

**Report To:** Inverclyde Integration Joint Board      **Date:** 1 November 2021

**Report By:** Allen Stevenson  
Interim Chief Officer  
Inverclyde Health & Social  
Care Partnership      **Report No:** IJB/54/2021/AS

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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 range of interesting updates.

## **2.0 SUMMARY**

- 2.1 The report details updates on work underway across the Health and Social Care Partnership in relation to:
- Dementia Care Co-ordination Program Update
  - District Nursing Workforce
  - Learning Disability Resource Hub Development
  - Covid & Seasonal Vaccination Update

## **3.0 RECOMMENDATIONS**

- 3.1 The IJB is asked to note the content of this update.

**Allen Stevenson**  
Interim 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 for this month.

## **5.0 BUSINESS ITEMS**

### **5.1 Dementia Care Co-ordination**

As part of Scotland's third National dementia strategy, Inverclyde HSCP was selected as the Dementia Care Co-ordination Programme implementation site. The Programme is supporting improvements and redesign of community based services to improve care co-ordination for people living with dementia from diagnosis to end of life.

Priority areas for improvement include care co-ordination for people newly diagnosed with dementia, ensuring a responsive and sustainable Post Diagnostic Support Service; care co-ordination for people living with moderate dementia. This will be aligned to the 8 Pillars Model of Community Support and 12 Critical Success Factors for effective care co-ordination, and care co-ordination for people living with advanced dementia at a palliative and/or end of life

In addition, the following actions will be implemented:

- Creating a sustainable approach to dementia workforce development
- Clarification of roles and responsibilities and service pathways
- Development and testing of a self-management leaflet and app
- Local implementation of the Dementia and Housing Framework
- Enhancement of the Allied Health Professional contribution to an integrated and co-ordinated approach
- Improvement in the completion and consistency of Anticipatory Care Planning for individuals with dementia and
- Re-establishment of Dementia Friendly and Enabled community work.

### **5.2 District Nursing Workforce**

Development is ongoing in relation to the Scottish Government investment to District Nursing aligned to Health and Social Care Workforce Plan recommendations published in December 2019.

Future reports will provide an overview of the outline plan across NHS Greater Glasgow and Clyde (GGC), including planning intentions for Inverclyde HSCP.

In late 2020, the Scottish Government wrote to Boards with regard to the allocation of funding for November 2020 - April 2021, and recurring funding until 2024/25. The Board allocation across NHS GG&C is £10,081,786 equating to 47.8 skill mixed posts, Inverclyde's allocation is £705,470 equating to 4.5 skill mixed posts realised at end point 2024/25.

A future paper will be presented to the IJB as this investment in the District Nursing workforce develops.

### **5.3 Learning Disability Resource Hub**

The Programme Board for the Development of New Learning Disability Hub continues to meet where programme timeline, risk register and budget managed by Property Services are reviewed.

The project Design Team continue to develop the design proposals with

supplementary site surveys currently being progressed to provide more detail on the shallow rock substrate across the site to inform the design for drainage. As part of the preparation of the Architectural Stage 2 report, an energy model of the proposed building has been developed including a design based on current building standards and options for consideration (subject to funding / budget constraints) that align with the impending zero carbon building standards. Formal cost planning and estimates will be prepared at the relevant Architectural stages to address a comparison of the available budget against the developing design. Consultation with service users, families, carers and learning disability staff continues supported by the HSCP Hub development team and Advisory Group.

The programme for the project estimates completion by the end of 2023 with projected construction commencement subject to the continued progression of the design stages and formal tender process.

#### 5.4 Covid and Seasonal Flu Vaccination

As of 3<sup>rd</sup> October 93% of over 16s had received their first vaccination and 86% had received their second compared to 91.4% and 85% respectively for Scotland as a whole. For 16 and 17 year olds 74.2% had received a first vaccination and 8.9% a second compared to 71.9% and 10.8% for Scotland. Vaccinations for 12-15 year olds are now available via appointment with 16.1% having received a first dose compared to 20.4% for Scotland. These will continue to be available via the local vaccination centres.

Covid 3<sup>rd</sup> dose booster and seasonal flu vaccination are also now available via the local vaccination centres. The HSCP commenced delivery of these within adult and older people care homes for both staff and residents and these will be completed by 8<sup>th</sup> October. Vaccinations for housebound residents have also commenced with an expectation that all flu vaccinations will be completed early in December. Covid booster will continue after this time due to the 6 month timing between 2<sup>nd</sup> & 3<sup>rd</sup> doses.

## 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 N/A

### 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.	N/A
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	N/A
People with protected characteristics feel safe within their communities.	N/A
People with protected characteristics feel included in the planning and developing of services.	N/A
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	N/A
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	N/A
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	N/A

## CLINICAL OR CARE GOVERNANCE IMPLICATIONS

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

## NATIONAL WELLBEING OUTCOMES

6.6 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.	N/A
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	N/A
People who use health and social care services have positive experiences of those services, and have their dignity respected.	N/A
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	N/A
Health and social care services contribute to reducing health inequalities.	N/A

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.	N/A
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.	N/A
Resources are used effectively in the provision of health and social care services.	N/A

## 7.0 DIRECTIONS

### 7.1

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