
Report To: Inverclyde Integration Joint Board **Date:** 17 March 2020

Report By: Louise Long
Corporate Director (Chief Officer)
Inverclyde Health & Social Care Partnership **Report No:** IJB/35/2020/LL

Contact Officer: **Contact No:** 712722

Subject: CHIEF OFFICER'S REPORT

1.0 PURPOSE

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

2.0 SUMMARY

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

3.0 RECOMMENDATIONS

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

Louise Long
Chief Officer

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 Breastfeeding Collective Impact

Inverclyde's breastfeeding rates are amongst the lowest nationally, and within Greater Glasgow and Clyde. We are trying a new approach to engage families – through a cross sector approach.

Locally we have been focusing on early support (1st 2-10 days) for breastfeeding in order to provide 1:1 support in the home, and facilitating a breastfeeding support group run by local peer supporters/ breastfeeding Mums in the Waterwheel in Port Glasgow each Monday afternoon.

Early evaluation reports positive benefits and increased breastfeeding continuation.

We are working closely with businesses and organisations in Inverclyde to promote the Breastfeeding Friendly Scotland scheme which serves to increase awareness of the Breastfeeding (Scotland) Act 2005 and helps support a more inclusive approach to breastfeeding in our communities and workplaces. Already many businesses have engaged, along with the Strathclyde Fire and Rescue Team at Port Glasgow, Your Voice and CVS Inverclyde.

5.2 Inverclyde Dementia Care Coordination progress update

A number of priorities for improvement were identified at the stakeholder event in September 2019. In partnership with Healthcare Improvement Scotland, Inverclyde hosted its first Learning Session (Learning Session 1, (LS1)) in December. This aimed to increase knowledge of quality improvement methodology and develop change ideas and action plans for agreed priority areas. For LS1, five priority areas included Post-diagnostic Support; Single point access through Access First; Dementia register/understanding population; Learning disabilities and other minority groups; and Dementia Friendly GP practices and eFrailty. Thirty nine staff attended LS1, 90% rated the session good or very good and 86% agreed or strongly agreed the event improved their knowledge of quality improvement methodology. Arrangements are now underway to implement change ideas with individual teams.

Plans are now underway for Learning Session 2 for 6th March, 2020. Learning from this will focus on data management for quality improvement. A progress report and shared learning from LS1 action planning will be presented. Further improvement ideas and action planning will be agreed for the role of technology and housing. In addition, the role of Allied Health Professional and Alzheimer's Scotland Connecting People, Connecting Support Framework will be included.

5.3 Adult Protection Inspection

The Renfrewshire Police Concern Hub will be in the first tranche of Inspections taking place this year in relation to Adult Protection. Chief Executives have now received a letter stating that the inspection is taking place. Professional discussion with partners took place week commencing 20th January.

Preparation for the Inspection is now well underway. A position statement was submitted on Monday 10th February to the Care Inspectorate. A staff survey went live on 4th February for 3 weeks. The survey was shared across Police, Health and Social Work staff teams as well as providers. The Care Inspectorate will analyse the results of the staff survey and feedback finding at the conclusion of the inspection. File reading takes place week commencing 23rd March 2020. This will take place at the HSCP office in Port Glasgow. The Inspection team will read 50 files and review 40 initial referrals over 4 days to help them form a view on how well we support adults at risk. The findings of the light touch inspection will be shared with partners on 23rd April 2020. There will be no grades given by the Care inspectorate at the conclusion of the inspection. An assurance statement will be provided by the Care Inspectorate and any improvement actions noted in an improvement plan.

5.4 **Unscheduled Care**

Unscheduled care is a term used across Scotland to describe unplanned health care within a hospital setting which is usually urgent or on an emergency basis. These are services which can be accessed without a prior appointment or can be arranged by NHS 24 or by your GP. In Scotland, Emergency departments (ED) are the main unscheduled care service.

The Chief Officer has discussed enhanced opportunities with Acute Directors in relation to a unique approach this year to make a positive impact on our unscheduled care performance at IRH.

HSCP managers will discuss and agree proposals ensuring that the specific impact is measured. Tests will be developed with funding for a 12 month period. A further report will come to the May IJB.

5.5 **Maximising Independence / Living Well**

Inverclyde HSCP has been working on further preparatory work relating to maximising independence. This work can be summarised as the aspiration to improve the health and wellbeing of adults to ensure they live healthy active lives and maximise the opportunities to stay well for longer. This will require a further shift to early intervention and shifting resources to ensure we provide a range of interventions to support self-care and give good information to adults in terms of living well. A further report will be presented to the JB by the summer that sets out our plans for the future. This work will also be undertaken in partnership with the partnerships across Greater Glasgow and Clyde.

6.0 **IMPLICATIONS**

FINANCE

6.1

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	Other Comments
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N/A					
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LEGAL

6.2 There are no legal implications within this report.

HUMAN RESOURCES

6.3 There are no specific human resources implications arising from this report.

EQUALITIES

6.4 Has an Equality Impact Assessment been carried out?

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

6.4.1 How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	Positive impact for people with enhanced outcomes expected
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	Positive impact on service user outcomes
People with protected characteristics feel safe within their communities.	Positive impact on service user outcomes
People with protected characteristics feel included in the planning and developing of services.	None
HSCP staff understand the needs of people with different protected characteristics 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 IMPLICATIONS

6.5 There are no clinical or care governance implications arising from this report.

6.6 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.	This report highlights the need to enhance arrangements for people who require better co-ordinated care

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	This report covers our future direction of travel to support a range of older people to live at home.
People who use health and social care services have positive experiences of those services, and have their dignity respected.	This report highlights the need to intervene early and improve people experience of health and social care support.
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	This report acknowledges the need to improve the quality of life for people who require support.
Health and social care services contribute to reducing health inequalities.	The reports confirms the HSCP position in relation to tackling health inequalities.
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	The HSCP will continue to work closely with our partners to improve support provided to unpaid carers.
People using health and social care services are safe from harm.	The HSCP is committed to keeping people from harm by a range of interventions.
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.	Our workforce is committed to improve the lives of people in Inverclyde as per our strategic plan.
Resources are used effectively in the provision of health and social care services.	The HSCP has outlined our priorities in our strategic plan which makes best use of our resources.

7.0 DIRECTIONS

7.1

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

8.0 CONSULTATION

- 8.1 The report has been prepared by the Chief Officer of Inverclyde Health and Social Care Partnership (HSCP) after due consideration with relevant senior officers in the HSCP.

9.0 BACKGROUND PAPERS

- 9.1 None.

