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<b>Report To:</b>	<b>Inverclyde Integration Joint Board</b>	<b>Date:</b>	<b>14 November 2023</b>
<b>Report By:</b>	<b>Kate Rocks Chief Officer Inverclyde Health &amp; Social Care Partnership</b>	<b>Report No:</b>	<b>IJB/51/2023/KR</b>
<b>Contact Officer:</b>	<b>Kate Rocks Chief Officer Inverclyde Health &amp; Social Care Partnership</b>	<b>Contact No:</b>	<b>01475 712722</b>
<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 14<sup>th</sup> November 2023.

## **2.0 RECOMMENDATIONS**

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

- **Delayed Discharge**
- **Bairns Hoose - Scottish Government Pathfinder**
- **The Lens**

**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

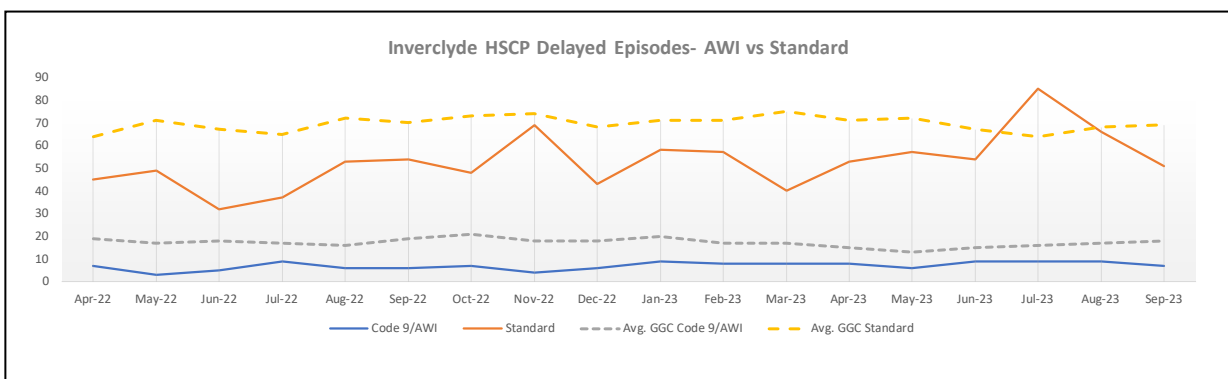
#### 4.1 Delayed Discharge

Inverclyde HSCP works closely with colleagues in the acute system across NHS Greater Glasgow & Clyde to ensure that service users are discharged to their home as soon as services are available in the community. Delays where legal restrictions such as Adults with Incapacity legislation are managed to the best of the HSCP's abilities notwithstanding the legal timetables set by the Court system.

By far the vast majority of service users are discharged on time, when declared fit for discharge and then supported at home, including those with increased complexities and age by community Health & Social Care services.

In September 2021 to August 2022 Inverclyde discharged 1971 service users at an average of 164 discharges per month. To date from September 2022 to August 2023 Inverclyde HSCP we have consistently supported through discharge 2072 service users, an average of 173 discharges per month.

As a direct result of the service developments, including the deployment of additional Health Care Support Workers and Allied Health Professionals to support discharge and despite the recruitment challenges of a 12% reduction in internal Home Care support staffing and a reduction of 20% of the external Home Care commissioned capacity which has had to be absorbed by our internal service, Inverclyde HSCP has facilitated an increase of 5% on monthly discharge levels in 2022/23 compared to 2021/22.



Whilst Inverclyde HSCP recognises that its delayed figures have been challenging in 2023, we are seeing our delayed service user numbers returning to expected levels at this time of the year. Currently Inverclyde HSCP is under the GGC average in terms of delays. We do expect a major challenge over the winter months but recognise that the local winter planning that we have put in place will hopefully mitigate some of the impact of winter pressures.

The development of the Social Care Worker Grade 4 will support recruitment and retention within Care at Home Services and Inverclyde HSCP continues to support the robustness of the external Home Care market. Inverclyde HSCP is also developing a Kincare one off payment option to

provide short term support to families and carers to supplement care to family members to aid the discharge from hospital until a package of care is put in place by the HSCP.

Inverclyde HSCP robustly scrutinises its delays position and works in partnership with the acute system on a daily basis to ensure that no one is unduly delayed. We review our delay position locally weekly and in the winter period, daily to ensure real time reactivity. We work with commissioned providers to maximise capacity in Homecare and Care/Nursing Home to ensure delays are removed from the acute system as soon as free capacity is available.

#### 4.2 **Bairns Hoose - Scottish Government Pathfinder**

In early summer the Scottish Government announced £6 million funding for six multi-agency pathfinder partnerships to develop Bairns Hoose. [Bairns' Hoose - Scottish Government: vision, values and approach - gov.scot \(www.gov.scot\)](http://www.gov.scot/Biairns%20Hoose%20-%20Scottish%20Government%20Pathfinder%20-%20vision,%20values%20and%20approach%20-%20gov.scot)

This is an important milestone in the Scottish Government 's journey to transform care, justice, protection, and recovery for children.

The Pathfinders are delighted that our multi-agency partnership in North Strathclyde, led by Inverclyde opened Scotland's first Bairns Hoose in August and will be a pathfinder site. The pathfinder partnership in North Strathclyde involves four local authorities (Inverclyde, East Renfrewshire, Renfrewshire and East Dunbartonshire), two Police Scotland divisions, COPFS and NHS Greater Glasgow and Clyde and Children 1<sup>st</sup> .

The partnership look forward to working alongside the Scottish Government, Fife, North Strathclyde, Aberdeenshire, Aberdeen City, Tayside and the Outer Hebrides pathfinder sites to test the National Bairns Hoose Standards, so that every child gets the support they need to recover from hurt and harm, as this crucial systems reform rolls out.

Scotland's first Bairns Hoose was developed in partnership with Children 1<sup>st</sup>, the University of Edinburgh and Victim Support Scotland as well as local partners in the North Strathclyde area.

#### 4.3 **The Lens**

Earlier this year, Inverclyde HSCP partnered with The Lens Project, an independent charity that works with organisations, to develop an Ideas to Action Programme. This partnership opportunity, working closely with local iPromise Team and staff in Children and Families was launched in September, where staff were encouraged to submit ideas that could improve the lives of children, young people and families. Twelve diverse applications were submitted and scored in terms of being able to:

- Keep The Promise – and help all children in Inverclyde to have “good childhoods”.
- Enable families to stay together (where it is safe to do so).
- Create earlier opportunities for help and whole family support (prevent crisis and harm).
- Listen, respond, and amplify the voice of families.
- Clearly understand and address risk.
- Enable creativity, innovative and demonstrate added value.
- Have the potential to be scaled and replicated.

Six ideas were selected and the teams behind them will move on to the Ideas to Action programme, a bespoke programme of practical workshops, coaching and peer support. Teams will move on to pitch their ideas at an Investment Event in December where senior leaders will agree next steps for development and implementation of ideas.

## 5.0 IMPLICATIONS

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

SUBJECT	YES	NO
Financial		X
Legal/Risk		X
Human Resources		X
Strategic Plan Priorities		X
Equalities, Fairer Scotland Duty & Children and Young People		X
Clinical or Care Governance		X
National Wellbeing Outcomes		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 EqlA 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 EqlA is required. Provide any other relevant reasons why an EqlA 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.

(c) Fairer Scotland Duty

If this report affects or proposes any major strategic decision: -

Has there been active consideration of how this report's recommendations reduce inequalities of outcome?

	YES – A written statement showing how this report's recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed.
x	NO – Assessed as not relevant under the Fairer Scotland Duty for the following reasons: Provide reasons why the report has been assessed as not relevant.

(d) **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.

5.7 **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 **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.

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.

### 5.10 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.