

Report To: Inverclyde Integration Joint Board **Date:** 19 March 2019

Report By: Louise Long **Report No:**
Corporate Director, (Chief Officer) IJB/19/2019/LL
Inverclyde Health and Social Care
Partnership (HSCP)

Contact Officer: Louise Long **Contact No:**
Corporate Director, (Chief Officer) 01475 712722
Inverclyde Health and Social Care
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Subject: CHIEF OFFICER'S REPORT

1.0 PURPOSE

- 1.1 The purpose of this report is to brief the Integration Joint Board on activities undertaken across Inverclyde HSCP.

2.0 SUMMARY

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

3.0 RECOMMENDATIONS

- 3.1 The Integration Joint Board is asked to note the contents of the report.
- 3.2 The Integration Joint Board is asked to note that a fuller report on the Review of Out of Hours will be presented to the May IJB.

Louise Long
Corporate Director, (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

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

5.0 BUSINESS ITEMS

5.1 CORPORATE PARENTING

National Care Day on 15th February 2019 was a week-long celebration of our local care experienced young people, their activities and their achievements. Over the course of the week our Corporate Parents here in Inverclyde took to twitter to express their care. Inverclyde Proud 2 Care undertook a wide range of activities including visiting the local chocolate factory to make sweets, participate in Scotland Independent Care Review and on 3rd May, Greenock plan to hold a Masquerade Ball for care experienced young people.

5.2 NEW GREENOCK HEALTH CENTRE

The new Health and Care Centre moved a step closer after funding was released last month. The Inverclyde Planning Committee agreed the travel plan on 6th February 2019. The ground breaking ceremony will take place at the end March (date still to be confirmed).

5.3 OUT OF HOURS COMMUNITY NURSING AND SOCIAL WORK SERVICES

As part of the continuing development of Inverclyde HSCP community services, we are undertaking a review of Out of Hours provision to ensure we build on existing close relationships. Inverclyde's Community Alarm Team, District Nursing and Home Care are co-located at the Hillend Centre providing evening and through the night care, working collaboratively to provide ongoing assessment and support to facilitate discharge from hospital and maintain people safely at home. A new team leader post is leading the review of the service in Inverclyde to support activity to ensure Inverclyde is able to take its part in the larger GGC out of hour review. The review will seek to formalise links between the teams in the face of challenges around pathways of care. A report on the wider GGC out of hour review will be presented in May.

5.4 COMMISSIONING

A refreshed contract management framework has been created to support the Market Facilitation and Commissioning Plan. A commissioning group has been established to prioritise the tendering and commissioning of services across the HSCP. A meeting is planned with providers. Capacity to undertake large scale review and additional support from Council Legal Services has been purchased to support the increased activities.

5.5 IMATTERS

Inverclyde HSCP is approaching the 2019 run of iMatters. 100% of managers have confirmed structures and sessions to support staff are in place. Plans are in place to increase last year's 54% return rate aiming for over 60% so that a full report can be provided.

Sickness across the Council and Health Board has improved on this time last year, however it is not meeting the 4% targets. Specific actions have been taken to support staff and managers. Kinharvie Institute have been commissioned to undertake supervision training and Better Conversation Workshops. Over 100 leaders within the HSCP have undertaken high quality training. Plans are in place to provide additional Human Resources support to the areas with the highest levels of sickness.

5.6 PETS AS THERAPY (PAT) IN ORCHARD VIEW

Patients and staff at Orchard View celebrated 5 years volunteering service from Pat dog Arwen with a gift presented in December 2016. Organised by Occupational Health Service, Arwen, a Rhodesian Ridgeback and her owner Willie Shaw, retired Police Sergeant, have been visiting the complex care wards, initially Ravenscraig Hospital and now Orchard View, since 2013.

Pets as Therapy is a national charity with the aim to enhance health and wellbeing in the community through the visits of trusted volunteers with behaviourally assessed animals.

The therapeutic benefits of PAT are well recognised. The visits of Orchard View create a relaxing and fun atmosphere which encourages patients and their carers to engage in conversation and reduce stress and distress.

5.7 INVERCLYDE HSCP DIGITAL MONEY ADVICE PROJECT

Inverclyde HSCP Digital Money Advice Project was initially launched in September 2018 with funding that was provided by the Scottish Legal AIB Board from the Financial Conduct Authority's Debt Advice Levy. The funding was for a fixed period until 31st March 2019 and also provided for a full time F Grade adviser.

The purpose of the project was to pilot different models of delivering advice to Inverclyde HSCP money advice clients, using webchat and other online tools like benefit calculators, with the hope that this would allow more choice for clients, but also assist channel shifting clients from face-to-face and telephone advice, to digital advice where possible. It was hoped this would introduce efficiencies and increase capacity at a time of growing demand. It was also hoped the lessons learned and models used will be ones that can be adopted and applied to other services across Inverclyde HSCP.

The Scottish Government's Consumer and Competition Policy Unit have now agreed to continue this funding until the 31st March 2020.

6.0 DIRECTIONS

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

7.0 IMPLICATIONS

FINANCE

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

One off Costs

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

Annually Recurring Costs/ (Savings)

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

LEGAL

7.2 There are no legal issues within this report.

HUMAN RESOURCES

7.3 There are no human resources issues within this report.

EQUALITIES

7.4 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.

7.4.1 How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the protected characteristic groups, can access HSCP services.	The review of OOH Services will take account of improving access for people with protected characteristics.
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	Not applicable
People with protected characteristics feel safe within their communities.	Not applicable

People with protected characteristics feel included in the planning and developing of services.	X
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	Not applicable
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	Not applicable
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	Not applicable

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

7.5 The Health and Care Standards and the Staff Governance Standards support and promote the principles of good clinical and care governance.

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.	The Pets as Therapy (PAT) programme support empowering people to improve their own mental health.
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	Out of Hours Services are vital to supporting independent living.
People who use health and social care services have positive experiences of those services, and have their dignity respected.	The PAT programme supports this outcome, as it consistently delivers positive experience.
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Out of Hours review will have a specific focus on this outcome.
Health and social care services contribute to reducing health inequalities.	Our commissioning approach is aimed at improving outcomes and reducing inequalities.
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative	N/A

impact of their caring role on their own health and wellbeing.	
People using health and social care services are safe from harm.	N/A
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	The iMatters program captures staff experience, and helps teams identify good practice and improvement actions.
Resources are used effectively in the provision of health and social care services.	N/A

9.0 CONSULTATION

9.1 There are no consultation requirements related to this report.

10.0 LIST OF BACKGROUND PAPERS

10.1 None.