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**Report To:** Inverclyde Integration Joint Board      **Date:** 23 June 2020

**Report By:** Louise Long  
Corporate Director (Chief Officer)  
Inverclyde Health & Social Care Partnership      **Report No:** IJB/42/2020/LL

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**Subject:** CHIEF OFFICER'S REPORT

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## **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, particular with HSCP response to COVID19 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 Public Protection Dashboard**

As the pandemic has progressed, the Scottish Government in collaboration with COSLA, Solace and Chief Officers' Groups have sought additional assurances on a number of areas in respect of public protection. This has resulted in the creation of a public protection dashboard that services, mainly social work and the police, are required to submit to the Scottish Government on a weekly basis. The key areas addressed include:

- Adult and Child Protection
- MAPPA
- Looked after Children
- Young people in receipt of after care
- Suspected drug deaths
- Homelessness

A second set of data incorporating much of the above is also submitted to Solace and this has a wider range of indicators in respect of issues relating to humanitarian responses and wider council functions.

The data requested was not readily retrievable from our existing data collection systems and measures and notice of the data requirements was very short. Despite this we have been able to meet the requirements to a good standard and on time and now have a process in place to meet the ongoing requirements.

Data submitted to government is then collated by Local Authority area with commentary from government analysts. This in turn has been used locally to support the governance of the Adult and Child Protection Committees and the Chief Officers' Group. The data collated is reported weekly on the Scottish Government website.

Separately, locally we have worked to ensure minimum disruption to our key governance mechanisms. The Chief Officers' Group, the Adult and Child Protection Committees, the Alcohol and Drugs Partnership, the Mental Health Programme Board and the Clinical and Care Governance Group are all back in operation albeit with modifications commensurate with the particular needs of each forum. Plans are underway for the subgroup structures that support these mechanisms to be eased back to operational capacity.

The Violence Against Women Partnership and the Community Safety Partnership are not hosted by the HSCP, however we are liaising with partners regarding them meeting.

### **5.2 Capital Projects**

HSCP Capital Projects Programme Boards have now stepped up to ensure that the impact of COVID19 is understood on capital - see information below.

## **Learning Disability**

Approval has been given by Inverclyde Council in the allocation of £7.4 million of funding as part of the Council's budget-setting process to allow planning for the Inverclyde HSCP's new Learning Disability Resource Hub which will house Learning Disability Day Opportunities Services and the Integrated Community Learning Disability Team.

This process sees the successful decommissioning of the McPherson Centre and the interim use of the Fitzgerald Centre for day services after extensive service user and carer consultation independently supported by The Advisory Group.

Planning is now underway with Property Services in the design of the new hub with cognisance to service user involvement and access to open space within the site to develop our services for Autism with a two year programme of consultation, planning and construction.

This process is managed through a program board chaired by the Health & Community Care Head of Service, with key constituencies from all aspect of Learning Disability Services within both the HSCP and its external key partners.

## **Greenock Health Centre**

At a recent site progress meeting it was noted that the overall works are approximately 8.5 weeks behind on current programme due to the impact of COVID19 with impact on site closure, site restrictions, limited numbers of operatives due to self-isolating, social distancing measures, furlough of subcontractors and material suppliers. The site is currently operating on a reduce workforce of around 50% capacity.

It is anticipated that the completion will be late 2020 early 2021. This will allow all services and GP practices to review their recovery plans in line with the commissioning period.

A meeting has been scheduled with CVS and other voluntary organisations to consider a transport model for the new facility. The design team are working closely with NHSGGC procurement teams to ensure all equipment is in hand and sample rooms are currently being developed. The Project Board, Delivery Group, ICT/Telephony Groups continue to meet regularly to drive the programme forward.

## **SWIFT**

The Scotland Excel tender framework was put on hold in response to the COVID19 pandemic. This has resulted in an inevitable delay to the publication of the revised Invitation to Tender (ITT) on Public Contracts Scotland (PCS-T). At this time the exact timeline for publication of the ITT is not fully agreed but Scotland Excel are now making moves to resume this work and are working back from presenting recommendations to the Executive Sub Committee on 28th August. Assuming approval, regulation 85 letters will be sent out with a two week standstill, so the framework would be accessible in the second half of September. The SWIFT Replacement Project Team have continued to progress preparatory work during the past two months, working primarily on data cleanse tasks and developing a suite of 'As Is' process maps for current SWIFT processes.

## **IT Portable Work Expansion**

Significant work has already taken place around expanding agile and mobile working capacity for all staff in response to COVID19. Investment has been made in additional hardware, software and licences by both Inverclyde Council and NHS GG&C as part of their response to the pandemic. In addition, the HSCP has invested in additional hardware to support video communications with service

users and external agencies. Services are moving to make extended use of software such as Meet Anywhere to support safe stepping up of services using these technologies. Additional investment is being made on upgraded smart phones for staff and more vulnerable service users to ensure digital access to services is maintained. Much of this investment has been by the Council and Health Board as part of their overall ICT response to COVID19 and in addition, the HSCP has invested in some additional service specific equipment. Costs of the HSCP spend are being captured through the mobilisation plans where the projected spend on additional equipment and supplies is estimated at £139.5k in 2020/21.

### 5.3 Mobile Testing

On 19<sup>th</sup> May 2020, Scottish Government COVID19 Testing capacity was expanded to anyone in Scotland aged 5 or over, who is self-isolating because they are showing symptoms can be tested. Priority for testing appointments will be maintained for key workers and their household members to support them returning to work where it is safe to do so.

The mobilisation of a COVID19 Mobile Testing Unit (MTU) managed by the Army located initially at the Waterfront Leisure Car Park Greenock from Friday 22<sup>nd</sup> May 2020, moved to St Andrews Church, Auchmead Road, Greenock. Currently operation Monday to Sunday 10.00 a.m. – 6.00 p.m.

Testing is accessed via the government website:

- Citizen Portal <https://www.nhs.uk/ask-for-a-coronavirus-test>
- Essential Workers self referral <https://www.gov.uk/apply-coronavirus-test-essential-workers>
- Employers Portal <https://coronavirus-invite-testing.service.gov.uk/DaraTestDemand/Login>

### 5.4 Health & Social Care Staff Testing

A COVID19 drive through testing centre has been established at Port Glasgow Health Centre for Health & Social care staff and commissioned social care providers with a process which allows staff members to self-refer for testing or members of their family where they are self-isolating. There have now been in excess of 800 staff tested here and whilst the centre is currently running at about half capacity, this spare capacity has been used for care home staff mass testing allowing for a further 120 tests to take place on site. The centre moved from Port Glasgow to Greenock Health Centre on Monday 15<sup>th</sup> June. It operates in the morning Monday to Friday.

### 5.5 COVID19 Care Home Testing for Residents and Staff

As per Scottish Government guidelines, COVID19 testing for Residential and Nursing Care Homes has been established to test symptomatic residents via their GP and via Port Glasgow test centre for symptomatic staff. In addition to this, from 7<sup>th</sup> May 2020 testing of non- symptomatic staff and residents will take place within individual residential and nursing care homes and will be undertaken by the outreach testing service. This will be co-ordinated from the Port Glasgow testing site.

As from 25<sup>th</sup> May, all adult residential care homes will have had all residents and staff tested who have agreed to the test.

Care homes who do not wish for large numbers of staff to enter the premises and have been carrying out their own tests with support from the HSCP Care Home Liaison Nurses where requested.

## 5.6 COVID Assessment Centre

The Inverclyde HSCP COVID19 Assessment centre opened on Monday 30<sup>th</sup> March 2020. This is based at Wings H and I of the Greenock Health Centre. This was in response to the National UK / Scotland wide COVID19 assessment requirements and was part of the Greater Glasgow and Clyde response. Inverclyde was the second centre to open after GGC Barr Street HUB.

Inverclyde CAC centre is open Monday to Friday 9-5pm with capacity to see 20 symptomatic patients per day. Across pandemic usage has reduced.

On 15<sup>th</sup> June the CAC moved to afternoon operating with the testing centre moving to Greenock Health Centre to support testing in the morning.

## 5.7 Annual Performance Report being delayed due to COVID

Schedule 6 to the Coronavirus (Scotland) Act, paragraph 8 provides for the postponement of the publication and laying of reports, including publication of integration authority annual performance reports during the pandemic. Officers are still working on the data that is available to them and it is anticipated that the Annual Performance Report will come to the IJB for consideration and approval in November.

## 5.8 Wellbeing

Regular briefings have been sent to all staff. Wellbeing Champions have been working with Staffside to create a plan that supports staff through COVID19.

The HSCP Local Resilience Management Group requested that CVS lead the work to bring together services funded by the HSCP and Council to look at how they could use all their collective resources to support communities.

Initially linked to having processes/support in place for those on the Shielded list, providers have come together to expand this and to provide extraordinary response to the communities needs.

A range of support is provided through Your Voice and Compassionate Inverclyde and have delivered 3533 keeping in contact calls to support people by being neighbourly and reducing social isolation. In addition, Mosaic have supported keyworkers with mental health support.

Together Your Voice, Compassionate Inverclyde, Salvation Army and Mind Mosaic have offered support to those who have experienced loss through bereavement.

## 5.9 IDEAS Project

The iDEAS Project is a Lottery funded financial inclusion service which worked with the people of Inverclyde to alleviate financial difficulties and help reduce inequalities. Within Inverclyde this was a £2.327m contract over 3 years which was due to end in June 2020. The I:DEAS project was delivered through work that was sub contracted to 6 external partners and 2 internal partners. Progress on successfully processing provider claims through the project has been slow nationwide, with compliance issues being the main barrier. To address this and reduce the risk of providers not being funded for work completed due to claim compliance issues, the Lottery have offered additional funding to extend current staffing around the project to the end of August 2020 in order to allow time for all claims against the scheme to be properly verified, submitted and approved within set compliance requirements. For Inverclyde this relates to 2 temporary staff members whose contracts would extend by 2 months to allow completion of the project. This will be fully funded by the Lottery and on that basis, the Council and HSCP have agreed to the temporary extension of these staff contracts to support

this.

## 5.10 Strategic Plan Progress Report

Overall, progress has been positive and achievements have been outlined in a progress report that went to the Strategic Planning Group on 8<sup>th</sup> June. The report highlighted process to date and plans to continue transformational change during the forthcoming year, noting that due to COVID19, progress in some areas will inevitably be slower than planned. Big Actions 1-4 are ranked green and actions are progressing as planned. Big Actions 5 and 6 are ranked amber. For Big Action 5 - reducing harm from alcohol, tobacco and drugs, some progress has been made. With regard to the pace of change in terms of the Addictions Review, however, this has not been as fast as we had hoped and Addictions is still a significant issue within Inverclyde. Performance in national KPIs is still poor so this is a real area of concern and there will be an ongoing area of focus on these areas through 20/21. Big Action 6 is also ranked amber, in terms of community engagement this has been very positive throughout the pandemic with large numbers of new volunteers and new community initiatives springing up. This work is being overseen by CVS. There have also been a number of awards won in relation to work in this area, however progress has been slow in relation to getting the localities up and running properly. Focus will be on these areas through 20/21. There are plans being developed to pick up the pace of transformational change, where possible, during the forthcoming year. Once a semblance of normality resumes, the pace of change will continue with the aim of ensuring the Strategic Plan is delivered in full by March 2024.

## 5.11 Clinical and Care Governance

Given the ongoing pressures presented in managing the challenge of COVID19, it has not been possible to maintain the normal range of clinical and care governance and functions. The NHS Strategic Executive Group approved adaptations to the arrangements for governance of healthcare quality. This includes suspension of the strategically supported Quality Improvement programmes, revisions to processes for clinical guidelines, audit and clinical incident management. NHS Acute, Partnership and Board Clinical Governance Forums which had been suspended are now being reconvened with the Primary Care and Community Clinical Forum holding a virtual meeting on 17<sup>th</sup> June.

Within Inverclyde HSCP there has been a temporary suspension of our clinical and care governance meetings. However it is important to note that the legal duty of quality and the requirement to maintain health and care quality continue to be standing obligations, therefore where local arrangements cannot be sustained, operational oversight of healthcare quality and clinical governance have been maintained by embedding the following essential functions in the local management arrangements:

- Responding to any significant patient feedback
- Responding to any significant clinical incident
- The approval and monitoring of any clinical guidelines or decision aids that are required for the COVID19 pandemic emergency
- Responding to any significant concerns about clinical quality

Plans are now in place to re-establish our governance arrangements. Inverclyde HSCP Clinical and Care Governance Group reconvened on 26<sup>th</sup> May. Governance arrangements for Significant Case Reviews (SCRs) and MAPPA remain in place. This also applied to Significant Clinical Incident (SCIs) in accordance with issued guidance. A number of SCIs continue to be progressed, with a limited number suspended at present due to the social distancing guidelines currently in place preventing reviews from carrying out face-to-face interviews with family and staff.

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The Annual Report for Clinical and Care Governance reflects the work of the Clinical and Care Governance Group and preparations to develop and submit the report to the NHS GGC Clinical and Care Governance Forum have been paused due to the current crisis. We anticipate that the annual report will continue to be required. A draft report has been prepared for circulation to relevant colleagues for their contribution.

## 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
N/A					

### LEGAL

6.2 There are no legal implication 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
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.

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.	Tracking impact on services through data dashboard.

Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	Maintain levels of services for people who are vulnerable.
People with protected characteristics feel safe within their communities.	Increased risk on mental health wellbeing due to COVID19 impact due to isolation.
People with protected characteristics feel included in the planning and developing of services.	Survey being undertaken with community and those using services.
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	The paper is based on Inverclyde's response to COVID19.
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	Learning disability hub is maximising opportunities for those with learning disabilities.
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?

<b>National Wellbeing Outcome</b>	<b>Implications</b>
People are able to look after and improve their own health and wellbeing and live in good health for longer.	Mobile Testing Unit and Assessment to ensure early access in Inverclyde.
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	Link Learning Disability Hub.
People who use health and social care services have positive experiences of those services, and have their dignity respected.	Undertaking surveys with people to understand their experience.
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Focus on centred care throughout Covid-19.
Health and social care services contribute to reducing health inequalities.	Access to services in Inverclyde to all groups to reduce 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.	Services to vulnerable people monitored through dashboard.
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.	Engaged with staff in developing services in response to COVID19.
Resources are used effectively in the provision of health and social care services.	Costs contained within mobilisation plan.

## 7.0 DIRECTIONS

7.1

<b>Direction Required to Council, Health Board or Both</b>	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.