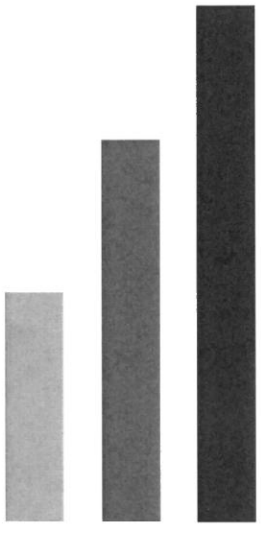
Inverclyde council

Agenda 2014

Health & Social Care Committee

For meeting on:

28	August	2014



Inverclyde council
Municipal Buildings, Greenock PA15 1LY

Ref: SL

Date: 14 August 2014

A meeting of the Health & Social Care Committee will be held on Thursday 28 August 2014 at 3 pm (or following the conclusion of the CHCP Sub-Committee if later) within the Municipal Buildings, Greenock.

GERARD MALONE
Head of Legal and Property Services

BUSINESS

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

PERFORMANCE MANAGEMENT

2. **Health & Social Care Committee - Financial Report Outturn 2013/14 and 2014/15 as at Period 3 to 30 June 2014**
   Report by Corporate Director Inverclyde Community Health & Care Partnership

NEW BUSINESS

3. **Inverclyde Children and Young People Health and Wellbeing Survey 2013**
   Report by Corporate Director Inverclyde Community Health & Care Partnership

4. **Consultation on Draft Regulations to Public Bodies (Joint Working) (Scotland) Act 2014**
   Report by Corporate Director Inverclyde Community Health & Care Partnership

The documentation relative to the following item 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 paragraph 6 of Part I of Schedule 7(A) of the Act.

PERFORMANCE MANAGEMENT

5. **Governance of External Organisations Annual Report**
   Report by Corporate Director Inverclyde Community Health & Care Partnership

Enquiries to – **Sharon Lang** – Tel 01475 712112

Inverclyde council

AGENDA ITEM NO: 2

Report To:	**Health & Social Care Committee**	**Date: 28 August 2014**
Report By:	**Brian Moore** **Corporate Director** **Inverclyde Community Health & Care Partnership** **Jan Buchanan** **Head of Finance**	**Report No: SW/02/2014/LB**
Contact Officer:	**Lesley Bairden**	**Contact No: 01475 712257**
Subject:	**Health & Social Care Committee – Financial Report Outturn 2013/14 and 2014/15 as at Period 3 to 30 June 2014.**	

1.0 PURPOSE

1.1 The purpose of this report is to advise the Health and Social Care Committee of the 2013/14 Revenue Outturn position and of the Revenue and Capital Budget current year position as at Period 3 to 30 June 2014.

2.0 SUMMARY

REVENUE OUTTURN 2013/14

2.1 The Social Work revenue budget was £47,932,000 with a final underspend of £61,000 (0.13%). The main items contributing to the Social Work underspend were:

- Turnover savings of £518,000, which partly offset an overspend within external homecare
- Early achievement of savings £242,000
- Client Commitment costs within Learning Disabilities of £331,000, addressed in 2014/15 by additional pressure funding.
- Client Commitment costs with Older People of £448,000 relating to homecare and residential and nursing care services. This position within Older People's Services reflects the national position for 2013/14.

REVENUE PROJECTION 2014/15

2.2 The Social Work revised budget is £49,185,000 with a projected overspend of £164,000 (0.33%). This is primarily due to current client commitment costs within Older People's Services, offset in part by turnover and running cost savings. This overspend is net of Residential Childcare, Fostering and Adoption as any under / over spend is managed through the approved earmarked reserve. At period 3, it is projected that there will be a transfer of £703,000 to the reserve at 31 March 2015; however this will be subject to the CHCP containing the Older Peoples cost pressures within budget.

2.3 It should be noted that the 2014/15 budget includes agreed savings for the year of £1,732,000 with a projected over recovery of £77,000 from early implementation.

CAPITAL 2014/15

2.4 The Social Work capital budget is £195,000 of which £115,000 relates to Kylemore retentions, with any subsequent underspend on completion to be returned to the Council's capital programme. £80,000 relates to the expansion of the Hillend Respite Unit from 3 to 4 beds.

2.5 The CHCP Sub-Committee agreed to the replacement of Neil Street and Crosshill Children's Homes at its meeting on 24 April 2014. The replacement programme is funded through a contribution from the Residential Childcare, Adoption & Fostering earmarked reserve and prudential borrowing. The project planning phase is April 2014 to May 2015, with build work to commence 2015/16.

EARMARKED RESERVES 2014/15

2.6 The Social Work Earmarked Reserves for 2014/15 total £3,005,000 with £2,619,000 projected to be spent in the current financial year. To date £481,000 spend has been incurred which is 18% of the projected 2014/15 spend. The spend to date per profiling was expected to be £256,000 therefore projects advanced equate to £225,000 (188%).

It should be noted that the reserves reported exclude those earmarked reserves that relate to cash flow smoothing, namely:

- Children's Residential Care, Adoption & Fostering
- Deferred Income.

3.0 RECOMMENDATIONS

3.1 The Committee note the 2013/14 year revenue budget underspend of £61,000 as at 31 March 2014.

3.2 The Committee note the current year revenue budget and projected overspend of £164,000 for 2014/15 as at 30 June 2014.

3.3 The Committee note that the CHCP Director will work to contain the projected overspend within the overall Social Work budget for the year.

3.4 The Committee note the current projected capital position:

- Social Work capital projected to budget at £238,000 in the current year and on target over the life of the projects.
- Replacement Children's Homes to be added to the CHCP Sub-Committee report at period 5.

3.5 The Committee note the current Earmarked Reserves position.

3.6 The Committee delegate the 2014/15 Revenue and Capital Budgets to the CHCP Sub-Committee.

Brian Moore
Corporate Director
Inverclyde Community Health & Care Partnership

Jan Buchanan
Head of Finance

4.0 BACKGROUND

4.1 The purpose of the report is to advise the Committee of the 2013/14 revenue outturn position, the current position of the 2014/15 Social Work revenue and capital budget and to highlight the main issues contributing to the 2014/15 £164,000 projected revenue over spend and the current capital programme position.

4.2 The current year revenue position is detailed in Appendix 1, Appendix 2 provides the capital position. Appendix 3 provides detail of earmarked reserves. Appendix 4 provides detail of the employee cost variance by service.

5.0 2013/14 REVENUE OUTTURN: £61,000 UNDERSPEND

5.1 The table below sets out the 2013/14 outturn to budget for Social Work

5.2 SOCIAL WORK £61,000 UNDERSPEND

	Revised Budget 2013/14	Outturn 2013/14	Variance to Budget	
	£'000	£'000	£'000	%
Strategy	2,048	2,005	(43)	(2.10%)
Older People	21,103	21,541	438	2.08%
Learning Disabilities	5,892	6,159	267	4.53%
Mental Health	1,412	1,308	(104)	(7.37%)
Children & Families	9,418	9,070	(348)	(3.70%)
Physical & Sensory	2,366	2,465	99	4.18%
Addictions / Substance Misuse	1,237	1,033	(204)	(16.49%)
Support / Management	2,238	2,128	(110)	(4.92%)
Assessment & Care Management	1,646	1,576	(70)	(4.25%)
Criminal Justice	0	0	0	0
Homelessness	633	647	14	2.21%
Total	47,993	47,932	(61)	(0.13%)

5.3 The key reasons for the underspend:

a. **Strategy: £43,000 (2.10%) underspend**

The underspend was mainly due to vacancy and secondment savings.

b. **Older Persons: £483,000 (2.08%) overspend**

The overspend was mainly a result of Homecare which overspent by £332,000. There was also an overspend of £62,000 within Residential and Nursing purchased places, per the number of clients receiving care, net of additional charging order income of £64,000.

c. **Learning Disabilities: £267,000 (4.53%) overspend**

This was primarily due to the costs of client residential and daycare packages.

d. **Mental Health: £104,000 (7.37%) underspend**

This related to legal costs of £30,000 relating to guardianship issues, along with client package underspends, vacancy savings offset by premises costs.

e. **Children & Families: £348,000 (3.70%) underspend**

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

The underspend within residential childcare, adoption and fostering of £789,000 was transferred to the earmarked reserve set up to smooth budgetary pressures.

f. **Physical & Sensory: £99,000 (4.18%) overspend**

The overspend was primarily due to client commitment costs.

g. **Addictions / Substance Misuse: £204,000 (16.49%) underspend**

The underspend was due to:

- £120,000 employee cost vacancy savings, net of sessional backfill costs.
- £25,000 running costs, in part due to level of vacancies.
- £60,000 underspend on client commitment costs.

h. **Support / Management: £110,000 (4.92%) underspend**

The projected underspend was a result of turnover.

i. **Assessment & Care Management: £70,000 (4.25%) underspend**

The underspend mainly related to vacancies.

j. **Homelessness: £14,000 (2.21%) overspend**

The overspend was due to costs of conversion of the additional two rooms, along with the increased costs of Housing Support.

6.0 2014/15 CURRENT REVENUE POSITION: £164,000 PROJECTED OVERSPEND

6.1 The projected overspend of £164,000 (0.33%) for the current financial year is predominantly due to client commitment cost within Older Person's Services offset, in part, by turnover, both within Internal Homecare and other Services. The material projected variances are identified, per service, below:

a. **Older Persons: Projected £354,000 (1.66%) overspend**

The projected overspend is mainly a result of continued increasing costs in Homecare which is projected to overspend by £228,000. There is a projected overspend of £103,000 within Residential and Nursing purchased places, per the current number of clients receiving care.

This reflects the continued increasing trend from 2013/14 and is representative of the national position. A budget pressure paper will be presented to the Council's Corporate Management Team in August identifying the current and future projected pressures.

b. **Learning Disabilities: Projected £45,000 (0.71%) overspend**

The projected overspend relates to turnover a number of running cost budgets, including transport, offset in part by turnover savings. It should be noted that the current year budget includes £350,000 pressure funding of which £130,000 is projected to be spent in full but not yet committed as this relates to a client who is expected to transition to the Service later in the year.

There is a further budget increase of £200,000 in 2015/16 reflecting the pressures expected within this service

c. **Mental Health: Projected £48,000 (3.74%) underspend**

The projected underspend is primarily due to turnover of £62,000, of which £32,000 relates to early achievement of a saving.

d. **Children & Families: Projected £31,000 (0.30%) underspend**

The main reason for the underspend is turnover of £58,000 offset in part by a number of minor overspends in running cost budgets.

There is a significant projected underspend within residential childcare, adoption and fostering of £703,000, however given the volatile nature of the service and the high cost implications this is impossible to predict and, in line with the agreed strategy, the under or over spend at year end will be transferred to or from the earmarked reserve set up to smooth budgetary pressures. This will be subject to the containment of cost pressures with Older Peoples Services.

It should be noted that a one off contribution from this reserve has been agreed as part of the funding structure on the Reprovision of Children's Homes. This funding structure also includes permanent virement from the Residential Schools budget to fund the annual cost of loans charges in financial years 2015/16 and 2016/17.

e. **Addictions / Substance Misuse: Projected £74,000 (6.53%) underspend**

The projected underspend is due to £39,000 employee cost vacancy savings along with a projected underspend in client package costs, in line with 2013/14.

f. **Assessment & Care Management: Projected £78,000 (4.64%) underspend**

The projected underspend mainly relates to turnover from vacancies along with a projected £19,000 underspend on respite provision in line with 2013/14 costs.

7.0 2014/15 CURRENT CAPITAL POSITION – £nil Variance

7.1 The Social Work capital budget is £4,831,000 over the life of the projects with £195,000 for 2014/15, comprising:

- £115,000 for Kylemore Children's Home retentions, with any final underspend being returned to the Council's Capital Programme.
- £80,000 to expand the Hillend respite unit.

7.2 The CHCP Sub-Committee agreed to the replacement of Neil Street and Crosshill Children's Homes at its meeting on 24 April 2014. The replacement programme is funded through a contribution from the Residential Childcare, Adoption & Fostering earmarked reserve and prudential borrowing. The project planning phase is April 2014 to May 2015, with build work to commence 2015/16.

7.3 Appendix 3 details capital budgets and progress by individual project.

8.0 EARMARKED RESERVES

8.1 The Social Work Earmarked Reserves for 2014/15 total £3,005,000 with £2,619,000 projected to be spent in the current financial year. To date £481,000 spend has been incurred which is 18% of the projected 2014/15 spend. The spend to date per profiling was expected to be £256,000 therefore projects advanced equate to £225,000 (188%).

It should be noted that the reserves reported exclude those earmarked reserves that relate to cash flow smoothing, namely:

- Children's Residential Care, Adoption & Fostering
- Deferred Income.

9.0 VIREMENT

9.1 All virement approvals are requested via the CHCP Sub-Committee as part of the delegated budget. The impact of all requested virements to the CHCP Sub-Committee is reflected within this report.

10.0 IMPLICATIONS

10.1 **Finance**

All financial implications are discussed in detail within the report above.

One off Costs

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

Annually Recurring Costs / (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From	Other Comments
N/A					

10.2 **Legal**
There are no specific legal implications arising from this report.

10.3 **Human Resources**
There are no specific human resources implications arising from this report

10.4 **Equalities**
There are no equality issues within this report.

10.5 **Repopulation**
There are no repopulation issues within this report.

11.0 CONSULTATION

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

12.0 BACKGROUND PAPERS

12.1 There are no background papers for this report.

APPENDIX 1

SOCIAL WORK

REVENUE BUDGET PROJECTED POSITION

PERIOD 3: 1 April 2014 - 30 June 2014

2013/14 Actual £000	SUBJECTIVE ANALYSIS	Approved Budget 2014/15 £000	Revised Budget 2014/15 £000	Projected Out-turn 2014/15 £000	Projected Over/(Under) Spend £000	Percentage Variance
	SOCIAL WORK					
25,250	Employee Costs	25,976	26,042	25,375	(667)	(2.56%)
1,431	Property costs	1,453	1,453	1,468	15	1.03%
919	Supplies and Services	808	808	933	125	15.47%
482	Transport and Plant	366	384	453	69	17.97%
1,021	Administration Costs	879	878	950	72	8.20%
32,751	Payments to Other Bodies	33,457	33,681	34,271	590	1.75%
(13,922)	Income	(13,877)	(14,061)	(14,101)	(40)	0.28%
	Contribution to Earmarked Reserves				0	
47,932	**SOCIAL WORK NET EXPENDITURE**	**49,062**	**49,185**	**49,349**	**164**	**0.33%**

	2013/14 Actual £000	OBJECTIVE ANALYSIS	Approved Budget 2014/15 £000	Revised Budget 2014/15 £000	Projected Out-turn 2014/15 £000	Projected Over / (Under) Spend £000	Percentage Variance
		SOCIAL WORK					
	2,005	Strategy	2,112	2,071	2,067	(4)	(0.19%)
	21,541	Older Persons	20,971	21,277	21,631	354	1.66%
	6,159	Learning Disabilities	6,251	6,303	6,348	45	0.71%
	1,308	Mental Health	1,382	1,284	1,236	(48)	(3.74%)
3	9,070	Children & Families	10,228	10,174	10,143	(31)	(0.30%)
	2,465	Physical & Sensory	2,272	2,253	2,254	1	0.04%
	1,033	Addiction / Substance Misuse	1,193	1,134	1,060	(74)	(6.53%)
	2,128	Support / Management	2,220	2,269	2,253	(16)	(0.71%)
	1,576	Assessment & Care Management	1,690	1,681	1,603	(78)	(4.64%)
1	0	Criminal Justice / Scottish Prison Service	0	0	0	0	0.00%
2	0	Change Fund	0	0	0	0	0.00%
	647	Homelessness	743	739	754	15	2.03%
		Contribution to Earmarked Reserves				0	0.00%
	47,932	**SOCIAL WORK NET EXPENDITURE**	**49,062**	**49,185**	**49,349**	**164**	**0.33%**

( ) denotes an underspend per Council reporting coventions

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 £1.2 million fully funded from income.
3 Children & Families outturn includes £703k to be transferred to the earmarked reserve at year end 2014/15
4 £9 million Resource Transfer / Delayed Discharge expenditure and income included above.

5 Original Budget 2014/15	49,062
Pay & Infaltion	123
Revised Budget 2014/15	49,185

6 There are curently 5 clients receiving Self Directed Support care packages.

APPENDIX 2

SOCIAL WORK - CAPITAL BUDGET 2014/15

Period 3: 1 April 2014 to 30 June 2014

Project Name	Est Total Cost	Actual to 31/3/14	Approved Budget 2014/15	Revised Est 2014/15	Actual to 30/06/14	Est 2015/16	Est 2016/17	Future Years	Start Date	Original Completion Date	Current Completion Date	Status
	£000	£000	£000	£000	£000	£000	£000	£000				
SOCIAL WORK												
Kylemore Childrens Home	1,244	1,129	115	115	0	0	0	0	01/10/11	30/06/12	19/03/13	The budget for 2014/15 relates to retentions and any underspend will be returned to the Council's capital programme.
SWIFT Finance Module	27	27	0	0	0	0	0	0	03/09/12		31/08/14	Budget allocated for Development and Implementation of SWIFT Finance module. No further capital costs expected.
Hillend Respite Unit (note 1)	80	0	80	80	0	0	0	0	28/05/14		02/09/14	Increase of one bed within respite unit. Final costs and phasing subject to tender.
Neil Street Childrens Home Replacement	1,858	0	0	0	0	1,775	83	0	01/04/14	31/03/16		Planning phase April 2014 to May 2015.
Crosshill Childrens Home Replacement	1,622	0	0	0	0		1,622	0	01/04/14	31/03/17		Planning phase April 2014 to May 2015.
Social Work Total	**4,831**	**1,156**	**195**	**195**	**0**	**1,775**	**1,705**	**0**				

Note:

1. The expansion of the service is funded from a contribution from revenue reserves, as agreed by Policy & Resources Committee 24/09/13.

EARMARKED RESERVES POSITION STATEMENT — APPENDIX 3
CHCP SUB COMMITTEE

Project	Lead Officer/ Responsible Manager	Total Funding 2014/15 £000	Phased Budget To Period 3 2014/15 £000	Actual To Period 3 2014/15 £000	Projected Spend 2014/15 £000	Amount to be Earmarked for 2015/16 & Beyond £000	Lead Officer Update
Self Directed Support / SWIFT Finance Module	Derrick Pearce / Andrina Hunter	407	71	55	200	207	SDS project and SWIFT financial module. Spend plans are currently being reviewed.
Growth Fund - Loan Default Write Off	Helen Watson	28	0	1	3	25	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.
Change Fund - Older People	Brian Moore	1,422	42	278	1,422	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 position is reported to the CHCP sub committee as an integral part of the financial report. The New Funding of £1.128m has reduced by £100k as the agreed contribution to Caladh House has been transferred to the specific reserve.
Support all Aspects of Independent Living	Brian Moore	403	89	101	403	0	There are plans in place to spend the £403k, including a contribution to the 2014/15 Sheltered Wardens' saving of £70k, along with a £70k spend on the Dementia Strategy. The agreed £48k for Caladh House Renovations has now been transferred to the specific Caladh House reserve.
Information Governance Policy Officer	Helen Watson	57	15	10	41	16	The spend relates to the Council's Information Governance Officer.
Joint Equipment Store	Beth Culshaw	50	0	0	50	0	This reserve is to fund a range of equipment to meet the emerging demand linked to increasing frailty of older people and increased incidence of dementia.
Support for Young Carers	Sharon McAlees	65	17	5	40	25	This reserve is for an 18 month period to enable the implementation of a family pathway approach to young carers, which will aim to develop a sustainable service to young carers and their families. The recruitment process took longer than anticipated, hence slippage against profiled spend.

EARMARKED RESERVES POSITION STATEMENT — APPENDIX 3
CHCP SUB COMMITTEE

Project	Lead Officer/ Responsible Manager	Total Funding 2014/15 £000	Phased Budget To Period 3 2014/15 £000	Actual To Period 3 2014/15 £000	Projected Spend 2014/15 £000	Amount to be Earmarked for 2015/16 & Beyond £000	Lead Officer Update
Caladh House Renovations	Beth Culshaw	475	0	0	375	100	This reserve has been created to contribute to the costs of the Caladh House renovation works. The reserve was established at the end of 2013/14 from a £145k revenue budget early savings, £112k from CHCP inflation, £118k from existing CHCP Earmarked Reserves and £100k from the Change Fund. A start date has not yet been agreed and as the contribution from the Change Fund will be utilised first, it is considered prudent at this stage to allow for a carry over of £100k into the 2015/16 financial year. This assumption will be reviewed when more information is available regarding the start date for the project.
Making Advice Work	Helen Watson	38	10	9	25	13	This reserve is to fund an18 month project to pilot the effectiveness of a telephone triage financial advice service for Inverclyde wide clients with the funding coming from Scottish Legal Aid Board.
Stress Management Services	Helen Watson	10	0	10	10	0	Funding has been received from the Health Board for a contract with Inverclyde Physiotherapy to provide stress management services.
Welfare Reform - CHCP	Andrina Hunter	50	12	12	50	0	This reserve is to fund expenditure on Welfare Reform within the CHCP.
Total		**3,005**	**256**	**481**	**2,619**	**386**	

APPENDIX 4

EMPLOYEE COST VARIANCES

PERIOD 3: 1 April 2014 - 30 June 2014

	ANALYSIS OF EMPLOYEE COST VARIANCES	Early Achievement of Savings £000	Turnover from Vacancies £000	Total Over / (Under) Spend £000
	SOCIAL WORK			
1	Strategy	0	(4)	(4)
2	Older Persons	0	(372)	(372)
3	Learning Disabilities	(12)	(35)	(47)
4	Mental Health	(32)	(30)	(62)
5	Children & Families	0	(58)	(58)
6	Physical & Sensory	0	2	2
7	Addiction / Substance Misuse	0	(39)	(39)
8	Support / Management	0	(16)	(16)
9	Assessment & Care Management	0	(64)	(64)
10	Criminal Justice / Scottish Prison Service	0	(8)	(8)
11	Homelessness	0	1	1
	SOCIAL WORK EMPLOYEE UNDERSPEND	**(44)**	**(623)**	**(667)**

1 Underspend arising from turnover
2 Currently 29 vacancies along with maternity leave savings - NB offset by external costs
3 Early achievement of saving on 1 post. Currently 5 vacancies which are in the process of being filled
4 Early achievement of saving on 1 post. Currently 2 vacancies which are in the process of being filled
5 Currently 5 vacancies along with maternity leave savings
6 Variance not significant
7 Currently 5 vacancies which are in the process of being filled
8 Currently 3 vacancies
9 Currently 3.5 vacancies along with maternity leave savings
10 Underspend arising from turnover
11 Variance not significant

Inverclyde council

AGENDA ITEM NO: 3

Report To:	**Health & Social Care Committee**	**Date:**	**28th August 2014**
Report By:	**Brian Moore Corporate Director Inverclyde Community Health & Care Partnership**	**Report No:**	**SW/01/2014/HW**
Contact Officer:	**Helen Watson Head of Service Planning, Health Improvement and Commissioning**	**Contact No:**	**01475 715369**
Subject:	**Inverclyde Children and Young People Health and Well-being Survey 2013**		

1.0 PURPOSE

1.1 The purpose of this report is to –

a) outline the methodological approaches employed to carry out the research undertaken in all Inverclyde secondary schools.
b) provide an initial report with a summary of the findings and key indicators
c) provide suggested directions of travel indicated by the findings and aligned outcomes.

2.0 SUMMARY

2.1 All schools in Inverclyde became Health Promoting Schools in 2007. This accreditation was valuable and a real measure of success in Health & Well-being (H&WB) for our establishments. However, the sustainability of H&WB beyond merely the accreditation for an award has been even more vital since that time. It has become increasingly important that, both in terms of curricular delivery and the ethos/ values of our schools, H&WB truly is embraced as the 'Responsibility of All'. Through the Community Planning Partnership, a piece of research was commissioned in 2013 to gather an up-to-date evidence base, directly expressing the views of children and young people from our secondary schools, around their own health and well-being.

2.2 Inverclyde CHCP, in collaboration with Inverclyde Council Education Services, NHS Greater Glasgow & Clyde (Public Health Resource Unit) commissioned Traci Leven Research to carry out the fieldwork and report writing.

2.3 This is the first survey of its kind in Inverclyde and provides useful baseline data for future surveys, which will monitor progress and trends for key health and well-being indicators. It is expected that the survey findings will help to inform priorities for action among key planning partners at Community Planning level and in individual schools. In addition, the data reported will allow for comparative investigations to be made with Glasgow City and Renfrewshire, where similar surveys have been completed. Some of the data can also be correlated with other national surveys, such as the Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS).

2.4 The survey was a proactive means of engaging with the young people who took part, which ensures they have a voice and are able to influence future service delivery/ redesign that will be based on their needs, attitudes and behaviours, through this self-reporting.

2.5 Of particular note is the achieved sample total of 3,606 complete questionnaires. The most recently available estimate of the secondary school roll across Inverclyde is 4,362. Thus the achieved sample is approximately 83% of the known school roll. This is an unprecedented return, for which everyone who was involved in the research should be acknowledged.

3.0 RECOMMENDATIONS

3.1 The Health and Social Care Committee notes this report and approves the publication of the research findings, including further circulation to the wider locality planning structures, such as SOA4, SOA6 and Inverclyde Alliance Board.

3.2 The Health and Social Care Committee agrees to the further work required, in the analysis of the findings, through engaging with the young people, schools and their communities plus partner agencies to take forward agreed and appropriate actions.

3.3 The Health and Social Care Committee gives approval to the continuing work required in the dissemination of the research findings, in partnership with Inverclyde Council Education Services.

3.4 It is proposed that the Health and Social Care Committee accept an invitation to be an integral part of the ongoing work and developments and agree to actively participate in the seminars/ summits mentioned in 5.2.

3.5 The Health and Social Care Committee agree to the CHCP Sub-Committee receiving a further report, including a detailed analysis of the findings, in comparison to other data sources such as the surveys of neighbouring authorities, SALSUS and the WHO's Health Behaviours In School Age Children Survey, and be kept apprised of developments.

Brian Moore
Corporate Director
Inverclyde Community Health & Care Partnership

4.0 BACKGROUND

Methodology:

4.1 The aim of the research was to gather the views of secondary school young people and focus on contemporary models of health and well-being. Moreover, the outcomes of the research were to be used to assess progress in health and well-being and be used to inform the work of the Community Health and Care Partnership, Education Communities and Organisational Development, Community Planning Partners and individual schools.

4.2 In the developing stages of the project, a range of key stakeholders and partners were invited to a number of meetings, in order to ensure full consultation on the questionnaire. The commitment from partners cannot be underestimated and is a true reflection of the locality's efforts to work collaboratively.

4.3 With regard to point 4.2 above and to respond to these aims, a structured, self-completion questionnaire was developed and approved by the stakeholder group mentioned in 4.1. It explored the issues concerned with:

- Demographics including age, gender, deprivation category (using postcode as a proxy measure), ethnicity, feeder primary, carer or guardian with whom pupils have main residence.
- Mental health, self-esteem, worry.
- Bullying, racism, accidents, illness and disability.
- Oral health, diet, exercise and travel.
- Smoking, alcohol, drugs.
- Awareness and use of health services, youth clubs etc.
- Social and anti-social behaviour, carer status and future hopes.

4.4 In the development of the structured questionnaire, a 24-page booklet as a paper version was developed. Concurrently, an online version using SurveyMonkey was created and reflected the paper version, with modifications to suit completing online (e.g. where the paper questionnaire stated 'please write in', the online version instructed 'please type in'). On the same theme, two paper versions were developed - one for S1-S2 pupils and one for S3-S6 pupils. The versions were the same but with three additional questions for S3-S6 pupils on sexual relationships. The online version automatically generated these three questions for S3-S6 pupils. The two paper versions were printed on different coloured paper (green for S1-S2 and white for S3-S6 pupils).

4.5 To provide validation and reliability to the research, a pilot questionnaire was undertaken (September 2013) at one of the Inverclyde mainstream secondary schools with a mix of pupils across all year groups and chosen to represent a mix of boys and girls and a mix of abilities. This resulted in a number of questions which required minor amendments to instructions/questions/response options to ensure clarity for pupils. Final versions of the questionnaire were developed in light of these findings.

4.6 To augment the methodology and data collection processes, the following was implemented:

- **Liaison with Schools:** the lead researcher met with the head teacher and/or other designated staff member(s) at the school to discuss arrangements and logistics for the survey at each school. These discussions centred on suitable dates/times to suit each of the schools; survey method(s); means of grouping pupils; pupil support required; timetabling; letters to parents and contact details for key school staff for further liaison.
-
- **School-Specific Arrangements:** fieldwork took place between 7th October and 28th November 2013 and differed slightly, based on the individual requirements of each of the schools.

- **Pupil Instructions and Information:** for both online and paper surveys, all pupils were given an information note which included an explanation of the purpose of the survey and how data would be used, assurances that participation was voluntary and data would be anonymous. Pupils were given contact information in case of further query or support. Before beginning the survey, pupils were also given verbal instructions by the researcher.

- **Pupil Support:** all schools were offered the option of the researchers providing one-to-one support and/or small supported groups for pupils with learning support needs. However, all mainstream schools opted to have all pupils included in class groups to complete the survey, with support provided by the researcher or learning/behaviour support staff as required.

4.7 In terms of the report analysis that was completed, following data cleaning processes and removal of incomplete responses (n=42), the achieved sample was a total of 3,606 complete questionnaires. The most recently available estimate of the secondary school roll across Inverclyde is 4,362. Thus the achieved sample is approximately 83% of the known school roll.

4.8 The Analysis was conducted in two stages**:**

1. Compute basic frequencies for each question in the questionnaire.
2. Establish whether there were significant differences between groups for three key independent variables (using the 99% confidence level; $p<0.01$).

The three key independent variables used for analysis are shown below together with the number and percentage of pupils in each group:

Key Variables	**Description**	**Numbers and (%):**		
Stage	Lower school (S1-S2)/Middle school/(S3-S4)/ Upper School (S3-S4)	Lower school: Middle school: Upper school: **Total:**	**1,364** **1,290** **952** **3,606**	**37.8%** **35.8%** **26.4%** **100.0%**
Gender	Boys/Girls	Boys: Girls: **Total:**	**1,786** **1,819** **3,605**	**49.5%** **50.5%** **100.0%**

4.9 **Summary Findings**

The following summary provides information on topic results of the findings and key indicators:

4.9.1 - **Diet (Key Indicators):**

70% ate breakfast
33% met the target for fruit/veg consumption
29% bought lunch from a shop/van
44% ate sweets/chocolate twice or more per day

- 70% of pupils said that they ate breakfast on the morning of the survey. This varied across schools, with the proportion of pupils who had eaten breakfast ranging from 63% to 74% across the six mainstream schools.
- One in eight (12%) did not eat any fruit or vegetables. A third (33%) met the target of consuming five or more portions of fruit and/or vegetables per day. The proportion who met this target ranged from 25% to 39% across mainstream schools.

- During the previous lunchtime, 38% of pupils had a school lunch, 29% bought lunch from a shop/van, 24% had taken a packed lunch and 3% went home for lunch. Six percent of pupils said they did not have any lunch. Patterns of lunchtime practices varied considerably. For example in mainstream schools, the proportion of pupils who bought lunch from a shop/van ranged from 13% to 48%.
- Pupils were also asked how many times in the previous day they had consumed sweets/chocolate, chips/fried potatoes and diet fizzy drinks. 79% had eaten crisps/sweets (and 44% had done so twice or more), 52% had eaten chips/fried potatoes and 54% had consumed diet fizzy drinks.

4.9.2 ▪ **Physical Activity (Key Indicators):**

35% met the target for physical activity
82% took part in sports clubs at least once a week
34% used active travel for the journey to school

- Just over a third (35%) of pupils met the target of taking 60 minutes or more of physical activity on five or more days per week. Three in five (58%) were active, but not enough to meet the target. A further 7% were not active at all. The proportion who met the target for physical activity ranged from 29% to 40% across the six mainstream schools.
- Four in five (82%) pupils said they took part in sports/activity clubs at least once a week.
- A third (34%) of pupils used active travel methods (walking/cycling/skating) for their journey to school, 41% used public transport and 25% used private personal transport. This varied considerably across mainstream schools, with the proportion using active travel ranging from 23% to 53%.

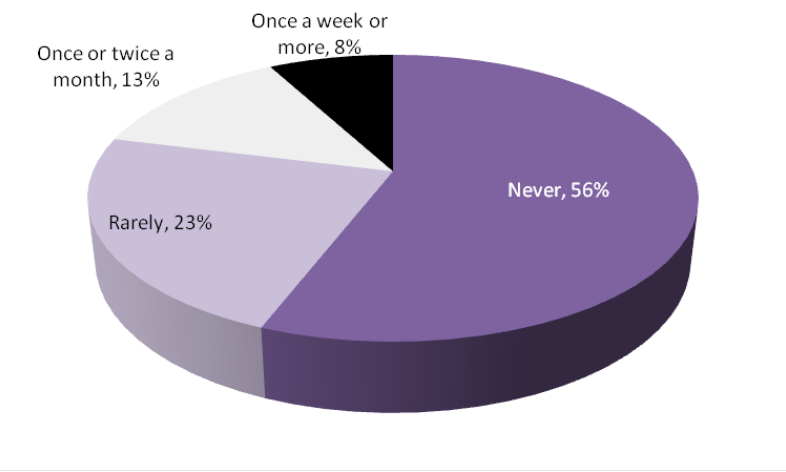
4.9.3 ▪ **Drugs (Key Indicators):**

9% had ever used drugs
8% had used drugs in the last year

- One in 11 pupils (9%) said that they had ever used drugs or legal highs. This ranged from 7% to 12% across the mainstream schools.
- Those who had ever used drugs were given a list of drugs and asked whether they had taken any of these in the last year. Overall, of those who had ever used drugs, 97% had used at least one of the listed drugs in the last year. This equates to 8% of all pupils. The most commonly used drug was cannabis (89%) followed by ecstasy (15%) and cocaine (14%).

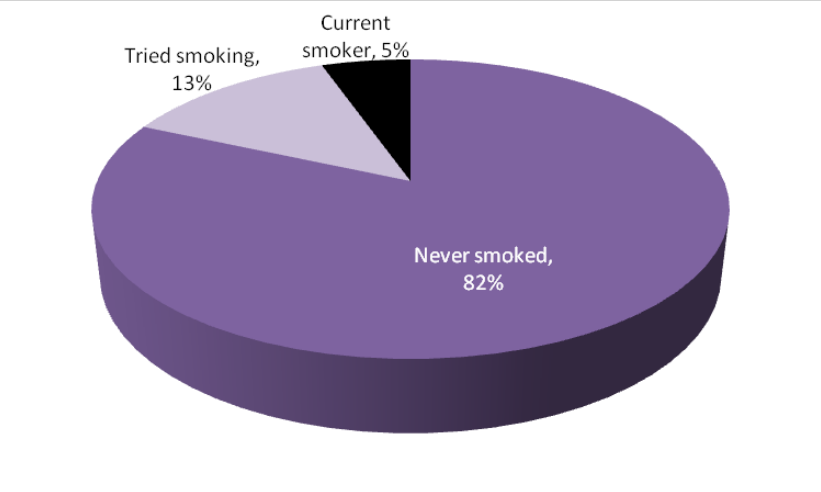
4.9.4 ▪ **Alcohol (Key Indicator):**
44% ever drank alcohol

- More than half (56%) of pupils said that they never drank alcohol. Eight percent of pupils said that they drank alcohol once a week or more.



4.9.5 ▪ **Smoking (Key Indicators):**
5% were current smokers

- Four in five pupils (82%) said they had never tried smoking. One in 20 (5%) were current smokers. The proportion of current smokers ranged from 3% to 8% across mainstream schools.



▪ **Environmental Tobacco (Key Indicators):**

42% lived with a smoker
78% were ever exposed to environmental tobacco

- Two in five (42%) pupils said that someone else smoked at their home.

- All pupils were asked how often they have to breathe in second hand smoke. Seven percent said this happened every day; 14% said 'often'; 56% said 'rarely' and 22% said 'never'. Thus, overall 78% were ever exposed to environmental tobacco. The proportion of pupils ever exposed ranged from 71% to 85% across mainstream schools.

4.9.6 ▪ **Oral Health (Key Indicators):**

85% met the target for teeth brushing
85% visited the dentist within last 6 months

- More than four in five (85%) pupils met the target of brushing their teeth twice or more per day. Just 1% had not brushed their teeth at all on the previous day. The proportion who met the target ranged from 79% to 88% across mainstream schools.
- Of those who knew, 99% were registered with a dentist. Of those who could remember, 85% had visited the dentist within the last six months and 97% had done so within the last year.

4.9.7 ▪ **Sleep (Key Indicator):**

55% got 8+ hours sleep per night

- Just over half (55%) of pupils said that they got at least eight hours sleep the previous night. The mean response was 7.61 hours. The proportion who met the target of getting eight or more hours sleep per night ranged from 44% to 61% across the mainstream schools.

4.9.8 ▪ **Illness and Disability (Key Indicator):**

10% had a limiting illness or disability

- One in three (34%) pupils has at least one physical illness or disability. The most commonly reported conditions were asthma (reported by 16% of all pupils) and eczema/psoriasis/skin condition (10%). One in five (19%) pupils had at least one mental health problem, emotional illness or learning disability. The most common was dyslexia which was reported by 11% of all pupils.
- One in ten pupils (10%) had an illness or disability that limits what they can do.

4.9.9 ▪ **Young Carers (Key Indicator):**

14% were carers for family members

- One in five (22%) pupils had someone in their family household with a disability, long-term illness, drug/alcohol problem or mental health issue. Among these pupils, 62% said that they looked after or cared for their family member. Thus, overall, 14% of pupils were carers for someone in their household. The proportion of pupils who were young carers ranged from 8% to 18% across mainstream schools.

4.9.10 ▪ **Relationships and Sexual Health (Key Indicators):**

89% had someone to talk to about relationships/sexual health
22% of S3-S6 pupils had been sexually active in past month

- Nine in ten (89%) pupils said there was someone they could talk to about relationships, sexual health, etc. The most common people they could talk to were parents/carers (60%) and friends (55%).
- Among S3-S6 pupils, half (49%) said that a parent/carer had talked to them about sexual health and relationship issues. Just over one in five (22%) S3-S6 pupils had been sexually active in the past month. Among these, 58% said they always used contraception/protection.

4.9.11 ▪ **Bullying (Key Indicators):**

20% had been bullied in the last year
14% admitted to bullying others at school

- Sixteen percent of pupils said they had been bullied at school in the last year, 6% had been bullied somewhere else and 6% had been bullied online. Overall, one in five (20%) pupils had been bullied anywhere in the last year. Across mainstream schools, the proportion of pupils who had been bullied anywhere in the last year ranged from 14% to 29%.
- Among those who had been bullied, 57% had reported the bullying to school staff. Where bullying had been reported, just over half (53%) of pupils said it made the situation better.
- One in seven (14%) pupils admitted to having been a bully at their school in the last year. This ranged from 11% to 20% across all mainstream schools.

Indicators Where Girls Compared More Favourably to Boys:	Indicators Where Boys Compared More Favourably to Girls:
Compared to boys, girls were: o Less likely to get lunch from a shop/van (18% girls; 39% boys) o More likely to meet the target for teeth brushing (90% girls; 79% boys) o Less likely to have ever taken drugs (7% girls; 12% boys) o More likely to have someone to talk to about relationships/sexual health (93% girls; 85% boys) - including being more likely to talk to a parent/carer (63% girls; 57% boys) or a friend (63% girls; 46% boys) o More likely to say a parent/carer had talked to them about sexual health/relationships (57% girls; 40% boys) o Less likely to have bullied others in the last year (12% girls; 17% boys) o More likely to want to go to further education after school (80% girls; 64% boys)	Compared to girls, boys were: o More likely to eat breakfast (76% boys; 67% girls) o More likely to eat lunch (96% boys; 91% girls) o More likely to meet the target for physical activity (42% boys; 28% girls) o Less likely to have eczema/psoriasis/skin condition (5% boys; 14% girls) o Less likely to have a limiting illness or disability (9% boys; 11% girls) o Less likely to have a household family member with a disability, long-term illness, drug/alcohol problem or mental health issue (20% boys; 24% girls) o Less likely to have been bullied in the last year (15% boys; 24% girls)

4.9.12 ▪ **Post-School Aspirations (Key Indicator):**

72% would like to go to further education after school

- o Of those who were able to say, 72% of pupils said they would like to go to further education after school, 23% said they would like to go into employment and 5% said something else.
- o One in five (20%) said they would like to live in Inverclyde as an adult while 45% said they would not and 35% said they did not know.

4.9.13 ▪ **Key Gender Differences**

- o The table, detailed overleaf, and taking into consideration the indicators reported in the preceding sections, the following showed significant differences for local boys and girls.

4.10 Summary Discussion

4.10.1 The survey has provided illuminating findings about the health and lifestyles of the secondary school aged population in Inverclyde, including indicators relating to national targets and recommendations. These include the findings that:

- Overall only a third of pupils consumed the recommended amount of fruit/vegetables, and only a quarter of upper school pupils did so.
- Just over a third of pupils met the target for physical activity levels. Again only a quarter of upper school pupils met the target. Girls were less likely than boys to be achieving the recommended levels for physical activity.
- Just over half of pupils (55%) got the recommended eight hours or more of sleep per night and only two in five upper school pupils did so.
- Most pupils (85%) met the target for brushing their teeth twice or more per day and also most (85%) had visited a dentist within the last six months.

The survey also highlighted key findings for smoking, alcohol and drugs:

- Although only a small minority of pupils (5%) were smokers, 42% of pupils lived with a smoker and overall more than three in four pupils were ever exposed to environmental smoke.
- While overall 44% of pupils said they ever drank alcohol, this rose considerably with age, from 19% of lower school pupils to 71% of upper school pupils. Most alcohol consumption was occasional or infrequent, but a small minority (8%) of pupils drank alcohol once a week or more.
- Overall, one in eleven pupils had ever tried drugs, although this rose from 2% among lower school pupils to 16% among upper school pupils.

The survey also highlighted that overall one in five pupils had been bullied in the last year, and this rose to one in four among lower school pupils.

5.0 PROPOSALS

5.1 It is proposed that the Health and Social Care Committee notes the contents of this report and approves the publication of the research findings.

5.2 In light of the findings and concurrent with the actions identified in 3.2 (above), the Health and Social Care Committee agrees to further engaging with the young people, schools and their communities plus partner agencies to take forward agreed and appropriate actions. This will be carried out in discussion with the schools and partners, through seminars/summits.

5.3 It is proposed that the Health and Social Care Committee accept an invitation to be an integral part of the ongoing work and developments and agree to actively participate in the seminars/ summits mentioned in 5.2.

5.4 The Health and Social Care Committee agree to the CHCP Sub-Committee receiving a further report, including a detailed analysis of the findings, in comparison to other data sources such as the surveys of neighbouring authorities, SALSUS and the WHO's Health Behaviours In School Age Children Survey, and be kept apprised of developments

5.5 It is proposed that the Health and Social Care Committee approves the further circulation of the report findings to the wider locality planning structures, such as SOA4, SOA6 and Inverclyde Alliance Board.

6.0 IMPLICATIONS

Finance

6.1 None at the time of this report. Spend was contained within budget commitments for 2013/14.

Financial Implications:

One off Costs

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

Annually Recurring Costs/ (Savings)

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

		from		**Applicable)**	
N/A					

Legal

6.2 None at the time of this report

Human Resources

6.3 None at this time of this report.

Equalities

6.4 There are no foreseen negative equalities implications. There are key actions in the recommendation that have been designed to impact favourably on people with protected characteristics, and to address the inequalities that persist in Inverclyde.

Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
√	NO - This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

Repopulation

6.5 None at this time of this report, however, within the full report there is data gathered that will be shared with the SOA1 Outcome Delivery Group.

7.0 CONSULTATION

7.1 A series of meetings have been held in the development of the project with associated strategic planning structures, such as SOA4 and SOA6.

7.2 Stakeholder meetings have been convened in the development of the structured questionnaire.

7.3 A pilot questionnaire was undertaken (September 2013) with at one of the Inverclyde mainstream secondary schools with a mix of pupils across all year groups and chosen to represent a mix of boys and girls and a mix of abilities.

8.0 LIST OF BACKGROUND PAPERS

8.1 A copy of the procurement information is available on request.

8.2 The full local authority report, once approved by Committee, is available on request.

Inverclyde council

AGENDA ITEM NO: 4

Report To:	**Health & Social Care Committee**	**Date:**	**28th August 2014**
Report By:	**Brian Moore Corporate Director Inverclyde Community Health & Care Partnership**	**Report No:**	**SW/05/2014/HW**
Contact Officer:	**Helen Watson Head of Planning, Health Improvement and Commissioning**	**Contact No:**	**01475 715369**
Subject:	**Consultation on Draft Regulations to Public Bodies (Joint Working) (Scotland) Act 2014**		

1.0 PURPOSE

1.1 To outline the implications of the Draft Regulations for the Committee and present a summary report of consultation responses.

2.0 SUMMARY

2.1 The Public Bodies (Joint Working) (Scotland) Act received Royal Assent on 1st April 2014. Since then the Scottish Government has issued two sets of draft regulations for consultation, the first set running from 12th May to 1st August, and the second from 27th May to 18th August.

2.2 The draft regulations clarify some of the detail of the legislation, and responses were submitted on behalf of Inverclyde Council and Inverclyde CHCP Sub Committee.

2.3 It should be noted that the requirements of the legislation are largely in line with our current CHCP arrangements, however there are some points of detail that should be considered and these are noted in the draft summary report.

2.4 Some key timeline milestones that should be noted are as follows:

Action	**Completed by**
Submit Inverclyde CHCP response to set 1 of regulations	1st August 2014
Submit CHCP response to set 2 of the regulations and present summary report on regulations to the CHCP Sub Committee.	18th August 2014
Develop draft Integration Scheme	31st December 2014
Consult on draft Integration Scheme	January-March 2015
Agree Integration Scheme at CHCP Sub Committee	23rd April 2015
Agree membership (both voting and non-voting) of IJB	23rd April 2015
Develop draft proposals for membership and workplan for HSCP strategic planning group	1st January – 28th February 2015
Agree membership of and set up HSCP strategic planning group	23rd April 2015

3.0 RECOMMENDATIONS

3.1 It is recommended that the Committee note and comment on issues raised by both consultation responses.

3.2 The Committee is asked to review and agree the key actions and timescales outlined at 2.4 above.

Brian Moore
Corporate Director
Inverclyde Community Health & Care
Partnership

4.0 BACKGROUND

4.1 The Public Bodies (Joint Working) (Scotland) Act received Royal Assent on 1st April 2014. Since then the Scottish Government has issued two sets of draft regulations for consultation, the first set running from12th May to 1st August, and the second from 27th May to 18th August.

4.2 It should be noted that the requirements of the legislation are largely in line with our current CHCP arrangements, however there are some points of detail that should be considered and these are noted in the report.

4.3 After the consultation period the finalised regulations will inform the content and detail of our HSCP Integration Scheme which will also include the detail of the new governance arrangements.

4.4 This report considers the implications of both sets of draft regulations, for consideration.

5.0 DRAFT REGULATIONS SET 1

5.1 The Draft Regulations relating to the Public Bodies (Joint Working) (Scotland) Act 2014 – Set 1 cover the areas described at 5.2 through to 5.7.

5.2 Prescribed information to be included in our Integration Scheme. We have not identified any problems with the requirements as they align closely with our current Scheme of Establishment. The legislation requires that we include:

- Local governance arrangements for the Integration Joint Board (IJB), including the number of members that will be appointed by the Local Authority and Health Board, and whether the first Chair will be from the Local Authority or Health Board.
- Local operational delivery arrangements for the functions delegated to the IJB.
- Performance targets, improvement measures and reporting arrangements.
- Clinical and care governance of services.
- The operational role of the Chief Officer.
- The line management arrangements for the Chief Officer.
- Plans for workforce development.
- Financial management and reporting arrangements.
- The use of capital assets.
- Participation and engagement arrangements.
- Information sharing and data handling.
- Complaints procedures.
- Risk management.
- Dispute resolution.

5.3 Prescribed functions that must be delegated by the Local Authority.

These are listed thus:

- Social work services for adults and older people;
- Services and support for adults with physical disabilities;
- Services and support for adults with learning disabilities;
- Mental health services;
- Drug and alcohol services;
- Adult protection and domestic abuse;
- Carers support services;
- Community care assessment teams;
- Support services;
- Care home services;
- Adult placement services;
- Health improvement services;

- Housing support services, aids and adaptations;
- Day services;
- Local area co-ordination;
- Respite provision;
- Occupational therapy services;
- Re-ablement services, equipment and telecare.

Most of the functions prescribed are already included within our CHCP arrangements. We note however that Domestic Abuse is included under the prescribed functions and this currently sits with the Council's Community Safety Partnership. We stated in the draft response that there should be an option to include this in HSCPs, but that we would prefer locally that it remains within the Community Safety Partnership because it is best addressed as a cultural issue rather than a service provision issue. We also suggested that sensory impairment services should be considered within the prescribed functions as there are clear potential advantages to linking social work and clinical services in terms of improving referral pathways.

5.4 Prescribed functions that may or must be delegated by the Health Board.

The consultation asked for views on functions that may be delegated, and on services that must be delegated. Given that the *functions* described within the schedule are optional at this stage, these would be subject to further discussion between the Council and the Health Board, as we would need clarity about the potential implications for the HSCP if it was to accept responsibility for some of these functions, and in what context. With regard to the *services* that must be delegated (see appendix 1), we request further clarity in certain areas. For example, with regard to unscheduled care, we would want to be clear that there would be no expectation that the new Inverclyde HSCP will have operational responsibility for Inverclyde Royal Hospital services. Over the past six months we have been piloting work with acute colleagues and local GPs to identify the detail of how our population uses the local hospital. This activity has also highlighted variation in referral patterns and rates from local GPs to hospital departments, and this sets a firm basis for developing an understanding of how we can improve referral and care pathways at the interface between acute and community services. We believe that this considered approach will provide a better means of improving patient outcomes rather than a straight shift in responsibilities that does not take account of the things that might need to change, such as patterns of usage or modes of delivery. With regard to unscheduled care, we also suggested that the reference to "emergency conditions" needs to be clarified. We have assumed that this relates to illnesses but suggest that it would be helpful to make distinction regarding cases of trauma such as serious RTAs or other accidents. Given the level of specialism needed, it may not be possible to resource the required expertise at HSCP level. If this is not explicit, the regulations might raise unrealistic expectations.

We have also suggested a challenge to the inclusion of "Women's Health Services". Modern health services have moved away from "Women's Health Services" thinking and organising of services, in a focused attempt to shift the emphasis on sexual health responsibility away from just women and towards both partners. In Inverclyde we have been particularly successful in this regard with the highest rate of male partner engagement with sexual health services across the whole NHSGGC area. We are also concerned that by placing the emphasis on women, this could create a perception of excluding the MSM population from accessing services. Sexual Health services are currently delivered on a Board-wide basis with local hubs, and this works well. Fragmenting existing arrangements runs a risk of services not having the necessary critical mass of patients to make them clinically sustainable at HSCP level.

5.5 Proposals for national health and wellbeing outcomes.

The consultation sought views on whether the outcomes cover the right areas or if additional areas needed to be covered and whether the outcomes will be understood by users of services as well as by those planning and delivering them. The proposed outcomes are:

1. People are able to look after and improve their own health and wellbeing and live in good health for longer.
2. People, including those with disabilities, long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
4. Health and social care services are centred on helping to maintain or improve the quality of life of service users.
5. Health and social care services contribute to reducing health inequalities.
6. People who provide unpaid care are supported to reduce the potential impact of their caring role on their own health and well-being.
7. People who use health and social care services are safe from harm.
8. People who work in health and social care services are supported to continuously improve the information, support, care and treatment they provide and feel engaged with the work they do.
9. Resources are used effectively in the provision of health and social care services, without waste.

These proposed outcomes are reflective of earlier iterations and officers are satisfied that they cover the right areas. The outcomes focus on improved experience and person-centred outcomes for service users, while many of our existing performance requirements, targets and returns focus on systems, outputs and processes. This means that the two will potentially be at odds with each other. We therefore proposed that national return requirements need to be fully reviewed and revised to reflect delivery on the outcomes and not the systems.

6.0 DRAFT REGULATIONS SET 2

6.1 The Draft Regulations relating to the Public Bodies (Joint Working) (Scotland) Act 2014 – Set 2 cover the areas described at 6.2 through to 6.5.

6.2 Prescribed groups which must be consulted when preparing or revising our Integration Scheme; preparing our Strategic Plan, and when making decisions affecting localities.

The regulations specify a list of standard consultees as follows:

- Health Professionals
- Users of health care
- Carers of users of health care
- Commercial providers of health care
- Non-commercial providers of health care
- Social care professionals
- Users of social care
- Carers of users of social care
- Commercial providers of social care
- Non-commercial providers of social care
- Non-commercial providers of social housing
- Third sector bodies carrying out activities related to health or social care

We have not identified any omissions from this list.

6.3 Prescribed membership, powers and proceedings of IJBs.

The regulations largely follow what was set out in the earlier policy statement. The powers of IJBs are prescribed, as well as their membership and how their proceedings are to be conducted.

The membership arrangements set out in the draft Order are intended to ensure parity in both membership and decision making for the Health Board and Local Authority.

Therefore it is proposed that:

- The Local Authority and the Health Board must nominate the same number of representatives to sit on the Integration Joint Board
- The Health Board and the Local Authority must agree on the number of representatives that they will each nominate
- The Health Board and Local Authority must put forward a minimum of three nominees each, however Local Authorities can require that the number of nominees is to be a maximum of 10% of their full council members
- The Local Authority will nominate councillors to sit on the Integration Joint Board
- The Health Board will primarily nominate non-executive directors to sit on the Integration Joint Board

Discussions are ongoing between Inverclyde Council and Greater Glasgow & Clyde Health Board regarding the number of representatives that each will nominate.

N.B. – The Chair and Vice Chair will be appointed with one being an Elected Member and the other being a Health Board appointee. The term of office of Voting Members is to be agreed between the Council and the Health Board but must not exceed 3 years, although Members can be reappointed. The Council and the Health Board must agree who is to appoint the first Chair and the term of office, and where the Council appoints the Chair, the Health Board will appoint the Vice Chair and vice versa. In the case of a tied vote, the Chair will have a casting vote, or where the Chair is absent, the Vice Chair will have a casting vote.

Non-voting Members

- The Chief Social Work Officer.
- A registered health professional employed and chosen by the Health Board.
- The Chief Officer of the IJB.
- One staff-side representative.
- One Third Sector representative.
- One service user representative.
- One carer representative.

With regard to voting members parity of representation has been a central expectation from the outset, and the regulations make allowance that Health Boards might have difficulty in nominating three non-executive directors. On that basis there is provision to reduce the number of non-executive directors to two, and have the third place filled by another “appropriate person”.

While the voting members are prescribed and limited by the regulations, the specified non-voting representatives are set as a minimum and our IJBs will be able to include whatever non-voting representation it regards as appropriate. On that basis officers have not identified any issues with the list of prescribed non-voting members.

The draft regulations also require the IJB to adopt procedural standing orders. In the main, it is for the IJB to decide what should be included in these but certain minimum requirements are included in the regulations relating to:

- Calling of Meetings
- Notice of Meetings
- Quorum (at least two thirds of each party’s Voting Members must be present)
- Conduct of Meetings
- Deputies (can be sent in place of a Voting Member and can vote but, if the depute is there in place of the Chair (or Vice Chair) they may not preside over the meeting and may not have a casting vote)
- Conflict of Interest
- Records

What is not clear from the draft regulations is a description of how the IJB will relate to the Council and the Health Board in terms of governance and accountability.

6.4 Prescribed membership of strategic planning groups.

The Act requires IJB to establish a strategic planning group comprising membership from the following list, as a minimum requirement.

- Health professionals
- Users of health care
- Carers of users of health care
- Commercial providers of health care
- Non-commercial providers of health care
- Social care professionals
- Users of social care
- Carers of users of social care
- Commercial providers of social care
- Non-commercial providers of social care
- Non-commercial providers of social housing
- Third sector bodies carrying out activities related to health or social care

While we recognise the importance of taking an inclusive approach and note that the list is set as a minimum, our experience as a CHCP has highlighted that it is not always helpful to focus on the need to have separate "health" and "social work" representation, as this can foster an ethos of emphasising differences rather than working to integrate not only in practice, but in thinking and culture. On that basis we propose that the prescribed list should be modified, and suggest the following:

- 2 x Health/Social Care professionals who operate within the local authority area
- 2 x Users of Health/Social Care who reside within the local authority area
- 2 x Carers of users of Health/Social Care who reside within the local authority area
- Commercial providers of health/social care who operate within the local authority area
- Non-commercial providers of health/social care who operate within the local authority area
- Non-commercial providers of social housing within the local authority area
- Third sector bodies within the local authority carrying out activities related to health or social care

We also note that in common with many other local authorities, we do not have commercial providers of (only) health care. Such providers will offer care under a social model of health which makes them difficult to distinguish from commercial providers of social care.

6.5 Prescribed form and content of performance reports.

The regulations prescribe what needs to be included in the annual performance report, specifically:

- Progress to deliver the national health and wellbeing outcomes.
- Information on performance against key indicators or measures.
- How our strategic planning and locality arrangements have contributed to delivering services that reflect the integration principles.
- Details of any review of the strategic plan within the reporting year.
- Any major decisions taken outwith the normal strategic planning mechanisms.
- An overview of the financial performance of the HSCP.
- The extent to which the HSCP has moved resources from institutional to community-based care and support, by reference to changes in the proportion of the budget spent on each type of care and support.

Officers have considered this list and believe that the draft prescribed content should enable robust scrutiny by the IJB as well as support a shift in focus away from service activity and outputs, and towards a focus on service user experience and outcomes.

7.0 IMPLICATIONS

Finance

7.1 Inverclyde Council has received a one-off sum of £135,000 to support the transitional arrangements needed to meet the requirements of the Act.

Financial Implications:

One off Costs

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

Annually Recurring Costs/ (Savings)

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

Legal

7.2 There will be a requirement to develop revised Standing Orders for the emerging IJB and revisit the existing Standing Orders in respect of the Health and Social Care Committee. We will require legal guidance on ensuring clarity on constitutional issues around how the Council will oversee the IJB and its performance.

Human Resources

7.3 No human resources implications identified at this time.

Equalities

7.4 Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
√	NO - This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

Repopulation

7.5 No repopulation implications identified at this time

8.0 BACKGROUND PAPERS

8.1 Consultation documents

Appendix 1

Table: Health services that must be included within integration

This table lists services that **must** be included within the scope of integrated strategic planning, as part of whole system redesign in favour of preventative and anticipatory care in communities.

In each case, integration must include all **adult** provision; inclusion of children's services in integrated arrangements is left to the discretion of local partners. Additional services covered by the list of functions that **may** be included in integration can, of course, also be delegated locally.

Note that, where "patient's home" is referred to as a place where a service is delivered, this includes care homes.

Service	What does the service involve?	Who provides the service?	Why is the service provided?	Where is the service delivered?
Unplanned inpatients	Medical care for urgent or emergency conditions in relevant specialities, to be described in statutory guidance	Doctors, nurses, AHPs	To provide assessment, investigation, diagnosis, care planning and treatment of patients who have had an unplanned admission to hospital	In hospital and on occasion part of that care may be provided in the community in 'step-up' and step-down' beds
Outpatients - Accident & Emergency	Medical care for urgent or emergency conditions, not requiring hospital admission	Doctors, nurses, AHPs, dentists and dental care professionals	To review patients seen in A&E with minor problems who do not require admission but do require review	In hospital
Care of Older People (previously known as geriatric medicine)	Medical care for older people, to the extent not covered by unplanned admissions	Doctors, nurses, AHPs, dentists and dental care professionals	To provide assessment, investigation, diagnosis, care planning and treatment of older people	In hospital, surgeries and community clinics

Service	What does the service involve?	Who provides the service?	Why is the service provided?	Where is the service delivered?
District Nursing	Full range of nursing services	Nurses	To provide assessment, investigation, diagnosis, care planning and treatment of patients	In surgeries, community clinics and patients' homes
Health Visiting	Full range of health visiting services, as they apply to adults	Health visitors	To provide assessment, care and protection of children (where relevant) and older people	In surgeries, community clinics, and patients' homes
Clinical Psychology	Full range of clinical psychology services	Clinical psychologists, clinical psychology assistants	To provide assessment, investigation, diagnosis, care planning and treatment of patients with psychological problems and distress	In hospital, community clinics, surgeries and patients' homes
Community Mental Health Teams	Full range of services for those with mental health problems **Note**: Integration Authorities should have a coordination and governance role in relation to more specialist mental health services that the population may require	Doctors, nurses, pharmacists, AHPs	To provide assessment, investigation, diagnosis, care planning and treatment of patients with mental health problems and psychological distress	In community clinics, surgeries and patients' homes
Community Learning Difficulties Team	Full range of services for those with a learning difficulty	Doctors, nurses, pharmacists, AHPs	To provide assessment, investigation, diagnosis, care planning and treatment of patients with learning difficulties	In community clinics, surgeries and patients' homes

Service	What does the service involve?	Who provides the service?	Why is the service provided?	Where is the service delivered?
Addiction Services	Full range of services, inpatient and outpatient, for those with addictions	Doctors, nurses, pharmacists, AHPs	To provide assessment, investigation, diagnosis, care planning and treatment of patients with addictions	In hospital, community clinics, surgeries and patients' homes
Women's Health Services (includes family planning services)	Full range of well woman and family planning services	Doctors, nurses	To provide assessment, investigation, diagnosis, care planning and treatment of women's health, sexual health and contraception (family planning) services	In hospital, community clinics, surgeries and patients' homes
Allied Health Profession Services	Full range of services delivered by all the allied health professionals	Allied Health Professionals	To provide assessment, investigation, diagnosis, care planning and treatment of patients	In hospital, community clinics, surgeries and patients' homes
GP Out-of-Hours	Assessment, treatment and sometimes referral on to specialist care, of those who present with urgent or emergency care needs in the out of hours period	Doctors, nurses	To provide assessment, investigation, diagnosis, care planning and treatment of patients	In out-of-hours centres (hospitals and community clinics) and patients' homes
Public Health Dental Service (previously known as community dental services)	Dental services	Dentists, dental care professionals	To provide assessment, investigation, diagnosis, care planning and treatment of patients	In hospitals, surgeries, community clinics, and patients' homes

Service	What does the service involve?	Who provides the service?	Why is the service provided?	Where is the service delivered?
Continence Services	Assessment, investigation, diagnosis and treatment of those with continence problems	Nurses, technicians	To provide assessment, investigation, diagnosis, care planning and treatment of patients	In community clinics, surgeries and patients' homes
Home Dialysis	Usually patients manage this themselves but some may need nursing assistance to carry out their own renal dialysis	Patients, nurses	To support those who self-manage dialysis in their own homes	In patients' homes
Health Promotion	All aspects of health promotion activity for lifestyle advice, screening for early disease	Doctors, nurses, AHPs, pharmacists, dentists, dental care professionals	To provide all aspects of health promotion, lifestyle and health improvement services	In surgeries, community clinics, and patients' homes
General Medical Services (GMS)	Full range of services provided by general medical practitioners and their teams	Doctors, nurses, Health care assistants, phlebotomists	To provide the full range of general medical services as set out in legislation and guidance, including to the assessment, investigation, diagnosis, anticipatory care, care planning and treatment of patients	In surgeries, community clinics, and patients' homes
Pharmaceutical services - GP prescribing	Prescribing and dispensing of all medication and therapeutic agents	GPs, nurse prescribers, prescribing pharmacists working in GP practices	To provide the full range of prescribing services set out in legislation and guidance	In surgeries, community clinics, and patients' homes

INVERCLYDE COUNCIL
HEALTH AND SOCIAL CARE COMMITTEE

AGENDA AND ALL PAPERS TO:		
Councillor McIlwee		1
Councillor Jones		1
Councillor Dorrian		1
Councillor McCabe		1
Councillor Brennan		1
Councillor McCormick		1
Councillor Ahlfeld		1
Councillor Rebecchi		1
Councillor MacLeod		1
Councillor Grieve		1
Councillor Campbell-Sturgess		1
All other Members (for information only)		9
Officers:		
Chief Executive		1
Corporate Communications & Public Affairs		1
Corporate Director Community Health & Care Partnership		1
Head of Children & Families & 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
Acting Corporate Director Environment, Regeneration & Resources		1
Head of Legal & Democratic Services		1
James Douglas, Legal & Democratic Services		1
S Lang, Legal & Democratic Services		1
Chief Internal Auditor		1
File Copy		1
	TOTAL	**37**
AGENDA AND ALL NON-CONFIDENTIAL PAPERS TO:		
Community Councils		10
	TOTAL	**47**