals)
6. Community Links Worker (CLW)

4.5 Inverclyde HSCP has been at the forefront of testing these priority areas through the New Ways programme and as such is at an advanced stage in planning and beginning to deliver the multi-disciplinary model of primary care. In January 2018 the Integration Joint Board agreed to utilise earmarked reserves from New Ways to continue the current pilots during the transition from New Ways to Primary Care Implementation (Pharmacy, MSK Physiotherapy, and Advanced Nurse Practitioners).

4.6 It is likely going forward that there will be a requirement for the HSCP to contribute either to centrally delivered services (delivery of vaccinations) or to reimburse for staff employed directly by a hosting HSCP or other central arrangement (Prescribing Support Unit). These elements are all currently being reviewed.

4.7 To date there is no confirmation from the Scottish Government on the funding available to implement the PCIP however it is expected that the funding for Inverclyde HSCP will be in the region of £830,000 in 18/19 rising incrementally until 2021.

4.8 The main implications for the HSCP in delivering the PCIP will be workforce related. The cohort of professionals who can work at an advanced practice level is still relatively small and the skills, experience and academic training required take considerable time to undertake and develop. Whilst we have been lucky in being able to train and recruit to the New Ways tests of change locally, this will become more difficult as the demand further outstrips supply - something which we are already experiencing. For this reason, we will now move to recruit on a permanent basis to the 1.4wte Advanced Nurse Practitioner Posts within East Cluster.

4.9 All HSCPs across Greater Glasgow are working on a consistent format for Primary

Care Implementation Plans to support implementation. Inverclyde is in a different position and has the Primary Care Implementation Plan focused on sustaining and building on the test of change within Inverclyde rather than starting the processes. Appendix 1 highlights the draft Primary Care Implementation Plan due for submission to the Board and Scottish Government in July 2018.

5.0 FINANCE

5.1 **Financial Implications**:
As noted above, NHSGG&C is still awaiting final confirmation of funding from the Scottish Government.

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

6.0 IMPLICATIONS

6.1 **LEGAL**
There are no legal issues within this report.

6.2 **HUMAN RESOURCES**
As above, recruitment, retention, training and education will be significant factors over the next 3 years.

6.3 **EQUALITIES**
There are no equality issues within this report. Has an Equality Impact Assessment been carried out? No.

7.0 CLINICAL OR CARE GOVERNANCE IMPLICATIONS

There are no governance issues within this report.

8.0 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	GPs will have added capacity to spend more time with those patients with the most complex needs in future.
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.	The expanded MDT will include Community Links Workers and others directly involved in supporting those with a range of socio-economic issues including financial. This will positively impact the social determinants of ill health and 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.	None
People using health and social care services are safe from harm.	The expanded range of professionals and other supporting services will ensure that patients are able to see the right person, in the right place, first time.
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	The enhanced relationship with primary care and associated expected increased job satisfaction for GPs is expected to deliver a positive environment aiding recruitment and retention of primary care workforce.
Resources are used effectively in the provision of health and social care services.	None

9.0 CONSULTATION

9.1 This report has been prepared by the Chief Officer, Inverclyde Health and Social Care Partnership (HSCP) after due consultation with:

- Local General Practitioners and their teams.

- Primary Care Implementation Group (previously New Ways Governance Group).
- Service Managers and Professional Leads.

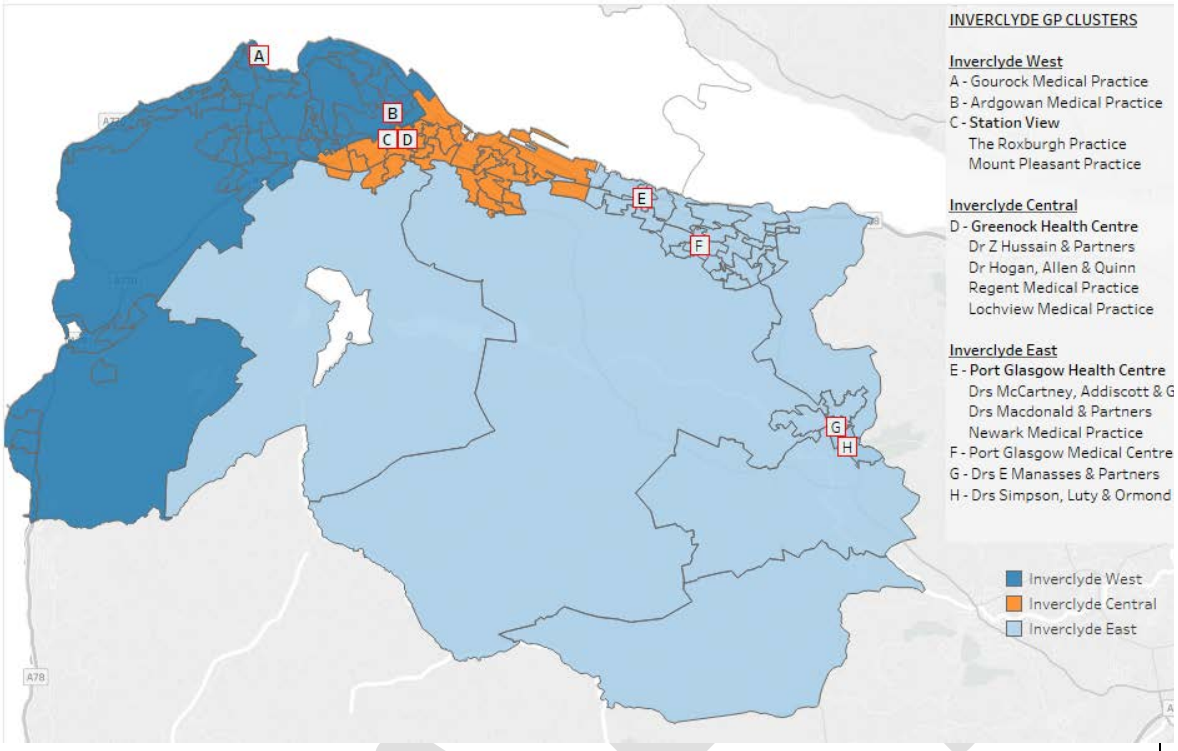
10.0 BACKGROUND PAPERS

10.1

- The 2018 General Medical Services Contract in Scotland
- Memorandum of Understanding between Scottish Government, British Medical Association, Integration Authorities and NHS Boards
- Inverclyde HSCP Primary Care Improvement Plan
- Appendix 1 – Primary Care Implementation Plan

INVERCLYDE HEALTH AND SOCIAL CARE PARTNERSHIP
PRIMARY CARE IMPROVEMENT PLAN 2018-2021
Version 2.2 2.5.18

A	**Local context**
	Inverclyde Health and Social Care Partnership has a long standing, well established relationship with the primary care contractors throughout the locality. General Practice in Inverclyde is made up of fourteen Practices, (until recently, there were fifteen practices) covering Kilmacolm, Port Glasgow, Greenock, Gourock and their surrounding areas. The fourteen practices cover a population of 81,354 patients. Whilst the overall practice population has been falling since 2010 (down 4.5%) the number of patients on the lists who are over the age of 65 has steadily increased. In 2010 17% of the practice lists were aged 65 and above but by 2017 this had increased to 20%.The current average list size is 5800, the sizes of practices in Inverclyde range from 2,873 to 10,434 patients. The average list size for Scotland is 6000 patients. There have been a number of changes to general practice in Inverclyde in the last few years. In 2016 there was a practice merger in Greenock resulting in the formation of the largest single practice in the area with a population of 10,434. At the end of 2017 there was a closure of a two partner practice following the inability to recruit a GP partner, resulting in the retirement of the remaining partner and subsequent termination of the practice contract. This practice was based within Port Glasgow Health Centre and the 1,800 patients were allocated a new General Practice, increasing the list size of the remaining Port Glasgow practices on average by 10%. Thus Inverclyde now has fourteen GP practices. There are 68 General Practitioners in Inverclyde (headcount) with 6 of these being doctors in training. The overall number of GPs has not varied greatly over the last five years however in line with other areas across Scotland, there are particular challenges recruiting new GPs when vacancies arise. <u>Inverclyde GP Clusters</u> GP clusters were introduced in Scotland with the 2016/17 GMS agreement between the Scottish GP Committee and the Scottish Government. GP clusters bring together individual practices to collaborate on quality improvement projects for the benefit of patients. Each practice now has a Practice Quality Lead (PQL) and each cluster a Cluster Quality Lead (CQL).



In Inverclyde there are 3 clusters that align with our planning localities: Inverclyde East, Inverclyde Central, and Inverclyde West. The East cluster is comprised of 6 practices with a total population of 23,608. Central cluster has 4 practices and a total population of 28,509. West cluster has 4 practices and a total population of 29,237. The clusters in Inverclyde were established early due to the *New Ways of Working* pilot and have been in operation for around 2 years with good evidence of successful working in the clusters. Clusters communicate regularly through meetings or online tools and also provide feedback on activity and projects to the HSCP at a scheduled quarterly meeting. Quality Improvement work in one cluster has included reviewing and improving identification of Sepsis and using cluster money to support the on-going development of this project. Innovative ways of communicating across a cluster have been supported using Trello, a web based project management app.

The health and socio-economic circumstances of Inverclyde are well documented in the HSCP Strategic Plan and Health Needs Assessment however there are some key factors impacting on the delivery of primary care locally.

Deprivation

7 of the 14 practices in Inverclyde have practice lists where more than half of the patients live in places that are in the 20% most deprived in Scotland. Patients in the most deprived areas often present to general practice with multiple complex health and social care needs and the impact of deprivation and inequalities on mental and physical health is well documented.

Mental Health, alcohol and problem drug use

Residents of Inverclyde report poor levels of emotional wellbeing and quality of life and referral rates to the Primary Care Mental Health Team (per 1,000 pop of over 18) are higher than elsewhere in NHSGG&C. There is a strong association between mental illness and alcohol misuse with the rate (per 10,000 pop) of discharges from hospital for an alcohol related condition being higher in Inverclyde than the rest of NHSGG&C and the rate of male discharges being three times higher than that of females. The majority of alcohol related deaths in NHSGG&C occur in the

most deprived groups with rates (per 100,000 pop) in Inverclyde higher than those of Scotland.

Rates of antidepressant drug prescribing are widely used as an indicator of the overall mental health of the population with a clear SIMD quintile gradient being evident in rates (per 10,000 pop) of prescribing. This gradient is also seen in the rate (per 10,000 pop) of discharges from psychiatric hospital which is higher in Inverclyde than the rest of NHSGG&C, again with males being higher than females. Rates (per 100,000 pop) of suicide in males are more than three times higher in Inverclyde than females with the overall rate being the highest in NHSGG&C.

Prevalence rates (per pop 15-64) of problem drug use are higher than the cumulative Scottish rate with males aged 15-24 and 25-34 having the highest prevalence. Drug related hospital stays and deaths are the third highest in Scotland (per 100,000 pop).

There is growing evidence around the impact of Adverse Childhood Events (ACEs) such as trauma or neglect on child development and the risk of mental illness or substance abuse. Given the stark deprivation, inequalities and drug and alcohol misuse in Inverclyde, children and young people are at significant risk of ACEs and the subsequent consequences.

Disease prevalence

Data based on the Quality Outcomes Framework (QOF) shows that the majority of practices in Inverclyde have higher prevalence rates for asthma, CHD, CKD, COPD, depression, diabetes, hypertension, and stroke than the NHS Greater Glasgow & Clyde and Scotland averages. This indicates that practices in Inverclyde treat more patients with multiple co-morbidities, problems, and needs than other areas.

Older People

All except one of Inverclyde's practices has a higher number of older people than the Scottish (17.8%) and NHSGG&C average (19.5%). In some areas such as Kilmacolm this is as high as 26.4%. Age increases co-morbidity and the number of potentially frail and housebound patients. Estimated rates of dementia are higher than the NHSGG&C average.

There are 16 residential and nursing homes in Inverclyde accounting for around 640available beds, some of which will be occupied by privately funded individuals and others supported by HSCP funding. Not all practices participated in the Care Home Local Enhanced Service (LES) and a number of practices have withdrawn over the past year. The approach to supporting care homes across Inverclyde will require review to consider the best practice approach.

Primary Care Activity

As part of the *New Ways* pilot, Inverclyde HSCP has carried out a quarterly week of care audit since mid- 2016, to get an impression of activity in practices. From the analysis of this data we estimate that 6,300 consultations take place in primary care in Inverclyde on a weekly basis.

- 50% of the weekly presentations are acute presentations
- 22% involve long-term conditions
- 6% mental health
- 22% other issues including administration, immunisations and injections, and advice and

	review appointments. • Approximately 4% (about 250) of the total consultations are home visits (This increases in winter). This data has enabled us to analyse and assess the impact of the pilot projects and shows that work has shifted from GPs to other professions.
B	**Aims and priorities**
	HSCP Primary Care Improvement Plans will enable the development of the expert medical generalist role through a reduction in current GP and practice workload. By the end of the three year plans, every practice in GGC should be supported by expanded teams of board employed health professionals providing care and support to patients. Inverclyde Health and Social Care Partnership will create a three year Primary Care Improvement Plan that will enable the development of the role of the GP moving forward into the expert medical generalist. This will be approved by the GP Sub Committee of the Area Medical Committee (AMC) with implementation overseen by the Local Medical Committee (LMC). The new GP role will be achieved by embedding multi-disciplinary primary care staff to work alongside and support GPs and practice staff to reduce GP practice workload and improve patient care. No practice will be disadvantaged with all practices having access to the new model which will be extended to both 17C and 17J Practices, allowing the general practitioner to fulfil their new role of leading a wide range of clinical professionals, working as an expert medical generalist and senior clinical decision maker within multi-disciplinary community teams. Additional staff will be Board employed health professionals which will form part of a transformational service redesign over the next three years with the development of the multi-disciplinary team to support general practice. The HSCP will work with the Board and staff partnership in the co-ordination of recruitment of staff and potential re-design of existing roles. Staffing appointments will be consistent across NHSGG&C in terms of grading, and role descriptors. The consultation will remain the foundation of general practice where the values of compassion, empathy and kindness combine with expert scientific medical knowledge to the benefit of patient care and mental and physical health. The key contribution of GPs in this role will be in: • Undifferentiated presentations • Complex care in the community • Whole system quality improvement and clinical leadership The 2018 Scottish GMS contract is intended to allow GPs to deliver the four Cs in a sustainable and consistent manner in the future. • Contact – accessible care for individuals and communities • Comprehensiveness – holistic care of people - physical and mental health • Continuity – long term continuity of care enabling an effective therapeutic relationship • Co-ordination – overseeing care from a range of service providers

	Priorities The Initial plan will be available by July 2018 with priority for year 1 focusing on locally tested approaches and evidence where there has been a positive impact on GP workload. This includes: • Pharmacotherapy services • Additional Professional Roles • Urgent Care • Community Links Worker (CLW) Years 2 and 3 will be used to continue to define models and approaches in areas where this is not yet fully developed and include: • The Vaccination Transformation Programme (VTP) • Community Treatment and Care Services • Additional Professional Roles Community (Clinical Mental Health Professionals) There is a commitment to sustainability of services however the extent and pace of change to deliver the changes to ways of working over the three years (2018/21) will be determined largely by workforce availability, training, competency and capability and the availability of resources through the Primary Care Fund. Delivery of the Primary Care Improvement Plan will be supported by the Primary Care Team/Innovation team.
C	**Engagement process**
	Inverclyde Health and Social Care Partnership's three year Primary Care Improvement Plan has been developed through learning from the *New Ways* pilot and robust existing engagement mechanisms. The individuals involved in the draft of this Implementation Plan include our Primary Care Innovation Lead, Primary Care Project Manager, Senior Information Analyst and Primary Care Support Coordinator with support from the Primary Care Implementation Group (formerly New Ways Governance group). Specific and focussed engagement has, and will continue to be through: • Clinical Director • New Ways Core Group • Primary Care Implementation Group (includes staff partnership rep) • GP Forum • PQL/CQL meetings • Practice Nurse Forum • Profession and care group specific management and leadership structures (nursing, AHP, Mental Health service etc) at both local and board level • Local Community Pharmacy, Optometry and Dentistry forums • NHSGG&C Primary Care Programme Board • GP Sub Committee of the AMC In partnership with *Your Voice Community Care Forum* and *The Alliance* we will also engage the public, staff and local partners on changes to Primary Care at a series of events focusing on the

	new GP Contract, localities and NHSGG&C *Moving Forward Together* programme. It is anticipated that this will take place during spring and early summer. We will also develop a communication and implementation plan.
D	**Delivery of MOU commitments**
	There are 6 priority areas: ***(1) The Vaccination Transformation Programme (VTP)*** ***(2) Pharmacotherapy Services*** ***(3) Community Treatment and Care Services*** ***(4) Urgent Care (advanced practitioners)*** ***(5) Additional Professional Roles*** **(6) *Community Links Worker* (CLW)** ***(1) The Vaccination Transformation Programme (VTP)*** Scottish Government announced a three year (2017-2020) Vaccination Transformation Programme (VTP) in early 2017, with the aim of ensuring the health of the Scottish public through the modernisation of the delivery of vaccinations, empowering local decision making and supporting the transformation of the role of the General Practitioner. There is an existing GGC wide co-ordinated approach for the Vaccination Transformation Programme (VTP) with phased implementation of the programme to be fully complete by April 2021. <u>Scope</u> The scope of the VTP includes all NHS vaccination programmes: • Routine childhood immunisation programme delivered by GP practices both with and without support from NHS Board/HSCP employed staff • School immunisation programmes, both in primary and secondary schools delivered by HSCP employed staff • Adult immunisation programmes, primarily delivered by practices without NHS Board support • Travel immunisation and advice, primarily delivered by GP practices Inverclyde HSCP has already moved to a 'corporate clinic' model of delivering childhood immunisations and school immunisation teams hosted by Glasgow are in place. The move towards delivery of adult immunisations will be developed by the VTP Board of which Inverclyde Clinical Director is a member and it is anticipated that the delivery of this will be in year 2 and 3 of the plan. During 2018 the VTP board will agree the future management arrangements for childhood immunisations and scope each vaccination programme for adults, pregnant women and travel advice & vaccination. ***(2) Pharmacotherapy Services*** Inverclyde HSCP has had the benefit of additional funding since 2016 allowing a significant increase in the local Prescribing Support Team to enable the development of a new model of working based within each General Practice. Feedback highlights the increased patient safety aspects of these additional practice based Pharmacists and quantitative data shows the

significant reductions in GP time spent on prescribing related activity. The initial model delivered from 2016 – 2018 has been based on allocation of staff through practice bids for the use of Pharmacy Transformation Funding however moving in to 2018/19 we will review these allocations to ensure a population/ list size approach and to ensure that moving forward, we are able to deliver a more standardised service and assess a model which affords some cover for leave in practices without reducing the total whole time equivalent across the HSCP. There are also a number of local priorities which include ensuring adherence to prescribing indicators support to care homes, analgesic reviews and disease specific focussed work. We will continue to engage with GPs on the model and outcomes with the additional staffing establishment remaining employed and deployed to Inverclyde by the PPSU at this time.

We will explore opportunities to use the skills of the Pharmacists where evidence suggest these can be most beneficial, for example through delivering targeted pain and addictions management clinics focussing on long term high dose opioid use in primary care.

(3) Community Treatment and Care Services

The Community Nursing Service provides a Community Treatment Room service in Port Glasgow, Greenock and Gourock Health Centres. A review of the service was undertaken in the latter part of 2017 and the recommendations are now being implemented. These recommendations are aimed at ensuring the ability to meet future primary care service demand by making the best use of current resources including a separate phlebotomy service within the Treatment Room, better management of on the day- walk in appointments and standardising hours to GP practice opening where these do not already exist. Engagement with primary care around this is on-going and 18/19 will see the initial development of a stand- alone phlebotomy service. Further development is expected across the lifetime of the plan.

(4) Urgent Care (advanced practitioners)

Two models have been tested in Inverclyde since July 2017: Specialist Paramedics (2 practices West & Central cluster) and Advanced Nurse Practitioners (East cluster), responding to unscheduled care home visits at a rate of around 40%. GPs have told us that they would like support from an ANP in every practice to be prioritised and we will do this in year 1 and 2 according to the availability of appropriately trained nurses locally (2 local trainees will qualify in 2018), and the ability to recruit. Further testing of the pilot with Scottish Ambulance Service will take place in year 1 providing additional time for SAS and the HSCP/ Primary Care to reflect on any future model which may involve a multi-disciplinary team approach rather than a single profession specific approach.

ANPs will be employed by NHSGG&C on the agreed ANP Job Description, managed by Inverclyde HSCP Community Nursing Service and available to support all practices.

(5) Additional Professional Roles

MSK

Inverclyde New Ways of Working provided an opportunity to develop and test a model to use an Advanced Practice Physiotherapist (APP) within the GP practice as first point of contact for patients presenting with MSK conditions. The APP role has been shown to offer a safe, cost effective alternative to the GP and brings additional patient and organisational benefits including improved self- management, and a reduction in prescribing, imaging and orthopaedic referrals.

Delivery of the current model will continue in year 1 of the Primary Care Implementation Plan whilst discussions take place with the hosting HSCP (West Dunbartonshire) around the recruitment of future staff and how the model links to, and impacts on, mainstream MSK services and how these are delivered.

The ability to deliver on commitments for Urgent Care and Additional Professional Roles depends not only on the availability of trained staff but also the ability to offer long term/ permanent contracts in line with funding associated with the MOU commitments.

Community Clinical Mental Health Professionals
There has been recent development of the Primary Care Mental Health Team however no specific tests of change supported by the Primary Care Mental Health Fund in Inverclyde. The Head of Mental Health, Addictions and Homelessness is a member of the Primary Care Implementation Group and in year 1 we will work with primary care to identify any opportunities for development. This will be supported by the launch of the new NHSGG&C 5 year Adult Mental Health Strategy which has a clear focus on Primary Care and recovery. The involvement of the third sector will be crucial in supporting improved outcomes and developing a wider range of support.

(6) *Community Links Worker* (CLW)

During an early implementation, 6 wte Community Link Workers (CLWs) were recruited in late 2017, employed initially by CVS Inverclyde on behalf of the HSCP.

The Community Links Workers support people to live well through strengthening connections between community resources and primary care. Individuals are assisted to identify issues and personal outcomes then supported to overcome any barriers to addressing these, linking with local and national support services and activities. Community Links Workers support the GP practice team to become better equipped to match these local and national support services to the needs of individuals attending for health care. They will also build relationships and processes between the GP practice and community resources, statutory organisations, other health services and voluntary organisations.

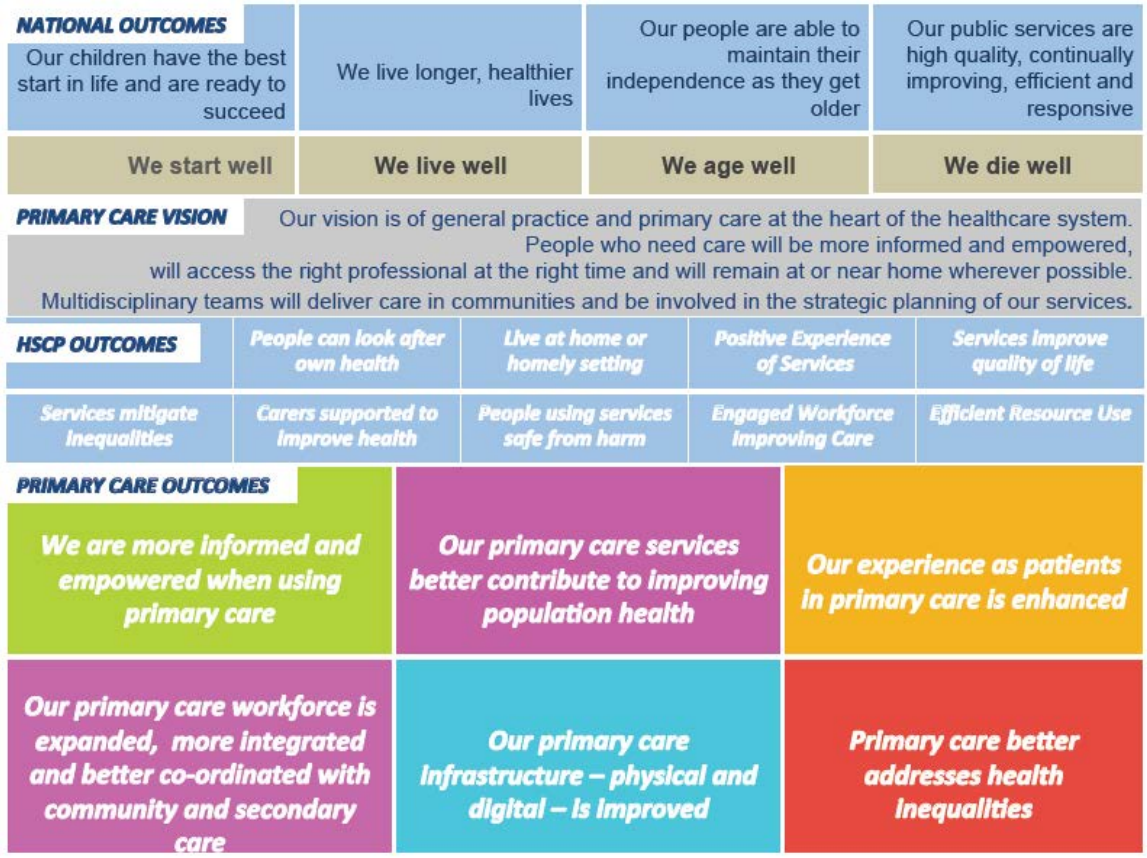
This complements our existing Community Connector model in place since summer 2016. Feedback from GPs is positive and it is evident that the CLWs are working with some very complex cases. Early data shows that 33% of individuals seen reported finance/ benefits issues and 33% Social Isolation. During year 1 we will continue to analyse emerging data, establishing the model and strengthening the relationship with the Community Connectors in order to evidence any further roll out in subsequent years. There is good evidence to show the significant benefit of Welfare Rights workers based within primary care, embedded in practices. The idea of a mixed model approach will be explored.

Nationally, the CLW model has been delivered in areas of greatest deprivation however we will explore the possibility of extending the links worker approach to parts of Inverclyde with higher levels of older people who may be most at risk of social isolation.

Management and Leadership
Management of the extended MDTs will be through a combination of local arrangements (Senior Nurse, Lead Nurse- Treatment Rooms) and board/ hosted structures (existing hosted arrangements, PPSU) and third sector (CVS Inverclyde- CLWs) with local/ practice arrangements

	for direction of work as agreed. Professional advice, leadership and clinical supervision will be available as per NHSGG&C policies.
E	**Existing transformation activity**
	Primary Care Improvement and implementing the new GP Contract is just one element of developing health and care services in Inverclyde HSCP. These include improving access to services and in particular improving digital access and online self- assessment for services. We recognise that in order to deliver on the outcomes of the new GP contract, a culture change in how primary care services are used is required. Building on the theme of *Working Better Together*, in 2016 we successfully engaged Pharmacists, Optometrists and Dentists alongside GPs and the wider practice teams to better understand roles and the range of support which could be offered as a first point of contact in primary care. This led to our established culture change campaign *Choose the Right Service* which has been widely publicised using a variety of printed and social media and is beginning to be evaluated. We have plans to continue this campaign across the lifetime of the plan utilising a number of avenues and will link this to our work around unscheduled care. Crucial to this is investing time in training staff in General Practice on appropriate care navigation to provide them with the confidence and tools to signpost patients appropriately. We recognise this is an on-going process and despite being unsuccessful in the HIS practice administration collaborative, we will use every opportunity to learn from those who are participating in order to continue to support the development of the practice teams. A further element of support to administration and business processes within practices is workflow optimisation. Support to improve workflow includes developing processes, training, troubleshooting and collating data. Based on evidence and experience elsewhere this has been successfully implemented in one local practice with support from the Primary Care Support Co-ordinator who has developed protocols and processes in partnership with the practice. These are now available for all practices to utilise.
F	**Additional Content**
	Community Pharmacy, Optometry and Dentistry We have long established links with all our primary care contractors and hold profession specific educational and information forums throughout the year. As noted in Section E, we have engaged with these professional groups throughout the life of our New Ways pilot particularly around culture change and have recently circulated a survey to understand the impact of Choose the Right Service on their practices. This will inform any future engagement. All 16 Inverclyde Community Pharmacies have piloted the extended Minor Ailments Scheme on behalf of Scottish Government and we await the evaluation report. **Interface with Acute Services** We have a planning manager from Clyde acute on our Primary Care Implementation group who will advise on how best to engage as required, particularly where any change could or may be perceived as having an impact on acute services. Regular updates are also provided to our Strategic Planning Group and Integrated Joint Board. We have worked with our colleagues to raise awareness on specific projects, for example where ANPs are using existing referral pathways for acute assessment.

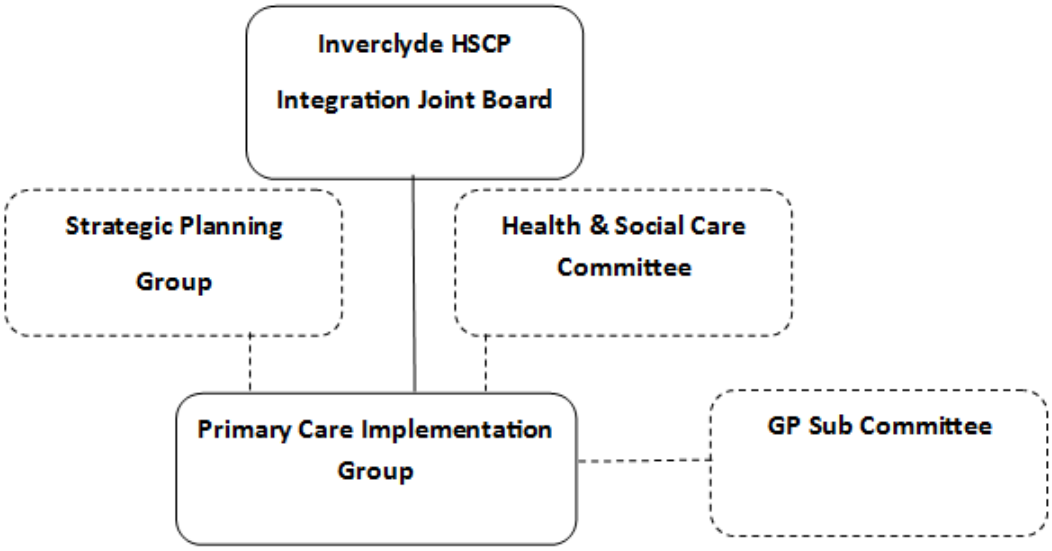
	When benchmarked against similar partnerships, Inverclyde HSCP has higher levels of Emergency Department attendance and has the highest rate per 1,000 population (371.4) of all partnerships in NHSGG&C with 40.6% of these being Flow 1- minor injury and illness. More interrogation is required to determine the reasons for this however as the majority of these attendances do not result in an admission it is likely that alternative care pathways (health, social or third sector) could be more appropriate for a proportion of these. **Community Services** Many of our services already work in a practice aligned or a locality aligned way. As services develop we will engage with partners to determine the best way to deploy staff for example within a single practice or across a cluster as appropriate. The development of a team approach will be fundamental. In addition to ANPs working to support unscheduled care, the Community Learning Disability Nurse Team Lead is undertaking this additional training and will use this extended role to support primary care, in particular access to primary care for residents in Quarriers village. **Mental Health** The draft NHSGG&C 5 year Adult Mental Health Strategy and Inverclyde's approach to Recovery has an impact across all service areas and is recognised as one of the key commissioning strategies within the HSCP strategic plan. The concept of Recovery includes connectedness, hope & optimism, identity, empowerment & meaning, none of which can be achieved through the support of statutory services alone. Community Link Workers will have a large part to play in this as will the HSCP in enabling the commissioning of services which deliver outcomes for individuals requiring this support.
G	**Inequalities**
	As highlighted in Section A, Inverclyde has high levels of deprivation and associated physical and mental ill health. There are areas of high primary and secondary care service use and some areas have high populations of more affluent and older people. Evidence suggests that poor socio-economic circumstances affect opportunities for good health and access to services. The reduction of GP workload will allow those individuals with the most complex conditions and co-morbidities to have longer consultations when it is necessary to see a GP. There is the potential to deliver a range of services differently including mental health and addictions services within primary care which allow improved access. The relationships built across the wider multi-disciplinary team including health, social care, children & families services, housing, third sector and others will be the lever with which to address the health inequalities of local populations. Cluster working is one aspect of this, improving local population health through an emphasis on better intelligence supported by LIST Analysts. Agreed quality improvement projects will focus on improving outcomes for individuals and subsequently communities. The National Primary Care Outcomes are described below in the context of wider national outcomes. Population health, inequalities and care close to home are explicit across all of these.



Services will be developed with a focus on equality, ensuring fair and equitable access across Inverclyde and where appropriate an EQIA will be undertaken.

H	**Enablers**
	Work has been underway for some time to develop Inverclyde's People Plan which embraces all local partners involved in supporting health and care, including third and independent sector. Workforce to support the transformation of Primary care will be a crucial element of this moving forward. Learning from *New Ways* has identified the type and number of staff required to deliver the tested services. This has been used to design our future commitments and also shared across NHSGG&C and wider. For each staff group, discussions with appropriate service managers and professional leads will continue in order to plan at a local team level. This includes the Practice Nurse Support & Development Team. Appropriate accommodation is crucial to delivering primary care and to establishing good team working. Space within existing premises is at a premium and we have already experienced the challenges of placing new staff into practices. IT and remote access in particular can be a challenge. Planning for the new Greenock Health Centre is underway and takes into account a potential increase in HSCP employed staff working predominantly within practices but who will also require agile working space and the ability to access recording systems remotely as well as meet with line managers. Inverclyde's Participation in the NHSGG&C Primary Care Programme Board will allow discussion of particular themes around IT which can be addressed by the IT sub group.
I	**Implementation**
	Inverclyde Governance Arrangement

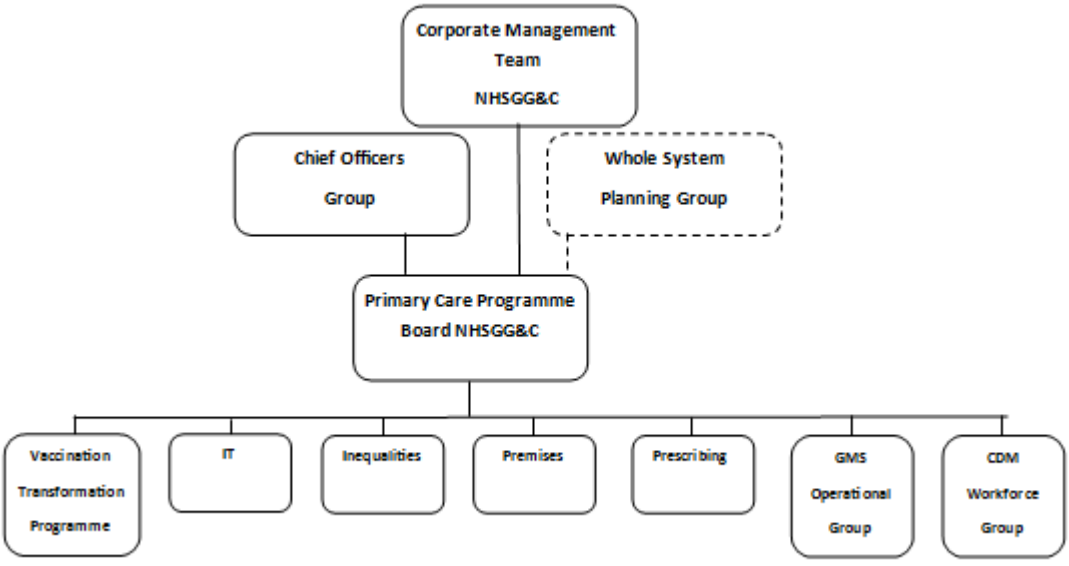
Development and Implementation of the Primary care Improvement Plan will be overseen by the Primary care Implementation Group (formerly New Ways Governance group) reporting directly to the Integration Joint board.



NHS Greater Glasgow & Clyde Structure

Inverclyde HSCP is represented on the NHSGG&C Primary Care Programme Board which aims to

- Ensure delivery of contractual changes in line with new contract agreement
- Enable sharing of good practice and consistent approaches to PCIPs where appropriate



The programme board has a number of sub groups and interfaces with a wide-range of associated groups and forums.

Inverclyde Approach

	The Innovation & Primary Care Team will lead the primary care teams through the management of change, re-design and develop a workforce that will position quality improvement at the forefront in delivering improvements in the safety, effectiveness and quality of care and treatment. **Moving forward, this team will:** • Support the development of a clearer role of the General Practitioner and the progression of the GP role as expert medical generalist ensuring a refocus of activity is applied within practices, as workload shifts. • Support the delivery of improved patient care by achieving the principles of contact, comprehensiveness, continuity and co-ordination of care. • Support the re-design of services and embedding of multi-disciplinary primary care teams to create a more manageable GP workload and release GP capacity to deliver longer consultations for those patients with more complex needs. • Identify and disseminate the contribution of 'non-traditional' multi-disciplinary team members such as third sector (Community Links Workers and others) and support these to become embedded within the practice team. • Engage with NHS GG&C Board in the financial aspects of the contract to support the introduction of the new funding model and investment. • Engage with NHS GG&C Board to improve the infrastructure and reduce risk for General Practice. • Encourage peer led discussions and value driven approach to quality improvement to create better health in our communities and improve access for our patients. • Ensure that all local Practices will benefit from additional support and no exclusions are made. **The Primary Care Team/Innovation Team will work with the Continuous Professional Development Group (CPD) continuing to:** • Engage with our established Clusters through discussions with our Cluster Quality Leads (CQL) and Practice Quality Leads (PQL); utilising established forums to provide a platform for further embedding the cluster model across Inverclyde. (GP forum, Practice Managers Forum, Practice Nurse Forum, CQL/PQL meeting, CPD group and other contractor forums). • Support Practice Managers in expanding their role into leading and co-ordinating the developing multi-disciplinary team. • Work with Practice Nursing colleagues in the development and enhancement of their roles within General Practice. • Support the reception workforce in the new care navigation role to help with the re-direction of patients and the changing role of front line staff in Practice. • Continue to develop and enhance a primary care multi-disciplinary workforce in delivery of the new contract. • Continue to educate and inform our population of alternative services/professionals to attending a GP through our culture change work and Choose the Right Service campaign. • Commit to working collaboratively with neighbouring Health and Social Care Partnerships and with our advisory structures and representative bodies in sharing learning, experiences and gain feedback.
J	**Funding profile**

It was agreed by Inverclyde Integration Joint Board on 30th January 2018 that residual PCTF/ *New Ways* funding will be used during 2018/19 to maintain the current establishment of Prescribing Support Pharmacists, Advanced Practice Physiotherapists and to extend the contract of the 1.0wte Advanced Nurse Practitioner. Any additional funding during year 1 would be used initially to support the roll out of these as priorities identified through GP engagement alongside the enhanced community treatment and care services including phlebotomy. Other areas will be prioritised in Year 2 and 3.

At the time of writing, it is anticipated that Inverclyde will receive £830,000 in 18/19 however there has as yet, been no formal notice of this from Scottish Government and it is not clear when funding will be received or if this will be phased.

Commitment in 18/19

Service	Suggested development 18/19	Estimated cost 18/19
Advanced Nurse Practitioners	Begin to roll out- Recruit 1.5wte initially in Spring 2018	£90,000
Advanced Practice Physiotherapists	Continue current model 2.3wte	£140,000
Pharmacotherapy Services	Continue current model and develop sustainability 4wte	£200,000
Community Links Workers	Continue 6 wte in post employed by CVS	£277,000
Treatment Room Phlebotomy	Additional 2wte staff to deliver service	32,670
Co-ordination of implementation & delivery of MOU commitments	Review primary care support available in HSCP	TBC
Potential costs associated with accommodation/IT/set up costs	Review accommodation available	TBC
Total		739,670

Whilst we will endeavour to fulfil this aspiration, the ability to do so will depend largely on the ability to recruit and retain appropriately qualified staff or to support the training and mentorship of staff to reach the required level of practice.

There may be other sources of funding which become available across the lifetime of this plan such as that associated with strategy implementation or transformation funds.

K **Evaluation and outcomes**

Key success indicators over the life of the plan will be agreed with primary care. Measurement of that success will rely in part on the supply of the necessary information. Inverclyde, in conjunction with the List Analyst has developed systems to collect data around local tests of change and the week of care audit. We continue to collect this data whilst refining and strengthening the data definitions and format. A key challenge will be to ensure that the all data can be collected electronically which is not currently possible and limits what can be collected and can affect quality.

A. Workload shift for GPs
Workload shift for other practice staff
Continual measurement over the life of the plan using week of care data and SPIRE in comparison with activity data from other professionals (ANP, Pharmacy etc.)
Additional evidence which shows the freeing of GP time

B. Primary care is an attractive area of work for all healthcare professionals
Wellbeing scores/survey responses throughout the period of the plan. Track if there are any changes across the 3 year implementation
Recruitment & retention of GPs
No of GP sessions available in Inverclyde

C. Effective integration of additional healthcare professionals within the practice team.
How will we know they are working effectively? This may include:
Activity Data.
MDT meetings and minutes.
Multi-disciplinary quality improvement projects – common goals.
Progress and achievements of working documented.
Examples and case studies of positive collaboration/relationships and how they benefit patients.
Utilise similar qualitative questionnaires to current Clinical Effectiveness evaluation of *New Ways.*
Complaint reviews/ incident recording.

D. Patients have access to the right professional at the right time
Self- reporting/ questionnaire.
Waiting times for appointments/ assessment/ review.
Impact of re-direction/ culture change eg. Choose the Right Service, potential decrease of A&E attendance for minor illness/ injury
Week of care audit

E. The vaccination transformation plan will result in the majority of vaccinations being removed from practice workload
Evidence of shift that will rely on activity data.
Track progress in years 1,2 and 3.
Monitor uptake rates to ensure no deterioration.

F. Community links workers are successfully embedded in practices, providing an alternative point of contact for patients with financial, social, or personal issues and helping them to engage with organisations that can help them
Evaluation based on the principles established by the Scottish Government as part of the link worker programme using quantitative (collected by EMIS template) and in particular qualitative data such as case studies and self- reporting.

G. MSK Physiotherapy
Continue to monitor activity, workload shift and progress of current tests of change.
Percentage of MSK cases seen by APP rather than GP.

H. Urgent care
Maximising home visits undertaken by ANPs.

	Continue to monitor activity, workload shift and progress of additional members of staff when they roll-out. **I. Pharmacy** GP time released- Activity data, workload shift **J. Improving Health and Inequalities** Population and practice data- disease prevalence, use of secondary care, key health outcome indicators.

AGENDA ITEM NO: 10

Report To:	**Inverclyde Integration Joint Board**	**Date:**	**15 May 2018**
Report By:	**Louise Long Corporate Director, (Chief Officer) Inverclyde Health and Social Care Partnership (HSCP)**	**Report No:**	**IJB/29/2018/AS**
Contact Officer:	**Allen Stevenson Head of Service Health and Community Care, Inverclyde Health and Social Care Partnership (HSCP)**	**Contact No:**	**01475 715283**
Subject:	**UPDATE ON LEARNING DISABILITY DAY SERVICES ESTATE CONFIGURATION**		

1.0 PURPOSE

1.1 The purpose of this report is to advise the Integration Joint Board of the latest position in relation to the Learning Disability redesign, specifically identified additional works required to complete the refurbishment of the Fitzgerald Centre.

2.0 SUMMARY

2.1 The Strategic Review of Services for Adults with Learning Disabilities in Inverclyde was signed off by the Integration Joint Board in December 2016. Subsequently a presentation was given to IJB members at the Development Session on 20th November 2017 and IJB reports were presented to the IJB in August 2017 and January 2018.

2.2 In January 2018 the Integration Joint Board approved the plans to decommission the McPherson Centre and integrate Learning Disability day opportunities services in the Fitzgerald Centre on an interim basis.

2.3 Initial estimation for remedial work required within the Fitzgerald Centre to bring the personal care facilitates up to the required standard, including essential décor, additional storage for specialist equipment and the completion of planned toilet/ personal care facilities was at a cost of £70,000.

2.4 The service has now fully progressed needs assessments and support plans of service users transferring from the McPherson Centre. Due to changing service user complexities the reviews have highlighted the need for additional, essential facilities to support the increased number of individuals with complex conditions with their personal care needs:

- An additional ARJO room with tracking hoists, rise and fall changing table and shower facilities;
- Additional sluice facility;
- Changes to door positions.

2.5 The identified additional work is at a further cost of £70,000. The service will identify with Finance the funding required within the Health & Community Care budget.

2.6 This additional alteration will ensure that the complex needs of service users transferring from the McPherson Centre can be personalised to their requirements and can be delivered in a safe environment ensuring the safety, privacy and dignity of all service users within the combined service.

2.7 Following this interim arrangement, the specialist nature of the facilities will allow the building to be scoped for future use and utilisation by Inverclyde HSCP in the rationalisation of its estate and for rehabilitation and support staff training in the use of personal care equipment.

3.0 RECOMMENDATIONS

3.1 The Integration Joint Board is asked to note the current position of additional estates work required.

3.2 The Integration Joint Board is asked to approve the identified funding requirements to complete the remedial works.

Louise Long
Corporate Director (Chief Officer)
Inverclyde HSCP

4.0 IMPLICATIONS

FINANCE

4.1 **Financial Implications**:
One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
		2018/19	£70,000		

Annually Recurring Costs/ (Savings)

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

LEGAL

4.2 There are no legal issues within this report.

HUMAN RESOURCES

4.3 There are no human resources issues within this report.

EQUALITIES

4.4 There are no equality issues within this report.

Has an Equality Impact Assessment been carried out?

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

4.4.1 How does this report address our Equality Outcomes.

4.4.2 People, including individuals from the above protected characteristic groups, can access HSCP services.

4.4.3 Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.

4.4.4 People with protected characteristics feel safe within their communities.

4.4.5 People with protected characteristics feel included in the planning and developing of services.

4.4.6 HSCP staff understands the needs of people with different protected characteristic and promote diversity in the work that they do.

4.4.7 Opportunities to support Learning Disability service users experiencing gender based violence are maximised.

4.4.8 Positive attitudes towards the resettled refugee community in Inverclyde are promoted.

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

4.5 There are no governance issues within this report.

NATIONAL WELLBEING OUTCOMES

4.6 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	Day services support independent living
People who use health and social care services have positive experiences of those services, and have their dignity respected.	Will enhance quality of personal care provided to service users
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.	Day services provide respite for carers and families
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.	Full engagement with service users, families, wider community and staff groups
Resources are used effectively in the provision of health and social care services.	Alterations will maximise both immediate and future use of facilities

5.0 CONSULTATION

5.1 None.

6.0 LIST OF BACKGROUND PAPERS

6.1 None.

AGENDA ITEM NO: 12

Report To:	**Inverclyde Integration Joint Board**	**Date:**	**25 April 2018**
Report By:	**Louise Long Corporate Director, (Chief Officer) Inverclyde Health and Social Care Partnership (HSCP)**	**Report No:**	**IJB/28/2018/LL**
Contact Officer:	**Chief Officer**	**Contact No:**	**01475 712722**
Subject:	**CHIEF OFFICER REPORT**		

1.0 PURPOSE

1.1 The purpose of this report is to update the Integration Joint Board on a number of workstreams that are currently underway.

2.0 SUMMARY

There are a number of issues, business items or workstreams that the IJB will want to be aware of, that perhaps do not require a full IJB Report. IJB members can of course ask that more detailed reports are developed in relation to any of the topics covered. This paper provides a brief summary of such workstreams that are currently or soon to be live.

3.0 RECOMMENDATIONS

3.1 The content of this report is mainly for noting, and to ensure that IJB Members are informed about the business of the HSCP.

Louise Long
Chief Officer
Inverclyde Health and Social Care Partnership

4.0 BACKGROUND

This report highlights workstreams that IJB Members should be aware of.

4.1 **IMatter**

The 2018 run of IMatter is underway. IMatter is a staff engagement tool that aims to capture perceptions about the organisation and the teams within it. The overall return rate for the Inverclyde 2018 survey was 50% which falls below the full report threshold, however it represents an improvement on last year's return rate of 34%. All teams will receive a report, either a team report if they reached the threshold or the National report as NHSGGC also did not reach the threshold. Action planning opened on 19 April for 12 weeks.

Board objective outlines 80% of teams ensure action plans are developed. Action planning involves the manager having a conversation with the team in relation to the report and celebrating success (top positive replies) and planning activity to increase the lowest scores.

Although Inverclyde HSCP did not generate a full report, a component report was produced which ranks the average scores for each question asked. This runs from the most positive responses to least positive and provides a local overview of what we should celebrate and where continuous improvement activity might be targeted over the coming 12 months.

The Inverclyde HSCP iMatter component report indicates the four most positive results were:

- My direct line manager is sufficiently approachable: 90%
- I am clear about my duties and responsibilities: 87%
- I feel my direct line manager cares about my health and well-being: 87%
- I have confidence and trust in my direct line manager: 86%

The four least positive results were:

- I am confident performance is managed well within my organisation: 71%
- I have confidence and trust in senior managers responsible for the wider organisation: 69%
- I feel senior managers responsible for the wider organisation are sufficiently visible: 67%
- I feel involved in decisions relating to my organisation: 61%.

4.2 **e-KSF/TURAS Appraisal**

NHS-employed staff use the electronic Knowledge and Skills Framework (e-KSF) to maintain their records of development, and record their annual appraisals. This system is being replaced by a new, simpler system called TURAS. The data from eKSF is being migrated into TURAS, and we will be able to run management reports from the new system to align more closely with the Council's arrangements. In February 2018, the e-KSF appraisal completion rate was 63% (Range 32%-85% across sub-directorates) and for PDP, 64% (Range 33%- 87%).

4.3 **Appraisal Performance (Council)**

Appraisal performance is consistently high across the Local Authority staff group. Overall there is a 96% completion rate broken down by service are as such:

- Children & Families & Criminal Justice: 92%
- Community Care & Health: 100%
- Mental Health & Addictions: 79%
- Strategy and Support Services (Includes Business Support): 97%

4.4 **Staff Partnership Forum (SPF) Development Session**

Two development sessions are planned. The 1st is due to take place on 4 May 2018 and will consider group governance, including remit, processes and priorities and aims to provide a roadmap to how the group can be effective and dynamic in its approach. The 2nd session will concentrate on how the SPF might influence improved

staff wellbeing and resilience.

4.5 **Scottish Social Service Award (SSC)**

Two of our three nominations to the SSC awards have been short listed. Amy Mundy, Children and Families Team Lead has been shortlisted under the category of "thought leadership" for her innovative leadership in respect of adoption and permanence services. The "Birth Ties" project was created in spring 2016 to specifically meet the needs of birth parents who said that they found it hard to understand the different processes involved in adoption and that the process was difficult when they shared the same social worker as their child.

Amy and the team are really excited to be nominated for the Scottish Social Services Awards and appreciate the recognition of the work being undertaken to highlight and support the need of birth family members affected by adoption. Both nominations will meet with a film maker in early May to record short films of their work.

4.6 **Review of Advice Provision in Inverclyde**

The February 2018 meeting of Inverclyde Council's Policy and Resources Committee approved an externally commissioned review to be undertaken into advice provision within Inverclyde. For the purposes of this review, advice provision includes those areas covered by the Scottish National Standards for Information and Advice Providers (SNSIAP): A Quality Assurance Framework which is the accepted quality framework for agencies providing advice specifically on housing, money, debt and welfare benefits issues. In addition, it is proposed that this review will cover advice available related to employability rights advice; fuel poverty advice; consumer advice and any other areas the steering group identify as being relevant.

A steering group involving a range of representatives from the HSCP; Council; Trade Unions and external organisations (who currently provide advice) has been established and will meet for the first time on 2nd May to develop and agree the terms of reference for this externally commissioned work with the work due to report later in the year.

5.0 RECOMMENDATIONS

5.1 The content of this report is mainly for noting, and to ensure that IJB Members are informed about the business of the HSCP.

6.0 IMPLICATIONS

FINANCE

6.1 **Financial Implications**: There are no financial implications in respect of 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 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

6.5 **How does this report address our Equality Outcomes**?

The work within some of the streams highlighted will reinforce HSCP staff understanding of the needs of people with different protected characteristic, and will help them to promote diversity in the work that they do.

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

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

6.7 **NATIONAL WELLBEING OUTCOMES**

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

The work within some of the streams highlighted will support the outcomes of:

- people who use health and social care services have positive experiences of those services, and have their dignity respected.
- Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
- Health and social care services contribute to reducing health inequalities
- 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 This report has been prepared by the Chief Officer, Inverclyde Health and Social Care Partnership (HSCP) after due consultation with the HSCP Leadership Team.

8.0 LIST OF BACKGROUND PAPERS

8.1 None.

AGENDA ITEM NO: 13

Report To:	**Inverclyde Integration Joint Board**	**Date:**	**15 May 2018**
Report By:	**Louise Long, Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership**	**Report No:**	**VP/LP/052/18**
Contact Officer:	**Vicky Pollock**	**Contact No:**	**01475 712180**
Subject:	**Inverclyde Integration Joint Board – Integration Scheme**		

1.0 PURPOSE

1.1 The purpose of this report is to advise the Inverclyde Integration Joint Board ("IJB") of updates to the Integration Scheme, which have been agreed by Inverclyde Council and NHS Greater Glasgow and Clyde and approved by the Scottish Ministers.

2.0 SUMMARY

2.1 The Inverclyde Integration Scheme is the joint agreement between Inverclyde Council and NHS Greater Glasgow and Clyde which sets out the arrangements for the integration of health and social care services and forms the basis of the establishment and continued operation of the Inverclyde Integration Joint Board.

2.2 Amendments were required to the Inverclyde Integration Scheme as a result of the implementation of the Carers (Scotland) 2016. There are new duties in the Carers (Scotland) Act 2016 which require, by legislation, to be delegated to the Inverclyde Integration Joint Board.

2.3 The Integration Scheme has been updated and is available at https://www.inverclyde.gov.uk/assets/attach/2456/Inverclyde%20Integration%20Scheme%20-%20FINAL%20-%20April%202018.pdf

3.0 RECOMMENDATIONS

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

Louise Long
Corporate Director (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

4.1 The Public Bodies (Joint Working) (Scotland) Act 2014 required all Local Authorities and Health Boards to integrate Health and Social Care Services and to jointly prepare, consult and submit for approval an Integration Scheme to the Scottish Ministers setting out the local governance arrangements for integration. The Integration Scheme sets out clearly which matters are delegated to the Integration Joint Board ("IJB") and specifies the legislative provisions. The Integration Scheme for the Inverclyde IJB was agreed by Inverclyde Council and by NHS Greater Glasgow & Clyde in 2015. The Integration Scheme was then approved by the Scottish Government.

4.2 The Carers (Scotland) Act 2016 ("the 2016 Act") came into effect on 1 April 2018. The provisions contained in the 2016 Act have implications for IJBs, Local Authorities and Health Boards as new duties have come into force which must be delegated to the Inverclyde IJB.

4.3 The IJB reviewed a paper on 20 March 2018 which provided an update on progress in implementing the 2016 Act. This paper is available at https://www.inverclyde.gov.uk/meetings/documents/10894/05%20Carers%20Act.pdf.

5.0 UPDATES TO INTEGRATION SCHEME

5.1 In order to comply with the provisions of the 2016 Act, both Inverclyde Council and NHS Greater Glasgow and Clyde required to amend the Inverclyde Integration Scheme to include the local authority and health board functions referred to in the 2016 Act which needed to be delegated to the IJB. These were purely technical amendments to ensure that the Carers (Scotland) Act 2016 was fully implemented and to enable the IJB, Inverclyde Council and NHS Greater Glasgow and Clyde to continue to carry out their respective roles in delivering support to carers.

5.2 Both Inverclyde Council and NHS Greater Glasgow and Clyde approved the necessary amendments to the Integration Scheme and the papers presented to each organisation can be found at the following links:

NHS Greater Glasgow and Clyde Board – paper 20 February 2018 (NB covers the 6 Integration Schemes within the NHS Greater Glasgow and Clyde area).
http://www.nhsggc.org.uk/media/246293/18-1808-nhs-board-carers-act-sm-final-020218.pdf

Inverclyde Council – paper 22 February 2018
https://www.inverclyde.gov.uk/meetings/documents/10781/10%20Integration%20Scheme%20Amendment.pdf

5.3 Following approval by both Inverclyde Council and NHS Greater Glasgow and Clyde, the revised Integration Scheme was submitted to the Scottish Government for Ministerial approval. This approval was granted on 3 April 2018 which concludes the legal process.

6.0 PROPOSALS

6.1 It is proposed that the IJB notes the content of this report.

7.0 IMPLICATIONS

Finance

7.1 None.

Financial Implications:

One Off Costs

Cost Centre	Budget	Budget	Proposed	Virement	Other Comments

	Heading	Years	Spend this Report	From	
N/A	N/A	N/A	N/A	N/A	N/A

Annually Recurring Costs/ (Savings)

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

Legal

7.2 The amendments to the Integration Scheme are a statutory requirement and reflect the additional delegated responsibilities from Inverclyde Council and NHS Greater Glasgow and Clyde to the Inverclyde Integration Joint Board in respect of the Carers (Scotland) Act 2016.

Human Resources

7.3 None.

Equalities

7.4 There are no equality issues within this report.

7.4.1 Has an Equality Impact Assessment been carried out?

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

7.4.2 How does this report address our Equality Outcomes

There are no Equalities Outcomes implications within this report.

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

Clinical or Care Governance

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

National Wellbeing Outcomes

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

There are no National Wellbeing Outcomes implications within this report.

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	None
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	None
People who use health and social care services have positive experiences of those services, and have their dignity respected.	None
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	None
Health and social care services contribute to reducing health inequalities.	None
People who provide unpaid care are supported to look 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

8.0 CONSULTATIONS

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

10.0 BACKGROUND PAPERS

10.1 N/A