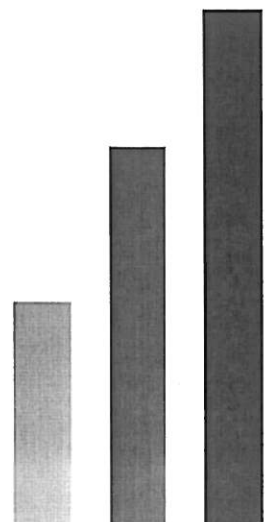


Agenda 2013

Inverclyde Community Health & Care Partnership Sub- Committee

For meeting on:

29	August	2013
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PLEASE NOTE TIME OF MEETING

Municipal Buildings, Greenock PA15 1LY

Ref: SL/MS

Date: 15 August 201

A meeting of the Inverclyde Community Health & Care Partnership Sub-Committee will be held on Thursday 29 August 2013 at 1 pm within the Municipal Buildings, Greenock.

ELAINE PATERSON
Head of Legal and Democratic Services

BUSINESS

1. **Apologies, Substitutions and Declarations of Interest**

NEW BUSINESS

2. **Healthy Child Programme (Redesign)**
Report by Corporate Director Inverclyde Community Health & Care Partnership
NB There will also be a presentation on this item

PERFORMANCE MANAGEMENT

3. **Community Health & Care Partnership - Financial Report Outturn 2012/13 and 2013/14 as at Period 3 to 30 June 2013**
Report by Corporate Director Inverclyde Community Health & Care Partnership
4. **Pilot Joint Inspection of Adult (Older People's) Services**
Report by Corporate Director Inverclyde Community Health & Care Partnership
5. **Inspection of Inverclyde CHCP's Day Services for Older People**
Report by Corporate Director Inverclyde Community Health & Care Partnership
6. **Inspection of McPherson Centre**
Report by Corporate Director Inverclyde Community Health & Care Partnership
7. **Workforce Monitoring Report**
Report by Corporate Director Inverclyde Community Health & Care Partnership
8. **Inverclyde CHCP Freedom of Information Annual Report**
Report by Corporate Director Inverclyde Community Health & Care Partnership

NEW BUSINESS

9. **Potential Implications of the Public Bodies (Joint Working) (Scotland) Bill**
Report by Corporate Director Inverclyde Community Health & Care Partnership



The documentation relative to the following items has been treated as exempt information in terms of the Local Government (Scotland) Act 1973 as amended, the nature of the exempt information being that set out in the paragraphs of Part I of Schedule 7(A) of the Act as are set opposite each item

PERFORMANCE MANAGEMENT

10. **Governance of CHCP Commissioned External Organisations** Paras 3 & 6
Report by Corporate Director Inverclyde Community Health & Care Partnership on the current position with regard to the CHCP governance of external organisations

NEW BUSINESS

11. **Caladh House: Award of Negotiated Contract: Turning Point Scotland** Paras 6, 8 & 9
Report by Corporate Director Inverclyde Community Health & Care Partnership seeking approval to contract with Turning Point Scotland to provide residential care for 13 adults with a learning disability

Enquiries to - **Sharon Lang** - 01475 712112

Report To: Community Health & Care
Partnership Sub Committee

Date: 29th August 2013

Report By: Brian Moore
Corporate Director
Inverclyde Community Health &
Care Partnership

Report No:
CHCP/42/2013/SMcA

Contact Officer: Sharon McAlees
Head of Children's Services &
Criminal Justice

Contact No:
01475 - 715379

Subject: HEALTHY CHILD PROGRAMME (RE-DESIGN)

1.0 PURPOSE

- 1.1 To inform the CHCP Sub Committee of the development of the Healthy Child Programme.
- 1.2 To highlight the work of the Healthy Child Programme Board and the re-design activity taking place within health visiting and school nursing.

2.0 SUMMARY:

- 2.1 Following the Health Visitor review in 2008, Children & Family (C&F) Teams were established across NHSGGC to support children from the age of 0 – 19; they provide both a universal service for all children and a targeted service for vulnerable children and their families. Teams were established to respond to the strong evidence base that interventions in the early years represent the most cost-effective solution for tackling the intergenerational effects of poverty within vulnerable families.
- 2.2 Teams use a Health Plan Indicator from birth which determines whether children have 'core or universal' needs that result in the provision of universal supports or "additional / intensive' needs resulting in the provision of more targeted interventions. Care Plans are developed in response to these assessments either on a single agency basis or jointly as part of an Integrated Assessment Framework with Partner agencies.
- 2.3 The publication by the Government of CEL 15 (2010) – Refresh of Health for All Children and A New Look at Hall 4 and the more recent Early Years Framework, outlined a range of changes that needed to be made to improve how our early years' services operate and the approaches they should use to assess and care plan for children. This has resulted in the publication of the Healthy Children Programme which includes the introduction of a 30 Month Assessment for all children. It is estimated that this will involve 1,582 assessments in Inverclyde.
- 2.4 To progress this work in NHSGG&C, the Healthy Child Programme Board (HCPB) was established. The Board has strategic oversight of the development of the HCP. Membership includes Board Directors; Heads of Children's Services, senior staff partnership and input from a range of support services including Finance, Organisational Development and Human Resources. Work is developed through a range of subgroups and associated workstreams and the leads for each of these are also members of the HCPB. Inverclyde CHCP has been represented at all levels within the structure and key staff have participated in the subgroups.

- 2.5 Having undertaken a comprehensive review of health visiting and school nursing provision, the HCPB concluded that the Refresh of Hall 4 and Early Years Framework could only be achieved through re-designing the universal services provided by Children and Families Teams.
- 2.6 This report outlines the proposed arrangements for changes to the current configuration and responsibilities of Children & Family Teams in Inverclyde, including an outline of the considerable additional investment in our teams required to facilitate this re-design process.

3.0 RECOMMENDATIONS

- 3.1 The CHCP Sub Committee is asked to :

Note the three main elements outlined within the programme:

- Implementation of a 30 month assessment
- Development and implementation of an Assessment & Care Planning Tool & Process
- Workforce Re-design & Investment in Health Visiting and School Nursing

- 3.2 Note the present position and work in progress to finalise the Healthy Child re-design programme.

Brian Moore
Corporate Director
Inverclyde Community Health & Care
Partnership

4.0 BACKGROUND

- 4.1 The recent publication of SIMD data, whilst detailing improvements in a number of areas, continues to demonstrate that children and families in Inverclyde live in some of the most deprived communities in Scotland. The evidence is now clear that early intervention in the lives of vulnerable children is not only the most effective form of intervention but the most cost effective solution for tackling the intergenerational effects of poverty, deprivation and disadvantage for vulnerable children and their families. Recent analysis has demonstrated that failure to intervene at an early stage in the lives of vulnerable children has a profound impact on outcomes for children and on the costs to services.
- 4.2 The Healthy Child Programme has been developed in response to these challenges with the main aims of the programme being :
- Embed GIRFEC in the working of Children & Family Teams
 - Establish the Health Visitor as the Named Person for all pre-school age children.
 - Re-design the Health Plan Indicator to have 2 categories (Core and Additional) rather than the current 3 (Core, Additional and Intensive) and allocate a Health Plan Indicator by 6 months for all children in our area.
 - Ensure that a child with needs categorized as “core” is offered the full range of our universal services for 0-19 year olds.
 - Ensure that a child with needs categorized as “additional” receives additional health visiting support and / or support from other disciplines / agencies.
 - Design the format and content of the 27-30 month assessment and ensure that all children are offered this universal health assessment at the appropriate time.
 - Ensure that there are clear pathways from the assessment to evidence based interventions, identifying which children should receive these interventions.
 - Ensure that key health improvement messages and programmes are promoted by Public Health nurses.
- 4.3 To determine the capacity of Children & Family teams to respond to the challenges of the Healthy Child Programme and meet the needs of both ‘core’ and ‘additional’ children, a survey of the functioning of Children & Family teams was undertaken across NHSGG&C in 2011.
- 4.4 The HCPB recommended a change in the ways of working of Children & Family teams to ensure practice met the National Framework requirements Key re-design objectives are to:
- Increase the amount of direct client activity by clinical staff within Children & Family Teams to a minimum of 80%.
 - Focus the clinical capacity which is released by the re-design on improved assessment, care planning and the delivery of evidence based interventions for vulnerable children and families.
 - Ensure a more robust programme of clinical and managerial supervision is available within Children & Family teams through strengthened Team Leader and professional support arrangements.
 - Introduce the Named Person and Lead Professional responsibilities as part of implementing ‘Getting in Right for Every Child’.
 - Introduce a prescribed set of evidence based interventions for both ‘universal’ and ‘targeted’ children outlined within the National Framework.
 - Establish a consistent skill mix of nursing and administration support staff within each Children & Family Team.
 - Improve the interface between Children & Family Teams, the Paediatric Nursing Services within specialist Children Services, the Community Nursing Services provided by Women & Children’s Directorate and with all other partner agencies.

5.0 PROPOSALS

5.1 The Healthy Child Programme Board has made a series of recommendations that Children & Family Teams should undertake in order to progress the Healthy Child Programme. These are outlined as follows.

5.2 Introduction of a revised Assessment and Care Planning Framework :

- A revised assessment and care-planning framework has been developed for Children & Family teams. The framework is based on Getting It Right for Every Child (GIRFEC) and utilises the wellbeing indicators to determine need.
- The framework is age appropriate and will use EMISWeb as the common IMT tool to record and share information about the child. The EMISWeb system will provide a direct alternative to current paper based recording systems allowing staff to input data through a handheld electronic device. The system will hold the records for all children across the Board area and will improve information sharing on all levels, including for management information and performance monitoring functions.
- The assessment tool is currently being piloted across NHSGG&C and will be introduced in Inverclyde later in 2013 / early 2014 as part of the planned introduction of EMISWeb.

5.3 The screening tool will be repeated for all children identified as having additional needs both at 12 and 30 months.

5.4 Introduction of a 30 Month Assessment for All Children :

An additional clinic or home based assessment has been introduced (1st July 2013) universally for all children at 30 months to determine family functioning (parenting capacity), identify early behavioural and mental health problems and language difficulties. Evidence based interventions will be provided by all teams following this assessment and these will include the Positive Parenting Programme (Triple P) and communication programmes, for those children who are identified as having additional support needs.

5.5 The new 30-month assessment is framed around ensuring children are Ready to Learn. The Health Visitor is the primary person to deliver the 30 month assessment and develop, deliver and delegate activities within the care plan that flows from it. It is estimated that this will result in some 1,582 assessments in Inverclyde over the first year.

5.6 All Health Visitors will undertake the Named Person role as identified within the GIRFEC responsibilities. Where appropriate, a Specialist Children's Services clinician would assume the lead professional role (e.g. for a child with complex needs).

5.7 All children will receive a set of age specific interventions as prescribed on the Universal Child Health Pathway – the services available to all children and families. The Pathway details both the assessments required and how both qualified and unregistered staff can deliver services.

5.8 Interventions, prescribed on the Universal Child Health Pathway, have an evidence base and will predominantly be delivered by Band 3 clinical support workers and Band 4 Nursery Nurses, Band 5 Staff Nurses but overseen by the Health Visitor.

5.9 Additional programmes of immunisation, such as Influenza, Men C, Rotavirus and Herpes Zoster vaccinations, are to be introduced. These will potentially increase workload for Children & Families teams and so further work is required to ensure that the current success in delivering immunisation is maintained.

5.10 As a consequence of introducing the revised Assessment and Care Planning Framework, Children & Family Teams will more accurately identify those Children and Families who have additional support needs. A robust learning and development programme for Children & Family Teams will be provided from late 2013 to enable members of the team to deliver a suite of Evidence Based Interventions.

5.11 A number of children will require a range of intensive interventions that require capacity not available within our Children & Family Teams :

- As part of the Integrated Assessment Framework, Health Visitors within Children & Family Teams will identify the interventions required from across the CHCP and other agencies (e.g. Family Support, Pre Five Placement etc.) These will be detailed in the Child's Plan.
- Pathways have been established to both the Child and Adolescent Mental Health Team to access psychological therapies and to the Community Paediatric Teams, to support vulnerable children, Looked After and Accommodated Children and children with disabilities or with complex needs. Both CAMHs and Community Paediatric Teams will offer a consultation service to Children & Family Teams to help formulate the most appropriate interventions for Children & Family Teams.

5.12 **Children & Family Workforce model :**

The HCPB undertook a detailed review of the existing service framework for Children and Family Teams and a revised workforce model has been developed. Size and band mix for each Children & Family Team has been calculated by determining the average time required to undertake specific activities for each child.

5.13 For Inverclyde this has resulted in an estimated overall increase in investment of £196,600. Tables outlining the overall staff resource are noted below. When implemented this will constitute a significant investment in our Children & Family teams. A Demand and Capacity framework will be developed for Children & Family teams to establish that these estimates are reflected in actual practice.

Change to Health Visiting	+/-
Band 2 increase from 1.1 to 1.6	+0.5
Band 3 increase from 2 to 3.5	+1.5
Band 4 increase from 0 to 2.9	+2.9
Total Untrained	+4.9
Band 5 increase from 4.7 to 6.6	+1.9
Band 6 decrease from 18.6 to 15.7	-2.9
Band 7 increase from 0.5 to 1.6	+1.1
Total Trained	0

Change to School Nursing	+/-
Band 2 reduction from 1.1 to 0.3	-0.8
Band 3 increase from 1.4 to 1.6	+0.2
Band 4 level at 0	0
Total Untrained	-0.6
Band 5 reduction from 3.5 to 1.8	-1.7
Band 6 increase from 1 to 3.2	+2.2
Band 7 increase from 0 to 0.3	+0.3
Total Trained	0.8

5.14 Each family, with a child under 5, will receive in total 26 hours of Children & Family Team input over the course of the Universal Child Health Pathway (0-5 years).

5.15 The workforce model estimates that the input of Health Visitor time for the most vulnerable families is likely to be on average 4 times that of the universal family.

In total the most vulnerable pre-school families will receive approximately 74 hours input over 5 years from the Children & Family Team. The consumption of these hours will be weighted towards the pre-nursery years, although the model allows for flexibility to reassess and intervene at any point throughout the vulnerable pathway.

- 5.16 Given the significant change agenda proposed for Children & Family Teams, an improved ratio for Team Leader to band 6 staff is proposed. An allocation of 1 Band 7 Team Leader per 10 Band 6 Health visiting staff is proposed. Team Leaders should not carry caseloads and should be responsible for both the management of the Team and Clinical Supervision of the Band 6 staff.
- 5.17 The Healthy Child Programme Board undertook a review of School Nursing services and used the same principles of service redesign to develop a workforce model for school aged children. A list of tasks / responsibilities for the school health services, an estimated time for each individual activity and an estimated amount of time per task are being developed. The School Nurse review has concluded that the implementation of the revised assessment and care planning framework and the delivery of interventions to vulnerable children will require a substantial investment in band 6 nursing staff.
- 5.18 The proposed configuration of Children & Family Teams based on the workforce modelling described above will result in teams identifying unmet need more systematically, a more consistent delivery of the universal pathway to all children and an increased capacity for providing interventions for up to 20% more vulnerable families.
- 5.19 **Delivering the change programme for Children & Family teams in Inverclyde :**
- The HCP has been developed at board level by the HCPB with involvement from the CHCP. Implementation is now being delivered by an Inverclyde Local Implementation group with ongoing support of the HCPB.
- 5.20 The Inverclyde Local Implementation Group is a multi-agency group that as well as reporting to the HCPB reports via the Children's Services planning structure to SOA 6 Best Start in Life.
- 5.21 The Inverclyde Local Implementation Group are working to integrate the outputs of the HCP with the developments of the early years collaborative and the work already underway in respect of Getting it Right for Every Child Citizen and Community.

6.0 IMPLICATIONS

- 6.1 Legal: It is the intention of the Scottish Government that the role of named person will become a statutory duty and this is currently contained in the Children and Young Persons Bill.
- 6.2 Finance: The proposals outlined above constitute planned additional investment in staffing within Children & Family teams, within the NHS funding of the Partnership. The level of funding for Inverclyde based on the whole system redesign is currently estimated at £196,600 for 2013/14, albeit still subject to final confirmation.

Cost Centre	Budget Heading	Budget Year	Proposed Spend this Report	Virement From	Other Comments
Children & Families Community Teams	Employee & Other Costs	2013/14	£196,600	N/A	Expected NHS recurring funding – subject to confirmation

6.3 Personnel:

A Workforce Plan has been developed. Recruitment is being managed at Board level. CHCP senior staff are fully involved in the recruitment process.

6.4 Equalities:

Equalities Impact Assessments have been completed as part of this re-design.

6.5 Repopulation:

The re-design supports the work of SOA 6 Best Start in Life and Nurturing Inverclyde.

7.0 CONSULTATION

7.1 Staff Partnership has been fully involved in the process.

7.2 Finance, HR and Organisational Development have been fully engaged in the process.

Report To: Community Health & Care Partnership Sub-Committee **Date:** 29 August 2013

Report By: Brian Moore
Corporate Director
Inverclyde Community Health & Care Partnership **Report No:** CHCP/39/2013/LB

Contact Officer: Lesley Bairden **Contact No:** 01475 712257

Subject: Community Health & Care Partnership – Financial Report Outturn 2012/13 and 2013/14 as at Period 3 to 30 June 2013.

1.0 PURPOSE

- 1.1 The purpose of this report is to advise the Inverclyde CHCP Sub-Committee of the 2012/13 Revenue Outturn position and of the 2013/14 Revenue and Capital Budget current year position as at Period 3 to 30 June 2013.

2.0 SUMMARY

REVENUE OUTTURN 2012/13

- 2.1 The total Health and Community Care Partnership revenue budget for 2012/13 was £119,256,000 with a final underspend of £80,000 being 0.07% of the revised budget.
- 2.2 The Social Work revised budget was £47,758,000 with a final underspend of £111,000 (0.23%). The main items contributing to the overall Social Work underspend were:
- Learning Disability £369,000 (6.30%) overspend due to client commitment costs. It should be noted that the 2013/16 budget included pressure funding of £450,000 2013/14 rising to £1,000,000 by 2015/16 for known pressures and further anticipated costs of care packages.
Offset by:
 - Older Persons £256,000 (1.23%) underspend predominantly due to charging order income.
 - Children & Families £137,000 (1.34%) underspend from staffing turnover.
 - Homelessness £146,000 (20.59%) underspend due to £80,000 Hostels Grant adjustments and £54,000 property related savings.

2.3 This is a reduction in underspend of £110,000 from the period 11 underspend of £221,000 last reported to the Sub-Committee. Of this movement £59,000 is an increase in spend (analysed by service at 5.2 below) and £51,000 relates to earmarked reserve and year end budget adjustments.

2.4 The Health budget was £71,498,000 and was overspent by £31,000 (0.04%) with continence supplies remaining the key area of overspend.

This is an increase of £7,000 since last reported at period 11.

REVENUE PROJECTION 2013/14

2.5 The total Health and Community Care Partnership revenue budget for 2013/14 is £118,826,000 with a projected underspend of £83,000 being 0.07% of the revised budget.

2.6 The Social Work revised budget is £48,806,000 with a projected underspend of £77,000 (0.16%). This is due to turnover savings, partly offset by overspends on the current client commitment costs. This underspend is net of a projected £205,000 contribution to the new earmarked reserve for Residential Childcare, Fostering and Adoption, as this projected contribution is dependant on activity levels the final adjustment will be made as part of the year end process.

It should be noted that the 2013/14 budget includes agreed savings for the year of £480,000 projected to be achieved in full.

2.7 The Health revenue budget is £70,020,000 with a projected underspend of £6,000 (0.01%). This is due to a number of supplies pressures, offset by vacancy and increment savings, however it should be noted that a number of non recurring funding sources are yet to be applied to the current year.

The Health budget for 2013/14 does not include any local savings target and has been adjusted to reflect the centralisation of the Continence Service, now hosted by Glasgow.

CAPITAL 2013/14

2.8 The total Health and Community Care Partnership approved capital budget for 2013/14 is £401,000 with a projected underspend of £116,000 relating to Kylemore Childrens Home.

EARMARKED RESERVES 2013/14

2.9 The Social Work Earmarked Reserves for 2013/14 total £3,257,000 with £2,120,000 projected to be spent in the current financial year. To date £428,000 spend has been incurred and is 20.2% of the projected 2013/14 spend.

3.0 RECOMMENDATIONS

3.1 The Sub-Committee note the 2012/13 revenue budget underspend of £80,000 as at 31 March 2013.

3.2 The Sub-Committee note the current year revenue budget and projected underspend of £83,000 for 2013/14 as at 30 June 2013.

3.3 The Sub-Committee note the current projected capital position:

- Social Work capital projected as £116,000 underspent over the life of the projects.
- Health capital projected to budget.

- 3.4 The Sub-Committee note the current Earmarked Reserves position.
- 3.5 The Sub-Committee approve the Social Work budget virements detailed on Appendix 7.

Brian Moore
Corporate Director
Inverclyde Community Health & Care
Partnership

4.0 BACKGROUND

- 4.1 The purpose of the report is to advise the Sub-Committee of the 2012/13 revenue outturn position, the current position of the 2013/14 CHCP revenue and capital budget and to highlight the main issues contributing to the £83,000 projected revenue underspend and the current capital programme position.
- 4.2 The current year consolidated revenue summary position is detailed in Appendix 1, with the individual elements of the Partnership detailed in Appendices 2 and 3, Social Work and Health respectively. Appendix 4 shows the year to date position for both elements of the Partnership.

5.0 REVENUE: 2012/13 REVENUE OUTTURN POSITION UNDERSPEND £80,000

- 5.1 The tables below set out the 2012/13 outturn to budget and movement in projected spend from last reported as at period 11 for the Council and Health components of the partnership.

5.2 SOCIAL WORK £111,000 UNDERSPEND

	Revised Budget 2012/13	Out-turn 2012/13	Variance to Budget	Variance To Budget	Movement since P11 Projection
	£000	£000	£000	%	£000
Strategy	2,102	2,066	(36)	(1.71%)	0
Older Persons	21,359	21,103	(256)	(1.23%)	(49)
Learning Disabilities	5,854	6,223	369	6.30%	24
Mental Health	1,133	1,159	26	2.29%	49
Children & Families	10,238	10,101	(137)	(1.34%)	25
Physical & Sensory	2,332	2,396	64	2.74%	70
Addictions / Substance Misuse	887	804	(83)	(9.36%)	13
Support / Management	2,220	2,293	73	3.29%	73
Assessment & Care Management	1,513	1,528	15	0.99%	(5)
Criminal Justice	0	0	0	0	0
Homelessness	697	551	(146)	(20.59%)	(5)
Total Operational Expenditure	48,335	48,224	(111)	(0.23%)	195
Contribution to Earmarked Reserves	(577)	(577)	0	0	(254)
Total	47,758	47,647	(111)	(0.23%)	(59)

- 5.3 The key reasons for the underspend and movements are:

a. **Older Persons: Outturn £256,000 (1.23%) underspend / Movement (£49,000)**

The underspend was predominantly due to:

- Charging Order income of £221,000; given the nature of this income it is not possible to project the frequency or level of income expected in any period, however as part of the 2013/16 budget an annual income of £60,000 is now included within the Social Work budget.
- Underspend of £60,000 in homecare staffing and external homecare costs used to offset overspend of £42,000 from running costs of CM2000 implementation.

The movement of £49,000 was mainly due to additional charging order income.

b. Learning Disabilities: Outturn £369,000 (6.30%) overspent / Movement £24,000

The overspend was due to client commitment costs as reported to committee. It should be noted that the 2013/16 budget included pressure funding of £450,000 2013/14 rising to £1,000,000 by 2015/16 for known pressures and further anticipated costs of care packages.

The increase in costs from period 11 was due to overstated income projections and additional transport costs.

c. Children & Families: Outturn £137,000 (1.34%) underspent / Movement £25,000

The underspend related to employee savings from turnover, overtime and sessional as previously reported.

The increase in costs of £25,000 related to employees, with prior projection understated.

d. Physical & Sensory: Outturn £64,000 (2.74%) overspent / Movement £70,000

As previously reported this overspend was due to staffing and transport costs.

This increased cost since last reported was due to quantifying the utilities issue £43,000, reported at period 11, along with increased direct payment costs of £21,000.

e. Addictions / Substance Misuse: Outturn £83,000 (9.36%) underspent / Movement £13,000

The underspend remained due to employee costs (£45,000) and client package costs (£52,000) as reported to the last sub-committee. The increase in costs from period 11 was due to a number of minor movements.

f. Support / Management: Outturn £73,000 (3.29%) overspent / Movement £73,000

The overspend relates to employee £42,000 and administration costs (£19,000). At period 11 a £41,000 overspend was reported against employee costs, with the main movement due to under projected property costs of £19,000, additional insurance costs of £43,000 allocated as part of the year end process.

g. Homelessness: Outturn £146,000 (20.59%) underspend / Movement (£5,000)

As previously reported the underspend was due to:

- £32,000 net underspend relating to reduction in use of scatter flats
- £80,000 over recovery on the budgeted level of Hostel Grant income
- £22,000 underspend on bed & breakfast accommodation
- £23,000 underspend on staffing

5.4 HEALTH £31,000 OVERSPEND

The key reasons for the overspend and movements are:

	Revised Budget 2012/13	Out-turn 2012/13	Variance to Budget	Variance to Budget	Movement since P11 Projection *
	£000	£000	£000	%	£000
Children & Families	3,304	3,319	15	0.45%	(9)
Family Health Services	21,172	21,172	0	0%	0
Health & Community Care	3,877	3,919	42	1.08%	18
Management & Admin	1,667	1,686	19	1.14%	16
Learning Disabilities	566	534	(32)	(5.65%)	(19)
Addictions	1,879	1,829	(50)	(2.66%)	(10)
Mental Health - Communities	2,388	2,380	(8)	(0.34%)	(10)
Mental Health – Inpatient Services	9,678	9,697	19	0.20%	(2)
Planning & Health Improvement	1,100	1,127	27	2.45%	24
Prescribing	15,828	15,828	0	0%	0
Resource Transfer	8,869	8,869	0	0%	0
Change Fund	1,170	1,169	(1)	(0.09%)	(1)
Total Operational Expenditure	71,498	71,529	31	0.04%	7

*The movement comprises £245,000 additional spend, offset by £238,000 additional budget.

5.5 The key reasons for the overspend and movements are:

a. **Health & Community Care: £42,000 (1.08%) overspend / Movement £18,000**

The overspend relates to £57,000 continence cost and volume pressures as previously reported, offset by a number of minor under and overspends within the service.

Continence costs increased by £7,000 since period 11 along with a number of minor increases in other supplies.

b. **Learning Disabilities: £32,000 (5.65%) underspend / Movement (£19,000)**

As previously reported the underspend is due to vacancy and increment savings, the movement from period 11 shows a cost reduction as anticipated charges for medical services were over estimated.

c. **Addictions: £50,000 underspend (2.66%) / Movement (£10,000)**

The underspend remains due to slippage in newly recruited posts and associated supplies costs.

d. **Planning & Health Improvement: £27,000 (2.45%) overspend / Movement £24,000**

This overspend has increased by £21,000 since period 11 due to a number of discretionary budget areas, supporting the overall CHCP, being met from within this service, along with an historic travel pressure of £6,000.

e. **Prescribing: £nil**

Prescribing is to budget and as reported at period 11 it should be noted that the budget was significantly reduced during 2012/13 (by £431,000 in total) for a combination of funding not required (Board wide) for specific pressures and short supply premiums, along with the impacts of local performance.

6.0 2013/14 CURRENT REVENUE POSITION: UNDERSPEND £83,000

6.1 SOCIAL WORK £77,000 PROJECTED UNDERSPEND

The projected underspend of £77,000 (0.16%) for the current financial year is predominantly due to turnover savings of £205,000 offset by projected overspends predominantly due to the current level of client committed spend. The material projected variances per service are identified below:

a. **Strategy: Projected £33,000 (1.58%) underspend**

The projected underspend is due to vacancy and secondment savings.

b. **Older Persons: Projected £18,000 (0.09%) overspend**

Whilst the projected overspend, in total, is not material it should be noted that this comprises of:

- £45,000 underspend in Residential and Nursing per the current number of clients receiving care.
Offset by:
- £82,000 overspend in Homecare (made up of £72,000 underspend in-house and £154,000 external overspend).

The 2013/16 budget includes a £60,000 income budget for charging orders, as stated above in 5.3 a, it is not possible to accurately project the full year impact of this, but at period 3, £17,000 has been received and the full year is projected to budget.

c. **Learning Disabilities: Projected £46,000 (0.77%) overspend**

This is primarily due to a projected overspend within transport costs (external hires), based on prior year activity and cost levels. The Service is reviewing transport arrangements with the Transport section.

d. **Mental Health: Projected £36,000 (2.57%) overspend**

This relates to premises and legal costs, with Service reviewing options to contain the costs within the budget.

e. **Children & Families: Projected £61,000 (0.60%) underspend**

The main reason for the underspend is slippage in filling vacant posts combined with projected savings in overtime and sessional staff costs.

f. **Physical & Sensory: Projected £91,000 (3.89%) overspend**

The projected overspend is due to:

- £31,000 transport (external hires) overspend, as with 6.1c above the Service is reviewing transport arrangements.
- £61,000 overspend on client commitment costs based on the full year impact of packages that commenced in 2012/13.

The Service is actively reviewing the cost of commissioned services.

g. Addictions / Substance Misuse: Projected £74,000 (6.05%) underspend

The projected underspend is due to:

- £30,000 employee cost vacancy savings, net of sessional backfill costs.
- £37,000 underspend on client commitment costs based on the current cost of packages.

h. Homelessness: Projected £80,000 (12.80%) underspend

The main reason for the projected underspend is an over-recovery of Hostel Grant income, in line with prior year income. This level of underspend is not recurrent as the distribution of the grant is changing.

6.2 HEALTH £6,000 PROJECTED UNDERSPEND

The Health budget is £70,020,000 and is currently projected to underspend by £6,000 with the main reasons detailed below.

a. Children & Families: Projected £49,000 (1.79%) overspend

This is due to historic supply pressures within CAMHS and similar pressure within School Nursing. Both areas are reviewed on an ongoing basis with the aim to resolve the funding on a recurring basis.

b. Health & Community Care: Projected £21,000 (0.58%) underspend

The 2013/14 budget has been reduced by £204,000 as the Continence Service has now transferred to Glasgow.

The projected underspend relates to vacancy savings, offset in part by supply pressures, mainly within District Nursing.

c. Learning Disabilities: Projected £15,000 (2.69%) underspend

The projected underspend is due to vacancy savings.

d. Mental Health Inpatient Services: Projected £nil variance

Whilst a nil variance is reported it should be noted that savings will be achieved from the rationalisation of the Ravenscraig wards to one building; however any saving achieved is ring-fenced for investment into the closure programme.

e. Prescribing: Projected £nil variance

Prescribing is currently reported to budget, at this early stage in the financial year.

6.3 Per Health reporting conventions there is a requirement that the Sub-Committee note the major movements from 2012/13 to the current year budget of £70,020,000:

	£'000
Original Budget 2012/13	70,584
Increased for:	
Pay & Incremental Drift	41
Indexation & Resource Transfer Uplift	166
Decreased for:	
Continence Transfer to Glasgow	(204)
FHS Adjustments	(27)
Non Recurring Adjustments	(540)
Revised Budget 2013/14	70,020

7.0 CHANGE FUND

7.1 The allocation over service areas for 2013/14 is:

Service Area Budget 2013/14	£'000	
Acute – Health	204	11%
CHCP – Health	203	11%
CHCP – Council	1,014	57%
Community Capacity - Health	75	4%
Community Capacity - Council	300	17%
Grand Total	1,796	100%
Funded By:		
Change Fund Allocation	1,400	
Slippage brought forward from 2012/13	396	
Total Funding	1,796	
Projected Slippage at 30 June 2013	0	

The Change Fund Executive Group meet on a regular basis and review all projects in detail.

8.0 2013/14 CURRENT CAPITAL POSITION – £116,000 PROJECTED UNDERSPEND

8.1 The Social Work capital budget is £1,430,000 over the life of the projects with £299,000 for 2013/14, comprising £239,000 for Kylemore (replacement residential children's unit) and £60,000 SWIFT Financial software package.

The Kylemore Children's Home opened in March 2013 and is fully operational. The projected underspend is based on anticipated final cost with a saving of £69,000 in furniture and fittings and a saving of £47,000 on building costs – however both are subject to final contractor invoices. The final underspend will be returned to the Council's Capital Programme.

8.2 The Health capital budget of £102,000 is on target with no reported slippage. A prioritised schedule of work is being drawn up for works to Health Centres and Inpatient Services.

8.4 Appendix 5 details capital budgets and progress by individual project.

9.0 IMPLICATIONS

9.1 The current projected revenue outturn is an £83,000 projected underspend.

9.2 The current projected capital outturn shows an underspend in the current year of £116,000.

10.0 EARMARKED RESERVES

10.1 Earmarked Reserves, relating specifically to Social Work projects, are detailed in Appendix 6. Spend to date is 20.2% of the projected spend for 2013/14.

11.0 VIREMENT

11.1 The virement requests are detailed in Appendix 7 and are reflected within this report.

12.0 EQUALITIES

12.1 There are no equality issues within this report.

13.0 OTHER ISSUES

13.1 Work remains ongoing to develop protocols and processes relating to the Integration of Health and Social Care.

14.0 CONSULTATION

14.1 This report has been prepared by the Corporate Director, Inverclyde Community Health & Care Partnership and relevant officers within Partnership Finance have been consulted.

INVERCLYDE CHCP**REVENUE BUDGET PROJECTED POSITION****PERIOD 3: 1 April 2013 - 30 June 2013**

SUBJECTIVE ANALYSIS	Approved Budget 2013/14 £000	Revised Budget 2013/13 £000	Projected Out-turn 2013/14 £000	Projected Over/(Under) Spend £000	Percentage Variance
Employee Costs	46,547	46,632	46,241	(391)	(0.84%)
Property Costs	2,732	2,699	2,644	(55)	(2.04%)
Supplies & Services	59,346	59,665	60,062	397	0.67%
Prescribing	16,238	16,238	16,238	0	0.00%
Resource Transfer (Health)	8,863	8,863	8,863	0	0.00%
Income	(15,215)	(15,271)	(15,305)	(34)	0.22%
Contribution to Reserves	0	0	0	0	0.00%
	118,511	118,826	118,743	(83)	(0.07%)

OBJECTIVE ANALYSIS	Approved Budget 2013/14 £000	Revised Budget 2013/13 £000	Projected Out-turn 2013/14 £000	Projected Over/(Under) Spend £000	Percentage Variance
Strategy / Planning & Health Improvement	2,803	2,798	2,771	(27)	(0.96%)
Older Persons	20,730	21,008	21,026	18	0.09%
Learning Disabilities	6,105	6,557	6,588	31	0.47%
Mental Health - Communities	3,790	3,781	3,813	32	0.85%
Mental Health - Inpatient Services	9,544	9,544	9,544	0	0.00%
Children & Families	12,922	12,869	12,857	(12)	(0.09%)
Physical & Sensory	2,355	2,341	2,432	91	3.89%
Addiction / Substance Misuse	3,122	3,119	3,034	(85)	(2.73%)
Assessment & Care Management / Health & Community Care	5,077	5,241	5,213	(28)	(0.53%)
Support / Management / Admin	4,220	3,731	3,708	(23)	(0.62%)
Criminal Justice / Prison Service **	0	0	0	0	0.00%
Homelessness	629	625	545	(80)	(12.80%)
Family Health Services	20,708	20,708	20,708	0	0.00%
Prescribing	16,238	16,238	16,238	0	0.00%
Resource Transfer	8,863	8,863	8,863	0	0.00%
Change Fund	1,403	1,403	1,403	0	0.00%
Contribution to Reserves	0	0	0	0	0.00%
CHCP NET EXPENDITURE	118,509	118,826	118,743	(83)	(0.07%)

** Fully funded from external income hence nil bottom line position.

PARTNERSHIP ANALYSIS	Approved Budget 2012/13 £000	Revised Budget 2012/13 £000	Projected Out-turn 2012/13 £000	Projected Over/(Under) Spend £000	Percentage Variance
NHS	70,020	70,020	70,014	(6)	(0.01%)
Council	48,489	48,806	48,729	(77)	(0.16%)
CHCP NET EXPENDITURE	118,509	118,826	118,743	(83)	(0.07%)

() denotes an underspend per Council reporting conventions

** £2.3 million externally funded

SOCIAL WORK**REVENUE BUDGET PROJECTED POSITION****PERIOD 3: 1 April 2013 - 30 June 2013**

2012/13 Actual £000	SUBJECTIVE ANALYSIS	Approved Budget 2013/14 £000	Revised Budget 2013/13 £000	Projected Out-turn 2013/14 £000	Projected Over/(Under) Spend £000	Percentage Variance
	SOCIAL WORK					
25,997	Employee Costs	25,961	26,046	25,841	(205)	(0.79%)
1,585	Property costs	1,504	1,471	1,396	(75)	(5.10%)
886	Supplies and Services	867	806	831	25	3.10%
456	Transport and Plant	374	387	470	83	21.45%
1,013	Administration Costs	813	948	1,039	91	9.60%
32,591	Payments to Other Bodies	32,884	33,116	33,154	38	0.11%
(14,304)	Income	(13,912)	(13,968)	(14,002)	(34)	0.24%
(577)	Contribution to Earmarked Reserves	0	0	0	0	
47,647	SOCIAL WORK NET EXPENDITURE	48,491	48,806	48,729	(77)	(0.16%)

2012/13 Actual £000	OBJECTIVE ANALYSIS	Approved Budget 2013/14 £000	Revised Budget 2013/13 £000	Projected Out-turn 2013/14 £000	Projected Over / (Under) Spend £000	Percentage Variance
	SOCIAL WORK					
2,066	Strategy	2,098	2,093	2,060	(33)	(1.58%)
21,103	Older Persons	20,730	21,008	21,026	18	0.09%
6,223	Learning Disabilities	5,547	5,999	6,045	46	0.77%
1,159	Mental Health	1,412	1,403	1,439	36	2.57%
3	10,101 Children & Families	10,191	10,138	10,077	(61)	(0.60%)
	2,396 Physical & Sensory	2,355	2,341	2,432	91	3.89%
	804 Addiction / Substance Misuse	1,227	1,224	1,150	(74)	(6.05%)
	2,293 Support / Management	2,829	2,340	2,327	(13)	(0.56%)
	1,528 Assessment & Care Management	1,471	1,635	1,628	(7)	(0.43%)
1	0 Criminal Justice / Scottish Prison Service	0	0	0	0	0.00%
2	0 Change Fund	0	0	0	0	0.00%
	551 Homelessness	629	625	545	(80)	(12.80%)
	(577) Contribution to Earmarked Reserves	0	0	0	0	0.00%
47,647	SOCIAL WORK NET EXPENDITURE	48,489	48,806	48,729	(77)	(0.16%)

() denotes an underspend per Council reporting conventions

1 £1.9m Criminal Justice and £0.3m Greenock Prison fully funded from external income hence nil bottom line position.

2 Change Fund Expenditure of £1.4 million fully funded from income.

3 Children & Families outturn includes £205k to be transferred to the earmarked reserve at year end 2013/14

4 £8.9 million Resource Transfer / Delayed Discharge expenditure and income included above.

HEALTHREVENUE BUDGET PROJECTED POSITIONPERIOD 3: 1 April 2013 - 30 June 2013

2012/13 Actual £000	SUBJECTIVE ANALYSIS	Approved Budget 2013/14 £000	Revised Budget 2013/13 £000	Projected Out-turn 2013/14 £000	Projected Over/(Under) Spend £000	Percentage Variance
	HEALTH					
21,861	Employee Costs	20,586	20,586	20,400	(186)	(0.90%)
1,453	Property	1,228	1,228	1,248	20	1.63%
3,491	Supplies & Services	3,700	3,700	3,860	160	4.32%
21,172	Family Health Services (net)	20,708	20,708	20,708	0	0.00%
15,828	Prescribing (net)	16,238	16,238	16,238	0	0.00%
8,869	Resource Transfer	8,863	8,863	8,863	0	0.00%
(1,145)	Income	(1,303)	(1,303)	(1,303)	0	0.00%
71,529	HEALTH NET EXPENDITURE	70,020	70,020	70,014	(6)	(0.01%)

2012/13 Actual £000	OBJECTIVE ANALYSIS	Approved Budget 2013/14 £000	Revised Budget 2013/13 £000	Projected Out-turn 2013/14 £000	Projected Over/(Under) Spend £000	Percentage Variance
	HEALTH					
3,319	Children & Families	2,731	2,731	2,780	49	1.79%
3,919	Health & Community Care	3,606	3,606	3,585	(21)	(0.58%)
1,686	Management & Admin	1,391	1,391	1,381	(10)	(0.72%)
534	Learning Disabilities	558	558	543	(15)	(2.69%)
1,829	Addictions	1,895	1,895	1,884	(11)	(0.58%)
2,380	Mental Health - Communities	2,378	2,378	2,374	(4)	(0.17%)
9,697	Mental Health - Inpatient Services	9,544	9,544	9,544	0	0.00%
1,127	Planning & Health Improvement	705	705	711	6	0.85%
1,169	Change Fund	1,403	1,403	1,403	0	0.00%
21,172	Family Health Services	20,708	20,708	20,708	0	0.00%
15,828	Prescribing	16,238	16,238	16,238	0	0.00%
8,869	Resource Transfer	8,863	8,863	8,863	0	0.00%
71,529	HEALTH NET EXPENDITURE	70,020	70,020	70,014	(6)	(0.01%)

() denotes an underspend per Council reporting conventions

REVENUE BUDGET YEAR TO DATE**PERIOD 3: 1 April 2012 - 30 June 2013**

SOCIAL WORK SUBJECTIVE ANALYSIS	Budget to Date as at Period 3 £000	Actual to Date as at Period 3 £000	Variance to Date as at Period 3 £000	Percentage Variance
SOCIAL WORK				
Employee Costs	6,707	6,665	(42)	(0.63%)
Property costs	269	232	(37)	(13.75%)
Supplies and Services	216	269	53	24.54%
Transport and Plant	69	90	21	30.43%
Administration Costs	102	130	28	27.45%
Payments to Other Bodies	6,355	6,391	36	0.57%
Income	(805)	(809)	(4)	0.50%
SOCIAL WORK NET EXPENDITURE	12,913	12,968	55	0.43%

HEALTH SUBJECTIVE ANALYSIS	Budget to Date as at Period 3 £000	Actual to Date as at Period 3 £000	Variance to Date as at Period 3 £000	Percentage Variance
HEALTH				
Employee Costs	5,297	5,242	(55)	(1.04%)
Property Costs	264	269	5	1.89%
Supplies	483	531	48	9.94%
Family Health Services (net)	5,286	5,286	0	0.00%
Prescribing (net)	3,873	3,873	0	0.00%
Resource Transfer	2,216	2,216	0	0.00%
Income	(544)	(544)	0	0.00%
HEALTH NET EXPENDITURE	16,875	16,873	(2)	(0.01%)

() denotes an underspend per Council reporting conventions

APPENDIX 5

INVERCLYDE CHCP - CAPITAL BUDGET 2013/14

Period 3: 1 April 2013 to 30 June 2013

Project Name	Est Total Cost	Actual to 31/3/13	Approved Budget 2013/14	Revised Est 2013/14	Actual to 30/06/13	Est 2014/15	Est 2015/16	Future Years	Start Date	Original Completion Date	Current Completion Date	Status
SOCIAL WORK												
Prudential Borrowing												
Kylemore Childrens Home	1,360	1,121	239	123		0	0	0	01/10/11	30/06/12	19/03/13	The home opened on 19 March. The final cost is a projected £116k underspend, subject to final account adjustments with the contractor.
Capital Funded From Revenue Contributions												
SWIFT Finance Module	70	10	60	60	5	0	0	0	03/09/12		31/08/14	Budget allocated for Development and Implementation of SWIFT Finance module.
Social Work Total	1,430	1,131	299	183	5	0	0	0				
HEALTH												
CHCP Formula Allocation 2013-14	102	0	102	102	0	0	0	0	Aug-13	by 31/03/13	31/03/13	Annual allocation to fund minor works and repairs, prioritised programme agreed. Funding comprises £102k local formula capital allocation and £0 capital backlog maintenance (as was accelerated in 12/13). In addition a further £49k of works will be funded through revenue backlog maintenance.
Health Total	102	0	102	102	0	0	0	0				
Grand Total CHCP	1,532	1,131	401	285	5	0	0	0				

EARMARKED RESERVES POSITION STATEMENT

CHCP SUB COMMITTEE

APPENDIX 6

<u>Project</u>	<u>Lead Officer/ Responsible Manager</u>	<u>Total Funding 2013/14</u>	<u>Phased Budget To Period 3 2013/14</u>	<u>Actual To Period 3 2013/14</u>	<u>Projected Spend 2013/14</u>	<u>Amount to be Earmarked for 2014/15 & Beyond</u>	<u>Lead Officer Update</u>
		£000	£000	£000	£000	£000	
Telecare Grant	Joyce Allan	60	15	26	60	0	0 Full carried forward allocation will be utilised in 13/14 on tools and equipment. Profiling is based upon the expenditure being evenly spread over the full financial year.
Self Directed Support / SWIFT Finance Module	Derrick Pearce / Andrina Hunter	391	0	16	166	225	SDS project and SWIFT financial module. Current staff costs for SWIFT are included within the deferred income balance below. Profiling is based upon the project being split over the last 9 months of the financial year.
Growth Fund - Loan Default Write Off	Helen Watson	30	1	1	4	26	Loans administered on behalf of DWP by the credit union and the Council has responsibility for paying any delinquent debt. This requires to be kept until all loans are repaid and no debts exist. The profiling assumes that all expenditure will be incurred evenly through out the year.
Advice Services - MacMillan	Andrina Hunter	35	9	9	35	0	Funding from 14/15 will come from recurring welfare reform monies. The profiling is based upon the timing of the staff payroll.
Deferred Income	Brian Moore	458	76	41	256	202	A number of historical deferred income streams have been brought forward to 2013/14. Profiling takes account of a month's delay at the start of the financial year. The £202k being carried forward is fully committed.
Change Fund - Older People	Brian Moore	1,314	219	256	1,314	0	Brought forward reflects Council elements of NHS Change Fund. Detailed costs by Project are reviewed on a regular basis by the Change Fund Executive Group and is reported to the CHCP sub committee as an integral part of the financial report. Any slippage in year will be carried forward to 2014/15. Profiling is based upon a months delay at the start of the financial year.

EARMARKED RESERVES POSITION STATEMENT

CHCP SUB COMMITTEE

APPENDIX 6

<u>Project</u>	<u>Lead Officer/ Responsible Manager</u>	<u>Total Funding 2013/14</u>	<u>Phased Budget To Period 3 2013/14</u>	<u>Actual To Period 3 2013/14</u>	<u>Projected Spend 2013/14</u>	<u>Amount to be Earmarked for 2014/15 & Beyond</u>	<u>Lead Officer Update</u>
Support all Aspects of Independent Living	Brian Moore	630	79	79	219	411	This fund will be spent over the next 2 years. The £79k spent to date is a contribution to the 2013/14 Sheltered Warden's saving of £70k along with the funding of an Occupational Therapist/Housing ICIL post (to be funded for 2 years). Profile is based upon £70k upfront costs plus an occupational therapist costs based upon the timing of the payroll and SDS Transition costs split over last 3 months of the financial year. £100k has been earmarked to fund increased Direct Payment packages through the SDS transition period.
Local Autism Action Plan	Alan Best	35	0	0	35	0	Action plan being drawn up. Profiling will be done once action plan detail is known.
Adoption/Fostering/Residential Childcare	Sharon McAlees	219	0	0	0	219	The final spend from/or contribution to this reserve will be identified at year end. The in year operation of this budget will be reported through normal Revenue Monitoring.
Information Governance Policy Officer	Helen Watson	85	0	0	31	54	Post now filled (2 year post), employee in post from July and budget phased accordingly.
Total		3,257	399	428	2,120	1,137	

CHCP - HEALTH & SOCIAL CARE**VIREMENT REQUESTS**

Budget Heading	Increase Budget	(Decrease) Budget
	£'000	£'000
1. National Care Home Contract Inflation	276	
1. National Care Home Contract Inflation - Inflation Contingency		(276)
2. Insurance Inflation	13	
2. Insurance Inflation - Inflation Contingency		(13)
3. Transport	14	
3. Transport - Regeneration & Environment		(14)
4. Living Wage	12	
4. Living Wage - General Fund Reserve		(12)
5. Children & Families - Employee	73	
5. Children & Families - Property		(25)
5. Children & Families - Supplies		(48)
6. Learning Disabilities - Residential	437	
6. Corporate Director - Payments to Other Bodies		(437)
7. Homecare - Administration costs	99	
7. Homecare - Additional Hours		(99)
8. Homecare - Employee	34	
8. Homecare - Payments to Other Bodies		(34)
9. Strategy - Supplies & Administration	25	
9. Strategy - Income		(25)
10. Various Employee Budgets	163	(163)
	1,146	(1,146)

Note

1. Allocation of inflation - uplift rate agreed post budget
2. Inflation for insurance allocated to relevant services
3. Re-alignment of transport budgets and recharges to services
4. Living Wage funding allocation to relevant services
5. Realignment of recharge budgets to reflect employees transferred to service
6. Allocation of pressure funding based on specific cases
7. Fund running costs of CM2000 from efficiencies in scheduling and delivery
8. Shifting the balance of homecare from internal to external (3 vacancies)
9. Allocation of Practice Learning (£15k) and Healthier Wealthier Children (£10k) funding
10. Bottom up budget revisions - nil impact on Social Work total budget

Report To: Community Health & Care
Partnership Sub Committee

Date: 29th August 2013

Report By: Brian Moore
Corporate Director
Inverclyde Community Health &
Care Partnership

Report No:
CHCP/45/2013/BC

Contact Officer: Beth Culshaw
Head of Health & Community
Care
Inverclyde Community Health &
Care Partnership

Contact No: 01475 715380

Subject: Pilot Joint Inspection of Adult (Older People's) Services

1.0 PURPOSE

- 1.1 To inform members of the outputs and outcome of a pilot joint inspection of health, social work and social care services for older people carried out by the Care Inspectorate and Healthcare Improvement Scotland in Inverclyde.

2.0 SUMMARY

- 2.1 The Care Inspectorate and Health Improvement Scotland are currently developing a model for scrutiny of services for older people under section 115 of the Public Services Reform (Scotland) Act 2010
- 2.2 Three areas have taken part in a pilot, looking at different elements of the process being developed. The areas included Perth and Kinross, West Lothian and Inverclyde. The aim of the pilots was to evaluate processes and for the Care Inspectorate and Healthcare Improvement Scotland to be in a position to roll out joint inspections based on this work by August 2013.
- 2.3 This work was to test how an integrated, multi agency approach to inspection would work in practice and assess the methodology to support this as part of the National Integration of Adult Health and Social Care in Scotland agenda.
- 2.4 The aim of the inspection was to consider how well services are planned and commissioned by the partnership to enable people to be supported to enjoy full and positive lives in their own home or in a homely setting.
- 2.5 Ten areas of evaluation had been developed for the pilot joint inspection and of the ten areas, Inverclyde inspection team focused on :
- Key performance outcomes
 - Policy development and plans to support improvement
 - Partnership working
 - Leadership
 - Capacity for improvement
- 2.6 The pilot inspection process was evaluated by an external evaluation team, with members shadowing the work and also interviewing a range of participants after the inspection process was complete.

- 2.7 No formal inspection report was provided, but the report evaluates the strengths and improvements required to deliver integrated inspections for the future. The report will not be published by The Care Inspectorate and Healthcare Improvement Scotland and as this was a pilot inspection, future inspections may differ from this one.
- 2.8 Overall the report received determines that the Inverclyde CHCP delivers good outcomes for older people who use health, social work and social care services and carers who cared for older people. It also considers that Inverclyde CHCP is well prepared to implement the forthcoming legislation on health and social care integration.
- 2.9 An action plan has been requested based on the areas identified for improvement. Many of the areas identified are already included in current planning arrangements, and cross reference will be made to these plans.

3.0 RECOMMENDATION

- 3.1 Members note the contents of the report and support the ongoing monitoring and implementation of the action plan.

Brian Moore
Corporate Director
Inverclyde Community Health & Care
Partnership

4.0 BACKGROUND

- 4.1 In July 2012 the Care Inspectorate and Healthcare Improvement Scotland joined forces to introduce a multi agency approach to inspection for adult care and health as part of the Care Inspectorate corporate plan and strategic change programme and the Healthcare Improvement Scotland corporate plan and inspection plan (2011-2014).
- 4.2 This work would align with Scottish government policy developments for the integration of health and social care around the needs of individuals, carers and their families ensuring that people have the right kind of care at the right time in the right place.
- 4.3 Three pilot areas were identified, these being Perth and Kinross, West Lothian and Inverclyde. The purpose of the pilot areas was to test a joint inspection process for health and social care services for adults with an initial focus on services for older people.
- 4.4 Joint inspection teams were appointed with inspectors from the Care Inspectorate and from Healthcare Improvement Scotland.
- 4.5 A draft framework of quality indicators was developed and provided the basis for the joint inspection.
- 4.6 Each area was identified with different areas for inspection with the following being the focus for the inspection pilot in Inverclyde:
 - Key performance outcomes:
 - Improvements in partners' performance
 - Improvements in the wellbeing and outcomes for people, carers and families
 - Policy development and plans to support improvement in services
 - Partnership working
 - Leadership and direction that promotes partnership
 - Capacity for improvement

5.0 PROPOSALS

5.1 Particular Strengths

Inverclyde CHCP showed strengths where senior managers had a clear vision for the integrated structure and were working hard to realise their vision, showing a confidence that integrated CHCP structure would further advance operational joint working between health and social work services staff, and in time would improve positive outcome delivery to older people in Inverclyde.

Inverclyde CHCP had staff at all levels who were experienced, competent and highly committed to providing high quality services to older people in Inverclyde.

The current integrated structure means that the CHCP is well prepared for the forthcoming developments in health and social care integration.

Engagement of older people and their carers in the planning, delivery and evaluation of services is effective, meaningful and well supported. "Your Voice" and the excellent work carried out by its staff on engaging, motivating and involving older people in Inverclyde is cited as an example of good practice.

A number of operational developments were also highlighted in terms of good practice, including the re-ablement service, the work of the multidisciplinary team working on delayed discharges and the joint working by health and social work staff and development of joint education and training to support operational joint working.

5.2 General Outcomes for Older People

The level of home support provided to older people was shown to be higher than the Scottish average and this was seen to be a significant factor in the capacity of the CHCP to deliver good outcomes for older people. This was congruent with the views expressed by a focus group of older people.

It was noted however that there continues to be a relatively high number of older people supported in care homes.

A gap in service identified against the Scottish average was limited provision of overnight care available to support people in their own homes.

During the inspection around 50 older people who use services and carers who care for older people were contacted. A high number intimated that services had delivered a range of positive personal outcomes.

5.3 File Reading

30 files for people in receipt of health, social work and social care services were identified and examined by the inspectors and scored against a template to assess the quality of record keeping and clarity of purpose and outcomes for service users.

The overall results were positive with appropriate outcomes being delivered. This was reflected in evidence gathered from service user and carer focus groups, but outcome recording in care plans was limited and improvement is required.

An improvement driver that should be implemented is development and efficient use of the single shareable assessment.

5.4 Views from service users and carers

The inspectors met with around 50 older people who used health, social work and social care services and carers who cared for older people.

A high proportion of people said that services delivered a range of positive outcomes to them, with examples being highlighted within the report. Overall the inspectors considered that the CHCP's involvement of older people and their carers was excellent with many people being involved in consultation and service planning.

Carers reported receiving emotional support, advice, guidance and respite, with a high input from the Carers Centre. A small number of carers expressed dissatisfaction with the support they received.

5.5 Performance

Internally provided services have achieved good inspection grades and the Care Inspectorate's views were that in general services managed by the CHCP deliver good outcomes for older people and carers who care for older people.

Regulated services purchased by the CHCP achieve good inspection grades and inspectors consider that the CHCP takes robust remedial action in respect of poorly performing regulated services, and the inspectors commended the competency and effectiveness of the CHCP commissioning team.

5.6 Examples of Good Practice

Inverclyde CHCP has made good progress in relation to reducing the number of bed days lost due to people being delayed in hospital when they were fit for discharge, and has reached the target of having no one delayed over 6 weeks. The Inverclyde figures were the best of all CHCP areas within NHS GG&C Health Board area.

Development of a re-ablement service, realignment of social work services to link social workers to hospital wards, provision of a rehabilitation and enablement service following discharge and close performance management of all processes by senior managers contributed to the positive position in relation to delayed discharges.

5.7 Areas for Improvement

Emergency admissions of older people to hospital continue to be at a higher rate than the Scottish average.

The inspection process identified a number of areas that should be considered when addressing this issue of emergency admissions. These included:

- response to older people who fall and development of falls prevention measures
- facilities and procedures within A & E to be reviewed at Inverclyde Royal Hospital (IRH)
- issues pertaining to medication prescribed to older people. Care homes were unable to manage the challenging behaviour of some older people who had functional or organic mental disorders

A high number of older people are supported in care homes in the Inverclyde area and a number of salient factors emerged through the inspection including:

- unpaid carer breakdown
- lack of day care provision
- unsuitable houses and the related difficulties adapting houses to meet the needs of vulnerable older people due to topography challenges.

5.8 Policy Development and Plans to Support Improvement in Services

Overall the inspectors considered that the strategies they reviewed were well integrated, comprehensive and indicative of extensive consultation and involvement with older people who used health, social work and social care services and carers who cared for older people.

A number of audits and reviews had been carried out focusing on older people. Recent service redesigns had also been undertaken including home care services, mental health services for older people, and development of an effective re-ablement service.

5.9 Partnership Working

Inspectors considered that as a result of constructive developments in budget reporting, accountability and joint financial planning, the Inverclyde CHCP was in a strong position in respect of the financial aspects of preparedness for health and social care integration.

Issues relating to information sharing were identified as being a problem, including access to different IT systems by staff from each agency and linking of IT systems across acute and community services. This is an area that requires to be considered for improvement.

The older people's joint commissioning plan outlined plans for development and service redesign, together with targeted performance on areas. The plan outlined the implications of demographic changes and the challenges associated with deprivation and ill health. It covered effectively what was in place now and the priorities for change and investment. It did not provide a market analysis and did not explicitly discuss the role of the private sector, nor what will be required from the sector in future years.

5.10 Leadership

The inspectors met with elected members, the Director of the CHCP, the Clinical Director of the CHCP, Senior Managers and a range of operational staff as well as service users and carers.

Overall there was a clear vision for the CHCP and a strong commitment to the creation and development of an integrated CHCP. Most staff expressed generally positive views about the leadership they received from the CHCP director and senior management team.

Older people and carers considered that the director and other managers, were visible, approachable and they listened to the views of older people and carers.

Inspectors found that constructive and effective leadership of change and improvement was not restricted to senior managers within the CHCP, but evident throughout the CHCP. The scrutiny found a number of examples of constructive and effective clinical leadership from senior managers and other managers within the CHCP.

5.11 Capacity for improvement

In determining capacity for improvement, the following areas were considered:

- outcomes for older people and their carers
- performance management and improvement activity
- leadership
- preparedness for health and social care integration.

From scrutiny activities it was found that Inverclyde CHCP delivers good outcomes for older people who use health, social work and social care services and carers who care for older people.

There are a number of examples of effective performance management carried out within the CHCP.

Senior managers within Inverclyde CHCP exercised vigorous and purposeful leadership. Their leadership was underpinned by a clear vision of the added value generated by the creation of an integrated CHCP. There was evidence that effective leadership was not confined to senior managers within the CHCP, but extended throughout the management tiers to first-line manager level.

Older people and carers contributing to the inspection process attested to the fact that CHCP managers were visible, approachable and responsive to the views expressed by older people and their carers.

Inspectors considered that Inverclyde CHCP was well prepared to implement the forthcoming legislation on health and social care integration.

5.12 Summary of Areas for Improvement

The CHCP will be asked to submit a short action plan covering the following identified areas for improvement:

- Care plans prepared for older people needed to be outcomes focused.

- Facilities in Inverclyde Royal Hospital (IRH) accident and emergency department and procedures and protocols to be reviewed in order to prevent unnecessary admissions of older people to an acute ward.
- There was no overnight care and insufficient day care available for older people.
- Electronic information sharing between the CHCP's health staff and social work services staff to be improved.
- Communication between senior managers in the CHCP and front-line staff merited consideration of how it could be improved.
- GPs and acute sector clinicians needed to be afforded more opportunities to exercise clinical leadership for the work of the CHCP.

5.13 Conclusion

Overall the inspectors considered the inspection to be very positive and that the Inverclyde CHCP's capacity for improvement was good.

This was a pilot inspection and a report will not be published and the evaluation process will inform the model to be developed for future joint inspections of services. The evaluation report is not yet available.

The action plan will link to work already under way through the Change Plan, the Older People's Commissioning Plan and service redesigns, with the specific areas identified within this report being addressed through the newly constituted, overarching Reshaping Older People's Group within the CHCP.

6.0 IMPLICATIONS

6.1 Legal: N/A

6.2 Finance:

There are no financial implications in respect of this report.

Cost Centre	Budget Heading	Budget Year	Proposed Spend this Report	Virement From	Other Comments
N/A	N/A	N/A	N/A	N/A	N/A

6.3 Personnel: N/A

6.4 Equalities: N/A

6.5 Repopulation: N/A

7.0 CONSULTATION

7.1 N/A

8.0 LIST OF BACKGROUND PAPERS

8.1 Report of Pilot Joint Inspection of Adult (Older People's) Services

Report To: Community Health & Care Partnership Sub Committee **Date:** 29th August 2013

Report By: Brian Moore
Corporate Director
Inverclyde Community Health & Care Partnership **Report No:**
CHCP/46/2013/BC

Contact Officer: Beth Culshaw
Head of Health & Community Care
Inverclyde Community Health & Care Partnership **Contact No:** 01475 715387

Subject: INSPECTION OF INVERCLYDE CHCP'S DAY SERVICES FOR OLDER PEOPLE

1.0 PURPOSE

- 1.1 To advise members of the outcome of the inspection conducted by the Care Inspectorate in relation to Inverclyde Older People's Day Services based at the Hillend Centre.

2.0 SUMMARY

- 2.1 The Care Inspectorate carried out an unannounced inspection of day services on 23 January 2013.
- 2.2 The service received an overall grade 5 Very Good for Quality of Care and Support, grade 6 Excellent for the Quality of Environment, grade 5 Very Good for Quality of Staffing and grade 5 Very Good for Quality of Management and Leadership.

3.0 RECOMMENDATIONS

- 3.1 To note the high standard achieved by day services and Inverclyde's on-going commitment to continuous improvement.

To note that there will be a review of all older people's day services within Inverclyde to look at providing a spectrum of care that can support people with varying needs.

Brian Moore
Corporate Director
Inverclyde Community Health & Care Partnership

4.0 BACKGROUND

- 4.1 Inverclyde Day Services provide 28 full day places Monday to Friday based at the Hillend Centre. In addition the service provides 165 places per week through small group provision within various locations throughout Inverclyde.
- 4.2 An unannounced inspection was carried out on 23 January 2013.
- 4.3 The Care Inspectorate completed a low intensity inspection which reflects that they are satisfied that the service works hard to provide consistently high standards of care. The inspection included consultation with service users, carers and members of staff.
- 4.4 The report recognised the service has a strong focus on encouraging active participation of service users in helping the service to develop and it commented on excellent interaction between service users and staff. It commented positively that the service seeks to promote service users independence as much as possible while keeping people safe. It also noted staff work with other services to provide a holistic approach and staff were observed to provide a very caring environment in which everyone is treated with dignity and respect.
- 4.5 There were no recommendations or requirements in the report.
- 4.6 The following areas for development were highlighted:

Centre staff are currently receiving training in person centered recording which should improve the overall quality of recording. Some of the recordings examined were quite basic.

Works to the exterior of the building were ongoing to give a fresh uplift. Centre management will continue with regular liaison with building staff to ensure there are no hazards.

The service will continue to offer regular opportunities for people using the service to provide feedback and put forward suggestions for any further improvements.

The service continually reviews their training and development programme to ensure that the SSSC requirements are met.

5.0 PROPOSALS

- 5.1 Inverclyde CHCP will continue to strive to further improve older people's day services. The service will be part of the review of day services across Inverclyde throughout 2013/14.

6.0 IMPLICATIONS

- 6.1 Legal: None
- 6.2 Finance:

There are no financial implications in respect of this report.

Cost Centre	Budget Heading	Budget Year	Proposed Spend this Report	Virement From	Other Comments

6.3 Personnel: None

6.4 Equalities: None

6.5 Repopulation: None

7.0 LIST OF BACKGROUND PAPERS

7.1 Care Inspectorate Report

Care service inspection report

Inverclyde Day Services Support Service Without Care at Home

Hillend Centre
2 East Crawford Street
Greenock
PA15 2BT
Telephone: 01475 715959

Inspected by: Marjorie Bain

Type of inspection: Unannounced

Inspection completed on: 23 January 2013

Contents

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Service provided by:

Inverclyde Council

Service provider number:

SP2003000212

Care service number:

CS2003001082

Contact details for the inspector who inspected this service:

Marjorie Bain

Telephone 0141 843 6840

Email enquiries@careinspectorate.com

Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

We gave the service these grades

Quality of Care and Support	5	Very Good
Quality of Environment	6	Excellent
Quality of Staffing	5	Very Good
Quality of Management and Leadership	5	Very Good

What the service does well

This is a service that seeks to promote service user independence as much as is possible while at the same time keeping everyone safe. Service users and their families are offered a range of opportunities to comment on and become involved in the further development of the service.

What the service could do better

Staff are currently undertaking in person centred recording to improve in their daily recordings; review reports and minute taking.

What the service has done since the last inspection

The service has been making a number of improvements to the internal and external areas of the building.

Conclusion

This is a service whose staff works effectively with other local authority social work services to ensure a holistic approach to assessment and service delivery. Staff were observed to have provided a very caring environment in which everyone is treated with dignity and respect and the opinions of people who attend and their families is welcomed and valued.

Who did this inspection

Marjorie Bain

1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Prior to 1 April 2011, this function was carried out by the Care Commission. Information in relation to all care services is available on our website at www.scswis.com.

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

Requirements and recommendations

If we are concerned about some aspect of a service, or think it needs to do more to improve, we may make a recommendation or requirement.

- A recommendation is a statement that sets out actions the care service provider should take to improve or develop the quality of the service based on best practice or the National Care Standards.

- A requirement is a statement which sets out what is required of a care service to comply with the Public Services Reform (Scotland) Act 2010 ("the Act") and secondary legislation made under the Act, or a condition of registration. Where there are breaches of Regulations, Orders or conditions, a requirement may be made. Requirements are legally enforceable at the discretion of the Care Inspectorate.

Managed by Inverclyde Council Social Work Services, Inverclyde Day Services registered with the Care Commission in 2008 to provide activities and companionship to, primarily, elderly people.

The service is run from Hillend House in Greenock. This provides a base for a Day Centre for a maximum of 27 people per day. In addition activities are provided to small groups of people in the community. People can and do attend at more than one location.

Based on the findings of this inspection this service has been awarded the following grades:

Quality of Care and Support - Grade 5 - Very Good
Quality of Environment - Grade 6 - Excellent
Quality of Staffing - Grade 5 - Very Good
Quality of Management and Leadership - Grade 5 - Very Good

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.careinspectorate.com or by calling us on 0845 600 9527 or visiting one of our offices.

2 How we inspected this service

The level of inspection we carried out

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

What we did during the inspection

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

We visited the service on 23 January between the hours of 10:00 and 18:00

As requested the service completed and returned an annual return and a self assessment form.

We issued 60 Care Standards Questionnaires to people who use the service and their families and 47 (78%) were returned prior to the inspection.

In this inspection we gathered evidence from various sources, including the relevant sections of policies, procedures, records and other documents, including:

Certificate of
Registration
Public Liability Insurance Certificate
Annual
Return
Self Assessment
Care Standards Questionnaires completed by people using service (47)
Participation Proforma
Quality Assurance Policy
Service Users Hand Book
Service Newsletter (3)
Inverclyde Community Care Forum Newsletter
Service Customer Feedback surveys; analysis; and related action plans
Outings Evaluations
Minutes of Service User Focus Group
Meetings
Minute of Activities Meeting (inter agency 21 January 2013)
Information regarding social work Reablement Initiative
Weekly support plan audits
Minutes of Staff Meetings (7)
Inspected the internal and external areas of the centre

Observed how staff worked

Met people who use the service (8)

Met with the manager; senior day care officer (2); day care officer; assistant resource worker; and cook

Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

Inspection Focus Areas (IFAs)

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

Fire safety issues

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at www.firelawscotland.org

What the service has done to meet any recommendations we made at our last inspection

There were no requirements or recommendations made at the last inspection.

The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

Annual Return Received: Yes - Electronic

Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

The service provider identified what they thought they did well, some areas for development and any changes they planned. The service provider told us how the people who used the care service had taken part in the self assessment process.

Taking the views of people using the care service into account

The views of people who use the service have been included under the relevant Quality Statement within this report. The main issue for people was the lack of understanding of service and Care Inspector complaints procedures (7). Surprisingly two people disagreed that they were asked for their opinions about how the service can improve. The service provided significant information about how they consulted with people and gave examples of feedback received and how they had acted upon the views given.

Taking carers' views into account

The family members who completed Care Standard Questionnaires on behalf of their relative were highly complimentary about the service and their views have been included under the relevant Quality Statement within this report.

3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 5 - Very Good

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

Service strengths

The service was found to be operating at an excellent level for this Quality Statement.

People seeking to access the service are visited at home to be assessed. Management take with them a copy of the service user handbook and centre photo album which helps people visualise what attendance at the centre might be like. People are invited to have trial visits before they make their decision about attending on a regular basis.

The service has a strong focus on encouraging active participation in helping the service to develop. Some service users are involved in a community forum that goes out into the community, including sheltered housing, to tell people first hand about what day care can offer. While inspecting a local sheltered housing service people confirmed to us that they had had speakers from the day care service and told us how good it was to hear first hand from the people who actually receive the service themselves.

The service has a monthly newsletter which provides information on: outings; exchange visits with other local care services; speakers and other special events; staff changes; 50/50 draw results; and information about the Care Inspectorate. People using the service and their relatives are actively encouraged to contribute news and items for the newsletter.

Regular two monthly focus group meetings are held on a range of topics related to what day care can offer and seeking new ideas for further improvement.

Everyone who uses the service and their families are actively encouraged to get involved in care inspections. It was clear to us during our inspection that service users had been fully informed that an inspection was due and in discussion demonstrated how knowledgeable they were about our role.

People who responded to our Care Standards Questionnaire told us:

'Brilliant service really happy'

'My mother seems to enjoy attending Hillend Day Care. She has been to several outings and likes these trips'

'I completed this on behalf of my 92 year old mum. She loves her time at Day Care. I cannot praise or thank them enough'

The service has bi monthly focus group discussions and consultations with people using the service to obtain feedback about the quality of service being provided. People are regularly asked to comment on: transport arrangements; meal quality and choice; and range of activities, outings and events provided. Results are collated and fed back to people using the service and their family. Any areas for improvement identified or suggestions received are included in an action plan and the manager oversees and ensures that these are acted upon. Sixty to seventy responses are received during each of these consultation exercises, with one receiving over eighty responses.

Areas for improvement

The service will continue to work hard to ensure that everyone who receives a service and their families have maximum opportunities to become involved in the on-going development of the service.

Grade awarded for this statement: 6 - Excellent

Number of requirements: 0

Number of recommendations: 0

Statement 3

We ensure that service users' health and wellbeing needs are met.

Service strengths

The service was found to be operating at a very good level for this Quality Statement.

Some of the people who attend the service have complex medical needs. We examined three personal plans for people who attend. Each individual had a detailed risk assessment with clear advice provided to staff for people whose mobility was impaired or whose complex health needs involved the use of, for example moving and handling equipment. One of the plans included good information for someone who had non verbal communication to help staff be able to communicate and understand the service user's wishes and preferences. Medication is prompted at appropriate intervals and a daily record kept of each person who has taken their medication. These records are audited on a daily basis by a senior member of staff. People's personal preferences are clearly recorded and plans included the promotion of as much independence as possible while keeping people safe. Reviews are held and the views of the service user and their family member recorded and where necessary action agreed on any areas for improvement.

We observed excellent interaction between service users and staff with two-way banter used to great effect. On occasions the service links with other local care services for activities and outings. We joined some service users for lunch and they told us how caring and supportive staff were, and how much they looked forward to their attendance at the centre. The food was obviously enjoyed and any individual with special dietary needs was catered for and when required assistance offered. Some of the service users have made friends since coming to the centre and support can be provided to assist people to meet outwith the service to go to a local event or out for a meal. It was clear from speaking to some of the people who we met that centre activities formed a large part of their daily life. One person told us how they had previously rarely gone out of their house and now they were out and about a lot and getting more enjoyment from life.

The personal plans examined provided good evidence of inter-agency working with other professionals such as occupational therapy and speech and language for those with special dietary needs. The centre has a room with a bed if anyone attending feels they need to lie down for a while and a chiropody chair for anyone needing their feet treated. There is a very close relationship between the service and the nearby local authority small respite facility. People attending respite are offered and often accept to join in day care activities. On occasions service staff will assist service users wishing to explore alternative housing opportunities such as how to access sheltered housing.

One person we met, described to us in great detail how staff on one occasion had responded to someone who had become very ill while attending the centre. They said staff had been quick to react, sensitive in their dealings with the person to protect their dignity and medical help was summonsed quickly. They told us the person had now made a fully recovery. They frequently referred to staff as 'the ladies' and later explained that this was because in their opinion each member of staff conducted themselves as 'a lady' in all that they did.

People who completed our Care Standards Questionnaire told us:

'The care is excellent and thoughtful'

'I think the service is very individual (name of relative) very happy'

The service is an active member of Inverclyde Community Care Forum, distributing that organisation's newsletter to people who use the service and their families and rigorously promoting how to stay active in later life. There is a very close collaboration with the local authority home care service to ensure services are delivered appropriate to the needs of each individual.

Management audit a sample of personal plans on a regular basis and ensure that staff has up-to-date information and advice about how best to meet the support needs of those attending.

Areas for improvement

Centre staff are currently receiving training in person centred recording which should improve the overall quality of staff daily recordings and minutes of reviews. Some of the recordings we found in the personal plans we examined were quite basic and not sufficiently person centred.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Quality Theme 2: Quality of Environment

Grade awarded for this theme: 6 - Excellent

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the environment within the service.

Service strengths

The service was found to be operating at an excellent level for this Quality Statement.

Everyone attending the service has a regular opportunity to provide comment on the environment, including meal provision and transport. There is a board in the main dining area which records peoples' suggestions; comments; and actions staff has taken.

When the external local authority social work parking area was being rearranged, following consultation with those attending the centre, two disabled person parking spaces were designated in addition to the area for the centre bus. People had been consulted about new tables and chairs for the dining area and had made choices about pictures, carpets and soft furnishings.

Within the centre there is a small shop facility and staff supports service users to stock and sell items, with any funds raised going towards activities and outings. Service users decide how any money raised is to be spent. While service users enjoy visiting other local care services and receiving them at their centre for joint activities, they have made clear to management that this should be on an occasional basis so as not to interfere with their normal activities which they enjoy. Staff have taken this view into account when arranging inter care service activities.

The service has volunteers who help with the external garden area and service users decide what plants and flowers they wish to have in their garden. Some service users told us they like in the better weather to either sit outside or have the patio doors open which lead out to the garden area to get fresh air.

Service users join in whichever activities they wish during the day of their attendance. We met two men who told us they prefer to sit together in the television lounge to either watch films; read the paper or have a chat and do not wish to join in large scale activities which they consider more noisy and are usually held in the main dining area.

See also Quality Statement 1.1 for service strengths encouraging participation.

Areas for improvement

Works to the external of the building were on-going when we visited to give the building a fresh uplift.

Grade awarded for this statement: 6 - Excellent

Number of requirements: 0

Number of recommendations: 0

Statement 2

We make sure that the environment is safe and service users are protected.

Service strengths

The service was found to be operating at an excellent level for this Quality Statement.

We observed people arriving by mini bus and saw how staff guided and supported people into the centre. Seating is available in the entrance area and we saw one person rest there after coming off the bus and then supported by staff were able to progress into the main dining area.

During the inspection we spoke with the cook and examined the kitchen. The cook has a City & Guilds qualification and an intermediate food hygiene certificate. They told us they received regular health and safety advice from the local council and were offered regular training opportunities. We found the kitchen to be spotless; all food stored safely and fridge and freezer temperature records in order. The cook told us they welcomed unannounced inspections and they were confident that their kitchen was always in good order. The kitchen is inspected on a regular basis by the local authority to ensure high standards of food safety and hygiene.

People who are transported to the service by minibus and who are in a wheelchair have included in their personal plan safety advice about using the bus tailgate for entry to and from the vehicle.

There is controlled door entry and doors into the service are alarmed to alert if anyone seeks to leave without notice. There is good external lighting to the building. There are three moving and handling trainers within the staff group who deliver regular training to staff. Each room has pull cord alarms. Corridors; toilet and shower facilities all have handrails to assist people who may be unsteady on their feet. Staff were observed to support people with mobility difficulties between rooms and to toilet facilities. The service has a stair climber to be used in emergency when taking people whom who have stair or lift access to their home. The local authority health and safety inspector visits regularly as does the local fire authority.

A daily record of prompted medications is maintained and audited by senior staff to ensure people took their medication at appropriate times.

Areas for improvement

Centre management will continue to be in regular liaison with building staff, who are currently upgrading the external of the building, to ensure there are no hazards and garden gates, for example, are kept locked to ensure service user safety at all times.

Grade awarded for this statement: 6 - Excellent

Number of requirements: 0

Number of recommendations: 0

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 5 - Very Good

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.

Service strengths

The service was found to be operating at an excellent level for this Quality Statement.

Service users and their families have regular opportunities to provide feedback about staff and the service being provided. Their views are recorded at reviews; surveys; and focus groups with any suggestions for improvement wherever possible being acted upon. For example, some people stated they would like more notice if their key worker was going on holiday and now this information is provided.

A group of service users form part of a 'meet and greet' of candidates who are attending job interviews. This group then provide feedback to the formal interview panel so that their views can be taken into account when making appointments.

A small sub group of service users had recently been formed and were going to provide input into some staff training events. Focus group meetings had identified that service users place high importance on staff being fully up-to-date with training and had expressed an interest in becoming involved in staff training events. The initial areas for them to become involved will include: moving and handling; fire awareness; and medication training.

Everyone we spoke to during our visit were highly complimentary about staff without being prompted by us and it was clear to us that staff were highly valued by the people using the service.

Some of the people who use the service and their relatives completed our Care Standards Questionnaires told us:

'Very happy with both small group and Hillend staff are excellent'

'I am very satisfied with everything the staff do for me'

'Mum appreciates and looks forward to seeing all the "Girls" '

'I believe staff at Hillend look after my husband very well and he looks forward to going twice a week, it also gives me some time to myself'

'The staff are wonderful and so caring not just to mum but to us as a family'

Areas for improvement

The service will continue to offer regular opportunities for people using the service and their families to provide feedback about staff performance and put forward suggestions for any further improvements.

The service is considering how best to involve service users in staff appraisals.

Grade awarded for this statement: 6 - Excellent

Number of requirements: 0

Number of recommendations: 0

Statement 3

We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

Service strengths

The service was found to be operating at a very good level for this Quality Statement.

The manager has a SVQ4 with a registered manager's award. All senior day care officers have either SVQ2 or SVQ3 and have undertaken professional development award certificates in managing care services. Day care officers have or are in the process of undertaking SVQ2 level training. Three members of staff are moving and handling trainers. The service's training programme is overseen by the local authority social work training officer. All staff have a Continuing Professional Development Plan and training is always discussed during annual appraisals. Supervision is regular and staff have regular formal and informal opportunities to meet with senior staff to discuss their professional and service development. Staff we met were very complimentary about their line managers describing them as being very supportive.

Several staff have been supported to undertake additional training qualifications; much of which is undertaken in their own time; and have achieved awards in areas such as equality & diversity; health for life; and dementia. Specialist training has also organised in stoma care and prevention of suicide with other training provided organised if it is deemed necessary to meet the care needs of those attending the centre.

Training in dementia; working with people with challenging behaviour; moving and handling; fire awareness; first aid; and protection of vulnerable adults is mandatory for all staff and training is updated on a regular basis.

The local authority's Reablement Initiative seeks to achieve best practice in all that they do and the National Care Standards are used as a benchmark against which service performance is measured to ensure continual improvement.

This is a very stable staff team and all of the staff on occasions gives up their free time to organise events on evenings and at weekends.

All the staff we met with demonstrated a high level of commitment to wanting to provide a varied and pleasurable experience for service users. One staff member told us:

'I come to work to make a difference'

On the day of our visit it was clear to us that service staff has created a warm, sensitive and vibrant atmosphere for all who attend and provide support to families when and as required.

Areas for improvement

The service continually reviews their training and development programme for staff to ensure that the requirements of SSSC are always met or exceeded.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 5 - Very Good

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.

Service strengths

The service was found to be operating at a very good level for this Quality Statement.

We did not examine this particular Quality Statement in depth during this inspection.

The service offers people who use the service and their families a variety of ways to provide feedback about the quality of service provided including having input into the self assessment for this inspection. See Quality Statements 1.1; 2.1; and 3.1; for evidence of strengths.

The service is currently working with the service user group to explore their role in providing comment and feedback on quality assurance issues. As part of the local authority Reablement Initiative it is intended that the service will seek to ensure that service users can have input into every aspect of the service's activities. To date this has included having input into staff training; commenting on meal quality, activities and outings; and doing outreach work. The outreach work helps publicise the work of the service and find out from older people living in the community the type of services which would assist them to remain as active and independent as possible within their own communities. This feedback from people who are not yet accessing day care facilities helps the service target its resources to have the greatest impact for older people.

Senior day care officers have a very hand-on approach to delivering the day to day activities overseen by the manager.

Comments made by those who completed our Care Standards Questionnaire included:

'Good service'

'The quality of care my mother receives at Hillend is second to none. I am regularly invited to attend reviews to ensure her needs are being met. Staff also contact me if they have any concerns about my mother outwith review times'

Areas for improvement

The service anticipates that as the Reablement Initiative further develops that service users and their families will play an increasing role in influencing the direction of the management and leadership of the service.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 4

We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide

Service strengths

The service was found to be operating at a very good level for this Quality Statement.

The service employs a variety of processes to help it ensure a quality service is being delivered. These include: daily safety checks; auditing of accidents and incidents; weekly sample audit of support plans; medication prompting daily records; and most important of all regular focus groups involving people using the service to hear first hand their views about service quality and range of activities being offered. In addition the local authority undertake regular inspections of the kitchen and cooking facilities to ensure the highest standards of hygiene and infection control are being maintained.

The fire authority undertakes regular inspections of the building.

The service has excellent links with other local authority social work services and NHS colleagues to ensure a holistic approach to assessment and service delivery is achieved. In this way the service plays an important role helping to minimise hospital admissions and help people remain within their own homes.

In response to service user feedback, staff supports a number of people to be involved in activities and outings on evenings and weekends. It was clear from some of the people we met that this wide range of activities had enriched their lives and many new friendships had been made resulting in people feeling less isolated.

The service has close links with the local Community Forum and a variety of other local voluntary organisations to help ensure that information about other services is brought to the attentions of people who use the day centre.

Service users have had the opportunity via their focus groups and their involvement in the Community Forum to provide comment on all key local authority policies. Since the last inspection some service users had met with the local Provost to provide feedback about the services being delivered.

Areas for improvement

The service expects to make more progress in the coming year to be able to evidence that people who attend the centre and their families are able to influence all aspects of how the service is delivered.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

4 Other information

Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

Enforcements

We have taken no enforcement action against this care service since the last inspection.

Additional Information

There was no additional information.

Action Plan

Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in SCSWIS re-grading the Quality Statement within the Management and Leadership Theme as unsatisfactory (1). This will result in the Quality Theme for Management and Leadership being re-graded as Unsatisfactory (1).

5 Summary of grades

Quality of Care and Support - 5 - Very Good

Statement 1 6 - Excellent

Statement 3 5 - Very Good

Quality of Environment - 6 - Excellent

Statement 1 6 -

Excellent Statement 2 6 -

Excellent Quality of Staffing - 5 - Very Good

Statement 1 6 - Excellent

Statement 3 5 - Very Good

Quality of Management and Leadership - 5 - Very Good

Statement 1 5 - Very Good

Statement 4 5 - Very Good

6 Inspection and grading history

Date	Type	Gradings
19 Oct 2010	Announced	Care and support 6 - Excellent Environment Not Assessed Staffing Not Assessed Management and Leadership Not Assessed
28 Oct 2009	Announced	Care and support 6 - Excellent Environment Not Assessed Staffing 4 - Good Management and Leadership Not Assessed
25 Nov 2008	Announced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and Leadership 4 - Good

All inspections and grades before 1 April 2011 are those reported by the former regulator of care services, the Care Commission.

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অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

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ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

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Web: www.careinspectorate.com

Report To: Community Health & Care
Partnership Sub Committee

Date: 29th August 2013

Report By: Brian Moore
Corporate Director
Inverclyde Community Health &
Care Partnership

Report No:
CHCP/49/2013/BC

Contact Officer: Beth Culshaw
Head of Health & Community
Care
Inverclyde Community Health &
Care Partnership

Contact No: 01475 715387

Subject: Inspection of McPherson Centre

1.0 PURPOSE

- 1.1 To advise Members of the outcome of the inspection conducted by the Care Inspectorate in relation to the McPherson Centre.

2.0 SUMMARY

- 2.1 The Care Inspectorate carried out an unannounced inspection of the McPherson Resource Centre in January 2013.
- 2.2 The grades achieved reduced from previous inspections as follows:-

Quality of Care and Support	5 Very Good to 3 Adequate
Quality of Environment	5 Very Good to 4 Good
Quality of Staffing	5 Very Good to 4 Good
Quality of Management and Leadership	5 Very Good to 3 Adequate

(See Appendix 1)

3.0 RECOMMENDATION

- 3.1 To note the outcome of the inspection and the actions taken to address the shortcomings highlighted within it.

Brian Moore
Corporate Director
Inverclyde Community Health & Care
Partnership

4.0 BACKGROUND

- 4.1 The McPherson Centre for adults with a learning disability, many of whom also have profound and complex physical disabilities, was inspected in January 2013. The Centre is registered to provide a service to a maximum of 30 people. The inspection considered the quality themes of Care and Support, Environment, Staffing and Management and Leadership.
- 4.2 The inspection was conducted on a low intensity basis. This reflects the grading history of the service and the fact that there had been no complaints, serious incidents or accidents since the last inspection.
- 4.3 However, grades in each theme have reduced in comparison with inspections in recent years, with the most recent conducted in 2010 - details at Appendix 1.

5.0 PROPOSALS

- 5.1 The actions and proposals in respect of the requirements and recommendations contained within the inspection report are listed below, with details of actions in response:-

Quality Theme 1: Quality of Care and Support – Adequate - 3

Quality Statement 1.1

We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

Action:

- Negotiation to take place with care management, accommodation services and other main providers to hold joint reviews on a six monthly basis, with it being minuted that it is a joint review in order to meet the statutory requirement for each service that is subject to care inspection.
- The manager will ensure that the current good practice with carer and other appropriate signatures is maintained.
- The manager will via staff supervision, make sure that such documents are presented for checking.

Quality Statement 1.3

We ensure that service users' health and wellbeing needs are met.

Action:

- Following the first visit by the inspector a revised medication chart was drawn up to ensure signing by two members of staff at both the preparation and administration stages.
- In addition a secure medication trolley has been ordered in order to aid the preparation and administration of medications.
- The requirement for staff undertaking PEG feeding to be trained from qualified external agency took place on 21 March.
- A protocol in relation to PEG feeding and training is being drawn up by the service.
- The service is receiving staff training in relation to epilepsy, diabetes, moving and handling, CALM.
- A staff audit of training is already maintained by the service.
- More detailed weight and oral hygiene charts were introduced immediately after the inspection visit. Carers were also notified of the need for their consent for weight monitoring where applicable.

Quality Theme 4: Management and Leadership

Quality Statement 4.4

We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide.

Action:

Notifications to Care Inspectorate subsequently undertaken, following clarification by Care Inspector of required timing of notifications.

5.2 **Quality Theme 2: Quality of Environment – Good – 4**

Quality Statement 2.2.

We make sure that the environment is safe and service users are protected.

5.3 **Quality Theme 3: Quality of Staffing – Good – 4**

Quality Statement 3.1

We ensure that service users and carers participate in assessing and improving the quality of staffing the service.

Action:

- The Care Inspectorate commented on eight areas of positive comments from staff service users and carers that the service is currently developing further e.g. regular staff meetings and minutes produced, regular supervision, regular appraisals and the recording of such, comments from staff regarding team and management, staff induction programme, key worker system, care planning with other stake holders, carers comments.

Quality Statement 3.3

We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

Action:

- The service ensures that the limited use of sessional/agency staff is monitored to promote staff continuity for service users.

5.4 **Quality Theme 4: Management & Leadership – Adequate - 3**

Quality Statement 4.4

We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of the service we provide.

Action:

- The service must ensure that managers are aware of their legal obligations around notification to the Care Inspectorate – subsequently undertaken, following clarification by Care Inspectorate of required timescales.
- Future development of a quality assurance system for the service in conjunction with Contracts and Commissioning.

6.0 IMPLICATIONS

6.1 Legal: None

6.2 Finance:

There are no financial implications in respect of this report.

Cost Centre	Budget Heading	Budget Year	Proposed Spend this Report	Virement From	Other Comments

6.3 Personnel: As per recommendations of the report.

6.4 Equalities: None

6.5 Repopulation: None

7.0 CONSULTATION

7.1 N/A

8.0 LIST OF BACKGROUND PAPERS

- 8.1 • Care Inspectorate – Care Service Inspection Report – McPherson Service Without Care at Home 30th January 2013.

APPENDIX 1



Recent History of Grades

	Quality Theme: Care & Support	Quality Theme: Environment	Quality Theme: Staffing	Quality Theme: Management Leadership
2013	1.1 Good 1.3 Adequate Overall: Adequate	2.1 Good 2.2 Good Overall: Good	3.1 Good 3.3 Very Good Overall: Good	4.1 Good 4.4 Adequate Overall: Adequate
2010	1.1 Very Good 1.2 Excellent 1.3 Overall: Very Good	Not undertaken	3.1 Very Good 3.4 Excellent Overall: Very Good	Not Undertaken
2009	1.1 Very Good 1.2 Very Good Overall: Very Good	2.1 Very Good 2.3 Very Good Overall: Very Good	3.1 Very Good 3.2 Very Good Overall: Very Good	4.1 Very Good 4.3 Very Good Overall: Very Good
2008	1.1 Good 1.2 Very Good Overall: Good	2.1 Good 2.2 Good Overall: Good	3.1 Good 3.2 Very Good Overall: Good	4.1 Good 4.4 Good Overall: Good



Care service inspection report

McPherson Resource Centre Support Service Without Care at Home

McPherson Drive

Gourock

PA19 1LJ

Telephone: 01475 714495

Inspected by: Colin McCracken Type

of inspection: Unannounced

Inspection completed on: 30

January 2013



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Service provided by:

Inverclyde Council

Service provider number:

SP2003000212

Care service number:

CS2003001085

Contact details for the inspector who inspected this service:

Colin McCracken

Telephone 0141 843 6840

Email enquiries@careinspectorate.com

Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

We gave the service these grades

Quality of Care and Support	3	Adequate
Quality of Environment	4	Good
Quality of Staffing	4	Good
Quality of Management and Leadership	3	Adequate

What the service does well

The service has good links with local schools to provide a co-ordinated approach to supporting young people in the final year of school to make the transition to the day centre.

What the service could do better

The service has to ensure that staff follow best practice guidelines when administering medication.

What the service has done since the last inspection

The service has created a modern high tech sensory room which was being well used by service users during our inspection.

Conclusion

The feedback that we received from people who use the service and from their relatives continues to be positive about the service. During the inspection our observations were that service users looked happy as they were supported to take part in various activities. There were no requirements or recommendations to follow up on from the last inspection.

Who did this inspection

Colin McCracken

1 About the service we inspected

Managed by Inverclyde Social Work Department the McPherson Centre registered with the Care Commission in April 2002 to provide, at any one time, a service to a maximum of 30 people with a profound learning difficulty.

The Centre's aims and objectives states that "We believe that Day Opportunities services should be person centred, community based and non institutional, be dynamic and not static and be part of a net work of special and ordinary services across a range of providers."

The Centre has a range of rooms and resources that people can use including a garden, quiet room, art room and computer area. The local Further Education College use the Centre to provide courses.

Based on the findings of this inspection this service has been awarded the following grades:

Quality of Care and Support - Grade 3 - Adequate

Quality of Environment - Grade 4 - Good

Quality of Staffing - Grade 4 - Good

Quality of Management and Leadership - Grade 3 - Adequate

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.careinspectorate.com or by calling us on 0845 600 9527 or visiting one of our offices.

2 How we inspected this service

The level of inspection we carried out

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

What we did during the inspection

We wrote this report following an unannounced inspection that took place over 2 days the 10th and the 29th of January by one Inspector, Colin McCracken. Due to the grading history the service has had with us as well as the fact that there have been no complaints, serious incidents or accidents since the last inspection a low intensity inspection was carried out.

Brief feedback was given to the depute manager at the end of the second day of the inspection with written feedback being shared with the depute manager on the 30th of January 2013.

As requested by us, the care service sent us an annual return. The service also sent a self assessment form.

During this inspection we gathered evidence from relevant sections of policies, procedures, records and other documentation including:

- evidence from the service's most recent self assessment
- personal plans of service users
- service's registration certificate
- medication records
- personal finance records

Reviews

- Care Plans

-

Questionnaires

- Feedback from social workers/nurses/speech and language therapists, etc.
- hospital passports
- Accident and Incident forms
- Repair logs and maintenance
- Staff appraisals
- Staff supervisions
- Team meetings
- Compliments records
- Duty rotas

We also had discussions with various people, including:

- Care staff
- People who use the service
- As well as observing how staff work.

Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

Inspection Focus Areas (IFAs)

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

Fire safety issues

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at www.firelawscotland.org

What the service has done to meet any requirements we made at our last inspection

The requirement

Participation was considered in general terms under Quality Statement 1.1 with the grade from 1.1 being applied to 2.1, 3.1 and 4.1. For strengths and areas for improvement around participation see Quality Statement 1.1.

What the service did to meet the requirement

The requirement is:

The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

Annual Return Received: Yes - Electronic

Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

The manager submitted a self assessment to us within the time scale expected. The self assessment highlighted areas of strength for the service and some areas which the service wished to develop.

Taking the views of people using the care service into account

Due to communication difficulties we were limited in the number of people who we were able to offer us their opinions. Those who were able to speak with us have their comments contained in the body of the report. We did observe the people who use the service in various groups and they looked as though they were happy with the support they were receiving. Families who have returned questionnaires to us have indicated that their children are happy to attend the centre.

Taking carers' views into account

We assessed that the service has achieved a very good standard in relation to this statement. We came to this conclusion after reviewing the available written evidence, speaking with service users and viewing feedback we received from relatives questionnaires.

The service holds regular staff meetings during which service users needs and best practice issues are discussed. We sampled the minutes of staff meetings during the inspection.

Staff told us that they receive regular supervision. We sampled minutes of staff supervisions and annual appraisals and found that they were of good quality in that they encouraged staff to reflect on their practice and identify areas for development.

Staff told us that they felt supported within their work and that it was a good team to work in.

The service has an induction programme for new staff which involves shadowing experienced staff until they feel comfortable to work unsupervised.

People who use the service have keyworkers who are the most frequent point of contact between the service and service users' families.

We saw evidence within care plans that staff liaise regularly with other services such as respite units, care homes and social work departments.

Relatives who returned questionnaires to us wrote:

- "Staff on the whole are very hard working and committed fully to their roles within the service."
- "My son is respected, valued and cared for to a very high standard."
- "We have great confidence in the ability of the staff to deal with the consequences of our daughter's unpredictable behaviour."

The following statistics can also be taken from the questionnaires returned to us; 100% answered that they have the confidence that staff have the skills to support them, 100% said that the staff treat them with respect and 100% knew the names of the staff that support them.

3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 3 - Adequate

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

Service strengths

We assessed that the service has achieved a good standard in relation to this statement. We came to this conclusion after reviewing the available written evidence, speaking with service users and viewing feedback we received from relatives questionnaires.

We sampled care plans and found that they contained some very good personalised information that demonstrated a lot of joint work had gone into them with staff from the service, schools, relatives and where appropriate medical professionals.

The depute manager explained that there was a lot of support given to young people who use the service to help them make the transition between school and using the centre. This included; staff from the service visiting the schools to meet with young people and their teachers, and the young people then visiting the service with their parents prior to committing to attend the centre.

Everyone using the Centre had a Key Worker/Link Worker. They met weekly to make sure that people's support needs were met and that their views and opinions were listened to.

There was a Complaints Policy. Complaints and concerns were recorded, with Inverclyde Council Contract Compliance and Complaints Team being notified of complaints on a quarterly basis.

The service has held fund raising events which service users have contributed their art work which they make in the centre. A family of someone who had used the service

donated enough money to the service for them to create a modern high tech sensory room which was being well used during our inspection.

Relatives who returned questionnaires to us wrote:

- "We are always aware of any problems and involved in strategies which will be used to solve any difficulties which may arise."
- "Staff were very friendly and made me feel most welcome, and shared the knowledge they had with me."
- "There is a constant review going on which will not only deal with arising problems but will prevent difficulties getting out of control."

Service users we spoke with said about the centre:

- "My Mum and Dad have come up for a meeting here."
- "I have a keyworker, he looks after me."

Out of the questionnaires which were returned to us; 100% said that they had a care plan which detailed their personal needs, 86% said that the service asks for their opinion on how the service could be improved and 89% said that they were aware that they could make a complaint to the service if they wished to.

Areas for improvement

Last year the legal expectation on day services to hold reviews of individual's care changed from annually to six monthly. The service has not changed the frequency with which it holds reviews. (See requirement one under this statement.)

Relatives should be asked to sign care plans and risk assessments if service users are not able to do this for themselves. This is good practice as it provides evidence that service users and their families have been involved in decisions being made about support needs. (See recommendation one under this statement.)

When the depute manager stated that the service wish to reintroduce the service newsletter.

The depute manager stated that it is hoped that the services own questionnaire will be reintroduced in the near future.

The service should consider how service users and relatives feedback can be reflected in the next self assessment that they submit to the Care Inspectorate as this years self assessment didn't really capture this.

Grade awarded for this statement: 4 - Good

Number of requirements: 1

Number of recommendations: 1

Requirements

1. The service must ensure that reviews are held for everyone that it supports at least six monthly.

This is to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/ 210), Regulation 5 (2) (b) review the personal plan:-

- (i) when requested to do so by the service user or any representative; and
- (ii) at least once in every six month period;

Timescale to comply: The provider must inform the Care Inspectorate within 4 weeks of receipt of this report what plans they have in place to meet this requirement.

Recommendations

1. The service should ensure that if service users can not sign their own care plans and risk assessment their next of kin should be asked, as their representatives, to sign that they are in agreement with these plans.

This is a recommendation under the National Care Standards, Support Services, Standard 4: Support arrangements.

Statement 3

We ensure that service users' health and wellbeing needs are met.

Service strengths

We assessed that the service has achieved an adequate standard in relation to this statement. We came to this conclusion after reviewing the available written evidence, speaking with service users and viewing feedback we received from relatives questionnaires. Some aspects of the statement are very good and these are outlined under the strengths, however the requirements mentioned under the areas for improvements have resulted in the grade for this statement being lowered.

Staff had received a range of training related to health for example; head injuries, moving and assistance, diabetes, intensive interaction.

There are pen pictures kept of individuals needs regarding; meal time assistance, epilepsy, dental care, and weight management, to help staff identify individuals support needs.

The service encourages people who use the service to spend time in the Multi Interactive Learning Environment room (MILE) which is a modern sensory room. This can provide relaxation or stimulation to service users, during the inspection the room was being well used.

All staff have had CALM training (Crisis, Aggression, Limitation and Management) and are given refresher training on this annually, this is training to help staff assist service users manage emotions which may lead them to a crisis point if they do not receive support. We certainly received a comment from a relative praising staff for the way that they intervene to "prevent difficulties getting out of control."

We saw evidence that other services had approached the staff to seek advice on how best to meet someones needs. The service willingly spent time with staff from the other services for the benefit of the people who use the service.

Each service user has a risk assessment which details an agreement for how staff will intervene should their behaviour put them or others in any danger. We sampled these and they varied from person to person which is good practice.

Within care plan there was good information for staff who escort people on the centre's buses as to how to support the individual in an emergency situation.

We saw evidence that one family was pleased that their relatives' mobility had improved as a result of the staff encouraging them to walk and exercise. We saw staff supporting service users both to walk and in an exercise class.

Relatives who returned questionnaires to us wrote:

- "I was very impressed by the level of different activities available to different service users."
- "Recently we had a difficult day and the staff dealt with the situation very well."

Service users we spoke with said about the centre:

- "It's relaxing."
- "I get to go to the places I want."

Areas for improvement

The service must ensure that medication is signed for when it is given. On the first day of the inspection we witnessed that medication was being signed for when it was made up and was given out at a later time. This practice is dangerous and we pointed this out at the time. The service had amended the practice of administering medication when we came out on the second day of the inspection so that medication had to be signed for twice, once when made up and once when given to the individual. (See requirement one.)

As mentioned under statement 1.1. risk assessments should be signed by relatives as evidence of their involvement in the assessment.

While the service records the weight of some service users the recording processes should be clearer. i.e. they should contain a short summary as to why the persons weight is being recorded, what was their starting weight, it should also be clear how frequently someone is expected to be weighed (this wasn't clear during the inspection) and also what action staff should take; for example at a certain weight should G.P.'s advice be sought or a referral be made to a dietician. (See recommendation one under this statement)

While the service supports people who receive their food through gastric tubes, the staff supporting people with this have not been instructed by trained medical staff but rather by more experienced care staff. This is not best practice and the service must organise training for any staff supporting individuals with gastric feeding by a suitably qualified professional. The service should have an appropriate policy on gastric feeding which includes the need for appropriate training within it. (See requirement two under this statement.)

Grade awarded for this statement: 3 - Adequate

Number of requirements: 2

Number of recommendations: 1

Requirements

1. The provider must ensure that staff follow best practice guidelines when administering medication and that there are regular checks made to ensure that this is happening.

This is to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/ 210), Regulation 4 (1) (a) A Provider must make proper provision for the health, welfare and safety of service users. Timescale to address this - From the date of the published report.

2. The provider must ensure that staff who assist service users who are gastric fed have had training from a suitably qualified professional and that this is incorporated into an appropriate policy on assisting people with Percutaneous endoscopic gastronomy (PEG) feeding tubes.

This is to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/ 210), Regulation 4 (1) (a) A Provider must make proper provision for the health, welfare and safety of service users. Timescale to address this - 31/3/13.

Recommendations

1. Monitoring charts should note the reason monitoring is required, how frequently monitoring is required and what action needs to be taken as a result of the information identified by the monitoring.

This is a recommendation under the National Care Standards, Support Services, Standard 16: Keeping well.

Quality Theme 2: Quality of Environment

Grade awarded for this theme: 4 - Good

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the environment within the service.

Service strengths

Participation was considered in general terms under Quality Statement 1.1 with the grade from 1.1 being applied to 2.1, 3.1 and 4.1. For strengths and areas for improvement around participation see Quality Statement 1.1.

Areas for improvement

For areas for improvement around participation see Quality Statement 1.1.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

Statement 2

We make sure that the environment is safe and service users are protected.

Service strengths

We assessed that the service has achieved a good standard in relation to this statement. We came to this conclusion after reviewing the available written evidence, speaking with service users and viewing feedback we received from relatives questionnaires.

The service regularly maintains; electrical equipment, hoists, slings fire alarms and water temperatures we viewed the records which were kept in the centre.

The centre is has plenty of space for people to move around safely.

The entrance to the centre is secure with access via a buzzer system controlled from the reception area with visitors being asked to sign in and out of the building.

As mentioned previously the centre has a modern high tech sensory room which is regularly used by people who use the service.

New staff all have to under go PVG checks as part of the provider's safer recruitment policy.

As mentioned under statement 1.3 everyone who uses the service has an individual risk assessment which outlines the circumstances under which staff should support someone with their behaviour, which includes what that support should be.

Since the last inspection the buildings has had new fire doors fitted to the interior and ramps fitted to the exterior of the building.

Areas for improvement

The provider does not currently re check Disclosure Scotland checks on staff, it is best practice that this is carried out every 3 years.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 4 - Good

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.

Service strengths

Participation was considered in general terms under Quality Statement 1.1 with the grade from 1.1 being applied to 2.1, 3.1 and 4.1. For strengths and areas for improvement around participation see Quality Statement 1.1.

Areas for improvement

For areas for improvement around participation see Quality Statement 1.1.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

Statement 3

We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

Service strengths

We assessed that the service has achieved a very good standard in relation to this statement. We came to this conclusion after reviewing the available written evidence, speaking with service users and viewing feedback we received from relatives questionnaires.

The service holds regular staff meetings during which service users needs and best practice issues are discussed. We sampled the minutes of staff meetings during the inspection.

Staff told us that they receive regular supervision. We sampled minutes of staff supervisions and annual appraisals and found that they were of good quality in that they encouraged staff to reflect on their practice and identify areas for development.

Staff told us that they felt supported within their work and that it was a good team to work in.

The service has an induction programme for new staff which involves shadowing experienced staff until they feel comfortable to work unsupervised.

People who use the service have keyworkers who are the most frequent point of contact between the service and service users' families.

We saw evidence within care plans that staff liaise regularly with other services such as respite units, care homes and social work departments.

Relatives who returned questionnaires to us wrote:

- "Staff on the whole are very hard working and committed fully to their roles within the service."
- "My son is respected, valued and cared for to a very high standard."
- "We have great confidence in the ability of the staff to deal with the consequences of our daughter's unpredictable behaviour."

The following statistics can also be taken from the questionnaires returned to us; 100% answered that they have the confidence that staff have the skills to support them, 100% said that the staff treat them with respect and 100% knew the names of the staff that support them.

Areas for improvement

The service should continue to ensure that the use of agency staff is monitored to promote continuity. In 2012 frequent changes in agency staff made continuity difficult for both people who used the service and for existing staff who had to support new agency staff through the induction procedures.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 3 - Adequate

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.

Service strengths

Participation was considered in general terms under Quality Statement 1.1 with the grade from 1.1 being applied to 2.1, 3.1 and 4.1. For strengths and areas for improvement around participation see Quality Statement 1.1.

Areas for improvement

For areas for improvement around participation see Quality Statement 1.1.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

Statement 4

We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide

Service strengths

We assessed that the service was adequate in relation to this statement.

Staff are regularly supervised as part of supervision they have to bring their key clients files to supervision with them so that their supervisors can check that they are keeping records up to date.

The feedback that we received from relatives in questionnaires returned to us remains positive as it was at the last inspection.

The provider carried out an external financial audit by an external financial manager. This indicated that finances were being well maintained.

We viewed the services complaints records and noted that there were only 2 complaints recorded in 2012 and the records show that appropriate action was taken to resolve these complaints.

Relatives who returned questionnaires to us wrote:

- "Our son who attends the centre is delighted to have the opportunity to attend."

100% of those who responded agreed or strongly agreed with the statement that overall they were happy with the quality of the service provided by the service.

Areas for improvement

The service did not notify the Care Inspectorate about events that it has a statutory obligation to do. On this occasion it appears that this was a misunderstanding and the service has since sent us formal notifications. The provider needs to ensure that all care service managers are aware of their responsibilities towards notification to the Care Inspectorate. (See requirement one under this statement.)

As mentioned under statement 1.1 the service needs to ensure that care reviews take place at least every 6 months.

Apart from financial and health and safety audits there was no external audit of the quality of the service provided by the centre. It is good practice to have a system which provides an overview of the quality of the service. The provider should consider a quality assurance model which best meets the needs of the people who use the service. (See recommendation one under this statement.)

Grade awarded for this statement: 3 - Adequate

Number of requirements: 1

Number of recommendations: 1

Requirements

1. The provider must ensure that managers are aware of their legal obligations around notifying the Care Inspectorate.

This is a requirement made against the Scottish Statutory Instrument 2002 No. 114. The Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002;

21.

(2) A provider of a care home service shall give notice to the Commission without delay of the occurrence of-

(a) the outbreak in the care home of any infectious disease which in the opinion of any registered medical practitioner attending persons in the care home is sufficiently serious to be so notified;

(b) any serious injury to a service user;

(c) any theft or accident; or

(d) any allegation of misconduct by the provider or any person who is employed in the care service.

This deadline for meeting this requirement is within one week of the receipt of this report.

Recommendations

1. The provider should introduce a quality assurance system for the service along with training for staff on its implementation.

National Care Standards - Support Services, Standard 2: Management and staffing arrangements.

4 Other information

Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

Enforcements

We have taken no enforcement action against this care service since the last inspection.

Additional Information

None.

Action Plan

Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in the Care Inspectorate re-grading a Quality Statement within the Quality of Management and Leadership Theme (or for childminders, Quality of Staffing Theme) as unsatisfactory (1). This will result in the Quality Theme being re-graded as unsatisfactory (1).

5 Summary of grades

Quality of Care and Support - 3 - Adequate

Statement 1	4 - Good
Statement 3	3 - Adequate

Quality of Environment - 4 - Good

Statement 1	4 - Good
Statement 2	4 - Good

Quality of Staffing - 4 - Good

Statement 1	4 - Good
Statement 3	5 - Very Good

Quality of Management and Leadership - 3 - Adequate

Statement 1	4 - Good
Statement 4	3 - Adequate

6 Inspection and grading history

Date	Type	Gradings	
6 Jul 2010	Announced	Care and support	5 - Very Good
		Environment	Not Assessed
		Staffing	5 - Very Good
		Management and Leadership	Not Assessed
21 Jul 2009	Announced	Care and support	5 - Very Good
		Environment	5 - Very Good
		Staffing	5 - Very Good
		Management and Leadership	5 - Very Good
20 Jun 2008		Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and Leadership	4 - Good

All inspections and grades before 1 April 2011 are those reported by the former regulator of care services, the Care Commission.

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Report To: Community Health & Care
Partnership Sub-Committee

Date: 29th August 2013

Report By: Brian Moore
Corporate Director
Inverclyde Community Health &
Care Partnership

Report No:
CHCP/44/2013/HW

Contact Officer: Helen Watson
Head of Service
Planning, Health Improvement
and Commissioning

Contact No: 01475 715369

Subject: Workforce Monitoring Report

1.0 PURPOSE

- 1.1 The purpose of the Workforce Monitoring Report is to ensure that the CHCP Sub-Committee is kept up to date on workforce issues and developments including progress in terms of workforce targets.

2.0 SUMMARY

- 2.1 The workforce and human resources monitoring report provides an update on attendance management, staff appraisals, progress on Healthy Working Lives and an overview of the CHCP staff profile.

3.0 RECOMMENDATION

- 3.1 The Sub-Committee is asked to note the content of this report and progress in meeting workforce targets.

Brian Moore
Corporate Director
Inverclyde Community Health & Care
Partnership

4.0 BACKGROUND

4.1 This monitoring report provides an update on the workforce profiles, sickness absence levels, Healthy Working Lives and eKSF/PDP and Appraisal information.

5.0 WORKFORCE INFORMATION

WORKFORCE STAFFING NUMBERS

SERVICE AREA	PLANNING HEALTH IMPROVEMENT & COMMISSIONING		HEALTH & COMMUNITY CARE		MENTAL HEALTH ADDICTIONS & HOMLESSNESS		CHILDREN, FAMILIES & CRIMINAL JUSTICE	
	NHS	COUNCIL	NHS	COUNCIL	NHS	COUNCIL	NHS	COUNCIL
HEADCOUNT	22	167	104	645	293	85	108	181
WTE	18	141.92	84	491.81	266	81.72	80	167.06
TOTAL CHCP	WTE 189	159.92	WTE 749	575.81	WTE 378	347.72	WTE 289	247.06

Additional temporary posts information

Inv Change Fund	Sum of WTE	1.8
	Headcount	2
Inverclyde CHCP: Management & Admin	Sum of WTE	43.48
	Headcount	59

Total CHCP Staff	1666
Total WTE	1375.79

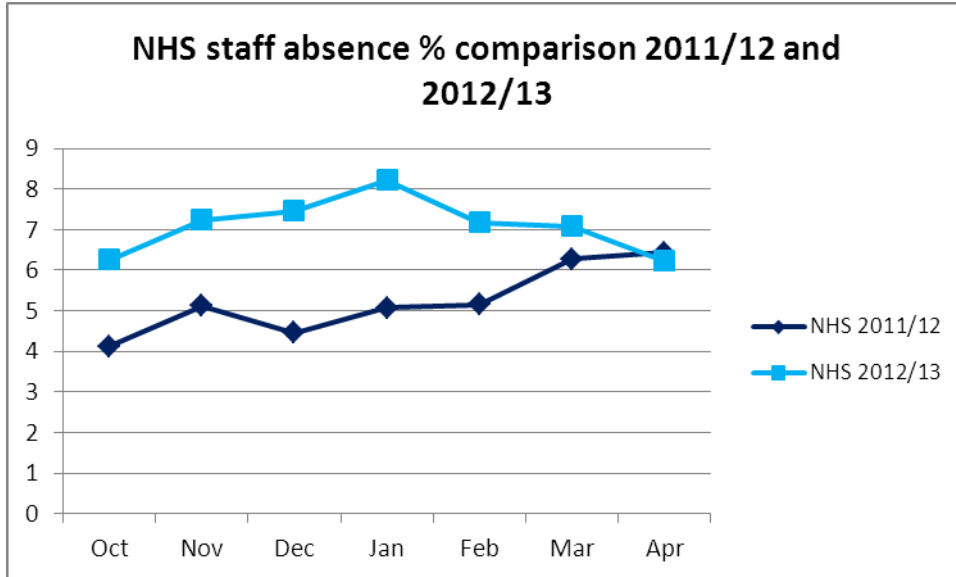
6.0 ATTENDANCE MANAGEMENT

6.1 As indicated in previous workforce reports there are different targets applying to sickness absence levels within the NHS and Local Authority. The NHS target is 4% and the Local Authority target is 4.75%.

6.2 The absence levels of NHS-employed staff in Inverclyde CHCP during the period October 2012 – March 2013 were particularly high, and notably higher than the corresponding period for the previous year. By April 2013, the levels had reduced to similar levels compared to the previous year, and there was a further reduction by May 2013. Absence levels peaked January 2013 with an absence level of 8.23%, more than double the target of 4%, and over 3% above the corresponding month in January 2012. There has been slow improvement since February 2013 and the May 2013 figure is currently 5.56%, which is still above the 4% target.

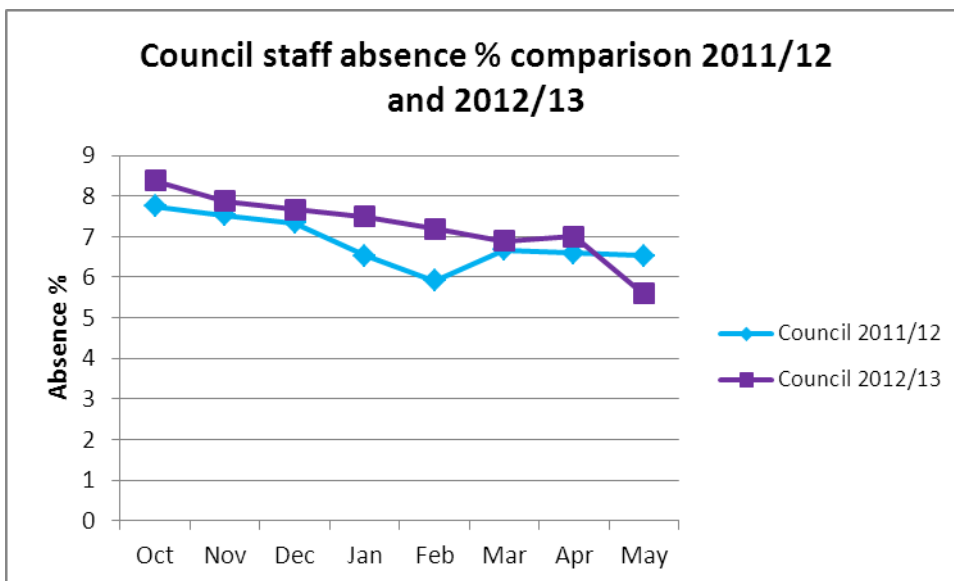
Please refer to Chart 1.

CHART 1



6.3 Sickness absence levels for Council-employed staff have remained relatively consistent over the two comparison years, with 2012/13 being slightly higher than the previous year up to April 2013. A reduction in May brings the Council-employed sickness absence rate to 5.5%, which is very close to the NHS-employed rate for the same month but still above the target of 4.75%. Please refer to Chart 2.

CHART 2



6.4 Types of Absence

Due to differences in national reporting requirements, Inverclyde Council considers sickness absence in terms of either self-certified or medically certified, whilst the NHS requires absence to be considered in terms of short and long term absence (up to 28 days; over 28 days respectively).

This makes direct comparison difficult, however chart 3 highlights that for NHS-employed staff, long term absence remains the greater contributing element, peaking at over 5% in December 2012 and January 2013, and not going below 4% until May 2013. Short term absence peaked above 3% in January and February 2013.

Whilst short term absence was below 2% in 4 of the 7 reference months in 2011/12, at no point has the short term absence level been below 2%. It is recognised that short term absence is generally more manageable than long term absence, so the data indicate that reducing absence levels requires a more robust approach by management. Over the past 6 months managing attendance has become a core priority for the Senior Management Team.

Chart 4 illustrates that over the reporting period more days were lost to medically certified absence than to self certified absence. With regard to medically certified absence the rate of 1,700 days in October 2012 reduced to 900 days in May 2013. This represents a significant improvement but also that much remains to be done. In similar vein to the NHS position with long and short term absence, it is recognised that more can be done to manage self certified versus medically certified absence. Chart 4 also highlights that while self certified absence remains relatively constant, there is clearly room for improvement.

Despite working with two systems, it is clear that the actions to improve attendance management – either short-term or self-certified – will be similar across the whole CHCP staffing.

CHART 3

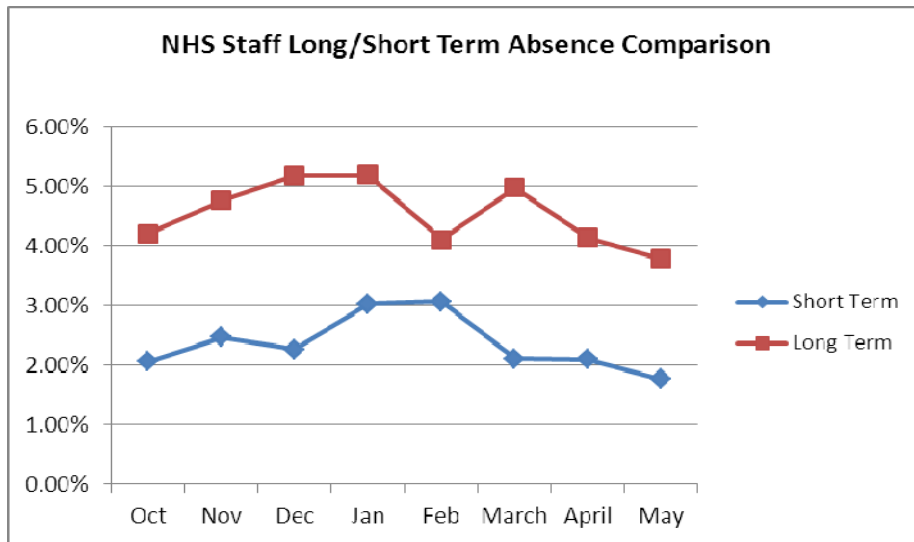
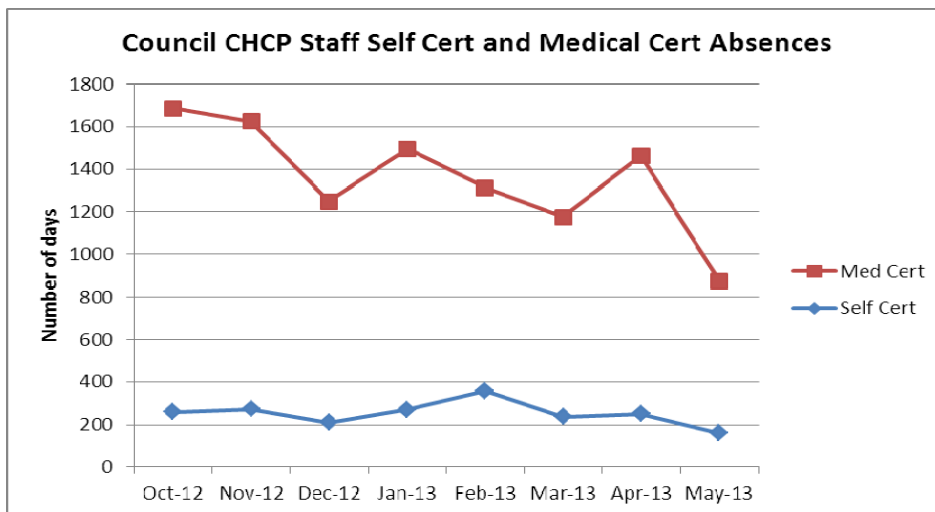


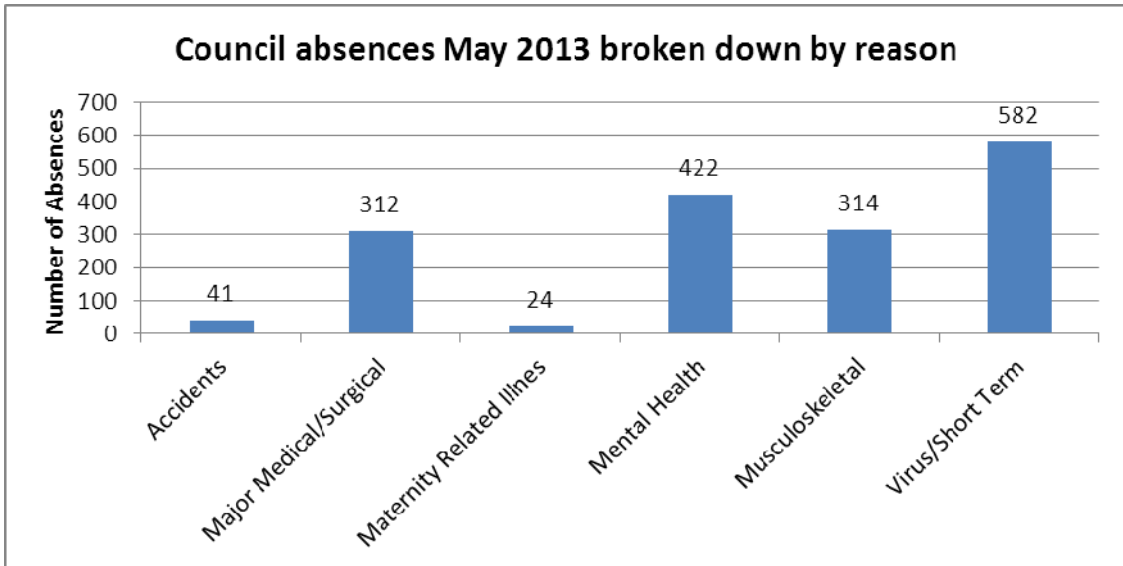
CHART 4



6.5 Reasons for Absence

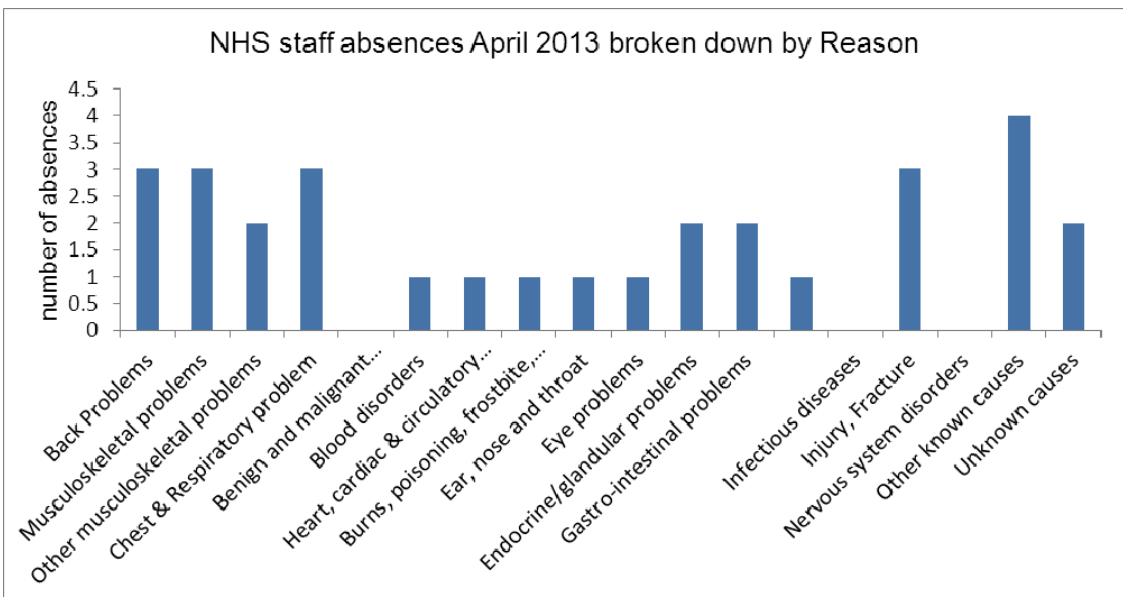
Chart 5 illustrates that the most common reason for Council-employed staff being absent through sickness is virus or short-term illness. The second most common reason is reported as “mental health” which includes anxiety, stress, depression and other psychiatric illness.

CHART 5



6.6 Chart 6 illustrates reported reasons for absence with regard to NHS-employed staff, with the highest number being in the “other” category, followed by back problems, musculoskeletal issues, chest or respiratory problems and injury or fractures. It is important to support staff through illness, regardless of employing organisation, but equally there might be more we can do to enable staff to undertake some dimensions of their remit whilst perhaps not fully fit, but able to take on some tasks. This has been shown to promote recovery and help staff to remain feeling connected to their teams and jobs.

CHART 6



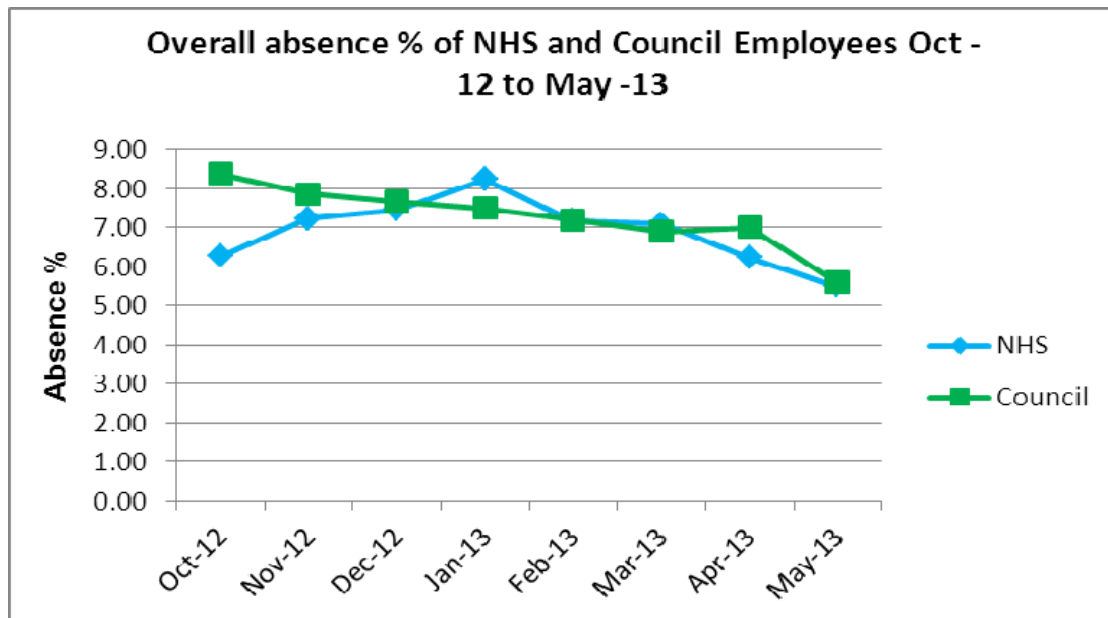
6.7 Overview

Whilst workforce information continues to come from two separate streams and uses two sets of parameters, it is still possible to take an overview of sickness absence across the CHCP. Chart 7 shows a welcome downward trend in overall sickness absence levels, albeit that we are still some way away from our target performance level.

6.8 Management Focus

As stated, attendance management is a central focus for the CHCP management teams, and we have rolled out five Attendance Management Information Sessions with almost 200 CHCP managers, focusing on our policies and their robust and consistent implementation. The Corporate Director attended all the sessions. At the sessions examples of complex cases were discussed and we revisited the attendance management policies to reinforce the message. The CHCP Absence Champion continues to work with both HR services to identify further actions that will improve attendance levels.

CHART 7



7.0 **HEALTHY WORKING LIVES (HWL)**

7.1 One of the best ways to reduce sickness absence is to pro-actively support good health amongst our staff. Within the CHCP, the Healthy Working Lives group has a number of initiatives underway to support improved health amongst staff.

7.2 **Weigh-in at Work**

The Weigh-in at Work programme aims to support staff to achieve and maintain healthy weight. The course is delivered in two staff settings – Port Glasgow Health Centre and Dalrymple House in Greenock. So far, 15 people have registered for the Port Glasgow group and 6 people for the Greenock group. In Port Glasgow, attendees range from health care support workers to team leaders. Nine participants have completed evaluations which were all very positive about the intervention and its effects on their eating behaviour. An impressive total of 29kgs (64.5 lbs) of excess weight has been shed by staff attending to date.

7.3 Mental Health Commendation

Having achieved the HWL Gold Award in October 2012, we are keen to achieve the Mental Health Commendation Award (MHCA) by the end of September 2013.

A training course for managers to foster a mentally healthy workplace has been added to the training calendar, and line managers are requested to attend to ensure awareness of the 6 key stressors in the workplace.

A Stress Risk Assessment is currently underway jointly with the Healthy Working Lives steering group, Health and Safety Officers and various managers across the CHCP. This is in the form of a Survey Monkey, and all CHCP staff are actively encouraged to complete it. Staff without regular access to computers will be sent a paper version ensuring anonymity.

Finally when completed the results will be analysed by the Clinical Effectiveness Team. Following the outcomes from the analysis the implementation groups and senior managers will develop and implement an action plan which will be reviewed annually.

7.4 Bowel Screening Campaign

The Healthy Working Lives group ran an event for staff to mark Bowel Cancer Awareness Month and raise awareness of the link between what we eat and bowel cancer. This took place on 25th April and was called the Great Start Breakfast - the Director was among the 45 people who attended, the majority of whom rated their breakfast as excellent, healthy and an opportunity to try new food and learn about the risks of bowel cancer. In addition two bowel cancer awareness-raising sessions were conducted at the Staff Engagement Events in February 2013. These sessions were interactive with foods which promote a healthy bowel available to try. Again, appreciative comments were received from staff.

7.5 Sun Awareness

A poster campaign in each of the workplaces has been conducted as a timely reminder of skin cancer and the need to be sun-aware during the holiday periods, even in Scotland.

7.6 No Smoking Day

This year No Smoking Day was launched by Health at Work for the first time in Inverclyde and was a joint event with the Community Development Trust. It promoted increased engagement by employers and workplaces and evaluation comments were very positive. This was very timely with the campaign to actively enforce the smoking ban in the grounds of hospitals from June 2013. The health improvement team continue to offer support to staff to stop smoking.

7.7 Future Work

The mental health commendation award is being assessed in July 2013 and the Gold maintenance award in September 2013.

In order to ensure leadership, commitment and progress in creating and maintaining a safe and healthy working environment, the staff health strategy is being reviewed and the action plan drafted in such a way that commitment and engagement are key components. A workshop is planned for 1st August where the strategy and action plan will be revisited and terms of reference drawn up for the future work of the healthy working lives group.

As an excellent start to this process, the Director Brian Moore has agreed to chair HWL Inverclyde from now on.

8.0 NHS GGC KNOWLEDGE AND SKILLS FRAMEWORK (KSF)

- 8.1 The Knowledge and Skills Framework (KSF) is used in the NHS as part of a package of harmonised terms and conditions, job evaluation arrangements and development arrangements for staff across the UK. The compliance target is 80% of all staff covered by Agenda for Change to have their annual reviews completed and recorded on the electronic eKSF system. KSF is competency-based and includes annual reviews for staff and agreed personal development plans.
- 8.2 A programme of work has been rolled out to support meeting the target and the latest data as at 31st May 2013 indicate that 59% of reviews have been completed on-line. Progress continues to be monitored and managers and staff provided with support to achieve the compliance target.

9.0 INVERCLYDE COUNCIL – APPRAISALS AT INVERCLYDE

- 9.1 Inverclyde Council has rolled out a competency-based approach to staff appraisals, “Appraisals at Inverclyde”. This applies to Council-employed staff within the CHCP, with CHCP managers and team leaders already covered by the scheme since June 2010. The latest data as at 31st March 2012 indicate that 35% of appraisals have been completed. The appraisal arrangements include an annual performance appraisal and the development of personal development plans or performance improvement plans.

10.0 PROPOSALS

- 10.1 It is proposed that the CHCP Sub-Committee agrees to receive further workforce monitoring reports.

11.0 IMPLICATIONS

- 11.1 Legal: None at the time of this report

- 11.2 Finance:

There are no financial implications in respect of this report.

Cost Centre	Budget Heading	Budget Year	Proposed Spend this Report	Vehement From	Other Comments

- 11.3 Personnel: None at this time of this report.

- 11.5 Repopulation: None at this time of this report.

12.0 CONSULTATION

12.1 The policies that underpin this report have been agreed through the Joint Staff Partnership Forum.

13.0 LIST OF BACKGROUND PAPERS

13.1 None

Report To: Community Health & Care
Partnership Sub Committee

Date: 29th August 2013

Report By: Brian Moore
Corporate Director
Inverclyde Community Health &
Care Partnership

Report No:
CHCP/48/2013/HW

Contact Officer: Helen Watson
Head of Service
Planning, Health Improvement
and Commissioning

Contact No: 01475 715369

Subject: Inverclyde CHCP Freedom of Information Annual Report

1.0 PURPOSE

- 1.1 The purpose of this report is to inform Sub-Committee Members of the number, themes and sources of Freedom of Information requests from July 2012 to June 2013, and our performance with regard to response timescales.

2.0 SUMMARY

- 2.1 The Freedom of Information (Scotland) Act 2002 (FOISA) came into force on 1 January 2005. The Act provides a statutory right of access to information held by Scottish public bodies and requires us to respond appropriately to requests for information made under the terms of the Act. Responses should normally be completed and issued within 20 working days of receipt of the request. Information is available through the Council and NHS Board's Publication Schemes, located at www.inverclyde.gov.uk and www.nhsggc.org.uk. Requests for access to information can be made by anyone, whether resident in the UK or not, and can be made for information held prior to enactment of the Act. The right of access to information is subject to a number of exemptions within FOISA.
- 2.2 During the year from 1st July 2012 to 1st June 2013, we received 120 requests under the terms of the Act, and of these 118 (98%) were responded to within 20 working days.

3.0 RECOMMENDATION

- 3.1 Sub-Committee members are asked to review our Freedom of Information Annual Report, and comment as required.

Brian Moore
Corporate Director
Inverclyde Community Health & Care Partnership

4.0 BACKGROUND

4.1 The Freedom of Information (Scotland) Act 2002 (“the Act”) imposes a number of obligations on Scottish Public Authorities, including NHS Greater Glasgow and Clyde (NHSGG&C) and Inverclyde Council. The Act gives a general right of access to recorded information held by public authorities, subject to certain exemptions. The Act also imposes additional responsibilities.

(a) To produce a Publication Scheme which is subject to approval by the Scottish Information Commissioner. Publication schemes are high level, strategic documents in which a public authority makes binding commitments to make information available to the general public. Such schemes:-

- provide clear evidence to the public that an authority is meeting its obligations under the Act to be accessible, open and transparent;
- enable the public to see what information is already published, and to access it without having to make a formal request for information;
- give employees clear guidance about the information that they can and should give out to the public so they can respond to information requests efficiently;
- help reinforce leadership messages about openness and accountability to staff at all levels in the organisation;
- are to be easily accessible and designed to be easy to understand and to use by everyone (including those with no internet access).

(b) To respond to requests (which must be in writing or some other permanent form) made by anyone for information held by the authority within set timescales (normally 20 working days) regardless of when it was created, by whom, or the format in which it is now recorded.

(c) To advise an applicant if information is not held.

(d) To specify within the terms of exemptions set out in the Act if the authority refuses to release the requested information.

(e) To charge for the provision of information only in accordance with regulations made under the Act and to decline to provide information if the cost of doing so exceeds a specified level.

(f) To make applicants aware of their right to seek a review of any decision on a request for information and of the right to pursue an appeal to the Scottish Information Commissioner if dissatisfied with the decision of the authority.

4.2 Given that the CHCP is part of both Inverclyde Council and NHSGGC, there are two different processes in place. We have worked to streamline the system in that we receive Fol requests through a central office and comply with the correct organisational procedure which in turn gives an overall picture of Fol requests received. It is important to note that while there are slight variations in the detail of organisational processes, the legislation that covers both parent organisations is the same, as are the response timescale requirements.

5.0 REQUESTS RECEIVED

5.1 During the specified time-frame there were 120 FoI requests. Table 1 below outlines our performance in relation to timescales.

Quarter	Total FOI Requests	Completed within Timeframe	Timeframe not met	Currently Open
July–Sept 2012	28	27	1	-
October–December 2012	37	36	1	-
January–March 2013	32	32	-	-
April–June 2013	31	23	-	8
Total	120	118	2	8

Table 1 – Performance in respect of timescales

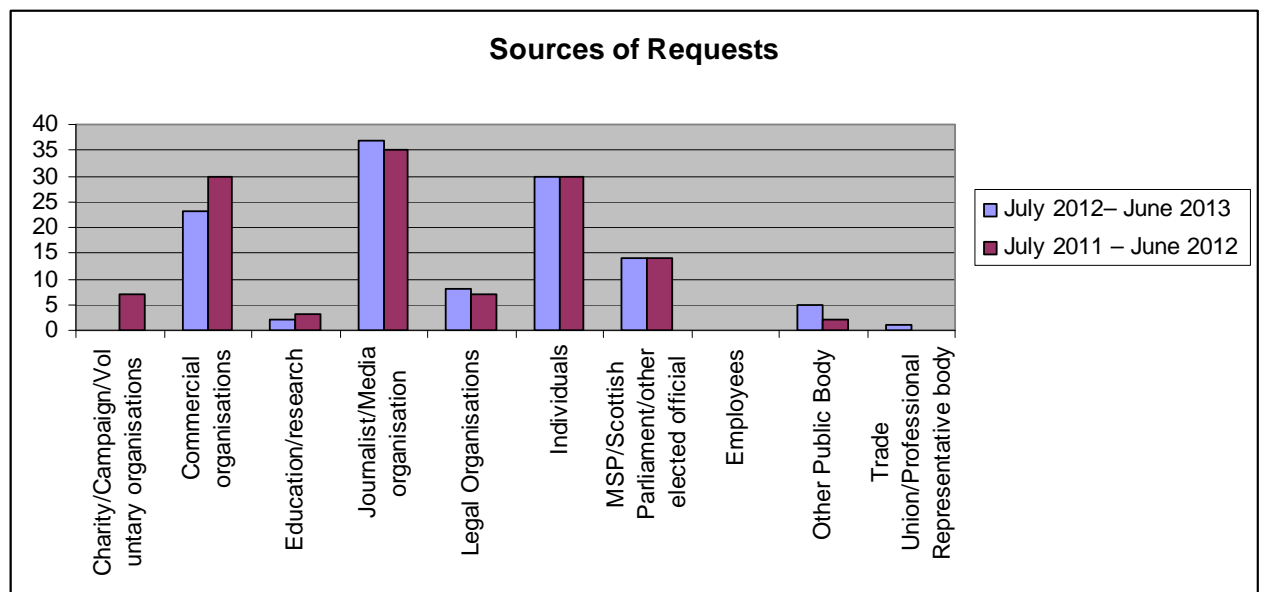
All of the above have come through the Council FoI system. There have been no local health FoI requests. Health requests have been centrally co-ordinated at the Health Board, and generally relate to the whole Board area, rather than Inverclyde specifically. In the two instances where timescales were not met, this was due to requests being sent to officers who were on annual leave. The process has since been updated to ensure that if the appropriate officer is not available, the request is forwarded on to a depute for action.

5.2 A breakdown of the source of requests for information that is shown in Table 2 and in Figure 2. From the information collated to date the majority have come from journalists/ media organisations followed by commercial organisations.
Source of Requests:

Indicative source of request	July 2012– June 2013 number
Charity/Campaign/Voluntary organisations	-
Commercial organisations	23 (19%)
Education/research	2 (1%)
Journalist/Media organisation	37 (31%)
Legal Organisations	8 (7%)
Individuals	30 (25%)
MSP/Scottish Parliament/other elected official	14 (12%)
Employees	-
Other Public Body	5 (4%)
Trade Union/Professional Representative body	1 (1%)

Table 2 – Source of requests

Fig 2 – the chart below shows indicative source of requests from July 2012 – June 2013 alongside comparator data from 2011/12



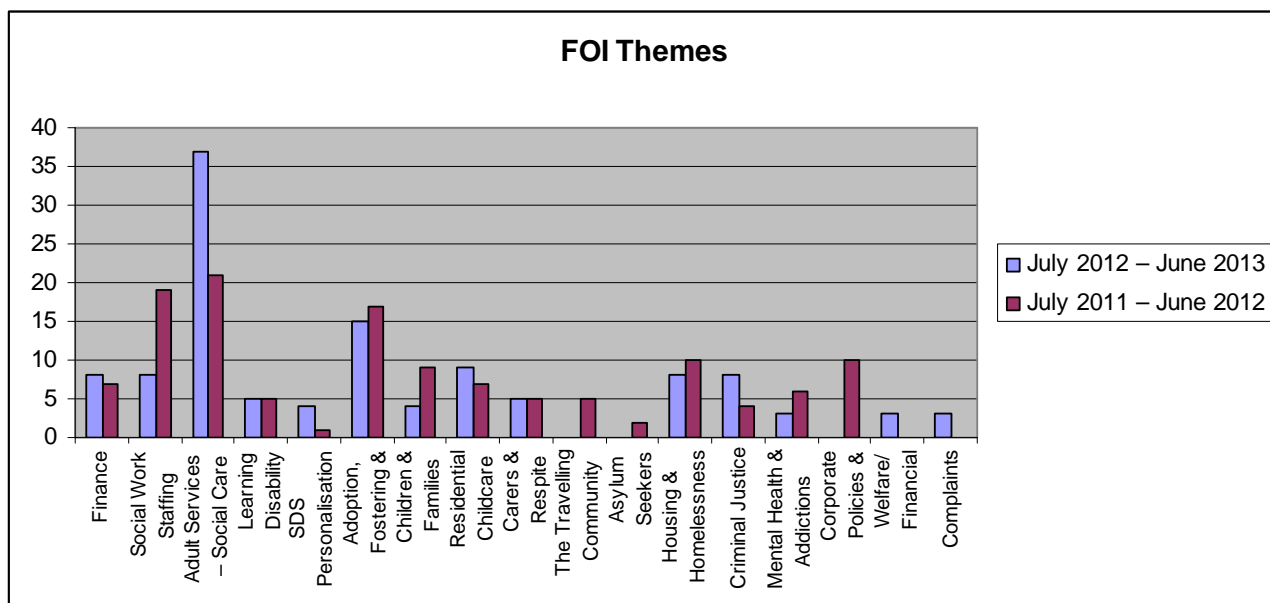
6.0 TYPE OF INFORMATION REQUESTED

6.1 A number of recurring themes were identified in the subject matter of requests for information. These are listed below together with a flavour of the detail of what was asked in relation to each key theme.

Themes	July 2012 – June 2013 <i>number</i>
Finance	8
Social Work Staffing	8
Adult Services – <i>Social Care Fees/ Care Home Info.</i>	37
Learning Disability Services	5
SDS Personalisation	4
Adoption, Fostering & Kinship Care	15
Children & Families	4
Residential Childcare	9
Carers & Respite Services	5
The Travelling Community	-
Asylum Seekers	-
Housing & Homelessness	8
Criminal Justice	8
Mental Health & Addictions	3
Corporate Policies & Reports	-
Welfare/ Financial Advice Service	3
Complaints	3

Table 3 – Themes of requests

Fig 3 – Themes are shown below between July 2012 – June 2013 with comparator data 2011/12, detailed analysis show an increase in FOI requests around Adult Services – *Social Care Fees/ Care Home Info*



7.0 CONCLUSION

Whilst we embrace the spirit of the Act, it should be noted that there is significant demand on staff with 120 requests from July 2012 to June 2013. We have issued 7 exemption notices during this period, both in respect of time and financial limits as this would have involved an excessive amount of staffing resource including front line practitioner resource to gather and return the information.

The majority of requests have come from journalists and we seek to address this by working with the corporate functions of the Council to further develop the Scheme of Publication to help interested members of the public, and to reduce the amount of time required to respond to requests.

Members are asked to note this updated report on the operation of the Freedom of Information (Scotland) Act 2002 within Inverclyde Council and NMSGC and give any comments or view on the format of the report or on any area with regard to the Act.

8.0 IMPLICATIONS

8.1 Legal:

None at the time of this report

8.2 Finance:

There are no additional financial implications in respect of this report as associated costs will be contained within existing budgets.

Cost Centre	Budget Heading	Budget Year	Proposed Spend this Report	Virement From	Other Comments

8.3 Personnel: None at the time of this report.

8.4 Equalities: None at this time, although recognition will be given to the wider and associate equalities agenda.

8.5 Repopulation: None at the time of this report.

9.0 CONSULTATION

9.1 None.

10.0 LIST OF BACKGROUND PAPERS

Freedom of Information (Scotland) Act 2002

<http://www.legislation.gov.uk/asp/2002/13/contents>

Report To: Community Health & Care
Partnership Sub-Committee

Date: 29th August 2013

Report By: Brian Moore
Corporate Director
Inverclyde Community Health &
Care Partnership

Report No:
CHCP/41/2013/HW

Contact Officer: Helen Watson
Head of Planning, Health
Improvement and Commissioning

Contact No: 01475 715369

Subject: Potential Implications of the Public Bodies (Joint Working)
(Scotland) Bill

1.0 PURPOSE

1.1 The purpose of this paper is to profile some of the issues raised by the Public Bodies (Joint Working) Scotland) Bill published on 28th May 2013, and provide an initial basis for further discussion on the potential implications of the Public Bodies (Joint Working) (Scotland) Bill in Inverclyde.

2.0 SUMMARY

2.1 The Bill aims to provide a framework for integrating health and social care services in a way that will support improving the quality and consistency of health and social care services across Scotland.

2.2 The Bill provides two options for integrating budgets and functions. First is delegation by both the Local Authority and Health Board to an integration joint board, similar to the current arrangements in Inverclyde. The second option is delegation between partners, where the Health Board and/or the Local Authority delegates functions and their corresponding budgets and other resources to the other partner (similar to the Highland model).

2.3 Whilst the first option is more closely aligned with our own current arrangements, there are a number of considerations that require further exploration.

3.0 RECOMMENDATIONS

3.1 That the CHCP Sub-Committee note the attached paper.

3.2 That further updates be brought to the CHCP Sub-Committee.

Brian Moore
Corporate Director
Inverclyde Community Health & Care
Partnership

4.0 BACKGROUND

- 4.1 The Public Bodies (Joint Working) Scotland) Bill was published on 28th May 2013, following a consultation paper issued in May 2012. The Scottish Government was clear within the consultation that the principle of integration was not negotiable, but rather that the consultation was about clarifying some of the detail in terms of how integration would, could or should work.
- 4.2 Some aspects of the Bill reflect our own current arrangements, however there are a number of considerations that require further exploration. Regulations and statutory guidance will require Health Boards and Local Authorities to integrate services for adults, which will be the minimum level of integration required by law. Regulations will also allow for voluntary integration of further functions, in line with the current Inverclyde arrangements where the full range of Social Work Services are included within the CHCP, as are community based NHS services.
- 4.3 Under the terms of the Bill, there will be a requirement to establish an integration authority to deliver nationally agreed outcomes for health and social care. Currently we have an enhanced partnership with lines of accountability back to both parent organisations (Inverclyde Council and NHS Greater Glasgow & Clyde). The Bill proposes a 'body corporate' governed by a joint board, and serviced by a Chief Officer. This will mean some important changes in governance arrangements, however accountability to the parent bodies will remain.
- 4.4 The Bill is currently at stage 1 of the parliamentary process, and this stage is due to be completed by 6th December 2013. It is expected that it will progress to Royal Assent in Spring 2014, with implementation being around April 2015. Draft regulations and guidance are expected to be issued after Royal Assent and before the Bill is finalised and implemented.
- 4.5 There is an expectation that each local authority will have shadow arrangements in place by April 2014. Many non-integrated authorities are beginning to establish their shadow arrangements however, in common with other CHCPs, Inverclyde's current arrangements should provide a robust shadow structure. There are a number of areas of the Bill and its potential implications though that require to be clarified.

5.0 AREAS FOR DISCUSSION

5.1 Governance

Under the body corporate model, an integration joint board would be established with functions and budgets acquired through delegation from the Health Board and Local Authority. The body corporate would be accountable to the integration joint board and would be led by the Chief Officer, appointed by the integration joint board and jointly accountable through the board to both Local Authority and Health Board. The Chief Officer would be responsible for the management of the integrated budget and the delivery of services. The role of the current CHCP Corporate Director appears to be aligned to the description of the Chief Officer role, and the role of the integration joint board seems broadly similar to that of the current CHCP Sub-Committee. An important distinction would be that CHPs (and therefore CHCPs) would be removed from statute. Clarity would be required as to whether the CHCP Sub-Committee, in evolving to the integration joint board, would become a full joint Committee in its own right. Currently Council requirements are met by the CHCP Sub-Committee having a reporting and governance line to the Health & Social Care Committee which meets annually and delegates its powers to the Sub-Committee. The Bill would require the integration joint board membership to have Elected Members and Health Board non-Executives. This requirement needs to be reconciled with current requirements that Council Committees are populated exclusively by Elected Members.

5.2 The Bill does not require integration joint boards to become separate entities in their own right, but it does allow for this as an option through a process of secondary legislation. This would not remove local government oversight (insofar as accountability arrangements would be unaltered and the reporting arrangements and budgetary control would still rest with the Council and Health Board), but it would allow those partnerships that were so inclined to invest employment and borrowing powers in the integration authority.

5.3 Integration Plan

Partners will have to agree how they intend to integrate services through an 'integration plan', the detail of which will include the model of integration to be used, along with the functions and resources to be delegated. The integration plan must also cover a wide range of other partnership issues, such as provision for dispute resolution, financial management, staff governance and clinical and care governance. In some respects this could be a revision of our current Scheme of Establishment, however statutory guidance is still to be provided by the Scottish Government regarding the detailed content of the integration plan. The integration plan will be signed-off by the Council, Health Board, and Scottish Government.

5.4 Commissioning Plan

Once established, the partnership will be under a duty to produce a joint commissioning plan, which will set out the detailed arrangements for planning and delivery of health and social care functions in its area, as well as the outcomes to be achieved from the integrated budget. Scottish Ministers will set national outcomes that integration joint boards will be required to deliver. Again, our Directorate Improvement Plan and associated workstreams such as the Commissioning Strategy could potentially provide the planning architecture to meet this requirement, although they will have to be reviewed once the national outcomes are set to ensure that we are covering all aspects of the guidance.

5.5 Joint Planning Arrangements

There will also be a requirement for us to jointly plan, not only across the Council and Health Board, but also with the Third Sector. Future planning arrangements for hosted and NHS board-wide services need to be defined, and a collaborative approach with neighbouring local authorities and health boards is encouraged.

5.6 Links with Community Planning Partnerships are also required.

5.7 Workforce

The Bill does not set an expectation that under the body corporate model the integration joint board will directly employ staff, therefore there will be no requirement for TUPE arrangements. However the Bill allows for the body corporate to directly employ staff at a later stage if it is required at a local level for effective working and delivery.

5.8 Following discussion with the Chief Executive of Greater Glasgow & Clyde, the Chief Executives of East Renfrewshire, Inverclyde and West Dunbartonshire Councils have proposed the establishment of a working group to develop a plan to transition the current CHCPs to shadow Health and Social care Partnerships by April 2014.

The new Partnerships will be different from the present arrangements but the aim is to ensure that shared objectives, values and ways of working which have developed in existing CHCP's are continued into the new arrangements.

The intention is that the Group will bring forward proposals to draft integration

agreements covering:-

- Services and functions to be included;
- Arrangements for support services;
- Financial arrangements and approach to budget setting;
- Relationship to parent bodies;
- Transition of current management teams;
- Accountability, planning and performance arrangements;
- Approach to acute services;
- Relationship to community planning;
- Health improvement resources and leadership;
- Accountability for hosted services.

5.9 Finance

The Bill proposes that budgets will be integrated. This is different from our current aligned arrangements and Financial Regulations and Standing Orders will need to be reviewed accordingly. There will also be a requirement for integration joint boards to have their own audit arrangements however it is recognised that these are likely to be provided by the auditors of either of the parent bodies.

The Bill recognises that different VAT arrangements are in place for Health Boards and for Local Authorities. Health Boards can only reclaim VAT on certain specified services whereas Local Authorities (with a few minor exceptions) have full VAT recovery.

The Scottish Government has stated that it will work with HMRC to develop new guidance to ensure that integration delivers a cost-neutral position in terms of VAT.

Inverclyde is represented on the national Financial Management and Planning Resources workstream, with the key remit of this group to produce guidance on how the integrated budgets will operate.

5.10 Acute Sector Services

The Bill allows for the transfer of some acute sector services to be managed as part of the integration joint board. The detail of this has still to be developed and we expected further guidance on this key issue.

In a separate piece of work, ICHCP have been scoping activity patterns of Acute services usage in respect of Inverclyde residents, both within and outwith the IRH (e.g. Inverclyde people attending RAH; Beatson; RHSC etc). As well as this we are scoping usage of IRH services by non-Inverclyde residents.

This work aims to help us understand patient pathways that interface between acute, secondary, primary and social care and so should in future inform locality planning arrangements.

6.0 CONCLUSION

6.1 The Public Bodies (Joint Working) (Scotland) Bill will have implications for Inverclyde CHCP despite the fact that we are already firmly on the road to both structural and cultural integration. We will still be required to produce an integration plan in line with the guidance once issued, and there might be a need to revisit some of our financial and corporate governance arrangements.

Our Directorate Improvement Plan may need to be revised to reflect the national outcomes and guidance once these are issued, and this will be done in the context of emerging models from the current Clinical Services Review that might also include opportunities to transfer some services from the IRH to our local integrated arrangements.

7.0 IMPLICATIONS

7.1 Legal:

Legal implications will become clearer once the guidance documents are published.

7.2 Finance:

There are no financial implications in respect of this report.

Cost Centre	Budget Heading	Budget Year	Proposed Spend this Report	Virement From	Other Comments
N/A			N/A		

7.3 Personnel:

See Section 5.7.

7.4 Equalities:

The Scottish Government has undertaken an Equalities Impact Assessment on the Bill and concluded that the legislation will not directly or indirectly discriminate on any of the protected equalities characteristics.

7.5 Repopulation:

There are no repopulation implications in respect of this report.

INVERCLYDE COMMUNITY HEALTH AND CARE PARTNERSHIP

AGENDA AND ALL PAPERS TO:

Councillor McIlwee	1
Councillor Jones	1
Councillor McCabe	1
Councillor Rebecchi	1
Councillor MacLeod	1

All other Members (for information only) 15

Officers:

Chief Executive	1
Corporate Communications & Public Affairs	1
Corporate Director Community Health & Care Partnership	1
Head of Children & Families and Criminal Justice	1
Head of Community Care & Health	1
Head of Planning, Health Improvement & Commissioning	1
Clinical Director	1
Head of Mental Health & Addictions	1
Corporate Director Education, Communities & Organisational Development	1
Chief Financial Officer	2
Corporate Director Environment, Regeneration & Resources	1
Head of Legal & Democratic Services	1
J Douglas, Legal & Democratic Services	1
S Lang, Legal & Democratic Services	1
Chief Internal Auditor	1
File Copy	1
Dr Mustafa Kapasi, NHS Greater Glasgow & Clyde	1
Ken Winter, NHS Greater Glasgow & Clyde	1
Diana McCrone, Staff Partnership Forum	1
Nell McFadden, Public Partnership Forum	1
TOTAL	<u>41</u>

AGENDA AND ALL NON-CONFIDENTIAL PAPERS TO:

Community Councils 10

Karen Haldane, "Your Voice", 12 Clyde Square, Greenock 1

TOTAL **52**