
Report To:	Inverclyde Integration Joint Board	Date:	10th May 2016
Report By:	Brian Moore Corporate Director (Chief Officer) Inverclyde Health & Social Care Partnership (HSCP)	Report No:	IJB/29/2016/HW
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Subject:	BUSINESS UPDATE		

1.0 PURPOSE

- 1.1 The purpose of this report is to update the Integration Joint Board on a number of workstreams that are currently underway.

2.0 SUMMARY

- 2.1 The integration landscape and requirements of Integration Joint Boards are still evolving. As Scottish Government Policy is shaped around this agenda, it is important the IJB members are advised of emerging policies, issues or HSCP workstreams that are responding to specific situations. This paper provides a brief summary of such workstreams that are currently or soon to be live.

3.0 RECOMMENDATION

- 3.1 That the Integration Joint Board note the business update report and advise the Chief Officer if any further information is required.

Brian Moore
Corporate Director (Chief Officer)
Inverclyde Health & Social Care Partnership

4.0 BACKGROUND

4.1 This report highlights workstreams that IJB Members should be alert to.

Delayed Discharge Performance

4.2 We continue to maintain positive performance in relation to the 14 day Delayed Discharge target.

We have consistently achieved zero delays of more than 4 weeks since February 2015 and zero delays over 2 weeks since April 2015. In March 2016 the census data showed that we again had zero service users staying longer than 14 days.

The whole social and health care system comes under increasing pressure during the winter months. Despite an increase in delays and bed days lost during the winter period we are achieving the GGC Health Board overall target of reducing bed days so far this financial year. The performance report projects that we will have reduced bed days lost by 50% over the previous financial year, a marked reduction.

This performance is set against a background of increasing referrals for social care and community supports following discharge. During February 2016, 171 individuals were referred for social care support of which 57 people required a single shared assessment indicating complex support needs.

The overall performance indicates positive outcomes for service users who are returning home or moving on to appropriate care settings earlier and spending less time inappropriately in hospital.

Scottish Parliament Cross Party Group on Tobacco and Health

4.3 Health Improvement and Inequalities Team staff gave evidence at the Scottish Parliament Cross Party Group on Tobacco and Health, highlighting our work with service users from Alcohol and Drugs Services, a client group that has traditionally been less likely to engage with smoking cessation services. Using an approach designed to be set at the pace of the individual, the team supported service-users to quit over an eight-week period. There are particular benefits to supporting problem drug and/or alcohol users to quit smoking, as the harmful effects of tobacco are compounded when they sit alongside other harmful substance use. The work of the team was commended by the Parliamentary Group.

Staff Partnership Forum – Partnership Agreement

4.4 The Staff Partnership Forum (SPF) has agreed that there should be a formal agreement between HSCP Management and staff-side representatives. This is currently under development and a draft will be presented to the next SPF meeting for consideration.

A National Clinical Strategy for Scotland

4.5 The Scottish Government has published its national clinical strategy in February 2016. The strategy is broadly in line with the NHS Greater Glasgow and Clyde Clinical Services Strategy, and echoes some of the themes within the HSCP Strategic Plan. It highlights the need for change, based on evidenced changes in demography, illness and disability patterns, and persistent health inequalities. Another important aspect is the need to balance health and social care according to need, and this will be a key feature in Inverclyde over the next few years as we implement our Strategic Plan. The first annual review of our own Plan will consider the extent to which we are delivering the nine national outcomes, but also how we are progressing as an HSCP in the context of the National Clinical Strategy.

4.6 Self Neglect Event – 22 April 2016

The risks associated with vulnerable adults who self neglect are often high but the scope for professionals to assist can be limited, particularly where the person concerned has mental capacity and rejects intervention. In response to this challenging issue this event was organised and funded by Inverclyde, Argyll & Bute, West Dunbartonshire, Renfrewshire and East Renfrewshire Adult Protection Committees (APC). Inverclyde was asked to host given accessible to delegates from all areas and due to the suitability of the Beacon for this type of event.

The event was attended by 130 professionals representing the 5 HSCP/APC areas involved. Delegates included HSCP staff from a range of professional backgrounds, Scottish Fire & Rescue, Housing and independent chairs of APCs. Demand for places outstripped availability.

There were two keynote speakers. Michael Preston-Shoot, Professor of Social Work and Executive Dean of the Faculty of Health and Social Sciences at the University of Bedfordshire, England and Andrew Lowe, former Director of Social Work for Scottish Borders Council and former President of the Association of Directors of Social Work, who is currently the independent Chair of Renfrewshire Child Protection and Adult Committees.

The event has evaluated very well and fulfilled the aims of providing;

- an overview of the research findings on the definitions and causes of self-neglect and on the effectiveness of intervention strategies,
- an opportunity for delegates to engage in debate about the challenges of self-neglect encountered in practice, the approaches taken and outcomes achieved.
- a forum for considering how the research findings might impact upon approaches to assessment, decision making and intervention in situations of self-neglect.
- an opportunity to consider the learning from Significant Case Reviews.
- an opportunity to consider the impact of the Borders case.

4.7 New Ways Update

Two main workstreams for new ways focusing on the role of the wider team and home visits. A great deal of preparatory work is underway to progress tests of change around these two work streams. Locally we have started to encourage Practices to work together in clusters to progress tests of change.

Tests of change are as follows:

- To develop a reliable and responsive community phlebotomy service. Implementation of a pre-bookable service that would run in parallel with the existing service. 6 local GP practice will be involved in this pilot to evaluate the impact on GPs and PNs in terms of releasing capacity. The impact would also be measured for existing community phlebotomy, treatment rooms and district nursing services.
- Addressing early intervention and prevention options for people with long term conditions. Implementation of ADL smartcare system to increase self management of non acute conditions, direct patient access to some items of aids to daily living, timely access to OT for those patients at high risk, and reduce dependents on gp practice services. We envisage that 4 local Practices will be involved in this test of change.
- To provide first point of contact for assessment, diagnosis and initial management of MSK conditions in a GP Practice setting. This test will take

place in 3 GP practices in the hope that patients requiring early interventions/new acute MSK conditions will access the right person at the right time. It is envisaged that this model will reduce the patient journey, reduce GP referrals to MSK, reduce the need for longer course of physio treatment, use secondary care services effectively (i.e. ortho, pain clinic).

- Exploring opportunities for working differently to maximise the nursing potential within Practice and community setting. Test the role of Advanced Nurse Practitioner (ANP) based on learning from other areas. This test is in preparatory stages, working with local Practice Nurses and Community Nurses to determine current roles and opportunities for working at an advanced level. Work is also underway to develop local Health Care Assistants and determine the way forward with this role in Practices.
- Manage home visits more effectively by testing implementation of telephone triage. 2 GP Practices will be involved in this test, with support from one of our experienced Practice Nurses as will other key professionals including SAS. This test will then focus on responses to home visits requests to determine which patients could be safely managed by other members of the primary care team.

We have 2 facilitated sessions (Greenock Health Centre and Port Glasgow Clusters) to allow representatives from Practice clusters the opportunity to get together with Dr Richard Lendon in order for us to identify common themes that we could move forward as tests of change. Richard is an experienced GP by background, with recognised expertise in healthcare improvement; he is enthusiastic and passionate about improving all facets of quality care for patients and staff. Richard has worked for the NHS Modernisation Agency for 3 years and has been involved in improvement work both in primary and secondary care.

Other areas

- Pharmacy - Each Practice have been allocated additional support to shift the balance of pharmacy workload from GPs to Pharmacists. This will take shape in various formats depending on Practice need, examples are - acute/special prescriptions, clinics, medication advice, medication reviews.
- Older People - Developing how older people are assessed and supported both within acute and the community is underway including the introduction of early Comprehensive Geriatric Assessment in IRH and consideration of how Community Geriatrician support can enhance care for older people in the community. This supports New Ways by providing access to the right person/support at the right time in the right place.

5.0 PROPOSALS

- 5.1 The content of this report is for noting only, and to ensure that IJB Members are informed about the business of the HSCP.

6.0 IMPLICATIONS

Finance:

6.1 There are no financial implications in respect of this report.

Financial Implications:

One off Costs

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 (If Applicable)	Other Comments
N/A					

Legal:

6.2 There are no legal implications in respect of this report.

Human Resources:

6.3 There are no human resources implications in respect of this report.

Equalities:

6.4 Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
√	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.

7.0 LIST OF BACKGROUND PAPERS

7.1 Scottish Parliament Cross Party Group on Tobacco and Health, Report on tackling tobacco, addressing inequality: January 2016.
A National Clinical Strategy for Scotland, February 2016.