

4.0 BACKGROUND

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

4.2 Community Weight Management Service

In April 2016 NHS Greater Glasgow and Clyde Local Medical Committee outlined support for the introduction of both self-referral and primary care referral options for the community weight management service. The service involves referral to Community Weight Management (Weight Watchers) and the Specialist GGCWMS service - patients will be directed to the most appropriate service based on co morbidities and weight by the weight management admin hub. Patients can also self-refer if they have established Diabetes, Stroke and CHD.

Anyone who is eligible for the Weight Watchers Programme will get:

- Twelve weeks free membership to Weight Watchers, attending any meeting of their choice.
- They will be given access to online Weight Watchers tools.
- In addition they will be permitted two holiday weeks and two unforeseen circumstance weeks in a sixteen week period.
- People, who successfully lose 5kg and meet the attendance criteria of twelve weeks participation are eligible for a further twelve week block. Subsequent blocks are available based on continued weight loss and attendance until a healthy weight is achieved.

Promotional materials will be distributed to all GP practices, and patients will be able to call the administration hub directly by the first week in August. In addition, it is planned to actively promote the service with the most deprived practices and a series of local roadshows will be undertaken in targeted health centres to raise awareness with both staff and self-referral patients. It is anticipated the Inverclyde roadshows will take place at the beginning of August. Your local Health Improvement Team is involved in the planning of these events.

In addition to the above we continue with the Weigh to Go Programme that has been delivered in Inverclyde since 2013. This programme offers support through access to weight management services and physical activity opportunities to young people aged 15 – 18 years who are concerned about their weight and meet the eligibility criteria. In Inverclyde an encouraging 65% of those taking part have lost weight with almost 12% losing 5% of their body mass. The pilot is due to finish in October 2016. There are proposals being discussed currently on how to take it forward. The final evaluation will be available in 2017.

4.3 Telecare/Telehealth Funding

In February 2016, Inverclyde HSCP submitted a bid for TEC (Technology Enabled Care) Programme funding from the Scottish Government. While not all requests for funding were supported, a formal offer of grant amounting to £200,000 was awarded to Inverclyde HSCP on 6th July 2016 to develop and upscale Technology Enabled Care.

Areas to be developed include:-

- Recruit a Project Lead post to oversee the planning and implementation of the Technology Enabled Care Programme within Inverclyde.
- Recruit a part time Trainer post to take forward engagement with all stakeholders in raising awareness of the benefits of TEC.

- Upscale the use and improve joint working with local nursing homes; Scottish Fire and Rescue Service; Intermediate Care; local Falls Pathway; post diagnostic support for those with Dementia and the rolling out of I-Care Assessment kits.

It is anticipated that the funding will benefit up to 800 individuals within the community over the 2 year funding period from 2016-2018.

4.4 Update on Named Persons Following Supreme Court Decision

The Children and Young People Act 2014 introduced a Named Person Service for all children in Scotland aged 18 and under. It is the intention that this part of the act commences on the 31st August 2016. The service is working to ensure that the Named Person arrangements can be delivered by that date. However, there has been a statement from the Cabinet Secretary indicating that there is a potential for a delay in implementing this part of the act as a consequence of an appeal to the Supreme Court.

4.5 Update on People Plan

We are required to develop a workforce plan by April 2017, which should encompass our HSCP Organisational Development Plan and an HSCP Training Plan. We also need to profile our current and future required workforce; to consider our position in relation to supporting volunteering, our approach to engaging carers as equal partners in care and workforce development in the provider/ partner sector as well as internal to the HSCP.

- 4.6 We have a multi-agency People Plan Working Group (PPWG) in place, as a sub group of the Strategic Planning Group. The PPWG has developed some core principles for integrated people planning as follows –

Mindful - We will make time to actively listen and reflect to inform our approach.

Transparent - We will develop and review the People Plan in a transparent and inclusive way reflecting the current and future needs of our health and social care community - bottom up and top down.

Respect - We will ensure the People Plan develops skills across our health and social care community by respecting the diverse needs of all individuals.

Prepared - Our People Plan will help our people be informed, skilled, committed, supported and empowered to meet the opportunities and challenges within our community both now and in the future.

Connections - Our People Plan will support us to make connections to complement, extend and innovate in our practice.

Fair - We will promote fair access to development opportunities.

Share - We will use the People Plan to share ideas, skills and resources to inform and respond to decisions to achieve the best outcomes for our people and our communities.

Inclusive - We will strive to meet the needs and expectations of our community by embracing difference and maximising opportunities.

- 4.7 Our People Profile will be presented around four main categories of 'People' as follows:

- 1: People who are registered with a regulatory /professional body to deliver health and social care as an individual professional practitioner.
 - 2: People who are employed to deliver health and social care in Inverclyde, but not specifically registered to do so as a practitioner.
 - 3: two parts
 - (a) People who contribute to the provision of health and social care in Inverclyde in the course of their work;
 - (b) People who contribute to the provision of health and social care in a voluntary, non-employed capacity.
 - 4: People in the community of Inverclyde, in workplaces, in shops and businesses and in community groups who can make a difference to outcomes for local people.
- 4.8 The PPWG has commissioned a piece of work across its membership to review the outcome of a range of surveys of the local people resource to determine how engaged people currently feel, and how prepared/ supported they are to undertake their respective roles. In addition, we have embarked on a review of volunteering in health and social care locally to determine the extent and nature of volunteering across Inverclyde linked to supporting people with health and social care needs – either as volunteers themselves or supported by volunteers.
- 4.9 Our approach in developing our People Plan is ambitious. Most other partnerships across the country are only undertaking one or other aspect to the People Plan (e.g. workforce profiling or workforce development). Most are keeping planning for development of the workforce very separate to each agency. We are an ambitious partnership with good grounding in this area so are keen to be progressive. There are risks we are alive to that all of the training and development identified as a result of People Plan cannot be met within existing resources across the partners and may require specific development/ investment to deliver. The People Plan aims to respond to this exploring where interagency collaboration can help meet that challenge.
- 4.10 Care Inspectorate Report on Inverclyde Care and Support at Home Service & Care Services
- 4.11 The Care Inspectorate carried out an unannounced inspection for Hillend Day Service on 21 January 2016 and for Care and Support at Home on Thursday 12 May 2016. Reflecting the history of previous inspections, these were carried out on a low intensity basis.
- 4.12 A full public report of the inspection and grades is published for both services on the Care Inspectorate website.
- 4.13 The summary of grades awarded is:-

Care & Support at Home

Quality of care and support	5 Very Good
Quality of staffing	5 Very Good

Hillend Day Service

Care & Support	5 Very Good
Environment	6 Excellent
Staffing	5 Very Good
Management & Leadership	5 Very Good

4.14 **Conclusion of inspections:**

Care & Support at Home is a very well-liked and well-received service by the people who use it. The staff in the service work hard to improve standards of care whilst promoting independence and person-centred care. There is a very good culture of learning and continuous improvement. Some elements of the service are innovative. The service is prepared to try new ideas with the involvement of people who use the service at every stage. Any areas for improvement that have been identified at this inspection are clearly understood by the provider and we are confident that they will work hard to address these.

Hillend Day Service continues to provide an overall very good standard of service to people who attend. The management and staff team continue to focus their efforts to ensure that service users are involved in the decision making processes. The service users we spoke to were very complimentary and appreciative of the centre and in particular the quality of the staff team. We found the staff to be welcoming, helpful and friendly. There was a very good atmosphere within the centre and service users and their families valued this.

The grades awarded reflect that Inverclyde's Care & Support at Home and Hillend Day Services continue to maintain very high standards. Continuous improvements in the services have been noted by the Care Inspectorate, enabling both the services to sustain gradings from previous years.

4.15 Sod Cutting – New Mental Health Inpatient Continuing Care Beds Facility (Orchard View)

Progress continues to be made in taking forward the redesign of Mental Health services. Preparations are underway for a Ministerial visit on 11 August to formally "cut the turf" to commence the next stage of the formal work. Whilst largely symbolic as a gesture, it does mark the commencement of long-anticipated building work.

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.

5.2 Revised Template for IJB Reports

Our Integration Scheme lays out how we intend to deliver improved outcomes under the terms of the Public Bodies (Joint Working) (Scotland) Act 2014. In the spirit of the legislation, all that we do should contribute to delivering better outcomes for the people who use our services. Clearly we have a responsibility to be explicit and transparent in our business and how our work contributes to the Inverclyde Equality Outcomes and the nine National Wellbeing Outcomes. On that basis, it is proposed that the current template used for IJB reports is amended to include new sections that require officers to describe how the subject of the report contributes to delivery of these important outcomes. A draft of the proposed new template is appended for consideration and approval.

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 None



AGENDA ITEM NO:

Report To: Inverclyde Integration Joint Board **Date:**

Report By: Brian Moore
Corporate Director, (Chief Officer)
Inverclyde Health and Social Care
Partnership (HSCP) **Report No:**

Contact Officer: Head of Service **Contact No:**

Subject:

1.0 PURPOSE

1.1 The purpose of this report is to advise the Integration Joint Board.....

2.0 SUMMARY

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3.0 RECOMMENDATIONS

3.1 The Integration Joint Board

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Brian Moore
Corporate Director, (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

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5.0 IMPLICATIONS

FINANCE

5.1 Financial Implications:

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments

LEGAL

5.2 There are/are no legal issues within this report.

HUMAN RESOURCES

5.3 There are/are no human resources issues within this report.

EQUALITIES

5.4 There are/are no equality issues within this report.

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.
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5.4.1 How does this report address our Equality Outcomes.

- 5.4.1.1 People, including individuals from the above protected characteristic groups, can access HSCP services.
- 5.4.1.2 Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.
- 5.4.1.3 People with protected characteristics feel safe within their communities.
- 5.4.1.4 People with protected characteristics feel included in the planning and developing of services.
- 5.4.1.5 HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.
- 5.4.1.6 Opportunities to support Learning Disability service users experiencing gender based violence are maximised.
- 5.4.1.7 Positive attitudes towards the resettled refugee community in Inverclyde are promoted.

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

5.5 There are /are no governance issues within this report.

5.6 NATIONAL WELLBEING OUTCOMES

How does this report support delivery of the National Wellbeing Outcomes.

- 5.6.1 People are able to look after and improve their own health and wellbeing and live in good health for longer.
- 5.6.2 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.
- 5.6.3 People who use health and social care services have positive experiences of those services, and have their dignity respected.
- 5.6.4 Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
- 5.6.5 Health and social care services contribute to reducing health inequalities.
- 5.6.6 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.
- 5.6.7 People using health and social care services are safe from harm.
- 5.6.8 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.

6.0 CONSULTATION

6.1 This report has been prepared by the Chief Officer, Inverclyde Health and Social Care Partnership (HSCP) after due consultation with

7.0 LIST OF BACKGROUND PAPERS

7.1