

Report To: Inverclyde Integration Joint Board **Date:** 24 January 2021

Report By: Allen Stevenson Interim Corporate Director (Chief Officer)
Inverclyde Health & Social Care Partnership **Report No:** IJB/12/2022/AS

Contact Officer: Alan Best
Interim Head of Health & Community Care **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 service developments which are not subject to the IJB's agenda of 24th January 2022 but will be future papers on the IJB agenda.

2.0 SUMMARY

- 2.1 The report details updates on work underway across the Health and Social Care Partnership in relation to:
- Early Action System Change – Women Involved in the Criminal Justice system
 - Inverclyde ADRS – Benefits of Service Redesign
 - Inverclyde Alcohol and Drug Partnership Update
 - Additional Winter 2021-22 Funding
 - Learning Disability Redesign – LD Community Hub Update

3.0 RECOMMENDATIONS

- 3.1 The IJB is asked to note the HSCP service updates and that future papers will be brought to the IJB as substantive agenda items.

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. IJB members can request more detailed reports are developed in relation to any of the topics covered.

5.0 BUSINESS ITEMS

5.1 Early Action System Change – Women Involved in the Criminal Justice System

Phase One of the Women's Project; the Discovery phase, has been concluded with a Test of Change proposal and we are now moving into Phase Two; Preparatory Work for Test of Change. The Test of Change was co-produced with women with lived experience as well as input from front-line staff and focuses on two main themes; supporting women at their earliest interactions with the Criminal Justice System and providing opportunities for accessing suitable community activities and networks as well as volunteering or employment opportunities. There was also recognition that there was a need for cultural change to the way women are communicated and engaged with and for their anxieties to be acknowledged and better supported.

In order to achieve this, it has been identified that staff from a range of HSCP services and third sector organisations will receive trauma informed training and implement this into their practice and will take part in regular group supervision to provide a structure for ongoing support and reflection on their practice and support for implementing trauma informed approaches and reinforcing associated general principles.

The Test of Change is to adopt a trauma-informed approach to support women as close to their entry to the Criminal Justice System as possible and will involve staff across three separate Services within HSCP as well as colleagues from the Third sector. In order to develop a trauma informed organisation and Services across Inverclyde, it was agreed that Managers and Leaders from relevant organisations be invited to attend Scottish Trauma Informed Leadership Training (STILT). STILT is designed to support Managers and Leaders to take a trauma-informed lens to their organisation and in doing so support a top down as well as bottom up approach. Managers and Leaders from Inverclyde HSCP, Your Voice Inverclyde and CVS attended STILT training on 3 December 2021; an event which was run by National Education Scotland (NES) and attended by approximately 80 leaders from across Scotland. Following on from the STILT training, there will be a Trauma Informed Learning Training Workshop (February/March 2022) which will consider the organisation context in which the Test of Change will be delivered and what shifts may be needed to support this. This is viewed as vital as Managers and Leaders have been identified as instrumental to the success of delivering trauma informed systems and approaches.

Although Phase Two of the Project is to enable a trauma informed approach for women involved in the Criminal Justice System, there is the potential for the learning to be scaled up across organisations, including the HSCP. There is also the opportunity to engage and work collaboratively with the Inverclyde Alcohol and Drug Partnership (ADP) and their funded project on early help in Police custody and the likely shared outcomes between both programmes.

It is envisaged that the second phase of the Project will focus on developing an action plan following local STILT workshops, identifying a training pathway for frontline staff and implementing this training into practice. Co-production activities with the women with lived experience will remain a consistent thread throughout to ensure that their voice continues to inform the Test of Change.

5.2 Inverclyde ADRS – Benefits of Service Redesign

Two distinct community alcohol and drug teams have co-located to provide an integrated model of care, with streamlined assessment, risk assessment, support plans and recording systems. There is a clear, visible single service model which includes a single point of access (SPOA); a single pathway through the service; a single, responsive duty system for all service users with regard to their alcohol and/or drug issues, joint clinical reviews and discharge planning to support consistent practice across the two teams coming together.

ADRS staff with other community partners have undertaken Recovery Orientated Systems of Care training to support recovery pathways between organisations. A tiered approach enables people with drug and/or alcohol issues and their families more choice and control to engage with a wider range of community supports being developed through the ADP. This has enabled Inverclyde ADRS to target care and support to those with the most complex needs requiring Tier 3 / Tier 4 support.

The range of treatments has been extended offering physical and mental health checks for all service users; development and roll out of Buvidal clinic; alcohol Home Detoxification and improved response to those with more complex needs and difficult to engage via Assertive Outreach Liaison to primary care. Response times currently within 24 hours of referral from Monday – Friday. Staff recruitment will enable increased opening hours.

Development work has taken place across adult services to improve the interface across justice, mental health and homeless to create better pathways across different service areas.

The service has self-evaluated current practice against the MAT Standards, and though there are still some outstanding actions and challenges to address, ADRS is in a good position to evidence how we are working towards the standards.

5.3 Inverclyde Alcohol and Drug Partnership Update

Inverclyde ADP successfully secured funding from the Drugs Death Taskforce to develop a specific Naloxone post. A Naloxone Link Worker was appointed in October 2021 for a six month period to implement a local Naloxone Action Plan, including delivering Naloxone training and supporting local organisations in emergency supply of Naloxone and for those who fit the criteria to be registered for distribution of Naloxone. As part of this plan we have also ordered 500 take home Naloxone kits.

A further development relating to Naloxone is a pilot being led by a senior pharmacist with ADP funding that is testing the role of co-prescribing Naloxone to patient's prescribed long-term opioids for chronic non-malignant pain.

A key priority of the National Drugs mission is to support access to residential rehabilitation. Inverclyde ADP is developing a residential rehabilitation pathway and has submitted a bid to the Corra Improvement Fund to support the implementation of this over the next five year period. We are currently waiting for confirmation if this bid has been successful.

5.4 Additional Winter 2021-22 Funding

As a response to the pressures on Health and Social care Services the Scottish government has allocated recurring funding to immediately address the pressures and ensure a sustainable long term response.

Inverclyde's allocation for Winter 2021/2022 is £2,044,000 and is required to be used in line with key priority areas:

- Interim Beds
- Multi-Disciplinary Working
- Care at Home Capacity

There is separate but linked funding around Staff Wellbeing and Social Care Pay Uplift which are referred to in this report but not part of the ongoing Implementation Plan.

The allocation of funding for 2022/23 is expected to be confirmed when the details of the Scottish Budget settlement are released and confirmed.

It should be noted that the 6 HSCPs across NHSGCC have worked together to develop the implementation plans to ensure a consistent approach, but the specific plans are designed to meet those local needs and address gaps. In service in Inverclyde.

5.5 Learning Disability Redesign – LD Community Hub Update

Work is progressing through the design team led by Property services to assess specific site development risks and to develop the design proposals. Specialist consultants were engaged to assess the flood risk of the site and surrounding area ahead of formal engagement with The Scottish Environment Protection Agency (SEPA) as part of the formal Planning approval process. Surveys of the culvert and retaining wall on the site were delayed until October 2021 due to the ongoing supply chain issues being experienced in the construction sector but have been completed. Additional surveys were undertaken to determine the exact location of the culverted Burn due to the close proximity to the proposed building. The culvert line has now been established and plotted. From the site investigation information it is known that bedrock is close to the surface of the site and will impact the design of the drainage attenuation and the drainage runs. An assessment is currently underway to determine the relative cost implications of cutting into the rock or raising the ground level by importing material.

Space planning and accommodation schedule interrogation work has been progressed through Technical Services and the Client Service to inform the development of the design. In mid-July the Head of Health & Community Care met with representatives of the service and the project design team to conclude and sign off the design element of the building from HSCP's position to allow for the design process to move to the next development step. The approach to the structural solution for the building has been developed by the consultant engineers with the mechanical ventilation and heating system options currently under development.

Property Services are progressing the procurement of a Quantity Surveyor to allow the cost of the developing design at Architectural Stage 2 to be checked against the original project budget. 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 development of net zero carbon building standards.

Consultation with service users, families, carers and learning disability staff continues supported by The Advisory Group (TAG).

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 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 |
| 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. | Ensures protection of characteristic groups |
| Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated. | Reduces discrimination |
| People with protected characteristics feel safe within their communities. | Ensures a safer community |
| People with protected characteristics feel included in the planning and developing of services. | Inclusive for all the community |
| HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do. | Promotes diversity |
| Opportunities to support Learning Disability service users experiencing gender based violence are maximised. | LD service users play a full part in their community |
| Positive attitudes towards the resettled refugee community in Inverclyde are promoted. | Promotes positive approach to services |

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. | Promotes health & wellbeing |
| 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 | Promotes independence |
| People who use health and social care services have positive experiences of those services, and have their dignity respected. | Ensures dignity for all within services |
| Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services. | Improves a quality of life |
| Health and social care services contribute to reducing health inequalities. | Reduces 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. | Supports unpaid carers as part of the health care service |
| People using health and social care services are safe from harm. | Keeps people safe |
| 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. | Engages with our workforce |
| Resources are used effectively in the provision of health and social care services. | Effective use of resources |

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.

