
Report To:	Inverclyde Integration Joint Board	Date:	24 March 2025
Report By:	Kate Rocks Chief Officer Inverclyde Health & Social Care Partnership	Report No:	IJB/67/2025/KR
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Subject:	Chief Officer's Report		

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 (IJB) on service developments which are not subject to the Integration Joint Board's (IJB's) agenda of 24th March 2025.

2.0 RECOMMENDATIONS

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

- Delayed Discharge
- Digital Strategy Update
- NHS Asylum Health Community Team
- HSCP Staff Awards
- Pharmacy Services Staff Awards - Congratulations!

Kate Rocks
Chief Officer
Inverclyde Health and Social Care Partnership

3.0 BACKGROUND AND CONTEXT

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

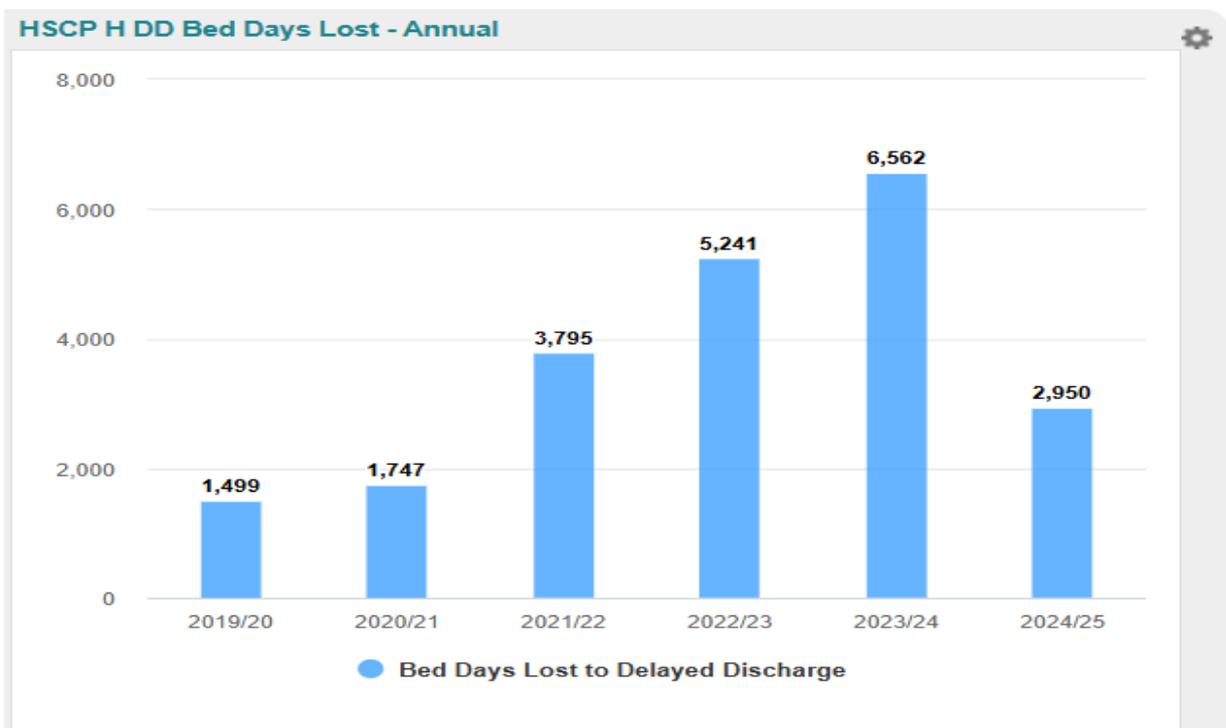
4.0 BUSINESS ITEMS

4.1 Delayed Discharge

Delayed discharge continues to be a high priority across Scotland and Inverclyde HSCP. The Cabinet Secretary for Health and Social Care holds weekly meetings which focus on delayed discharges and scrutinises performance across Scotland in this area. Inverclyde continues to perform well and is often the highest performing HSCP in Scotland.

In winter, the number of people who require to be admitted to hospital increases and therefore the importance of supporting people to return home as soon as they are well enough to do so becomes compounded. To address this, we have developed a range of discharge options which are flexible to individual's needs. As winter is ending, we will review the impact of these options to support the planning for next winter.

One way of measuring the impact of delayed discharge is to consider the 'bed days lost'. The below chart demonstrates the improvements achieved when comparing the performance in 2024/2025 to the previous 3 years. Our ambition is to return to pre pandemic levels of performance, and we are on track to deliver this. February 2025 has been a particularly successful month with a loss of 161 bed days to delayed discharge, a figure not achieved since November 2020.



4.2 Digital Strategy Update

The development of an HSCP Digital Strategy is in progress with an initial draft having been presented to the Senior Management Team. This draft was focused on the priorities outlined in the National Digital Strategy for Health and Social Care, these are Digital Access, Digital Services, Digital Foundations, Digital Skills and Leadership, Digital Futures, and Data-Driven Services and Insights. These priorities were used as a framework to build a robust digital action plan.

However, Senior Management Team (SMT), feedback indicated that the strategy should be more people-centred and align more closely with the HSCP Strategic Partnership Plan (2024-27) priorities, in effect to be more meaningful to our stakeholders and those who use our services.

In light of this feedback, the strategy is currently being revised to better reflect the impact of our digital strategy on the needs of the community. While initially intended for presentation at the March 2025 meeting of the IJB, the final strategy will be presented for approval at the May meeting. This additional time will ensure the strategy is robust, meaningful and aligned with both national and local priorities.

4.3 NHS Asylum Health Community Team

The NHS Asylum Health Community Team is a specialized service within the National Health Service (NHS) in Greater Glasgow and Clyde (GG&C) that was established for Inverclyde in May 2022 consisting of a 1 WTE Band 6 Charge Nurse and a 1 WTE Band 5 Community Nurse (Temp) who focus on providing healthcare support to asylum seekers and refugees within the community. This team works to ensure that individuals who have fled their home countries and are seeking asylum in the UK have access to appropriate healthcare services, despite potential barriers such as language, cultural differences, or lack of familiarity with the UK healthcare system.

The team typically works to ensure that asylum seekers and refugees receive appropriate healthcare during the transition period while they are being processed by the immigration system. This can include:

1. Healthcare Access:

- Help asylum seekers and refugees register with a GP (General Practitioner) and access primary care services.

- Ensure individuals receive necessary medical care, including mental health support, maternity care, and treatment for chronic conditions.

2. Health Assessments:

- Conduct initial health assessments (IHA) to identify immediate and ongoing healthcare needs.

- Screen for infectious diseases (e.g., tuberculosis) and other health conditions that may require urgent attention.

3. Coordination of Care:

- Act as a bridge between asylum seekers/refugees and healthcare providers, ensuring continuity of care.

- Work with other NHS services, local authorities, and voluntary organizations to provide holistic support.

4. Cultural and Language Support:

- Provide interpreters or translation services to overcome language barriers.

- Offer culturally sensitive care to address the unique needs of individuals from diverse backgrounds.

5. Health Education and Promotion:

- Deliver health education programs to improve health literacy and promote healthy behaviours.

- Provide information on how to navigate the UK healthcare system.

6. Mental Health Support:

- Offer mental health services or referrals to specialized support for individuals who may have experienced trauma, torture, or other distressing events.

7. Advocacy:

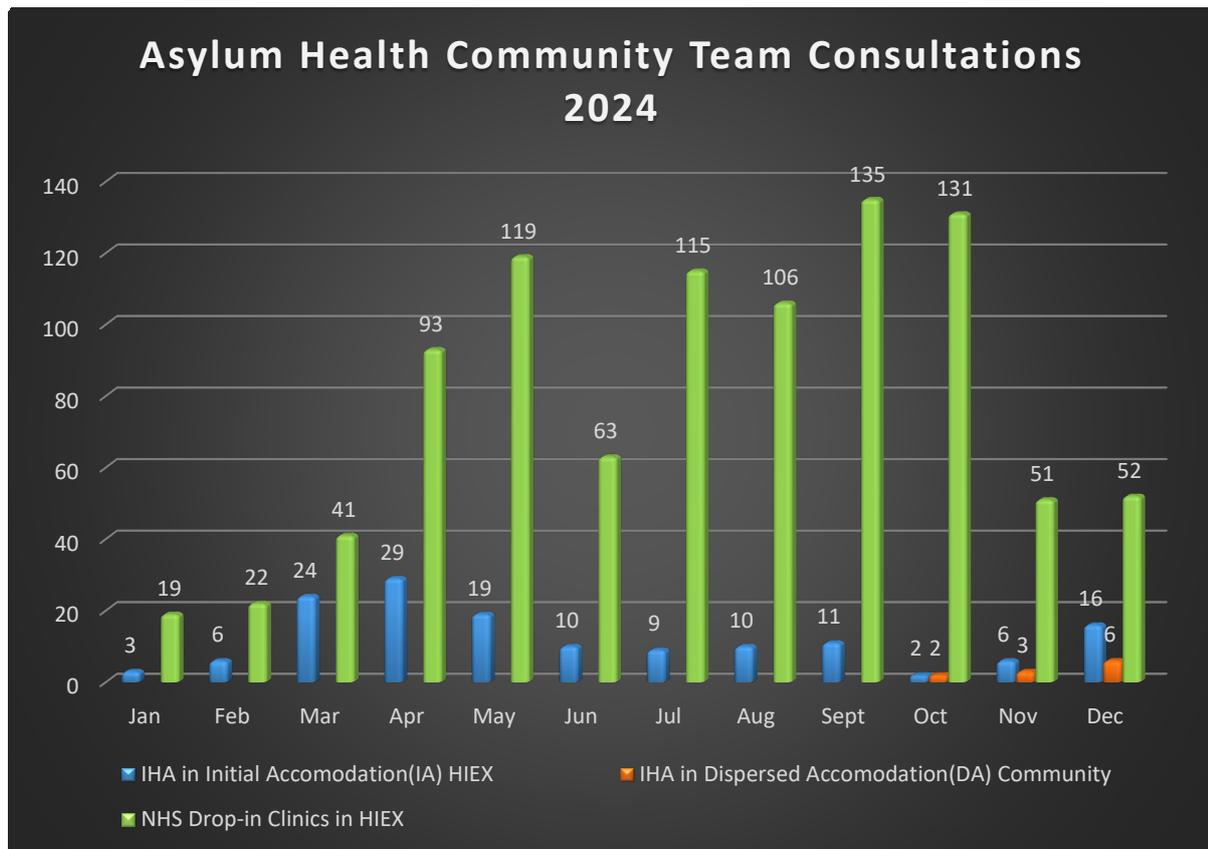
- Advocate for the rights of asylum seekers and refugees to access healthcare, ensuring they are aware of their entitlements under NHS guidelines.

8. Collaboration:

The NHS Asylum Health Community Team often works in partnership with:

- Local GP Practices, Authorities and Social Services.
- Charities and NGOs (e.g., British Red Cross, Refugee Council).
- Immigration and asylum support organizations.

NHS Asylum Health Community Team (Inverclyde) 2024 Data Set



Importance:

Asylum seekers and refugees often face significant health challenges, including physical and mental health issues resulting from their experiences. The NHS Asylum Health Community Team plays a crucial role in ensuring these individuals receive equitable access to healthcare, promoting their well-being and integration into the community.

4.4 HSCP Staff Awards

The HSCP awards ceremony took place in the Beacon Arts Centre on Friday 7th February 2025.

Health and social care services continue to work under immense pressure: managing multiple crises and challenges one after another. It is important that we take time to reflect on the achievements and successes; and it is important that we recognise the incredible effort and contribution of health and social care colleagues and teams.

The event recognised the outstanding achievements of the HSCP staff.

There were 5 categories:

- Leader of the Year
- Employee of the Year
- Innovation of the Year
- Team of the Year
- Volunteer of the Year

Every day HSCP colleagues and teams improve the lives of people in Inverclyde – supporting our residents to live fuller and more independent lives and become more involved in our communities.

The awards ceremony gives the HSCP an opportunity to celebrate and thank colleagues and teams for their commitment and passion.

Well done and congratulations to all nominees and winners.

The winners will attend the prestigious NHS award Ceremony in May at the Raddison Blue Hotel, Glasgow.

4.5 Pharmacy Services Staff Awards - Congratulations!

Congratulations to Laura Kenicer, Senior Pharmacist, and Nicole McQue, Senior Pharmacy Technician, from Inverclyde HSCP Primary Care Pharmacy Team for winning awards at the NHS GGC Pharmacy Services Staff Awards yesterday.

Laura won the award for Pharmacy Services Employee of the Year. Laura was nominated for the care and support she provides to patients in Inverclyde living with chronic pain, her input to service improvements for management of pain and medicines at risk of dependence locally and nationally, and the care and inspiration she provides to Inverclyde HSCP Primary Care Pharmacy Team by supporting analgesic medication reviews and in her role as Practice Educator.

Laura also won an award as part of the NHS GGC Practice Educator Team for Team of the Year. This Team aims to support pharmacists to develop their patient centred clinical and independent prescribing skills.

Nicole was nominated as part of the Pharmacy Technician COPD Team for Innovation of the Year. This team of Technicians have supported patients with Chronic Obstructive Pulmonary Disease (COPD) to understand and optimize their medicines by providing inhaler technique training, medication compliance reviews and access to further support if required to minimize exacerbations of COPD.

Well done and very well deserved. A great endorsement of all the good work going on in Inverclyde HSCP Primary Care Pharmacy Team.

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 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?

Equalities Outcome	Implications
We have improved our knowledge of the local population who identify as belonging to protected groups and have a better understanding of the challenges they face.	Strategic Plan covers this.
Children and Young People who are at risk due to local inequalities, are identified early and supported to achieve positive health outcomes.	Strategic Plan covers this.
Inverclyde's most vulnerable and often excluded people are supported to be active and respected members of their community.	Strategic Plan covers this.
People that are New to Scotland, through resettlement or asylum, who make Inverclyde their home, feel welcomed, are safe, and able to access the HSCP services they may need.	Strategic Plan covers this.

(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?

National Wellbeing Outcome	Implications
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	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	

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.