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<b>Report To:</b>	<b>Inverclyde Integration Joint Board</b>	<b>Date:</b>	<b>15 May 2023</b>
<b>Report By:</b>	<b>Kate Rocks Chief Officer Inverclyde Health &amp; Social Care Partnership</b>	<b>Report No:</b>	<b>IJB/20/2023/KR</b>
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<b>Subject:</b>	<b>Chief Officer's Report</b>		

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## **1.0 PURPOSE AND SUMMARY**

1.1  For Decision  For Information/Noting

1.2 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 15<sup>th</sup> May 2023.

## **2.0 RECOMMENDATIONS**

2.1 The report details updates on work underway across the Health and Social Care Partnership in relation to:

- Visit by Cabinet Secretary to Inverclyde
- Health & Care Staffing Scotland Act
- Disabled Children and Young People Thematic Review
- Addressing Mental Health Inequalities of Care Experienced Young People
- Inspection - Crosshill Children's Unit
- IDEAS Project

**Kate Rocks**  
**Chief Officer**  
**Inverclyde Health and Social Care Partnership**

### **3.0 BACKGROUND AND CONTEXT**

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

### **4.0 BUSINESS ITEMS**

#### **4.1 Visit by the Cabinet Secretary to Inverclyde.**

Following the successful visit by the Cabinet Secretary's visit to Bagatelle Care Home, Greenock on Monday 17<sup>th</sup> April there were some additional enquiries made by Scottish Government concerning the quality of the partnership working and care that is provided across the sector in Inverclyde.

We highlighted the importance of our relationships with our cared for people and their families and with those that provide care and how we implement this a whole system approach. Of note was our strategic vision to ensure that our people live in their own homes for as long as it is safe to do so and as such, we have seen a change in the balance of care because of our initiatives such as Home 1<sup>st</sup>. We advised that we are continuing with our vision and will be further strengthening services that align with the wishes and choices of our citizens.

Other key areas highlighted are our development of interim beds in anticipating the impact this winter would have on increasing delayed discharges. In April 2022 in reviewing our 2021 Winter Plan we decided to tender for six interim care beds as a 12-month pilot at enhanced rates. This preceded the Scottish Government funding.

Occupancy of our interim beds has been 100%, over the implementation of our strategy since October 2022. As a result, we purchased more beds utilising Scottish Government funding on a spot contract basis.

Inverclyde HSCP like all other partners have found this winter exceedingly challenging and we have seen our delayed discharge numbers increase. Despite this we have been able to meet the target set by NHS GGC often.

We received positive feedback from Scottish Government about our approach.

#### **Health & Care Staffing Scotland Act**

The Health and Care (Staffing) (Scotland) Act 2019 was enacted in the summer of 2019 and enacted in June 2022. The Act sets out requirements for safe staffing across both health and care services. The Act has two overarching provisions:

1. The principle that the main purpose of staffing is to provide safe, high-quality services and the best outcomes for service users.
2. A duty on NHS and social care providers to make sure that, always, there are suitably qualified and competent staff working in the right numbers.

A full copy of the Act can be found using this link.

<https://www.legislation.gov.uk/asp/2019/6/enacted>

Currently we have been advised that full commencement of the Act will be in April 2024 for Health Boards. The Executive Board Nurse Director in NHS GGC has agreed that GGC becomes a test site for nine of the health focused chapters set out in the Act. This will provide learning for

HSCPs and the Board to understand their strengths, shortcomings, and gaps in systems prior to the full act commencement.

For NHS and Social Care Services implementation is being supported by Healthcare Improvement Scotland (HIS) and the Care Inspectorate (CI), respectively. NHS and Social Care Services will report separately on the duties that are pertinent to their areas of work. In relation to Social Care services the Legislation covers all building based and non-building based registered services across all the client groups, in 2023/24 the focus from CI will be on the Care Homes sector, a programme of consultation is well underway with the Care Home sector. CI are reporting that the sector preference is for a national digital tool which will be controversial due to escalating costs and resident frailty levels impacting future staffing models.

HSCP CO have met with the Executive Board Nurse Director and discussed the development of a Cross HSCP Health and Social Care Staffing Strategic Group, together with the establishment of two subgroups to complement Executive Board Nurse Director Plans and ensure a coordinated approach to implementation across HSCPs in relation to both health and Social Care. In Inverclyde, the Chief Nurse is leading on our contribution to the wider staff awareness and training.

The Integrated Joint Board will receive regular up-dates as this work commences.

#### **4.2 Disabled Children and Young People Thematic Review**

The Care Inspectorate has advised all local authorities of their intention to undertake a thematic review of the experiences of disabled children and young people over the period of a year from May 2023.

Using a rights-based approach, the review will provide a national overview of the contribution of social work to how well disabled children and young people's needs are assessed, planned for and met, as well as hearing from them about what is important to them, their experiences of participation and of receiving care and support.

The review will consider how their wellbeing and rights are being promoted through child-centred planning and bespoke support as well as undertaking more detailed work in four local authority areas by agreement. Further information will be provided by the Care Inspectorate in due course, however locally a co-ordinator has been identified to support our response to a national survey and undertake a brief interview with a member of the inspection team.

#### **4.3 Addressing Mental Health Inequalities of Care Experienced Young People**

To help address the mental health inequalities of our care experienced children and young people, transformation money has been allocated to our CAMHS team to develop a 2-year post for a Band 7 Nurse Specialist. This will enable targeted psychological interventions for children and young people in our children's houses, in foster or kinship placements who have moderate to severe mental health difficulties or co-morbid neuro-developmental difficulties. Support to carers will also be an important aspect of the role.

Recruitment is currently underway and will include the participation of our children and young people. Data will be collected to evidence the impact of the post and will measure access to the service, outcomes of interventions, impact on children and young people and experience of service.

The impact of this new approach will be a feature of the redesign of children services.

#### 4.4 Medication Assisted Treatment

The Scottish Government process for reporting on the MAT standards is overseen nationally by a MAT Implementation Support Team (MIST).

The Inverclyde ADP submission has been led locally by the Alcohol and Drug Recovery Service and comprises data and process submission which has involved updating local and board wide procedures. In addition, we have undertaken interviews with people using local services to obtain experiential learned evidence and thematic analysis of our interventions. The full evidence portfolio for implementation of MAT standards 1-5 was completed by the 2023 deadline. The MIST team have given the ADP a predicted RAG status of green for MAT standards 1-5. A formal report is due to be issued to ADPs in June 2023.

Full evidence submission of MAT standards 6-10 is due to be concluded by April 2024. The current predicted RAG status is amber. Health Improvement Scotland (HIS) are commissioned by the SG to ensure that an Implementation plan is in place across ADPs to ensure that we achieve green status for implementation of all 10 MAT standards by April 2024.

#### 4.5 Inspection - Crosshill Children's Unit

The Care Inspectorate have published the report of their unannounced inspection of Crosshill Children's House, Port Glasgow, which took place in December 2022. The service was evaluated as 'good (4)' against the following measures: 'how well do we support children and young people's rights and wellbeing?' and 'children and young people are safe, feel loved and get the most out of life'.

The report highlighted several strengths around trusting relationships between young people and staff, child-centred plans and positive connections to family and friends. A key strength was in the educational outcomes and achievements of the young people. An area of improvement related to the wider response to increasing demands on service capacity, including services for older young people with particularly complex and challenging needs. A number of improvement actions implemented since the inspection include an improved matching process to inform decisions about the most suitable house for a young person and a named Child's Planning and Improvement Officer to support regular reviews to progress young people's plans towards greater independence.

Young people were concerned about the impact of the choice of language in one part of the inspection report and their views will be shared with the Care Inspectorate. Young people also decided to write to the local press to express their concern about coverage of the inspection report and the impact of language when writing about children and young people with care experience. A welcome, positive response from the paper included an offer to develop something positive about care experience. We will look at the best way to take this forward in due course.

The full inspection report can be found at: -  
<https://www.careinspectorate.com>

#### 4.6 The IDEAS Project

The plan agreed by IJB for spend against the IDEAS EMR continues to be implemented in support of the HSCP Anti-poverty response and delivery of the actions outlined in the Financial Inclusion Strategy.

This includes:

- additional outreach within the community
- The Inverclyde Centre
- Focussed work supporting Thrive Under Five at Rainbow Children’s Centre.
- Small, mentored loans in conjunction with the two local credit unions.

To mitigate the ending of Scottish Legal Aid Board (SLAB) funding, additional funding is being used to retain three staff for a further year, two within Financial Fitness and one within HSCP

#### 5.0 IMPLICATIONS

5.1 The table below shows whether risks and implications apply if the recommendation(s) is(are) agreed:

SUBJECT	YES	NO	N/A
Financial		X	
Legal/Risk		X	
Human Resources		X	
Strategic Plan Priorities		X	
Equalities		X	
Clinical or Care Governance		X	
National Wellbeing Outcomes		X	
Children & Young People’s Rights & Wellbeing		X	
Environmental & Sustainability		X	
Data Protection		X	

#### 5.2 Finance

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report	Virement From	Other Comments
N/A					

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact	Virement From (If Applicable)	Other Comments
N/A					

### 5.3 Legal/Risk

There are no legal implications within this report.

### 5.4 Human Resources

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

### 5.5 Strategic Plan Priorities

### 5.6 Equalities

#### (a) Equalities

This report has been considered under the Corporate Equalities Impact Assessment (EqIA) process with the following outcome:

	YES – Assessed as relevant and an EqIA is required.
x	NO – This report does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function or strategy. Therefore, assessed as not relevant and no EqIA is required. Provide any other relevant reasons why an EqIA is not necessary/screening statement.

#### (b) Equality Outcomes

How does this report address our Equality Outcomes?

<b>Equalities Outcome</b>	<b>Implications</b>
People, including individuals from the above protected characteristic groups, can access HSCP services.	Strategic Plan aimed at providing access for all.
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	Strategic Plan is developed to oppose discrimination.
People with protected characteristics feel safe within their communities.	Strategic Plan engaged with service users with protected characteristics.
People with protected characteristics feel included in the planning and developing of services.	Strategic Plan engaged with service users with

	protected characteristics.
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	Strategic Plan covers this area.
Opportunities to support Learning Disability service users experiencing gender-based violence are maximised.	Strategic Plan covers this area.
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	Strategic Plan covers this area.

## 5.7 Clinical or Care Governance

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

## 5.8 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.	Strategic plan covers this.
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	Strategic plan covers this.
People who use health and social care services have positive experiences of those services, and have their dignity respected.	Strategic plan covers this.
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Strategic plan covers this.
Health and social care services contribute to reducing health inequalities.	Strategic plan covers this.
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.	Strategic plan covers this.
People using health and social care services are safe from harm.	Strategic plan covers this.
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.	Strategic plan covers this.
Resources are used effectively in the provision of health and social care services.	Strategic plan covers this.

## 5.9 Children and Young People

Has a Children's Rights and Wellbeing Impact Assessment been carried out?

	YES – Assessed as relevant and a CRWIA is required.
x	NO – Assessed as not relevant as this report does not involve a new policy, function or strategy or recommends a substantive change to an existing policy, function or strategy which will have an impact on children's rights.

## 5.10 Environmental/Sustainability

Summarise any environmental / climate change impacts which relate to this report.

Has a Strategic Environmental Assessment been carried out?

	YES – assessed as relevant and a Strategic Environmental Assessment is required.
x	NO – This report does not propose or seek approval for a plan, policy, programme, strategy or document which is like to have significant environmental effects, if implemented.

## 5.11 Data Protection

Has a Data Protection Impact Assessment been carried out?

	YES – This report involves data processing which may result in a high risk to the rights and freedoms of individuals.
x	NO – Assessed as not relevant as this report does not involve data processing which may result in a high risk to the rights and freedoms of individuals.

## 6.0 DIRECTIONS

6.1	<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	



## **7.0 CONSULTATION**

7.1 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.

## **8.0 BACKGROUND PAPERS**

8.1 None.