



Report To: Integration Joint Board Date: 14 March 2017

Report By: Brian Moore Report No: IJB/14/2017/HW

Corporate Director (Chief Officer)
Inverclyde Health & Social Care

Partnership (HSCP)

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**Head of Service** 

Strategy & Support Services

Subject: CHIEF OFFICER'S REPORT

#### 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 As we move forward, there are a number of issues, business items or workstreams that the IJB will want to be aware of, that perhaps do not require a full IJB Report. IJB members can of course ask that more detailed reports are developed in relation to any of the topics covered. 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 notes the Chief Officer's Report and advises 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.

#### 4.2 New Chief Officer

IJB Members will be aware of my imminent retirement. I am pleased to advise that selection and interview has taken place in line with the process approved by the IJB in November 2016. The preferred candidate is Louise Long, who started her career in 1998 as a social worker in Glasgow and is currently Head of Children and Families and Chief Social Work Officer at Argyll and Bute Council, a position she has held since 2012. Prior to that she was Head of Children's Services at South Ayrshire Council and before then a service manager at both South Ayrshire and East Renfrewshire Councils.

Louise was manager of Glasgow University's 'Children at the Centre' project and between 1998 and 2004 managed services at the Aberlour Childcare Trust. Louise therefore brings a great deal of experience and a track record of leadership across a range of sectors. The IJB will be asked to formally appoint Ms Long, who is expected to join the Inverclyde Health and Social Care Partnership in her new position in May 2017. This will therefore be my last IJB meeting as Chief Officer of Inverclyde HSCP.

#### 4.3 Joint Inspection of Children's Services

The Joint Inspection of Services to Children in the Inverclyde Community Planning Partnership area is underway following an announcement on the 2nd of February. The inspection has a 35 week footprint. Offsite scoping is currently taking place. Inspectors will spend three weeks on site, here in Inverclyde. The first of these are week commencing the 8th of May; the second on site week is week beginning 22nd May, with the final week commencing 12th June. High level findings from the inspection are scheduled for 27th June.

## 4.4 Integrated Children's Services Plan

The Community Planning Partnership is required to submit an Integrated Children's Service Plan to the Scottish Government by 1st April 2017. The plan is at an advanced stage and on target for submission.

## 4.5 Realising Realistic Medicine

The Chief Medical Officer for Scotland has issued her annual report, "Realising Realistic Medicine", which follows on from her previous Report, "Realistic Medicine", which identified six key questions clinicians, providers, families and patients should continually ask, to establish and affirm that the person receiving health and care is at the centre of decision-making, and that health and care are shaped in a personalised way.

The principles of Realistic Medicine also aim to reduce harm and waste, tackle unwarranted variation in care, and manage clinical and care risks, but from a perspective of what is sensible and desirable from the patient's perspective, rather than a drive to always reach the outward edges of scientific or other technologies. In other words, we should always have the conversation about <u>should</u> an intervention or treatment be given, rather than is it <u>possible</u> to give the intervention or treatment.

# 4.6 NHS Greater Glasgow and Clyde New Complaints Procedure

The NHS Board has recently issued its revised complaints procedure, which puts the emphasis on trying to resolve complaints at the time and place where they arise whenever possible. This reflects the Scottish Public Services Ombudsman (SPSO) model complaints handling procedures, and importantly, brings the whole of NHS Greater Glasgow into line with the Inverclyde Joint Complaints Procedures agreed by the IJB at its January 2016 meeting.

## 4.7 Pride of Inverclyde

The Pride of Inverclyde Awards Ceremony 2017 will take place on Thursday 9<sup>th</sup> March. The 'Pride of Inverclyde' is a programme that recognises staff or teams that have made an outstanding contribution to service users or the more general work of the HSCP, over and above what would be expected from them. The next Chief Officer's Report will provide an update on the winners.

#### 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					

### 6.2 **Legal:**

There are no legal implications in respect of this report.

#### 6.3 Human Resources:

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

### 6.4 **Equalities**:

Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
<b>√</b>	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?

6.4.1.1 People, including individuals from the protected characteristic groups, can access HSCP services.

Not applicable.

6.4.1.2 Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.

Not applicable.

6.4.1.3 People with protected characteristics feel safe within their communities.

Not applicable.

6.4.1.4 People with protected characteristics feel included in the planning and developing of services.

The future implementation of 'Realising Realistic Medicine' will support this outcome.

6.4.1.5 HSCP staff understand the needs of people with different protected characteristics and promote diversity in the work that they do.

Not applicable

6.4.1.6 Opportunities to support Learning Disability service users experiencing gender based violence are maximised.

Not applicable

6.4.1.7 Positive attitudes towards the resettled refugee community in Inverclyde are promoted.

Not applicable

## **CLINICAL OR CARE GOVERNANCE IMPLICATIONS**

- 6.5 There are no clinical or care governance issues within this report.
- 6.6 NATIONAL WELLBEING OUTCOMES
  How does this report support delivery of the National Wellbeing Outcomes?
- 6.6.1 People are able to look after and improve their own health and wellbeing and live in good health for longer.

The future implementation of 'Realising Realistic Medicine' will support this outcome.

6.6.2 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.

The future implementation of 'Realising Realistic Medicine' will support this outcome.

6.6.3 People who use health and social care services have positive experiences of those services, and have their dignity respected.

The future implementation of 'Realising Realistic Medicine' will support this outcome.

6.6.4 Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

The future implementation of 'Realising Realistic Medicine' will support this outcome.

6.6.5 Health and social care services contribute to reducing health inequalities.

The emerging Integrated Children's Services Plan will have a Community Planning Partnership focus on reducing inequalities, including health inequalities.

6.6.6 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.

The future implementation of 'Realising Realistic Medicine' will support this outcome.

6.6.7 People using health and social care services are safe from harm.

Not applicable.

6.6.8 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.

The Pride of Inverclyde Awards reinforce to staff that they, and the work they do, are valued by the HSCP and IJB.

#### 7.0 CONSULTATION

7.1 This report has been prepared by the Chief Officer, Inverclyde Health and Social Care Partnership (HSCP) after due consultation with relevant senior officers in the HSCP.

#### 8.0 LIST OF BACKGROUND PAPERS

8.1 Realistic Medicine
Realising Realistic Medicine
NHSGGC Revised Complaints Handling Procedure