

Report To: Inverclyde Integration Joint Board **Date:** 12 June 2017

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Partnership (HSCP) **Report No:** IJB/18/2017/BC

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Subject: HSCP INDEPENDENT LIVING SERVICE/ TECHNOLOGY ENABLED
CARE SERVICE - EQUIPMENT BUDGET PRESSURES

1.0 PURPOSE

1.1 The purpose of this report is to alert the Integration Joint Board to ongoing pressures in the HSCP equipment budgets, intended to facilitate consideration of a revised recurring budget.

2.0 SUMMARY

2.1 The Inverclyde HSCP Independent Living Service supports adults and older people across Inverclyde to maximise their independence and activity via a range of therapeutic, advisory and support roles. A central element of our delivery of this service is the supply of equipment and adaptations to people of all ages and all needs to support independent living at home; facilitate care delivery; prevent avoidable admission to hospital and facilitate discharge from hospital and hospice to home. We have our own locally based Joint Equipment Store (JES) that serves the population of Inverclyde. The Technology Enabled Care Service (TECS) sits as part of our Integrated Care and Support at Home Service and supports local people with technological solutions to aid safer independent living and management of health conditions.

2.2 Activity data for 2016/17 has not yet been collated and signed off, but as an illustration of demand the 2015/16 data shows that the Independent Living Service provided 7,108 pieces of equipment to 4004 people (around 5% of the local population) and recycled 4177 pieces of equipment. Recycling avoided total equipment replacement costs of £550,000. In addition to providing equipment JES staff uplifted equipment from 320 homes where people had passed away in the course of the year. On average 89% of large equipment (beds, hosts, mattresses) is recycled by the service to avoid new purchase costs.

2.3 The Independent Living Service has an annual recurring equipment and adaptations budget of £260,050. There is a projected spend to 2016/17 year end of £366,500 (a 3.4% increase on the previous year). It is projected, however, that an ongoing budget shortfall of £100,000 will be recurring into 2017/18 and beyond with no further reserves or available funds to meet this budget gap, thus requiring consideration of a recurring pressure-response uplift to the budget or a policy decision to review the extent of equipment and adaptations provision possible in Inverclyde. We do not currently charge for any element of equipment and adaptations provision or delivery/uplift.

- 2.4 The budget pressure in the Independent Living Service Equipment and Adaptations budget are in the areas of equipment servicing and hoist renewal, stock, small adaptations, paediatric equipment, sensory impairment and stair lifts. The detail relating to the rationale behind each is given in the report below.

3.0 RECOMMENDATIONS

- 3.1 It is recommended that the Integration Joint Board notes the injection of £40,000 from health budgets recurring from 2017/18 to the Independent Living Service Budget, and Adult Community Nursing Pressure Care Budget.
- 3.2 It is recommended that the Integration Joint Board notes the recurring shortfall of £100,000 in the Independent Living Service (Council) Equipment Budget and approves a recurring revenue budget increase of £100,000 to be funded through virement from the Demographic and Other Pressures budget set up from the Social Care Fund from 2017/2018.

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4.0 BACKGROUND

4.1 Our Model

4.1.1 The Inverclyde HSCP Independent Living Service supports adults and older people across Inverclyde to maximise their independence and activity via a range of therapeutic, advisory and support roles. A central element of our delivery of this service is the supply of equipment and adaptations to people of all ages to support independent living at home; facilitate care delivery; prevent avoidable admission to hospital and facilitate discharge from hospital and hospice to home. We have our own locally based Joint Equipment Store (JES) that serves the population of Inverclyde. As well as simple self-assessment provision, the service supports teams across the HSCP through the provision of equipment and adaptations, such teams include:

- Community Occupational Therapy Team,
- Adult Community Nursing,
- Occupational Therapists in local acute hospital services (IRH)
- Sensory Impairment Services
- Reablement Team
- Rehabilitation Teams
- Community Mental Health Team
- Older People's Mental Health Team
- Specialist Children's Services and the Children with Additional Needs Team
- Learning Disability Service

Our model of equipment provision is one of open access, whereby a central stock of core equipment and the ordering of specialist equipment is managed by the Joint Equipment Store (JES) on behalf of all local services who require this to enable them to deliver service and support to local people.

In addition, the Technology Enabled Care (TEC) Team in our Integrated Care and Support at Home Service support local people and practitioners with technological solutions such as care alarms and movement sensors.

4.2 Equipment Provision

4.2.1 The Independent Living Service provides equipment to support people to live to their optimum level of independence within their own home; we support carers with equipment to deliver quality care, provide specialist equipment for complex postural support in physical disability, supply equipment for prevention of pressure ulceration and for moving and handling solutions.

The service can offer a short term 6 week loan of equipment to care homes to allow time to purchase equipment provided but does not supply equipment longer term to care homes in line with COSLA guidelines. The service does not supply wheelchairs as these are provided by the WESTMARC wheelchair service.

The service also supported 287 major adaptations (ramps, wet rooms etc) in 2015/16 which are not provided from our equipment and small adaptations budget, but are met from the Scheme of Assistance for home owners and from funding allocation to Registered Social Landlords from the Scottish Government for tenants in social housing.

4.3 Key Activity Information

- 4.3.1 A rigorous system and process to manage stock, process requests for support, actively monitor waiting lists and adaptations was developed by the service in 2013/14. The bespoke Inverclyde Joint Store Management System (IJEMS) data reports that in 2015/16 the service provided 7,108 pieces of equipment to 4004 people and recycled 4177 pieces of equipment. This avoided replacement costs of £550,000. In addition to activity around the provision of equipment, JES staff uplifted equipment from 320 homes where people had passed away. Priority is given to the delivery of equipment to facilitate hospital discharge and/or to enable people to come home to die if that is their choice. To manage this within resources significant efficiencies have been implemented in equipment provision and service delivery, and the IJB can be reassured all efforts to weed out inefficiency and waste have been maximised.
- 4.3.2 When requesting equipment on the IJEMS system staff are asked to categorise the reason for equipment provision. In 2015/16 the reasons for equipment provision, against each individual service user, was recorded as follows:

Reason for equipment request	Number
Prevention of admission to hospital	679
Support hospital discharge	870
Care in the community*	2085
Palliative care	182
Paediatric	7
Learning disability	13
Replacement of existing equipment	168
Total	4004

*the care in the community category reflects activity for people already at home requiring additional equipment or one off cases. The category has also been used historically to capture provision related to learning disabilities and paediatrics, suggesting an under-recording in those specific categories which we are actively working to address.

- 4.3.3 In addition to funding the provision and servicing/repair of equipment our Equipment and Adaptations Budget is also used to provide minor adaptations. In 2015/16 we provided 994 minor adaptations (over step rails, stair lifts etc). To date in 2016/17 1251 small adaptations have been delivered (an average of 156 per month). This represents a 20% increase on the position last year (when there were on average of 82 small adaptations per month). The number of people able to live for longer at home and the level of complexity of need amongst those people accounts for this increase in demand. We do not currently charge for any small adaptations.
- 4.3.4 Keysafes

The Technology Enabled Care (TEC) service within our Integrated Care and Support at Home Service provides keysafes to individuals who have been assessed as part of the Single Shared Assessment process as requiring these. The Keysafe allows a house key to be stored securely enabling workers to access the property and provide services. There are criteria in place and service users must have mobility or cognitive issues that prevents them allowing access to their home.

There are approximately 850 keysafes in situ across Inverclyde. Although keysafes are recycled, the annual cost for both permanent and temporary keysafes is around £14,000 with each safe costing £50. Between January and November 2016, there were 298 installations. The funding of keysafes is from core TEC budgets in the Integrated Care and Support at Home Service

4.4 Funding

4.4.1 The Independent Living Service has an annual recurring equipment and adaptations budget of £260,050 from 2017/18. Based on projected spend to year end of £366,500 there was a projected budget shortfall of £136,450 in 2016/17 (against a budget in that year of £200,050). £120,000 of this projected shortfall has been met from earmarked reserves and an allocation of £70,000 from the Social Care Fund previously agreed by the IJB. The remaining overspend of £16,450 was offset by underspends in other services during 2016/17. The service has actively worked to minimise this budget pressure and continue to do so going forward.

4.4.2 The IJB is asked to consider agreeing a £100,000 recurring pressure-response uplift, to be funded from the £0.389m set aside from 2017/18 for Demographic and Other Pressures within the Social Care Fund. The alternative would be to try and reduce the costs by looking at the charging policy around this service. We do not currently charge for any element of equipment and adaptations provision or delivery/uplift, so the introduction of charges could also be an option for pursuance, although per the Integration Scheme charging is a matter for the Council to agree and not the IJB.

4.4.3 Below is a breakdown of the historical spend profile in relation to equipment and adaptations

Year	Spend	Year	Spend
10/11	£287,066	13/14	£336,084
11/12	£275,042	14/15	£447,505*
12/13	£333,464	15/16	£338,516

In the budget setting process covering the financial years 2013-16, a saving of £50,000 was identified to be removed from the budget from 2015/16 onwards.

*exception year with one off allocation from various non-recurring funds to facilitate telecare purchases and hoist provision.

4.5 Budget Management

4.5.1 The Independent Living Service aims to be able to operate confidently within agreed budgets and to respond to increasing demand and complexity creatively and proactively. As part of this, and to deliver previously agreed efficiencies, the service reviewed processes and procedures, to ensure that the provision of equipment and adaptations was as operationally efficient as possible in.

The service has reviewed the guidelines for provision, benchmarked our activity and arrangements against other areas and reduced the equipment supplied. In addition the following has been implemented in the service;

- Developed adaptations panel to scrutinise all requests.
- Lead Occupational Therapist scrutinises all individual specialist orders.
- Joint work with hospital occupational therapy colleagues and at hospital discharge meetings to ensure clear rationale for equipment/ adaptations and equity for provision.
- Best value checks in relation to minor adaptation providers
- Enhanced development of the bespoke IJEMS system to include equipment waiting list, adaptations process and enhanced data collection resulting in reduction in staff time from previous bureaucratic system, reduction in admin tasks, faster process of processing adaptations
- Regular equipment best value reviews across equipment providers and rationalisation of the number of equipment options to ensure more efficiency in equipment supply
- Negotiated competitive rates for servicing and decontamination of equipment with a

- full tendering exercise planned for 2017/18
- Careful monitoring and scrutiny around call outs for breakdowns where our OT technicians now check equipment prior to call out of an engineer
- Duty Occupational Therapist supports self-collection of simple equipment solutions with planned further scoping for equipment self-assessment models.

4.6 Current pressures – Joint Equipment Service/Store

This section of this report describes the nature of the pressure contributing to the overall budget pressure in the whole service to illustrate the changing demand and needs profile.

The additional funding already agreed and provided within this report will fund the following budget shortfalls, within the overall allocation of the spend across the service.

Equipment Servicing and Hoist Renewal	£20,000
Stock	£20,000
Adaptations	£21,000
Equipment and adaptations for children with additional needs	£30,000
Sensory Impairment	£10,000
Stair-lifts	£15,000
Specialist and General Equipment	£0
Pressure Care	£0
Bariatric need	£0
<i>TOTAL</i>	<i>£116,000</i>
2016/17 overspend to be contained from 2017/18 onwards	£16,000
PRESSURE	£100,000

4.6.1 Equipment Servicing and Hoist Renewal

The HSCP as a whole, with our partners, is increasingly more able to facilitate independent living and enable more people to remain at home and active in their communities for longer. As a result of this success we are collectively supporting people with very complex needs in the community who would previously have been cared for in long term care or in hospital.

There has been increased demand for hoists, specialist moving and handling equipment, pressure care and hospital beds associated with this increase in numbers and level of complexity. The Lifting Operations and Lifting Equipment Regulations (LOLER) require that all lifting equipment has a 6 monthly certificated examination; the number of pieces of lifting equipment is increasing year on year in Inverclyde thus the volume of LOLER testing is also going up. There are currently 200 hoists/stand aids in the community and 80 profiling beds, all of which require to be serviced and renewed if not meeting industry standards. Similarly, Airflow pressure care (mattresses) is also serviced regularly and needs to be replaced when deemed obsolete.

Decontamination and servicing of pressure care was carried out in the past by medical physics in NHSGGC but when this service stopped providing support this work was passed to the JES with no movement of resources to meet this new need.

Increasing complexity and demand in managing care in the community is resulting in additional pressures around this area of the budget. Additional health budgets allocated from 2017/18 (to the JES and Adult Community Nursing) address budget gaps in relation to specialist pressure care and hospital beds provision but there is a residual pressure of £20,000 in relation to the purchase of replacement hoists as current stock passes its lifespan and is not compliant, as described above.

4.6.2 Stock

Store stock is the provision of all mainstream equipment and the majority of equipment provision is from this budget line. Our projected year end spend in 2016/17 on store stock was £145,000. There is increasing demand for hospital beds and the service has increased provision by 10 beds (a bed package costs in the region of £1000). Due to the value of this stock there are very tight criteria around provision. In 2016/17 there has been a requirement to increase stock further without the budget to support this. The current shortfall is around £30,000 with potentially further requirement to increase stock. From 2017/18 onwards this pressure will be met in part by the additional health budget allocation but there remains a residual budget pressure of £20,000.

4.6.3 Adaptations

The adaptations spend in 2015/16 was £74,000 and £75,000 for 2016/17. There is an allocated budget of £29,550, thus the projected gap is £45,450. This budget is used in the main to fund external handrails and grab rails often provided where there are falls risks or a history of falls and are used to increase safety and support confidence with independent transfers. This budget is used for any adaptations under £1,000. Following assessment, the service will provide handrails to the main access of a property only and does not provide rails over paths. Double handrails are only considered where the person experiences a weakness on one side, for example following a stroke. Our policy in relation to small adaptations is often challenged by service users. We have benchmarked with other partnership areas and found that some provide handrails to more than one access/exit. Our policy of providing affordable solutions responds to basic provision of need. Again, other partnerships have moved to self-assessment for handrails and these partnerships report this has resulted in considerable budget pressures.

We have concluded that our current policy on provision of small adaptations is defensible and meets the basis provision of need. The budget pressure is, therefore, as a result of genuine demand and not due to inefficiency or overprovision. The demand for small adaptations has increased by 20% on last year's figures. As we succeed in enabling more people to live independently at home

From 2017/8 we will meet £24,000 of the £45,450 pressure in this category from health budgets, leaving a recurring budget pressure of £21,450. There is potential to scope the introduction of a charge for small adaptations which could reduce this pressure in future years.

4.6.4 Equipment and adaptations for children with additional needs

There is no dedicated budget allocated to provide for specialist children's equipment in the Independent Living Service budget, nor is there dedicated budget in local Specialist Children's Services. Over the years the service has absorbed the spend in this area. Between 2012 and 2015 the annual average spend on equipment for children (specialist seating, slings hoists, bathing solutions) averaged in excess £31,000 per year. The occupational therapists in the Independent Living Service work closely with Allied Health Professionals in Specialist Children Services to look at maximising use and recycling equipment. Work is also underway with colleagues in education to look at supporting optimal use of this very specialised equipment to best meet the needs of the children of Inverclyde, and the potential for cost sharing agreements.

There are currently around 30 children in Inverclyde with very complex physical disabilities who have been provided with equipment and 16 children with a sensory impairment who have been provided with equipment.

We currently hold a small stock of specialist children's equipment in the JES but in the majority of cases equipment will require to be ordered as a specialist order. Children's specialist seating averages £3,000 per item. Children generally require having specialist equipment renewed every 2-3 years depending on growth and needs change. There is a budget pressure of £30,000 pa in relation to specialist paediatric equipment.

4.6.5 Sensory impairment

The Independent Living Service supports people with sensory impairments and provides minor adaptations and some small pieces of equipment to this client group such as flashing doorbells, loud ringers/amplifiers for phones, vibrating smoke alarms, white sticks, signature guides etc. As a result of previously described efficiency drives there has been a significant reduction in the provision of this type of equipment in recent years. Around £10,000 is spent each year on equipment for people with sensory impairment. There is no specific budget for this, thus there is a pressure in this area of £10,000 pa. We anticipate an increased need in this area linked to very specialist mobility needs amongst sensory impaired children being identified in Education Services which the Independent Living Service will need to respond to.

4.6.6 Stair-lifts

There is no specifically allocated budget for Stair-lifts in the general Independent Living Service budget. Spend for 2016/17 was £15,000. It is difficult to accurately project the need for stair-lifts as this is entirely dependent on need and building design etc. Stair-lifts were traditionally classed as equipment and generally cost under £1000 for a straight stair lift. Where the person owns their property a grant is provided for this equipment/adaptation from the Scheme of Assistance. River Clyde Homes also provide stair lifts through their adaptation budget as part of the stock transfer agreement. The Independent Living Service provides and services stair lifts for other local Registered Social Landlords. The Local Housing Contribution Statement action plan has initiated a review of adaptations processes and the HSCP's Lead Occupational Therapist will chair a short working group to review stair lift provision. Scoping across other areas has shown different models of provision of stair lifts we may be able to learn from. The budget pressure to be funded is £15,000.

4.6.7 Specialist and General Equipment

For 2016/17 £20,000 was spent in the area of specialist equipment. This spend related to one off ordering of more specialist postural support in seating, slings and showering solutions (non-core stock items), for around 16 people with progressive neurological conditions to maintain optimal positioning in relation to postural swallowing (prevention of aspiration) and pressure care. Significant effort is put into maximise recycling of this equipment but there are very complex physical disability cases that require this level of support to remain in the community.

In the year £10,000 was also spent on 'general equipment'. This budget line relates to equipment for training, development of service provision etc. One area the service is looking at is what the equipment and adaptation requirements would be to support a move to one handed care in some packages of support requiring two carers. The service has purchased a small stock of this type of equipment and is currently testing use in two cases. Longer term there is an opportunity to look at a reduction in care packages by training staff on technique and using different more expensive equipment and adaptations solutions. The service is keen to move in this direction due to the current demands in some complex care packages.

The budget pressure of £30,000 presenting in this area of activity will be met by investment in the JES.

4.6.8 Pressure Care

As the complexity of cases we support increases so does the demand for specialist pressure care which is crucial to ensure comfort preventing sores and potential deterioration leading to hospital admission. Our Adult Community Nursing colleagues are the principal prescribers of pressure care from the JES. In 2016/17 £48,000 was spent on pressure care from the Adult Community Nursing budget. During the year £9,000 of this spent was met by a virement from the Independent Living Service equipment budget. Specialist airflow mattresses and pressure cushions are expensive pieces of equipment and the high end mattresses can cost in excess of £3,000 per mattress. Capital investment in this type of equipment has not been possible in recent years and many of the mattresses are old and have been regularly failing testing. The JES now undertake servicing of these mattresses to help keep servicing costs down, avoiding the need to put these to external companies to service. An additional £10,000 pa has been committed recurrently from the Delayed Discharged budget to the adult community nursing pressure care budget from 2017/18 onwards which should cover the costs of this service going forward.

4.6.9 Bariatric need

Inverclyde has seen an increase in the demand for heavy duty pieces of equipment to support people in the bariatric category (people with a BMI of over 50). People in this category of need are complex and in addition to moving and handling challenges around offering equipment and care, there are specific issues around housing that are presenting resource issues. Where the flooring in a person's home is not concrete a full structural engineering report is required to ensure the flooring can take the weight of the person, equipment and carers (Bariatric bed weight with mattress is around 29 st). The works to reinforce the floor following the recommendations must be carried out prior to equipment being delivered. Some initial investigations have been carried out across other partnership areas to identify which organisations pay for the structural work to be done. The results have found that other local authorities/HSCPs are funding this work as they are putting out the equipment often to support not only the person but their staff in the caring role. No specific budget is in place to meet this growing demand and no projection has been possible. There is therefore a budget pressure for the service which cannot be accurately quantified and will need to be covered within existing resources unless in extreme cases where individual case application will require to be made for funding.

4.7 Current Pressures - Technology Enabled Care

Our Integrated Care and Support at Home Service delivers Technology Enabled Care (TEC) for local people and supports other services, such as the Independent Living Service, to maximise technological solutions to enable independent and active living.

4.7.1 Call Handling Contract

Inverclyde HSCP contracts Bield (BR24) to provide a call handling service to users of the Technology Enabled Care Service. Bield was successful in its bid when the contract went to tender in autumn 2015. The new contract commenced at the end of April 2016. Bield handle approximately 7,000 calls per month from Inverclyde service users.

The contract cost has never been sufficiently funded in the mainstream budget for a number of years relying on a top up from other funding, latterly the Integrated Care Fund. The budget allocated for this element of the service stood at £23,700 in 2016/17, however, the actual cost of the service, given the shortfall and increase in service user numbers, is approximately £46,000. Additional recurring investment from Delayed Discharges funding has been committed to this from 2017/18 onwards addressing the pressure. The number of links to Bield is expected to rise by around 6% in the next financial year given the numbers of increased referrals and developments associated with the Scottish Government's

Technology Enabled Care funding initiative.

4.7.2 TEC Replacement Programme

There are currently 2654 service users in receipt of a community alarm with this number expected to rise by around 6% year on year inclusive of those who no longer require or terminate from the service. Although the service will recycle this equipment it will still require to purchase a further 200 alarm units at a cost of £20,000 funded from the TEC monies agreed for 2016/17 and 2017/18.

In addition, the service manages to procure alarm units with a 5 year warranty. These are then renewed as part of a continuing replacement programme. The status of this exercise within Inverclyde is as undernoted:-

Year of Replacement	Number of Alarm Units	Cost
2015	374	£37,400
2016	326	£32,600
2017	758	£75,800
2018	328	£32,800
2019	452	£45,200
2020	92	£9,200

As well as the above, community alarms, and the network they communicate through is almost exclusively analogue. It is anticipated that in 2018 the telephony infrastructure will transition to digital (pending approval from Ofcom). This will have an impact as alarm units will require to be changed to digital versions and, as yet, there are no costs for this new equipment, nor confirmation from existing providers that they are available to the market.

4.7.3 Telecare Periphery Equipment

In addition to providing community alarm units, the service provides additional telecare equipment to over 300 of the total number of service users. This consists of a range of environmental sensors and movement sensors to monitor a service user's wellbeing and which can also generate a response from the call handling centre and mobile response team.

From April to November 2016, the service committed to installing 404 pieces of telecare periphery equipment at a cost of £30,500. Additional funding for Telecare equipment has been received from the Scottish Government for the next 2 years from the Technology Enabled Care Fund, and will be picked up on a recurring basis thereafter from the integrated care budget.

4.7.4 Telehealth

The service currently provides a home health monitoring service to 30 patients within the community who have a diagnosis of Chronic Obstructive Pulmonary Disease (COPD). This involves patients measuring several physiological signs and transmitting these readings through a home health hub to a website monitored by nurses within the local health centre. While the hubs are in good operable order, one third of these are over 6 years old, another third, 4 years old and 2 years old. The service carries periphery kit in the form of blood pressure cuffs and pulse meters to replace those that are worn or broken. The cost of renewing the hubs today is approximately £1,000.

There is an additional monitoring cost per patient associated with the transmission of data and website access to allow the nursing team to monitor and intervene when parameters are breached. This ongoing cost is £1 per day per patient, resulting in an annual cost of £16,425. This pressure has been addressed via a permanent allocation on a recurring basis

from the integrated care budget.

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
Nil					

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments
ILS	Equipment	2017/18	£100,000 (equipment)	Demographic and Other Pressures budget	

LEGAL

5.2 There are no legal issues within this report.

HUMAN RESOURCES

5.3 There are no human resources issues within this report.

EQUALITIES

5.4 There 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.

5.4.1 How does this report address our Equality Outcomes? The provision of equipment, adaptations and technology solutions is core to enabling more people to stay independent and active in their community for longer. Thus, it helps prevent social exclusion, isolation and inequities of outcome for anyone who may benefit from it and addresses all of our Equalities outcomes. The proposal in this paper specifically address the following outcomes:

- People, including individuals from the above protected characteristic groups, can access HSCP services.
- People with protected characteristics feel safe within their communities.

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

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

5.5 There are no governance issues within this report.

5.6 NATIONAL WELLBEING OUTCOMES

How does this report support delivery of the National Wellbeing Outcomes? The work of the Independent Living Service and the TEC Service is designed to improve outcomes for people and as such this report seeks to respond to all of the National Wellbeing Outcomes (NOW). Specifically, however, this report seems to address the following NWOs:

- 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.
- Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
- Health and social care services contribute to reducing 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.
- People using health and social care services are safe from harm.

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 relevant managers and finance colleagues.

7.0 LIST OF BACKGROUND PAPERS

7.1 Nil