
Report To:	Inverclyde Integration Joint Board	Date: 25 January 2021
Report By:	Louise Long Corporate Director (Chief Officer) Inverclyde Health & Social Care Partnership	Report No: IJB/03/2021/LL
Contact Officer:	Louise Long	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 It is recommended that the Integration Joint Board:
- notes the items within the Chief Officer's Report and advises the Chief Officer if any further information is required; and
 - notes the operational decisions made under the powers delegated to the Chief Officer detailed at Appendix 1.

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 Covid Local Mobilisation Plan Update

Projected Covid costs are reviewed and updated as the pandemic develops. A detailed breakdown of this is included in the Finance paper. At present projected costs for Inverclyde are £8.491m to cover Provider Sustainability Payments, additional staffing, Assessment Centre, Vaccination roll outs, PPE and all other Covid related costs. Funding is expected to be received in full from the Scottish Government to cover this. Some current costs relating to temporary staffing contracts as a result of the pandemic are likely to continue into 2021/22. It is anticipated that Scottish Government Covid funding will continue into 2021/22 but this has not yet been formally confirmed. Funding has being put aside through IJB EMRs to cover these costs if the Scottish Government funding ceases.

5.2 Staff Vaccination Programme

Inverclyde HSCP in partnership with Trade Unions is actively promoting Covid vaccination to all patient/service user facing staff within Priority 1 and 2 groups. Staff will continue to be offered appointments for 1st vaccination at any of the sites across Glasgow and IRH when they become available as demand for vaccination booking slots is high. All staff working within the Community Assessment Centre have been vaccinated. A programme for care home staff to receive vaccinations within the homes is underway between 12th – 20th January. As of the 20th January 69% have received vaccine.

5.3 Community Assessment Centre

The Covid Assessment Centre continues to open Monday and Tuesday offering at present 10 appointments per day with between 2 – 5 appointments being used each day. Inverclyde residents continue to be seen at Linwood or Barr St on days the centre is closed. At present demand is low for appointments at the Covid Assessment Centre and the HSCP is working with NHS GG&C Covid Operational group and Renfrewshire HSCP to consider additional opening/ escalation in light of the expected increase in numbers within Inverclyde and other HSCPs over the next few weeks.

5.4 Care Home Deaths

Care homes are contacted on a daily basis by HSCP staff to develop robust intelligence on Covid related illness and death within Older People's care homes within Inverclyde and this is reported to a daily huddle, chaired by the Head of Health & Community Care. Within Older People's Care Homes in Inverclyde there have been 7 Covid-related Deaths since 1st December 2020. Previously to this date, the last recorded Covid related death was on 15th June 2020. There have been 24 Non-Covid Deaths since 1st December 2020.

5.5 Distress Brief Interventions

Inverclyde HSCP has partnered with SAMH to start the roll out of Distress Brief Interventions (DBI) within Inverclyde.

DBI is currently for those aged 16 years and over presenting in distress. For the purpose of the DBI programme distress is defined as “An emotional pain which led the person to seek help and which does not require further emergency service involvement”. This includes people who may not directly seek help themselves, but who are referred for assistance by others because of their perceived distress

The rollout across Inverclyde will be gradual with three GP practices, and some staff within HSCP Mental Health services, the first to be trained in level 1. It is planned that over the next few months to roll this out across all GP practices and other partners including Police Scotland; Fire and Rescue and other services who may support people in distress.

The Mental Health Programme Manager started in post 18th January 2021 whose focus will be taking this work forward and other areas of improvement from the Mental Health Strategy.

5.6 Homelessness Service

The service has been very busy throughout the Covid pandemic, with increasing numbers of people presenting to the service. Collaborative working with our working directly with our partner RSLs has enabled the service to secure additional temporary furnished flats across Inverclyde. There have been changes in staffing recently with a new Team Leader for Housing Options and appointment made to the role of Care Navigator and Rapid Rehousing Transition Plan (RRTP) Co-ordinator. All bring a wealth of experience to Inverclyde of partnership working and the HSCP are looking forward to them collaborating with our partner agencies and services to ensure that the service provides the right support to reduce homelessness in Inverclyde.

5.7 Drug Related Deaths in Scotland in 2019

The “Drug Related Deaths in Scotland in 2019” was published on the 15th December 2020 by the National Records of Scotland (NRS). This indicates that in 2019 there were 1,264 drug-related deaths, an increase of 6.5% and the highest number of deaths ever recorded, and more than double that of ten years earlier (545 in 2009).

In Inverclyde unfortunately there were 33 drug-related deaths, an increase of 9 (37.5%) from 24 in 2018. Using a 5 year rolling average per 1000 population, Inverclyde is 3rd to Dundee and Glasgow City at 0.29. Each death is a tragedy and represents the loss of someone’s son, daughter, mum, dad, relative or friend.

While the national report does include a level of data, further analysis will now be undertaken by the NHSGGC Drug Death Research Analyst who will provide more detailed information in due course. A series of workshops will be scheduled to consider the findings of the detailed analysis and agree any additional actions required to those outlined in our existing Inverclyde Drug Death Prevention Action Plan.

5.8 Staff – Wellbeing Plan, Training/Support

The wellbeing plan is being rolled out across the HSCP with a number of the priority areas being identified in the plan already well progressed and actions continuing.

The national promise website is not able to report on use at individual HSCP level but does show good usage by both health and social care staffing. It is worthy of note that the national website showed a significant increase in visits the two weeks following on from the launch of our local wellbeing plan.

A process has been developed that will allow staff teams to make individual

applications to the wellbeing fund that has been established. This will facilitate teams generating bespoke supports unique to their particular needs. We anticipate a range of innovative developments to emerge from this approach and will be keen to feedback further how this progresses with evaluation taking place at a future point.

5.9 Community Response

The helpline for those requiring support have been re-established 7 days a week. CVS have Resilience Network Co-Ordinator for 3rd sector response.

5.10 Emergency Powers Decision Log

In light of the latest national lockdown and current infection levels across the country the IJB is reverting to extended use of Emergency Powers, as agreed at the May 2020 IJB. The Chair, Vice Chair and Chief Officer have delegated authority under these powers to make urgent decisions on behalf of the IJB. This allows the service to respond promptly to emerging situations rather than waiting for the next formal IJB meeting. In order to ensure that there is transparency around this process, the Appendix to this report contains a summary of decisions taken in this way. This will be updated and reported to each IJB meeting while emergency powers are still being used.

The report enclosed details those decisions taken, the financial impact of those decisions and any directions to partner bodies during the period 5th January to 20th January 2021.

The IJB is asked to note the use of the powers delegated to the Chief Officer as summarised at Appendix 1.

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?

National Wellbeing Outcome	Implications
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

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	

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.

IJB Emergency Powers Decision Log

Summary of Urgent Decisions Taken with the approval of the IJB Chair, Vice Chair and Chief Officer under emergency powers from 5th January to 20th January 2021.

Date Approved	Summary of Decision	Financial Impact	Direction(s)
13/01/21	Children & Families services moving to back to essential service delivery model in response to latest lockdown restrictions and current local infection rates	-	-
13/01/21	Prescription Management – Alcohol and Drug Recovery Service moving to essential service delivery model in response to latest lockdown restrictions and current local infection rates. Reorganising service delivery in order manage priorities described above. Request support from other areas within HSCP to support this and potential to request further support based on impact of Covid infection and self-isolating on staffing levels.	-	-
13/01/21	Care & Support at Home services moving back to essential service delivery model in response to latest lockdown restrictions and current local infection rates	-	-
13/01/21	Psychological Therapies – to address waiting times and help recruitment - upgrade existing band 7 Clinical Psychology post to Band 8a using Action 15 monies.	£11.6k funded through Action 15	-
13/01/21	Care Home Liaison Nurses to ensure ongoing, appropriate levels of support for local care homes during the pandemic recruiting 2 WTE band 5s and 2 TE band 3 posts for one year to augment the existing CHLN service.	£132k Covid LMP funded	-
13/01/21	MH Inpatients – create 5 WTE additional temp nursing posts for 12 months to provide additional absence cover linked to pandemic. Cover currently provided through Agency and Bank – recruiting temp posts will support greater resilience within the service	£146k funded by anticipated reduction in OT and bank costs	-
	Total financial impact on IJB bottom line	Nil – funded through other streams/offsets	