
Report To:	Inverclyde Integration Joint Board	Date: 20 September 2021
Report By:	Allen Stevenson Interim Corporate Director (Chief Officer) Inverclyde Health & Social Care Partnership	Report No: IJB/44/2021/AS
Contact Officer:	Alan Best	Contact No: 712722
Subject:	CHIEF OFFICER'S REPORT	

1.0 PURPOSE

- 1.1 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 20 September 2021 but will be future papers on the IJB agenda.

2.0 SUMMARY

- 2.1 The report details updates on work underway across the Health and Social Care Partnership in relation to:
- Dementia Care Co-ordination Program Update
 - Inverclyde MacMillian Improving the Cancer Journey
 - District Nursing Workforce
 - Unscheduled Care Commissioning Plan Update

3.0 RECOMMENDATIONS

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

Allen Stevenson
Interim Chief Officer

4.0 BACKGROUND

- 4.1 There are a number of issues or business items that the IJB will want to be aware of and updated on. IJB members can request more detailed reports are developed in relation to any of the topics covered.

5.0 BUSINESS ITEMS

5.1 Dementia Care Co-ordination

As part of Scotland's third National Dementia Strategy, Inverclyde HSCP was selected as the Dementia Care Co-ordination Programme implementation site. The Programme is supporting improvements and redesign of community based services to improve care co-ordination for people living with dementia from diagnosis to end of life.

Priority areas for improvement include care co-ordination for people newly diagnosed with dementia, ensuring a responsive and sustainable Post-Diagnostic Support Service; care co-ordination for people living with moderate dementia. This will be aligned to the 8 Pillars Model of Community Support and 12 Critical Success Factors for effective care co-ordination, and care co-ordination for people living with advanced dementia at a palliative and/or end of life

In addition, the following actions will be implemented:

- Creating a sustainable approach to dementia workforce development
- Clarification of roles and responsibilities and service pathways
- Development and testing of a self-management leaflet and app
- Local implementation of the Dementia and Housing Framework
- Enhancement of the Allied Health Professional contribution to an integrated and co-ordinated approach
- Improvement in the completion and consistency of Anticipatory Care Planning for individuals with dementia and
- Re-establishment of Dementia Friendly and Enabled community work.

5.2 Inverclyde Macmillan Improving the Cancer Journey

An exciting initiative for a partnership between Macmillan Cancer Support, the Scottish Government and Inverclyde Health & Social Care Partnership will be developed. The Improving the Cancer Journey model will deliver key objectives of the Scottish Cancer Plan and other Scottish Government strategies by implementing and Improving the Cancer Journey (ICJ) model to help better meet the needs of people affected by cancer from the point of diagnosis across Inverclyde.

The ICJ will bring to Inverclyde an investment of £320,000 over a 3 year period which includes employment opportunities for 2-3 people.

This forms part of the new Macmillan and Scottish Government partnership programme called Transforming Cancer Care (TCC). It has been rolled out across Scotland originating in Glasgow City Council and is also in place in West Dunbartonshire, Renfrewshire & East Dunbartonshire.

ICJ will reduce the number of points of access for members of the public who have a cancer diagnosis or are affected by cancer, stakeholders and partners. As well as direct advice and support the ICJ will link with community groups and partners such as Inverclyde Leisure to ensure access to services and leisure activities to ensure a holistic response to people's needs. This is in line with the Self-directed Support and Carers Strategy along with health improvement and supports the

Strategic Plan 2019-2024, specifically Big Action 4.

5.3 District Nursing Workforce

Development is ongoing in relation to the Scottish Government investment to District Nursing aligned to Health and Social Care Workforce Plan recommendations published in December 2019.

Future reports will provide an overview of the outline plan across NHS Greater Glasgow and Clyde (GGC), including planning intentions for Inverclyde HSCP.

In late 2020, the Scottish Government wrote to Boards with regard to the allocation of funding for November 2020 - April 2021, and recurring funding until 2024/25. The Board allocation across NHS GG&C is £10,081,786 equating to 47.8 skill mixed posts, Inverclyde's allocation is £705,470 equating to 4.5 skill mixed posts realised at end point 2024/25.

A future paper will be presented to the IJB as this investment in the District Nursing workforce develops.

5.4 Unscheduled Care Commissioning Plan update

At its meeting in June 2020 the IJB received a report on the Board-wide draft. Unscheduled care plan, which was subsequently agreed by the other five HSCPs in GG&C.

Since then unscheduled care services have changed in response to the Corona Virus pandemic, including a national redesign of urgent care.

A programme of engagement has also taken place, and further work undertaken on the financial and performance frameworks to support delivery of the strategy.

This report presents the updated unscheduled care programme in the form of the draft Design and Delivery Plan for the period 2021/22 to 2023/24. Similar reports are being considered by the other five HSCPs in GG&C and the Health Board.

The re-freshed Board-wide Unscheduled Care Improvement Programme will include ;

- A financial framework specifically highlighting that the funding shortfall identified will require to be addressed to support full implementation of phase 1;
- The performance management arrangements to report on and monitor progress towards delivery of the Plan, including the KPIs and projections for emergency admissions for 2022/23.
- The governance arrangements outlined to ensure appropriate oversight of delivery
- The ongoing engagement work with clinicians, staff and key stakeholders;
- Update on the delivery of the programme towards the end of 2021/22, including the financial framework.
- The Plan will be reported to all six IJBs and the Health Board Finance, Audit and Performance Committee during the next meeting cycle.

5.5 Inverclyde support to refugee resettlement and Afghan Locally Engaged Staff fleeing the humanitarian crisis.

Since 2015 Inverclyde has provided resettlement opportunities to 33 families from the Syrian and Vulnerable Children resettlement schemes.

When, in April 2021, the UK Government launched the latest Afghan Locally Engaged Staff (LES) Relocation Scheme, Inverclyde responded without delay by

offering accommodation and support.

Most recently 6 Afghan families constituting 33 individuals have arrived in Inverclyde and are supported by the HSCP and wider council services. It is worthy of note that these families are receiving warm support from the people and communities of Greenock and Port Glasgow where they have settled.

At the same time as offering ongoing support to refugees from earlier resettlement schemes, it is proposed that Inverclyde extend our offer of support and resettlement opportunities to a further 6 families before the end of October 2021 and agreement is given to develop plans to commit to support up to 28 further Afghan families. This will involve an offer of support and resettlement to as many as 140 individuals, fleeing the humanitarian crisis of their home country.

A financial support package is provided in respect of each individual who is part of the resettlement arrangements. A more detailed report will be progressed via CMT as to how services will be developed and deployed to ensure adequate support arrangements are in place.

6.0 IMPLICATIONS

FINANCE

6.1

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	Other Comments
N/A					

LEGAL

6.2 There are no legal implications within this report.

HUMAN RESOURCES

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

EQUALITIES

6.4 Has an Equality Impact Assessment been carried out?

	YES
X	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.

6.4.1 How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	Ensures protection of characteristic groups
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	Reduces discrimination
People with protected characteristics feel safe within their communities.	Ensures a safer community
People with protected characteristics feel included in the planning and developing of services.	Inclusive for all the community
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	Promotes diversity
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	LD service users play a full part in their community
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	Promotes positive approach to services

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

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

NATIONAL WELLBEING OUTCOMES

6.6 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.	Promotes health & wellbeing
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	Promotes independence
People who use health and social care services have positive experiences of those services, and have their dignity respected.	Ensures dignity for all within services
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Improves a quality of life
Health and social care services contribute to reducing health inequalities.	Reduces health inequalities
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.	Supports unpaid carers as part of the health care service
People using health and social care services are safe from harm.	Keeps people safe
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.	Engages with our workforce
Resources are used effectively in the provision of health and social care services.	Effective use of resources

7.0 DIRECTIONS

7.1

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	

8.0 CONSULTATION

8.1 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.

9.0 BACKGROUND PAPERS

9.1 None.