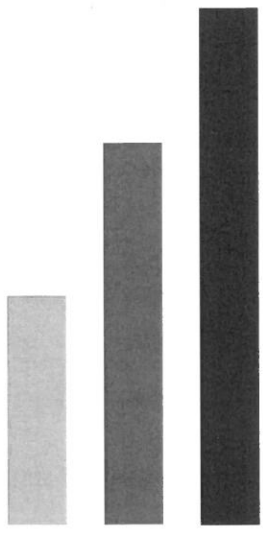
Inverclyde council

Agenda 2015

Health & Social Care Committee

For meeting on:

23	April	2015



Inverclyde council
Municipal Buildings, Greenock PA15 1LY

Ref: SL/AI

Date: 13 April 2015

A meeting of the Health & Social Care Committee will be held on Thursday 23 April 2015 at 3pm within the Municipal Buildings, Greenock.

GERARD MALONE
Head of Legal and Property Services

BUSINESS

		Page
1.	**Apologies, Substitutions and Declarations of Interest**	
PERFORMANCE MANAGEMENT		
2.	**Health & Social Care Committee – Financial Report 2014/15 as at Period 11 to 28 February 2015** Report by Corporate Director Inverclyde Health & Social Care Partnership	**p**
3.	**Update on Delayed Discharge Performance** Report by Corporate Director Inverclyde Health & Social Care Partnership	**p**
4.	**Integrated Performance Improvement Exceptions Report** Report by Corporate Director Inverclyde Health & Social Care Partnership	**p**
5.	**CHCP Corporate Directorate Improvement Plan – Progress Update to March 2015** Report by Corporate Director Inverclyde Health & Social Care Partnership	**p**
NEW BUSINESS		
6.	**Health and Social Care Partnership Integration Update** Report by Corporate Director Inverclyde Health & Social Care Partnership	**p**
7.	**Inverclyde HSCP – NHS Continuing Care Facilities and Community Services for Specialist Nursing, Older People's Dementia and Adult Mental Health Intensive Supported Living** Report by Corporate Director Inverclyde Health & Social Care Partnership	**p**
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 paragraphs 6 and 8 of Part I of Schedule 7(A) of the Act.		

8.	**Use of Emergency Powers for the Award of Contracts for the Provision of Homecare Services** Report by Corporate Director Inverclyde Health & Social Care Partnership advising of the use of the emergency powers procedure relative to the award of contracts for the provision of Homecare Services	**p**
9.	**Contract - St Margaret's Court, Grieve Road, Greenock** Report by Corporate Director Inverclyde Health & Social Care Partnership seeking authorisation to accept a tender relative to the provision at St Margaret's Court, Grieve Road, Greenock	**p**

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

Inverclyde council

AGENDA ITEM NO: 2

Report To:	**Health & Social Care Committee**	**Date:**	**23 April 2015**
Report By:	**Brian Moore** **Corporate Director** **Inverclyde Health & Social Care Partnership** **Alan Puckrin** **Chief Financial Officer**	**Report No:**	**SW/01/2015/LB**
Contact Officer:	**Lesley Bairden**	**Contact No:**	**01475 712257**
Subject:	**Health & Social Care Committee – Financial Report 2014/15 as at Period 11 to 28 February 2015**		

1.0 PURPOSE

1.1 The purpose of this report is to advise the Health & Social Care Committee of the Revenue and Capital Budget current year position as at Period 11 to 28 February 2015. For continuity purposes this report will refer to the financial position last reported to the CHCP Sub-Committee as at Period 9 to 31 December 2014.

2.0 SUMMARY

REVENUE PROJECTION 2014/15

2.1 The Social Work revised budget is £49,119,000 and is projected to underspend by £164,000 (0.33%), a projected increase in costs of £17,000 since last reported.

2.2 This position is net of Residential Childcare, Fostering and Adoption as any under / over spend is managed through the approved earmarked reserve. At period 11, it is projected that there will be a transfer of £147,000 to the reserve at 31 March 2015; however this will be subject to the CHCP containing any further Older People or other 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 £34,000 from early implementation.

CAPITAL 2014/15

2.4 The Social Work capital budget is £195,000, with projected slippage of £24,000 (being 12%) reflecting a £31,000 reduction in Kylemore Children's Home retentions, offset by £7,000 overspend on the expansion of the Hillend Respite Unit from 3 to 4 beds. The underspend of £24,000 will be returned to the Council's Capital Programme.

2.5 The CHCP Sub-Committee previously 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.

2.6 The cost of land for the Kings Glen site has been valued at £80,000 and this is included in the earmarked reserve contribution.

EARMARKED RESERVES 2014/15

2.7 The Social Work Earmarked Reserves for 2014/15 total £2,831,000 with £1,897,000 projected to be spent in the current financial year. To date £1,694,000 spend has been incurred which is 89% of the projected 2014/15 spend. The spend to date per profiling was expected to be £1,912,000 therefore project slippage equates to £218,000 (11%), reflecting timescales for projected costs for Caladh House refurbishment, along with a recently agreed contribution of £150,000 to the Independent Living Fund from the NHS.

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

- Children's Residential Care, Adoption & Fostering.
- Deferred Income, including Delayed Discharge funding.

2.8 As advised to the last CHCP Sub-Committee, £264,000 funding for improving Delayed Discharge performance was agreed and this in included within Deferred Income, not reported to Committee as this reserve simply deals with timing issues relating to spend. The Service will provide periodic performance reports on Delayed Discharge.

2.9 The earmarked reserve position reflects the write back decisions agreed in February as part of the 2015/16 budget.

3.0 RECOMMENDATIONS

3.1 That the Committee note the current year revenue budget projected underspend of £164,000 for 2014/15 as at 28 February 2015.

3.2 That the Committee note the current projected capital projected slippage of £24,000 in the current year and over the life of the projects.

3.3 That the Committee note the current Earmarked Reserves position.

3.4 That the Committee approve the Social Work budget virements as detailed at Appendix 4.

Brian Moore
Corporate Director
Inverclyde Community Health & Care Partnership

Alan Puckrin
Chief Financial Officer

4.0 BACKGROUND

4.1 The purpose of the report is to advise the Committee of the current position of the 2014/15 Social Work revenue and capital budget and to highlight the main issues contributing to the 2014/15 budget projected underspend of £164,000 (0.33%) and the current capital programme position of £24,000 slippage.

4.2 The current year revenue position is detailed in Appendix 1. Appendix 2 provides the capital position; Appendix 3 earmarked reserves; Appendix 4 budget virements and Appendix 5 provides detail of the employee cost variance by service.

4.3 For continuity purposes this report will refer to the financial position last reported to the CHCP Sub-Committee as at Period 9 to 31 December 2014. The Social Work financial position has been reported periodically to the CHCP Sub-Committee during 2014/15.

5.0 2014/15 CURRENT REVENUE POSITION: £164,000 PROJECTED UNDERSPEND

5.1 The projected underspend of £164,000 (0.33%) for the current financial year remains predominantly due to client related costs within Older Person's Services of £498,000 offset by turnover, both within Internal Homecare and other Services and by costs of Adult care packages. This is an increase in projected costs of £17,000. The material projected variances and reasons for the movement since last reported are identified, per service, below:

5.2 **Strategy: Projected £75,000 (3.52%) underspend**

The underspend relates to turnover of £42,000 and Financial Inclusion costs of £19,000. The reduction in projected costs of £26,000 mainly relates to Financial Inclusion and other Welfare funding previously projected to be fully spent, now revised based on current activity.

5.3 **Older Persons: Projected £498,000 (2.34%) overspend**

The projected overspend relates to the increased demographics as previously reported and is broken down by service area;

- Homecare £297,000, increased by £25,000.
- Residential and Nursing purchased places £106,000, per the current number of clients receiving care, less the one off contribution from NHS for pressures. This has increased by £38,000.
- Community Alarms £39,000, increased by £7,000.
- Day Services £28,000, reduced by £8,000.
- Other Community Services including Domiciliary Respite £30,000, increased by £57,000.

This is an overall increase in projected costs of £143,000, due to the current cost of client packages, as above.

This reflects the continued increasing trend from 2013/14 and is representative of the national position. A budget pressure bid was agreed at £750,000 for 2015/16 reflecting the demographic challenges for this service.

5.4 **Learning Disabilities: Projected £72,000 (1.14%) overspend**

The projected overspend relates to a number of running cost budgets, including transport, offset in part by turnover savings. The increase of £44,000 reflects the revised cost of an individual's care package.

It should be noted that the current year budget includes £350,000 pressure funding, with a further budget increase of £200,000 in 2015/16, agreed in February 2013, reflecting the pressures expected within this service. A further budget pressure bid was agreed for 2015/16 for £160,000, in February 2015, reflecting projected service demand.

5.5 **Mental Health: Projected £189,000 (15.63%) underspend**

The projected underspend remains primarily due to turnover of £114,000, of which £32,000 relates to early achievement of a saving. The reduction in projected costs of £34,000 is due to further turnover of £17,000 and a reduction in client package and running costs of £15,000.

5.6 **Children & Families: Projected £217,000 (2.13%) underspend**

The main reason for the underspend remains turnover of £128,000, a projected underspend of £25,000 relating to the Children's Panel, along with additional income of £20,000. This is a cost increase of £20,000 since last reported.

There is a projected underspend within residential childcare, adoption and fostering of £147,000, however given the volatile nature of the service and the high cost implications this is difficult to accurately project 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 any further unfunded cost pressures with Older People's 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.

5.7 **Physical & Sensory: Projected £98,000 (4.35%) underspend**

The underspend reflects turnover of £51,000 and utility costs underspend of £37,000. This utility cost relates to a provision made for prior years gas supply whilst historical billing for a second metered supply was investigated. This is now confirmed as not required hence the increase in underspend.

5.8 **Addictions / Substance Misuse: Projected £34,000 (3.01%) underspend**

The projected underspend remains due to £50,000 turnover offset in part by client package costs. This is an increase in projected costs of £11,000.

5.9 **Support & Management: Projected £95,000 (4.13%) underspend**

The underspend and movement relate mainly to turnover, a further £30,000 since period 9.

5.10 **Assessment & Care Management: Projected £153,000 (9.39%) underspend**

The projected underspend remains due to turnover from vacancies. This is a further projected underspend of £34,000.

5.11 **Homelessness: Projected £127,000 (17.19%) overspend**

The projected overspend reflects the reduction in costs and income from scatter flats and the Inverclyde Centre. This a reduction in projected costs of £12,000.

This projected overspend has been further compounded by the non-achievement of £40,000 saving in the current financial year which was predicated on additional income from the additional two units at the Inverclyde Centre.

A detailed review of all Homelessness budgets is being undertaken and thereafter reported to the relevant Committee via the Council's Corporate Management Team.

6.0 CHANGE FUND

6.1 Detail of the total Change Fund of £1,522,000 was previously reported to the CHCP Sub-Committee and included NHS primary and secondary care funded projects. The Social Work element of the Change Fund is included within the Earmarked Reserves Appendix 3 and will be spent if full in 2014/15.

7.0 2014/15 CURRENT CAPITAL POSITION – £24,000 UNDERSPEND

7.1 The Social Work capital budget is £195,000, with projected slippage of £24,000 (being 12%) reflecting a £31,000 reduction in Kylemore Children's Home retentions, offset by £7,000 overspend on the expansion of the Hillend Respite Unit from 3 to 4 beds. The underspend of £24,000 will be returned to the Council's Capital Programme.

7.2 The CHCP Sub-Committee previously 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 The cost of land for the Kings Glen site has been valued at £80,000 and this is included in the earmarked reserve contribution.

7.4 Appendix 2 details capital budgets and progress by individual project.

8.0 EARMARKED RESERVES

8.1 The Social Work Earmarked Reserves for 2014/15 total £2,831,000 with £1,897,000 projected to be spent in the current financial year. To date £1,694,000 spend has been incurred which is 89% of the projected 2014/15 spend. The spend to date per profiling was expected to be £1,912,000 therefore project slippage equates to £218,000 (11%), reflecting timescales for projected costs for Caladh House refurbishment, along with a recently agreed contribution of £150,000 to the Independent Living Fund from the NHS.

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

- Children's Residential Care, Adoption & Fostering.
- Deferred Income, including Delayed Discharge funding.

8.2 As advised to the last CHCP Sub-Committee, £264,000 funding for improving Delayed Discharge performance was agreed and this is included within Deferred Income, not reported to Sub-Committee as this reserve simply deals with timing issues relating to spend. The Service will provide periodic performance reports on Delayed Discharge.

8.3 The earmarked reserve position reflects the write back decisions agreed in February as part of the 2015/16 budget.

8.4 Earmarked Reserves are detailed at Appendix 3.

9.0 VIREMENT

9.1 Appendix 4 details the virements that the Committee is requested to approve. All virements are 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					

Legal

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

Human Resources

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

Equalities

10.4 There are no equality issues within this report.

Has an Equality Impact Assessment been carried out?

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

Repopulation

10.5 There are no repopulation issues within this report.

11.0 CONSULTATION

11.1 This report has been prepared jointly by the Corporate Director, Inverclyde Community Health & Care Partnership and the Council's Chief Financial Officer.

12.0 BACKGROUND PAPERS

12.1 There are no background papers for this report.

APPENDIX 1

SOCIAL WORK

REVENUE BUDGET PROJECTED POSITION

PERIOD 11: 1 April 2014 - 28 February 2015

	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
8	25,250	Employee Costs	25,976	26,172	25,130	(1,042)	(3.98%)
	1,431	Property costs	1,453	1,447	1,327	(120)	(8.29%)
	919	Supplies and Services	808	810	966	156	19.26%
	482	Transport and Plant	366	381	479	98	25.72%
	1,021	Administration Costs	879	903	985	82	9.08%
7	32,751	Payments to Other Bodies	33,457	33,650	34,257	607	1.80%
	(13,922)	Income	(13,877)	(14,156)	(14,101)	55	(0.39%)
8		Contribution to Earmarked Reserves		(88)	(88)	0	0.00%
	47,932	**SOCIAL WORK NET EXPENDITURE**	**49,062**	**49,119**	**48,955**	**(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
	2,005	Strategy	2,112	2,133	2,058	(75)	(3.52%)
	21,541	Older Persons	20,971	21,327	21,825	498	2.34%
	6,159	Learning Disabilities	6,251	6,314	6,386	72	1.14%
	1,308	Mental Health	1,382	1,209	1,020	(189)	(15.63%)
3	9,070	Children & Families	10,228	10,175	9,958	(217)	(2.13%)
	2,465	Physical & Sensory	2,272	2,252	2,154	(98)	(4.35%)
	1,033	Addiction / Substance Misuse	1,193	1,130	1,096	(34)	(3.01%)
	2,128	Support / Management	2,220	2,298	2,203	(95)	(4.13%)
	1,576	Assessment & Care Management	1,690	1,630	1,477	(153)	(9.39%)
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	866	127	17.19%
		Contribution to Earmarked Reserves		(88)	(88)	0	0.00%
	47,932	**SOCIAL WORK NET EXPENDITURE**	**49,062**	**49,119**	**48,955**	**(164)**	**(0.33%)**

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 £147k 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 & Inflation etc.	122
	Welfare Reform	52
	Procurement & Transport savings	(7)
	Budget transfer to Delayed Discharge Earmarked Reserve	(88)
	Budget transfer to Client Finance Team	(22)
	Revised Budget 2014/15	49,119

6 There are currently 34 clients receiving Self Directed Support care packages.
7 Within Older Peoples Services £388k of Homecare vacancies have been offset by purchased Homecare costs.
8 Council contribution to Delayed Discharge earmarked reserve

APPENDIX 2

SOCIAL WORK - CAPITAL BUDGET 2014/15

Period 11: 1 April 2014 to 28 February 2015

Project Name	Est Total Cost	Actual to 31/3/14	Approved Budget 2014/15	Revised Est 2014/15	Actual to 28/02/15	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				
Kylemore Children's Home	1,213	1,129	115	84	84	0	0	0	01/10/11	30/06/12	19/03/13	The budget for 2014/15 relates to retentions, with final costs are £84k so the £31k underspend will be returned to the Council's capital programme.
SWIFT Financials	27	27	0	0	0	0	0	0	03/09/12		31/08/14	Budget allocated for development of SWIFT financial module. No further spend expected
Hillend Respite Unit (note 1)	87	0	80	87	73	0	0	0	28/05/14		14/11/14	Increase of one bed within respite unit. Building work is completed and the £7k overspend is met from the capital programme.
Neil Street Children's Home Replacement	1,858	0	0	0	6	1,775	83	0	01/04/14	31/03/16		Planning phase April 2014 to May 2015.
Crosshill Children's Home Replacement	1,622	0	0	0	0		1,622	0	01/04/14	31/03/17		Planning phase April 2014 to May 2015.
Grand Total	**4,807**	**1,156**	**195**	**171**	**163**	**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.

SOCIAL WORK EARMARKED RESERVES POSITION STATEMENT
HEALTH & SOCIAL CARE COMMITTEE

APPENDIX 3

Project	Lead Officer/ Responsible Manager	Total Funding 2014/15 £000	Phased Budget To Period 11 2014/15 £000	Actual To Period 11 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	382	189	202	255	127	SDS project and SWIFT financial module. Spending plans are regularly reviewed.
Growth Fund - Loan Default Write Off	Helen Watson	28	2	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	1,078	985	989	1,078	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 figure has been amended to remove the Health Board's share of the Change Fund funding.
Support all Aspects of Independent Living	Brian Moore	523	252	291	292	231	The carry forawrd balance includes Dementia Strategy of £70k along with an agreed contribution of £150k from NHS , included in the new funding.
Information Governance Policy Officer	Helen Watson	57	46	35	41	16	The spend relates to the Council's Information Governance Officer.
Joint Equipment Store	Beth Culshaw	50	44	5	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. It will be spent in full, mainly on the replacement of old hoists that are no longer fit for purpose with equipment ordered.
Support for Young Carers	Sharon McAlees	65	56	17	21	44	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. Postholder started 21/08/14.

SOCIAL WORK EARMARKED RESERVES POSITION STATEMENT

APPENDIX 3

HEALTH & SOCIAL CARE COMMITTEE

Project	Lead Officer/ Responsible Manager	Total Funding 2014/15 £000	Phased Budget To Period 11 2014/15 £000	Actual To Period 11 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	214	25	25	450	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. The tender will be issued shortly but no construction costs will be incurred in 2014/15. £13k has been spent on the feasibility study and there has been £9k in property fees and £3k for Building Warrants recharged in 2015.
Making Advice Work	Helen Watson	38	35	38	38	0	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. This project is complete.
Stress Management Services	Helen Watson	10	9	10	10	0	Funding was received from the Health Board for a contract with Inverclyde Physiotherapy to provide stress management services. This project has now ended.
Welfare Reform - CHCP	Andrina Hunter	125	80	81	84	41	This reserve is to fund Welfare Reform within the CHCP. New funding relates to Bright Office software (£28k) & other costs (£13k), and support for the elderly (£34k). It is also being used in 2014/15 for Grand Central rent (£22k).
Total		**2,831**	**1,912**	**1,694**	**1,897**	**934**	

APPENDIX 4

HEALTH & SOCIAL CARE COMMITTEE

VIREMENT REQUESTS

Budget Heading	Increase Budget £'000	(Decrease) Budget £'000
1. Older People - Employee Costs	73	
1. Mental Health - Employee Costs		(73)
2. Strategy - Payments to Other Bodies	52	
2. Finance Services		(52)
3. Children & Families Respite	22	
3. Children & Families Various		(22)
4. Strategy - Employee Costs	24	
4. Strategy - Payments to Other Bodies		(24)
5. Strategy - Employee Costs	118	
5. Strategy - Income		(118)
	289	**(289)**

Notes
1. Realignment of Home Support Workers budget
2. Transfer of Welfare Reform funding for Older People and Food Banks
3. Realign budget from other expenditure areas to meet costs of respite
4. Realign budgets to reflect core employer / recharge position
5. Reflect budgets for external funding for projects and temporary posts
   Riverclyde Homes; Future Skills Co-ordinator £23k
   McMillan; Nursing Support £15k
   Inverclyde Council on Disability; Support & Connect £80k

APPENDIX 5

EMPLOYEE COST VARIANCES

PERIOD 9: 1 April 2014 - 28 February 2015

	ANALYSIS OF EMPLOYEE COST VARIANCES	Early Achievement of Savings £000	Turnover from Vacancies £000	Total Over / (Under) Spend £000
1	Strategy	0	(42)	(42)
2	Older Persons	0	(356)	(356)
3	Learning Disabilities	(12)	(21)	(33)
4	Mental Health	(32)	(82)	(114)
5	Children & Families	0	(128)	(128)
6	Physical & Sensory	0	(51)	(51)
7	Addiction / Substance Misuse	0	(50)	(50)
8	Support / Management	0	(98)	(98)
9	Assessment & Care Management	0	(169)	(169)
10	Criminal Justice / Scottish Prison Service	0	10	10
11	Homelessness	0	(11)	(11)
	SOCIAL WORK EMPLOYEE UNDERSPEND	**(44)**	**(998)**	**(1,042)**

1 2 vacancies currently being recruited
2 42 vacancies along with maternity leave savings - NB offset by external costs, due to recruitment issues
3 Early achievement of saving on 1 post. 4 vacancies being filled and further 4 vacancies will not be filled by 31/03/15
4 Early achievement of saving on 1 post. 1 vacancy in the process of being filled
5 2 vacancies being filled and a further 5 which will not be filled before 31/03/15
6 1 vacancy being filled and 3 which will not be filled before 31/03/15
7 2 vacancies which are in the process of being filled
8 2 vacancies being filled and 7 which will not be filled before 31/03/15
9 3 vacancies being filled and 2 which will not be filled before 31/03/15
10 Overspend met from grant funding
11 1 vacancy being filled

Inverclyde council

AGENDA ITEM NO: 3

Report To:	**Health & Social Care Committee**	**Date:**	**23rd April 2015**
Report By:	**Brian Moore Corporate Director Inverclyde Health & Social Care Partnership**	**Report No:**	**SW/04/2015/C**
Contact Officer:	**Beth Culshaw Head of Health & Community Care**	**Contact No:**	**01475 715283**
Subject:	**Update on Delayed Discharge Performance**		

1.0 PURPOSE

1.1 The purpose of this report is to update the Sub-Committee on progress towards achieving the target for Delayed Discharge from April 1st 2015.

2.0 SUMMARY

2.1 The Delayed Discharge target reduces from 4 weeks to 2 weeks on 1st April 2015, reflecting the ongoing strategic commitment to Shifting the Balance of Care.

3.0 RECOMMENDATIONS

3.1 Members are asked to note the progress towards achieving the target and the ongoing work to maintain performance.

Brian Moore
Corporate Director
Inverclyde Health & Social Care Partnership

4.0 BACKGROUND

4.1 For some time it has been recognised that consistently achieving safe, timely and person centred discharge from hospital to home is a key indicator of quality and a measure of effective and integrated care.

4.2 From April 2015 the current target which has been in place since 2013 will decrease from 4 weeks to 2 weeks. In addition to the target, for some time scrutiny has also surrounded the number of bed days occupied by delayed discharges to provide a more complete picture of the impact of hospital delays. Going forward, it is suggested that we also focus and measure the proportion of patients discharged within 72 hours of being ready for discharge and the associated bed days.

4.3 Performance towards the new delayed discharge target continues to be challenging however we have recently seen a reduction in the number of acute bed days lost particularly for those over 65 years of age (chart 1) and in both the number of delayed discharges and the length of time which individuals are delayed. (chart 2)

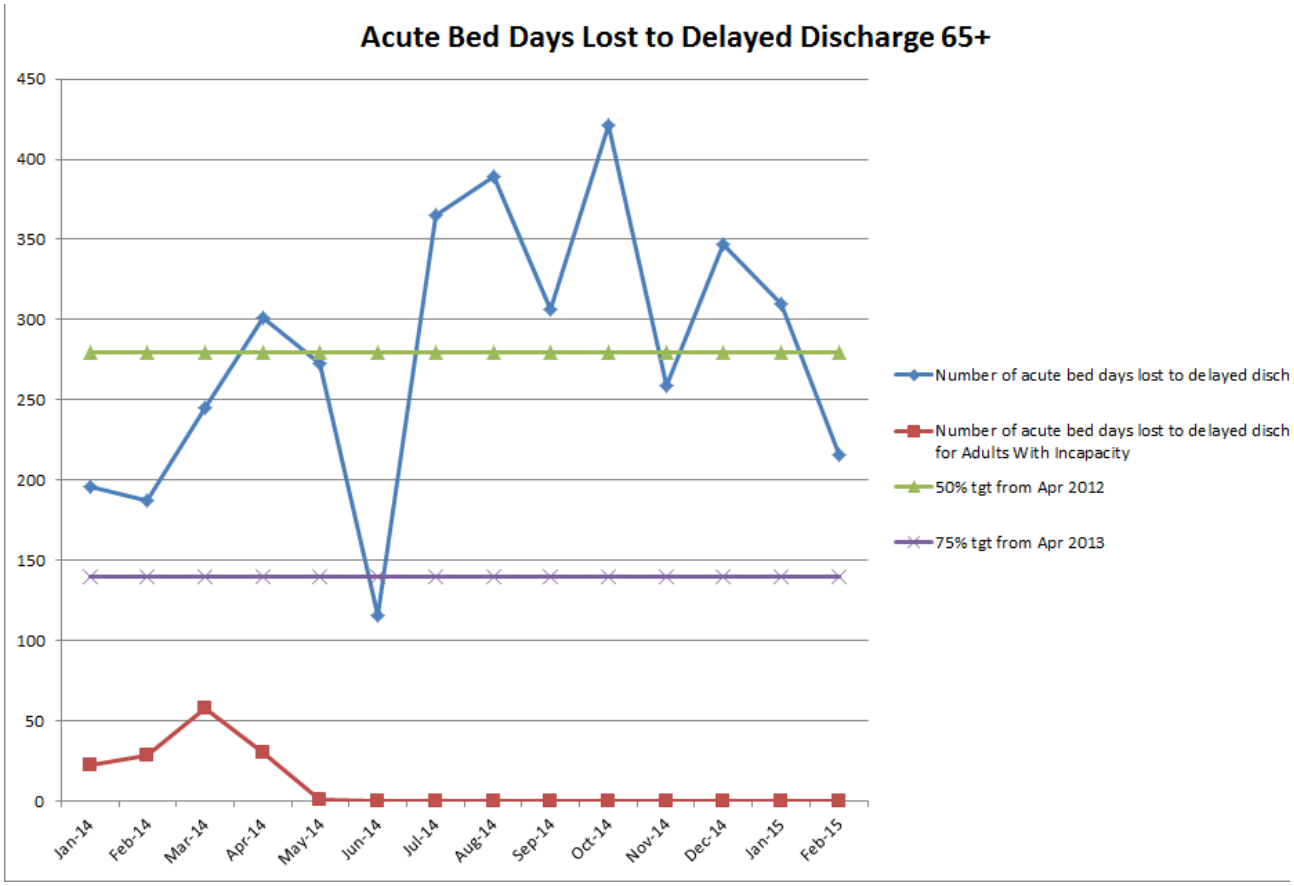


Chart 1

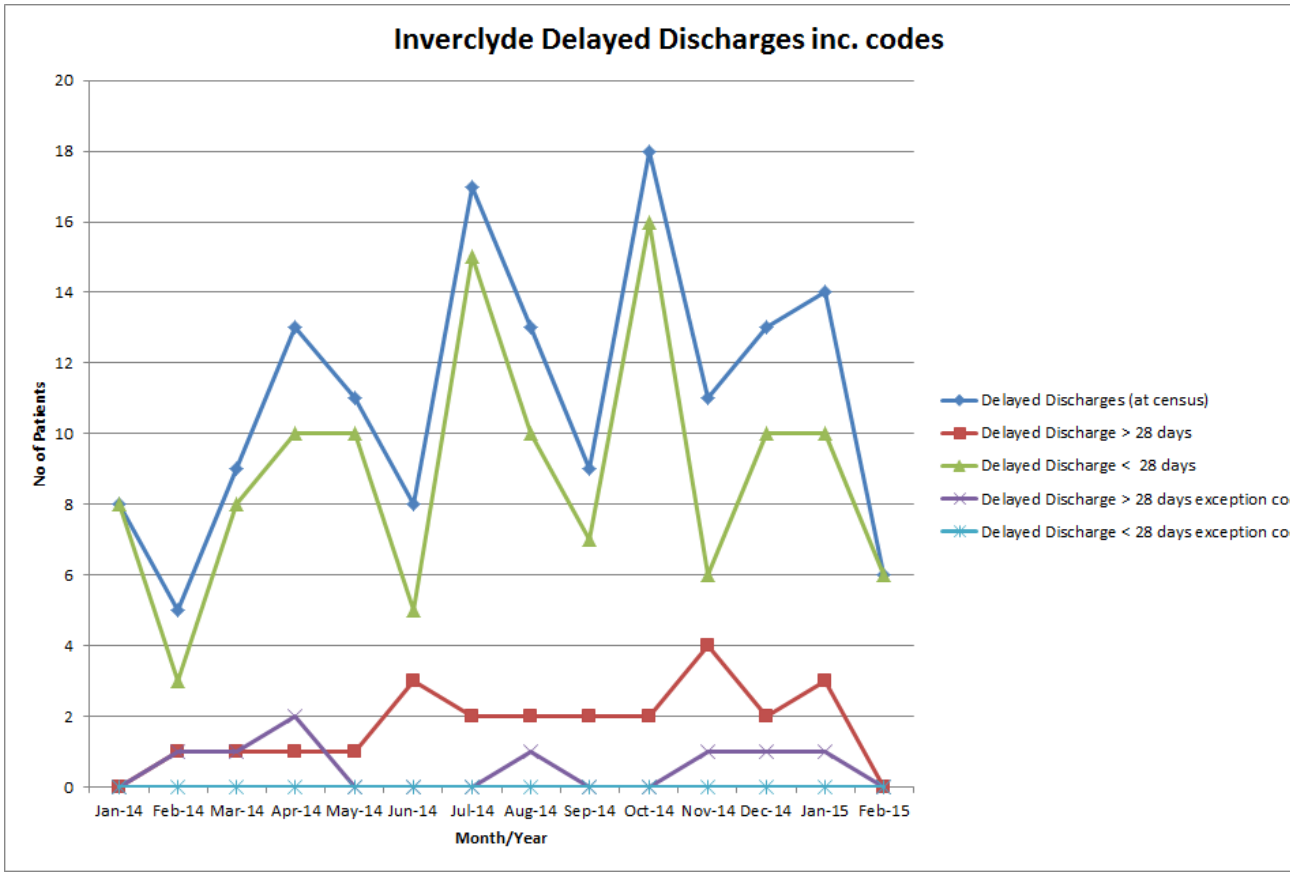


Chart 2

4.4 Delayed Discharge Census data reported for March 2015 shows nine delays with seven of these being delayed for less than two weeks and two being delayed for between two and four weeks. Whilst it is possible to evidence reduced bed days associated with admissions, we continue to see a rise in emergency admissions for those over 65.

4.5 Within Inverclyde we continue to work in a variety of ways, across organisational boundaries, to support the vision of Shifting the Balance of Care, to prepare to achieve the 14 day delayed discharge target, to increase the number of patients discharged within 72 hours of becoming fit and, critically, to avoid admission to hospital in the first place.

4.6 We have taken time to fully assess our requirement for the use of Intermediate Care beds. Ongoing reflection of Delayed Discharges does not indicate the use of 'step down' beds as a mechanism to reduce delays in Inverclyde but rather for many individuals this adds a further unnecessary step in the discharge process. Of much more significance locally is the development of 'step up' beds which can offer an alternative to hospital admission for those not requiring acute medical care.

4.7 Inverclyde has in recent years been a relatively high user of care home beds with an average length of stay for residents of 2.9 years, reflecting the second longest length of stay in Scotland. More recently we can evidence that residents are being admitted when they are older and staying for a shorter period of time, reflecting the shifting balance of care in sustaining people in their own homes for longer.

4.8 Recent reductions in the number of care home placements (chart 3) offer the opportunity to commission care home beds differently, enabling the development of intermediate care beds. We are currently working on the service specification to allow dialogue with independent providers to take place with beds aiming to be available during summer 2015.

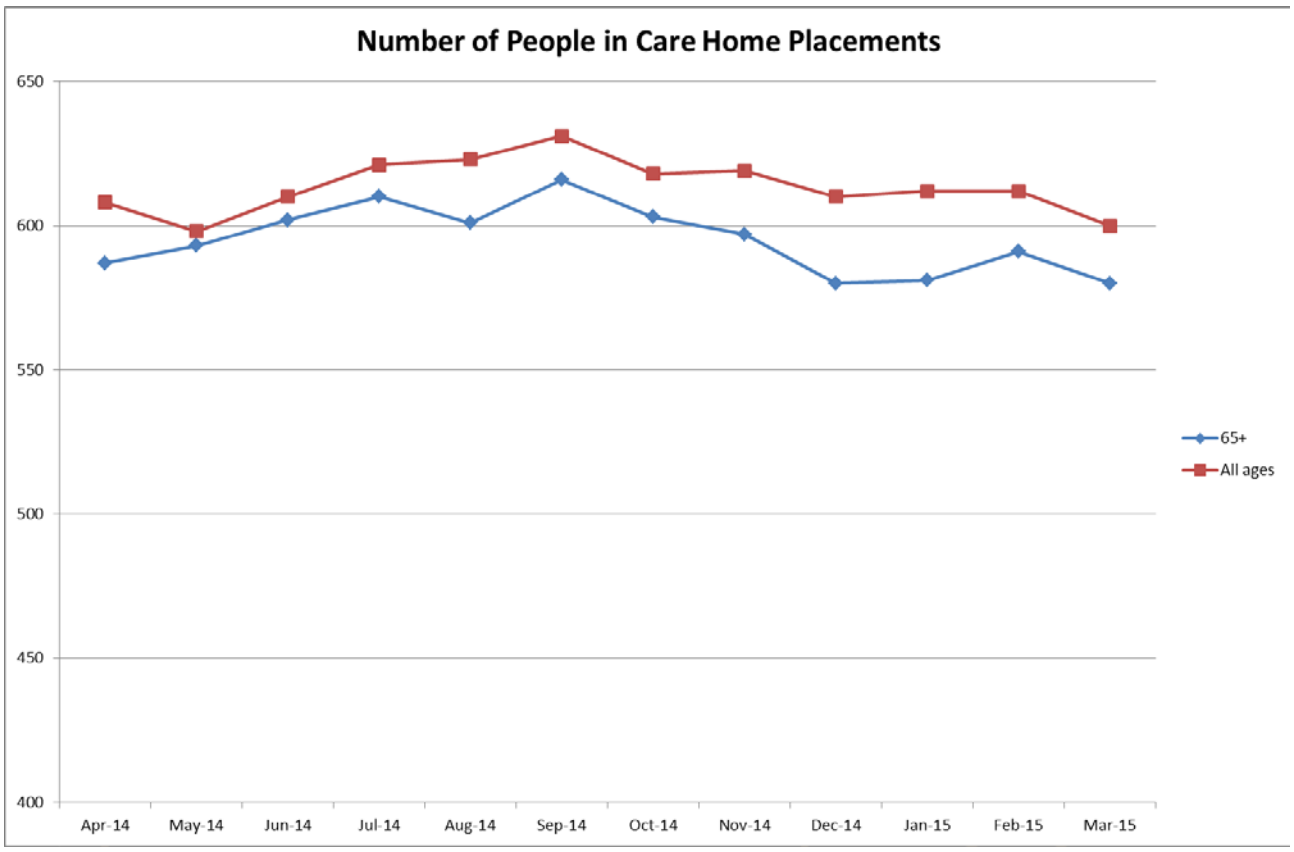


Chart 3

4.9 Most people discharged from hospital to their own home will receive support from the Home Care reablement service. This service continues to deliver positive outcomes with 30% of service users regaining full independence (chart 4) and of those service users transferring to mainstream care at home, a reduction of 33% in packages of care is seen.

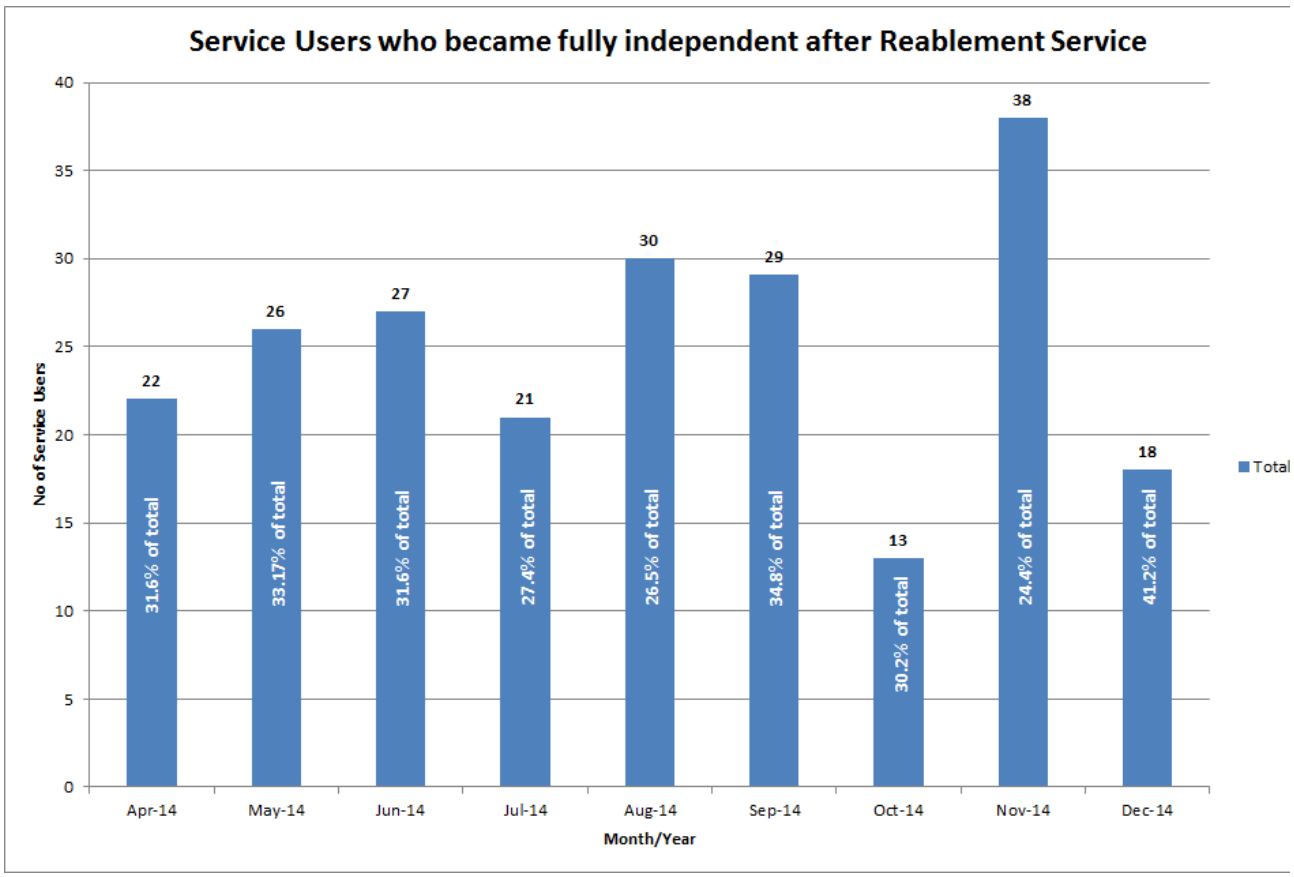


Chart 4

4.10 The re-organised and dedicated Assessment and Care Management Team within the hospital is now able to demonstrate commencement of assessments at an earlier stage of the patients stay in hospital and in turn, earlier decision making around the care needs following discharge. This has impacted positively on both those returning home and those transferring to long term care settings in that, key decisions are taken in a timelier manner. There is no longer a time lag for decision making around placement and funding of long term care which is evidenced through our monitoring of all discharges which require social care support.

4.11 This report notes the success in shifting the balance of care which is more people returning home from hospital earlier and maintaining people in their own home for longer. This will undoubtedly lead to a further increase on demand for our Home Care Services despite the success of the reablement approach. In part this is due to the increasing number of older people in Inverclyde with support needs.

5.0 PROPOSALS

5.1 Home First – Ten Actions to Transform Discharge

The Joint Improvement Team and the Scottish Government have recently convened a Discharge Task Force to consider short and medium term actions that partners need to take to enable local improvement. JIT's Home First document describes 10 actions that partnerships can take now to transform discharge.

5.2 We have recently started to embed the ethos of *'Home First'* across both the HSCP and within the acute hospital. It is widely recognised that assessing for long term care placement is best done outside the acute hospital environment, and although we acknowledge that this is not always possible for every patient, we wish to see an increase in this practice.

5.3 This means that for the purpose of discharge planning, it should be assumed that each patient will return to their own home at discharge with a package of care and support which ensures

they can live as independently as possible. Decisions on permanent care should only be made by the collective multi- disciplinary team following full assessment by the social worker and informed discussion with the individual, family or carer.

5.4 The Rehabilitation & Assessment Team alongside Care Management and District Nursing will support this approach in an integrated process. The increased provision of through the night care allows the opportunity for further assessment and monitoring at home in order to establish the ability to remain in one's own home. We will monitor and report on the effectiveness of this service in future reports.

5.5 We will also look to measure performance by tracking the patient's journey from admission to discharge measuring timescales and outcomes for the individual service users. This will include measuring the number of prevented hospital admissions and associated bed days saved.

5.6 Following a workshop held on February 18th which assessed our discharge processes within the context of 'Home first' we have updated our strategic action plan and will continue to monitor this via the fortnightly Strategic Discharge meeting attended by senior managers of the HSCP and the Acute Hospital..

6.0 IMPLICATIONS

Finance

6.1 There are no specific financial implications from this report. All activity will be contained within existing budgets.

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

6.2 None.

Human Resources

6.3 There are no Human Resource implications at this time.

Equalities

6.4 Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
√	NO -

Repopulation

6.5 None.

7.0 CONSULTATIONS

7.1 The Inverclyde Delayed Discharge Plan is jointly developed alongside our partners in NHS Greater Glasgow and Clyde.

8.0 LIST OF BACKGROUND PAPERS

8.1 None.

Inverclyde council

AGENDA ITEM NO: 4

Report To:	**Health & Social Care Committee**	**Date:**	**23rd April 2015**
Report By:	**Brian Moore Corporate Director Inverclyde Health & Social Care Partnership**	**Report No:**	**SW/03/2015/HW**
Contact Officer:	**Helen Watson Head of Service Planning, Health Improvement & Commissioning**	**Contact No:**	**01475 715285**
Subject:	**Integrated Performance Improvement Exceptions Report**		

1.0 PURPOSE

1.1 The purpose of this report is to present a sample of integrated performance exceptions data to the Health and Social Care Committee which reflects a balanced view of performance across the four Heads of Service areas of the HSCP as well as providing a picture of how people in Inverclyde experience Health and Social Care Services.

2.0 SUMMARY

2.1 The measures have been carefully selected from our on-going quarterly performance service reviews, to evidence areas of positive and negative performance and to highlight the remedial actions we plan to put in place in order to improve performance in those areas. The measures relate predominantly to social care delivery and span the Nurturing Inverclyde model of wellbeing categories which include: safe, healthy, achieving, nurtured, active, respected and responsible and included.

2.2 Some of the measures include an element of health service delivery, but these relate to aspects that are rooted in a social model of community health, and as such require the full support of social care services to enable their optimum delivery.

3.0 RECOMMENDATIONS

3.1 Members are asked to note performance within the report along with the remedial actions suggested where performance is below the standard that we would expect, and to provide any relevant comments to assist in ongoing performance and reporting of such to Committee.

Brian Moore
Chief Officer
Inverclyde Health & Social Care Partnership

4.0 BACKGROUND

4.1 Although we are moving to Health and Social Care Partnership (HSCP) arrangements, the Health and Social Care Committee retains its scrutiny over Council-funded social care services, and as such will be keen to see evidence of progress. The report structure ensures that our efforts are focused on improving performance in line with our key commitments, as outlined in our Corporate Directorate Improvement Plan.

4.2 Our fully integrated system and process for the management of performance in the form of quarterly performance services reviews (QPSR) and reporting structure are now well embedded into our performance reporting framework and have already proven to be successful in assisting the service with the demands of all our local and national reporting requirements.

5.0 PROPOSALS

5.1 None

6.0 IMPLICATIONS

Finance

6.1 There are no financial implications in respect of this report.

Financial Implications:

One off Costs

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

Annually Recurring Costs/ (Savings)

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

Legal

6.2 There are no legal implications in respect of this report.

Human Resources

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

Equalities

6.4 There are no equalities implications in respect of this report.

	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 There are no repopulation implications in respect of this report.

7.0 CONSULTATIONS

7.1 None

8.0 CONCLUSIONS

8.1 N/A

9.0 LIST OF BACKGROUND PAPERS

9.1 N/A

Appendix 1

Performance Improvement Exceptions Report March 2015

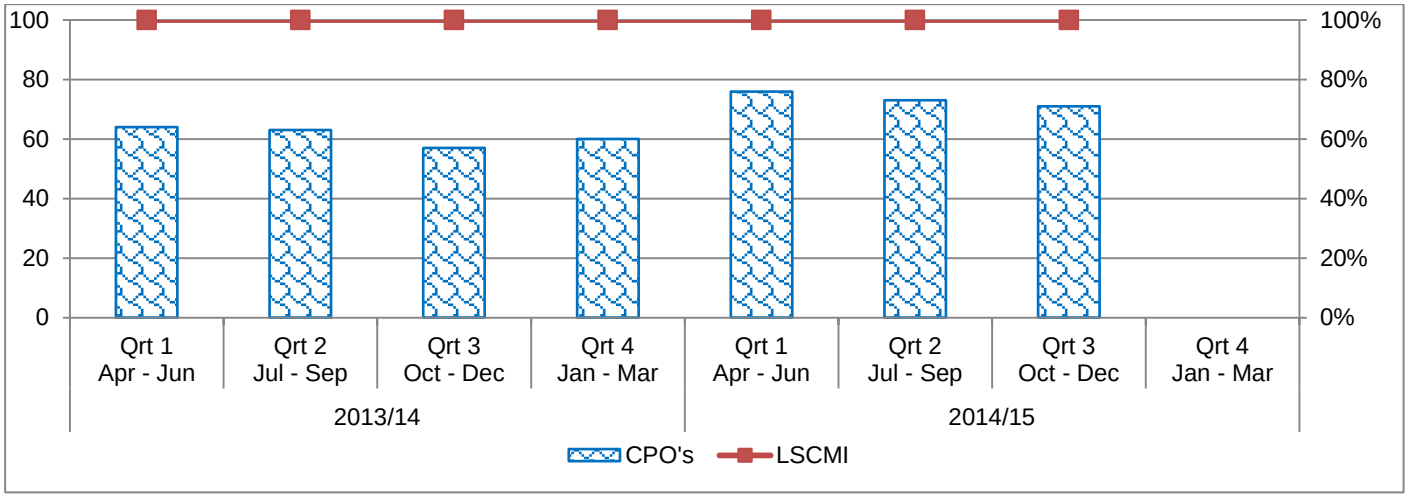
Table of Contents

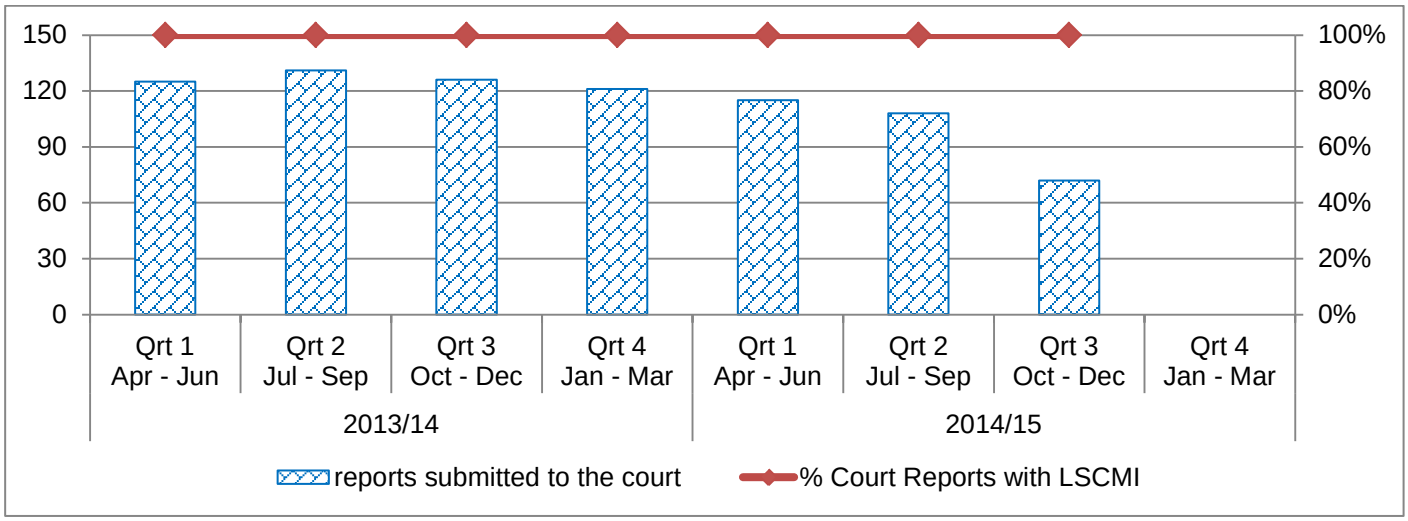
Note Key:
CFCJ: Children and Families & Criminal Justice
PHIC: Planning, Health Improvement & Commissioning
MHAH: Mental Health, Addictions and Homelessness
HCCPC: Health, Community Care and Primary Care

CFCJ: Community Payback Orders (CPO) & Court Reports with Level of Service Case Management Inventory (LSCMI)

Objective	A community sentence is designed to ensure that offenders payback to society, and to particular communities
Wellbeing	**Nurtured**
Measure	% Level of Service/Case Management Inventory (LS/CMI) completed
Current Performance	100% - for all new CPO and CJ Reports submitted by CJ staff

	2013/14				2014/15			
	Qrt 1 Apr - Jun	Qrt 2 Jul - Sep	Qrt 3 Oct - Dec	Qrt 4 Jan - Mar	Qrt 1 Apr - Jun	Qrt 2 Jul - Sep	Qrt 3 Oct - Dec	Qrt 4 Jan - Mar
New CPO's imposed	64	63	57	60	76	73	71	
% CPOs with LSCMI	100%	100%	100%	100%	100%	100%	100%	
Number of reports submitted to the courts during the year	125	131	126	121	115	108	72	
% Court Reports with LSCMI	100%	100%	100%	100%	100%	100%	100%	





Commentary

Community Payback Orders (CPOs) have been available to Courts as a community-based sentencing option since 1st February 2011. A CPO consists of nine requirements from which the Court may select one or more at the point of sentencing, usually having been informed by a Criminal Justice Social Work Report. Its aim is to provide a high quality intervention which balances the requirement that individuals' pay back for their crimes to communities with opportunities to address their offending behaviour and improve their opportunities to avoid such behaviour in the future.

The Level of Service/Case Management Inventory (LS/CMI) is a tool used across Scotland to assess both the risk of re-offending and risk of (serious) harm and to inform case and risk management planning. All social work qualified operational staff within Inverclyde Criminal Justice Services have been trained in the application of the tool.

The latest data available shows us that for every new Community Payback Order (CPO) imposed and every Criminal Justice Court Report completed by the criminal justice team within Inverclyde, **100%** have had a risk assessment completed in the form of a 'level of service and case management Inventory' (LS/CMI) over the past seven quarters tabled. Whilst the volume of Criminal Justice Social Work Report requests by the Courts has decreased steadily over the reporting period, which has also been reflected nationally, the introduction of LS/CMI into this process has added additional complexity to this task.

In recognition that this is a self-reported quality assurance measure, at the request of the Criminal Justice Service the CHCP Quality & Development team is in the process of developing a management information system to better enable recording and evidence of this good practice.

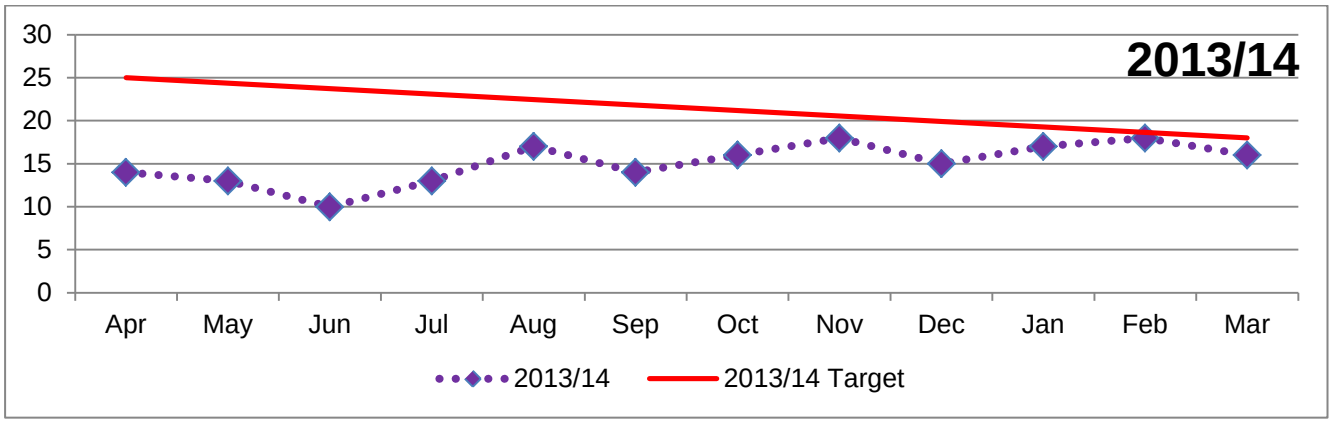
Actions

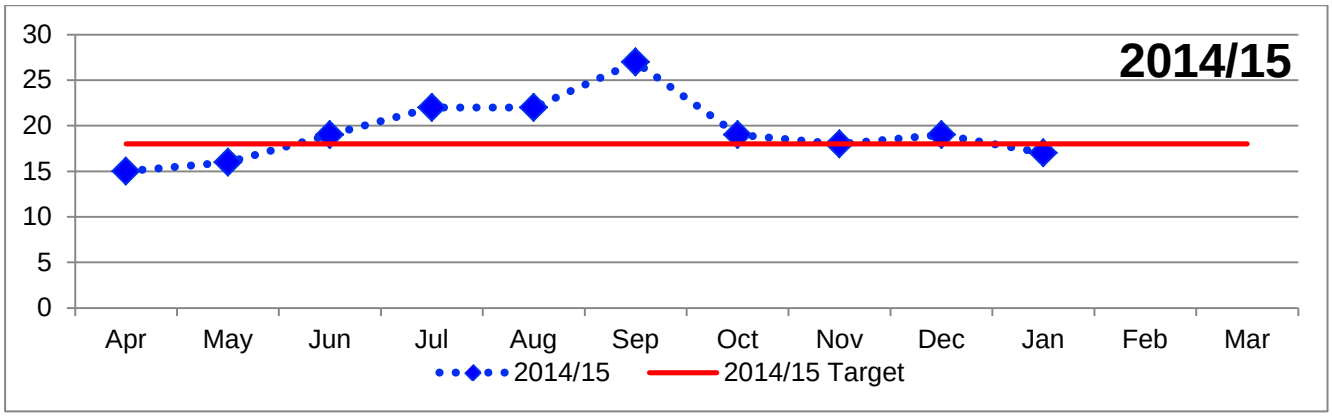
- We will complete the work on the management information system to add to the range of options the Service has to quality assure its use of LS/CMI.
- We will monitor performance as part of our established Quarterly Performance Service Reviews (QPSR).

CFCJ: Child and Adolescent Mental Health Services (CAMHS)

Objective	Vulnerable Children & Young People with Mental Health conditions can access services
Wellbeing	**Healthy**
Measure	Deliver faster access to mental health services by delivering 26 weeks referral to treatment for specialist CAMHS services from March 2013; reducing to 18 weeks by December 2014
Current Performance	17 weeks at January 2015

	Longest wait in weeks												
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Target
2013/14	14	13	10	13	17	14	16	18	15	17	18	16	24 at Q1 to 18 by Q4
2014/15	15	16	19	22	22	27	19	18	19	**17**			18





Commentary

The data charted above for 2013/14 shows that the average waiting time target was well maintained below the 24 weeks and when the target dropped to 18 weeks at December 2013. This continued until June 2014 where performance declines and the target line is crossed on the 2014/15 chart. The CAMHS Inverclyde Team has made a concerted effort to prevent further breaches of the average waiting time target where the average waiting time fell below the target in each of reporting periods between June and September 2014.

The graph for **2014/15** shows a gradual increase in the average waiting, to **27 weeks** at September, before falling back to 19 weeks in October 2014 and finally to **17 weeks** and below the 18 week target in January 2015. The team has reviewed the overall work plan and this has restored the balance between demand and capacity. Staffing changes have been identified and a review by the team's Service Manager over the next few months will be required to monitor the impact of these changes.

The team has experienced an increase in referrals, many of which have been identified as being more complex and multifaceted cases requiring to be seen for longer periods of interventions.

The introduction of the Functional Analysis of Care Environments (FACE) Child and Adolescent Risk Assessment Suite (CARAS) is the UK's first evidence-based tool that is designed and validated to conduct accurate risk assessments for young people. This tool has been identified as part of a clinical risk management strategy in CAMHS, and has been introduced to the CAMHS teams in Greater Glasgow & Clyde (GGC) to allow the implementation of a person centred risk management plan. The Inverclyde team received training in November 2014 and this is now currently being implemented for the vulnerable children and young people identified.

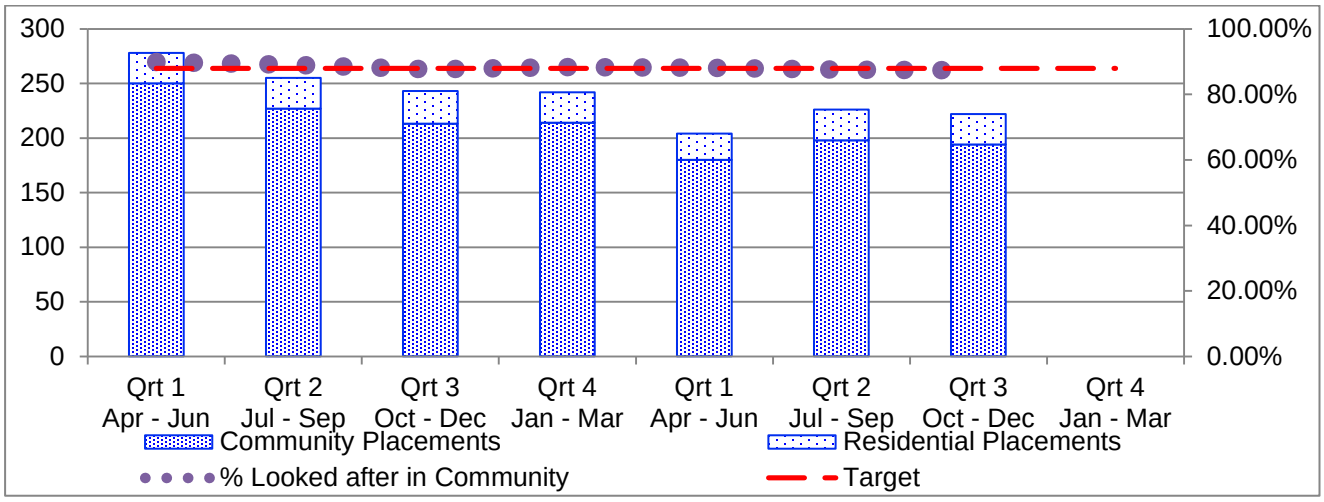
Actions

- Waiting Times: We will monitor performance of the target waiting times as part of our established Quarterly Performance Service Reviews (QPSR).
- FACE (CARIS): We will monitor the impact and roll out of this new assessment tool in relation to capacity and staff resource.
- Staff Changes: We will action a prompt replacement of staff that have left or are due to leave through retirement or staff movement.

CFCJ: Looked After and Accommodated Children (LAAC) - Placements

Objective	Vulnerable children have a nurturing environment
Wellbeing	**Nurtured**
Measure	Percentage of Children Looked after in Community Placements (snapshot at end of reporting period)
Current Performance	87.4% as at December 2014

	2013/14				2014/15			
	Qrt 1 Apr - Jun	Qrt 2 Jul - Sep	Qrt 3 Oct - Dec	Qrt 4 Jan - Mar	Qrt 1 Apr - Jun	Qrt 2 Jul - Sep	Qrt 3 Oct - Dec	Qrt 4 Jan - Mar
Number of Children Looked after in Community Placements (snapshot at end of reporting period)	250	227	213	214	180	198	194	
Number of Children Looked after in Residential Placements (snapshot at end of reporting period)	28	28	30	28	24	28	28	
Total number of children	278	255	243	242	204	226	222	
% Looked after in Community	89.90%	89.00%	87.65%	88.40%	88.20%	87.60%	87.40%	



Commentary

As part of our overall Nurturing Inverclyde approach we are pursuing an explicit policy of placing Inverclyde Children within Inverclyde (with the exception of adoption). Overall the number of children looked after and accommodated has reduced from 278 in June 2013 to 222 by December 2014.

Annual trends of children looked after and cared for in the community have been consistent for a number of years around **88%** in Inverclyde. The local target set for this measure is **88%**.

This measure has been adopted by the Society of Local Authority Chief Executives and Senior Managers (Solace) as one of the national benchmarking indicators and our performance against the 'family benchmarking authorities' ranked 14th in Scotland in 2013, which is an improvement from rank 16th in the previous year (2012).

Nb. The definition used of 'community placement' in the indicator is strictly in terms of all types of placements other than in residential establishment i.e. foster, adoption, at home, with friends/family other community. Children looked after in a local residential establishment is included as a 'residential' placement' and is not defined as a community placement for this indicator.

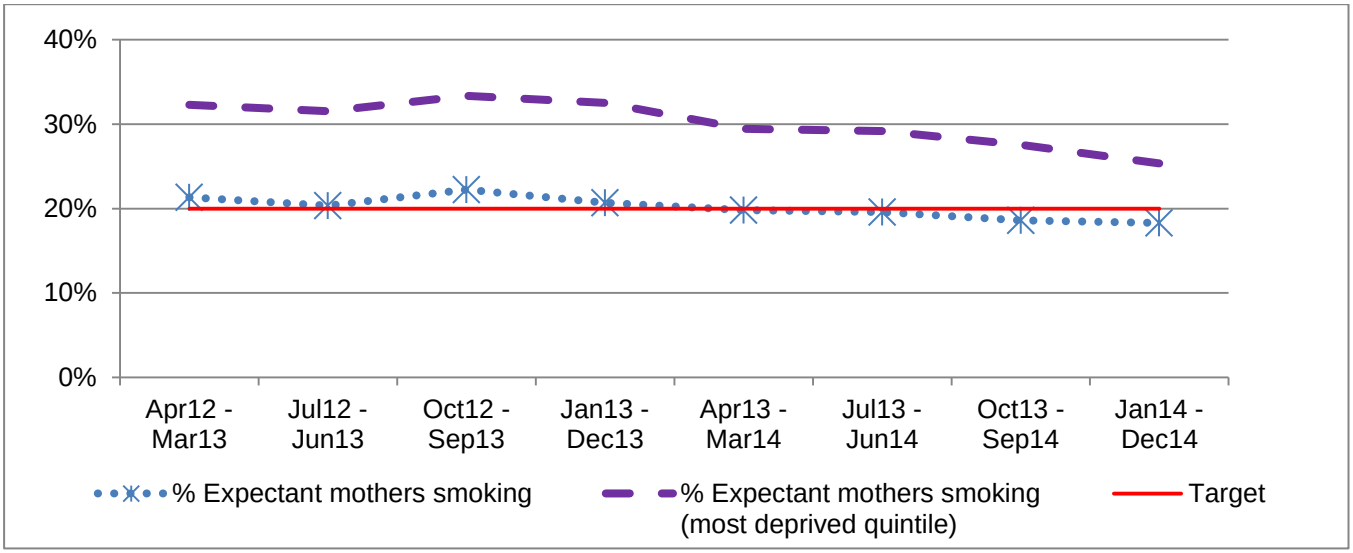
Actions

- We will continue with the implementation and provision of the Family Placement Strategy to ensure that every looked after child is placed appropriately and in a nurturing environment.
- We will monitor the percentage of children being looked after in the community as part of our established Quarterly Performance Service Reviews (QPSR).

PHIC: Smoking in Pregnancy

Objective	Improve the health of both expectant mother and babies	
Wellbeing	**Healthy**	**Active**
Measure	Reduce Smoking in pregnancy	
Current Performance	18.3% at December 2014 – overall 25.3% at December 2014 – most deprived quintile	

	Apr12 - Mar13	Jul12 - Jun13	Oct12 - Sep13	Jan13 - Dec13	Apr13 - Mar14	Jul13 - Jun14	Oct13 - Sep14	Jan14 - Dec14
% Expectant mothers smoking	**21.3%**	**20.3%**	**22.2%**	**20.7%**	**19.8%**	**19.6%**	**18.6%**	**18.3%**
Number Pregnant	773	757	724	744	739	750	742	722
Number Smoking	165	154	161	154	146	147	138	132
% Expectant mothers smoking (most deprived quintile)	**32.3%**	**31.5%**	**33.3%**	**32.5%**	**29.4%**	**29.2%**	**27.5%**	**25.3%**
Number Pregnant	409	406	369	369	384	377	374	363
Number Smoking	132	128	123	120	113	110	103	92
TARGET	**20%**	**20%**	**20%**	**20%**	**20%**	**20%**	**20%**	**20%**



Commentary

There has been a continual improvement in reducing the percentage of expectant mothers smoking. The latest data available and tabled above shows that the percentage of all expectant mothers who smoke at December 2014 dropped to **18.3%** from **21.3%** at March 2013 exceeding the 20% target for this period. Similarly for those mothers who live in the most deprived quintile, the percentage reported as smoking, dropped to **25.3%** at December 2014 down from **32.3%** at March 2013, and is heading in the right direction towards meeting the target. The Health Improvement Team facilitated joint development sessions with Health Visitors and Midwives specifically focussed on smoking in pregnancy to ensure referral pathways and joint working arrangements are robust.

The Health Improvement Team will continue to work with maternity Smoke Free Services to support women to reduce the incidence of smoking in pregnancy. The plan is to take the learning from the service evaluation which includes the entire pregnancy pathway from pre conception to post natal;

certain aspects of this are being facilitated by Greater Glasgow & Clyde Early Years Collaborative. This is a sub group of the Healthy Mums Healthy Babies programme.

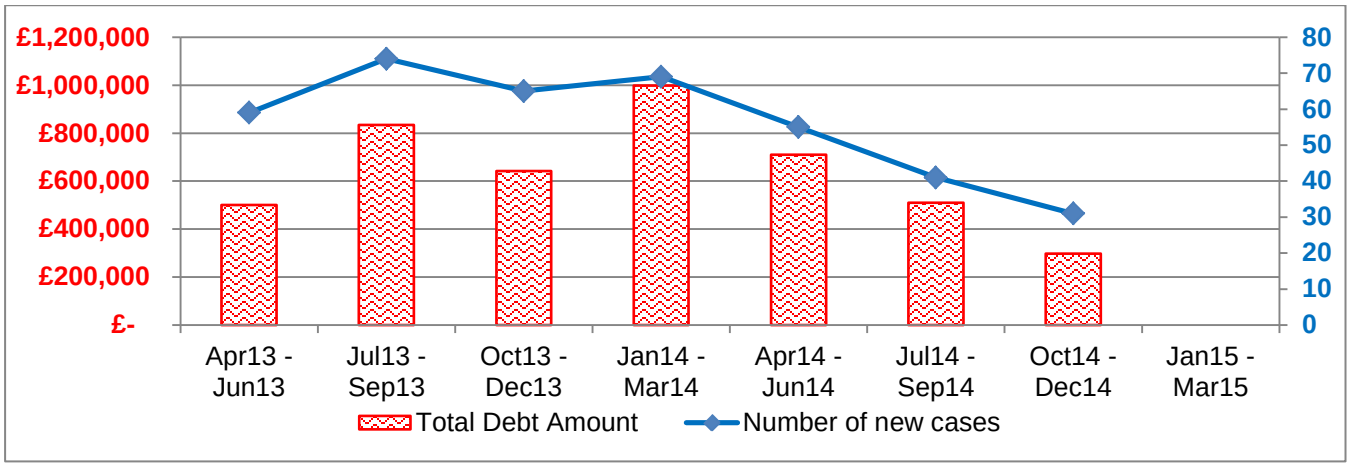
Actions

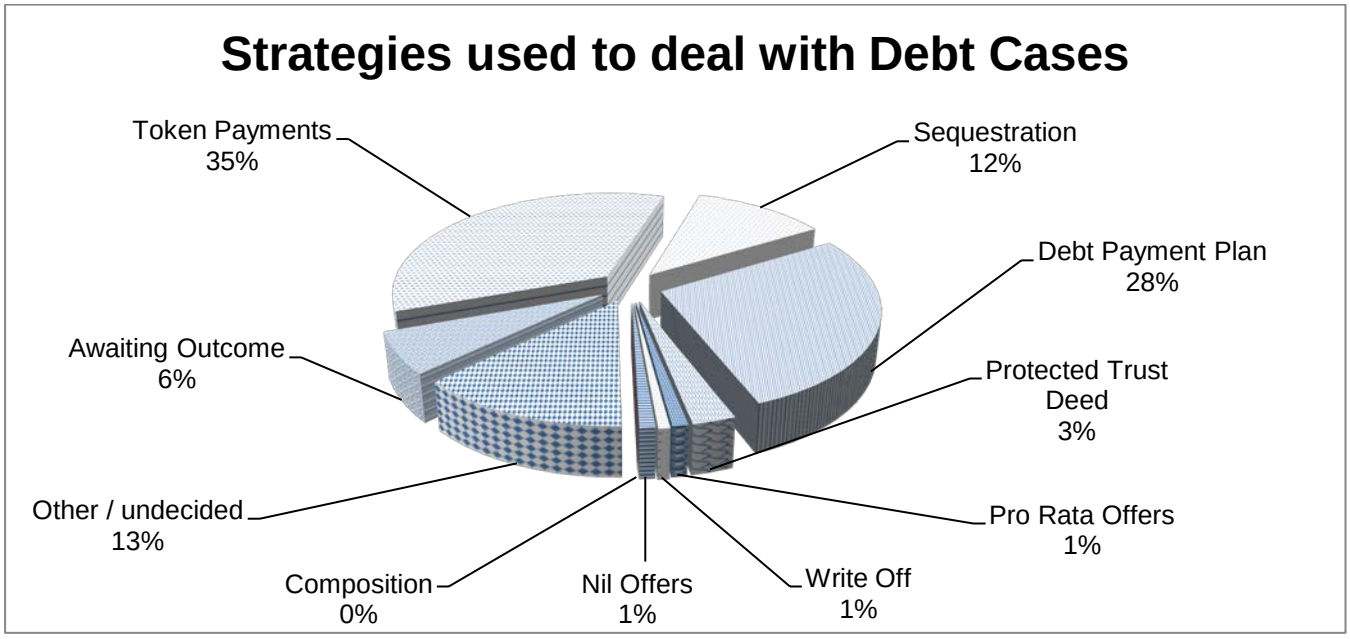
- We will aim to reduce the equalities gap through the delivery of targeted smoking cessation services for women in SIMD 1 areas.
- We will monitor the reduction in smoking in pregnancy for all mothers and also for those who live in the most deprived areas as part of our established Quarterly Performance Service Reviews (QPSR).

PHIC: Money Advice

Objective	Assist people to take control of their finances
Wellbeing	**Achieving**
Measure	Improve health and wellbeing by reducing impact of debt
Current Performance	Average Debt £9615.48 at December 2014

	Apr13-Jun13	Jul13-Sep13	Oct13-Dec13	Jan14-Mar14	Apr14-Jun14	Jul14-Sep14	Oct14-Dec14	Jan15-Mar15
Number of new cases	59	74	65	69	55	41	31	
Total Debt Amount	£ 500,453	£ 833,751	£ 642,348	£ 998,845	£ 710,602	£ 510,256	£ 298,080	
Average	**8482.25**	**11266.91**	**9882.28**	**14476.01**	**12920.04**	**12445.27**	**9615.48**	





Commentary

Inverclyde CHCP Advice Services Money Advisors provide comprehensive specialist advice and continuing support to clients to help them deal with their personal debt. Interventions show this is being addressed through their disposable income and affordable repayment plans which accounts for **66%** of all strategies to deal with debt cases. This allows for conversations about income

maximisation, budgeting, sensible spending and other ways in which the client can best manage their finances.

The chart above shows there was a gradual decrease in the number of debts cases seen by Advice Services Money Advisors since April 2014 this can be attributed to staff shortages and two office moves. However, the sharp increase in January to March 2014 can be attributed to a seasonal trend from debt accrued over the Christmas period.

A National Organisation recently reported that the average debt in Inverclyde was £6,210 for the first six months of 2014 this does not reflect the true picture of the cases seen by our Advice Services who calculated the average debt figure of £13,786 for the same period which can be evidenced from the data reported in the above chart. Debt trends are ever changing and tend to reflect current social issues such as the impact of welfare reforms and the uptake of pay day loans and low-paid workers who are experiencing pressure on their incomes as their wages remain fixed and their living costs rise steadily.

New Government regulations commencing on the 1st April 2015 will bring more clients to Advice Services as they have to seek mandatory Debt Advice before contemplating any severe debt relief option. This can only be obtained from an approved Money Advisor (MA) working for the Council or Citizen Advice Bureau. Other charitable organisations must have an approved and accredited MA working in their service.

A new Case Management system has been introduced for Advice Services which will help track clients better and provide more robust reporting.

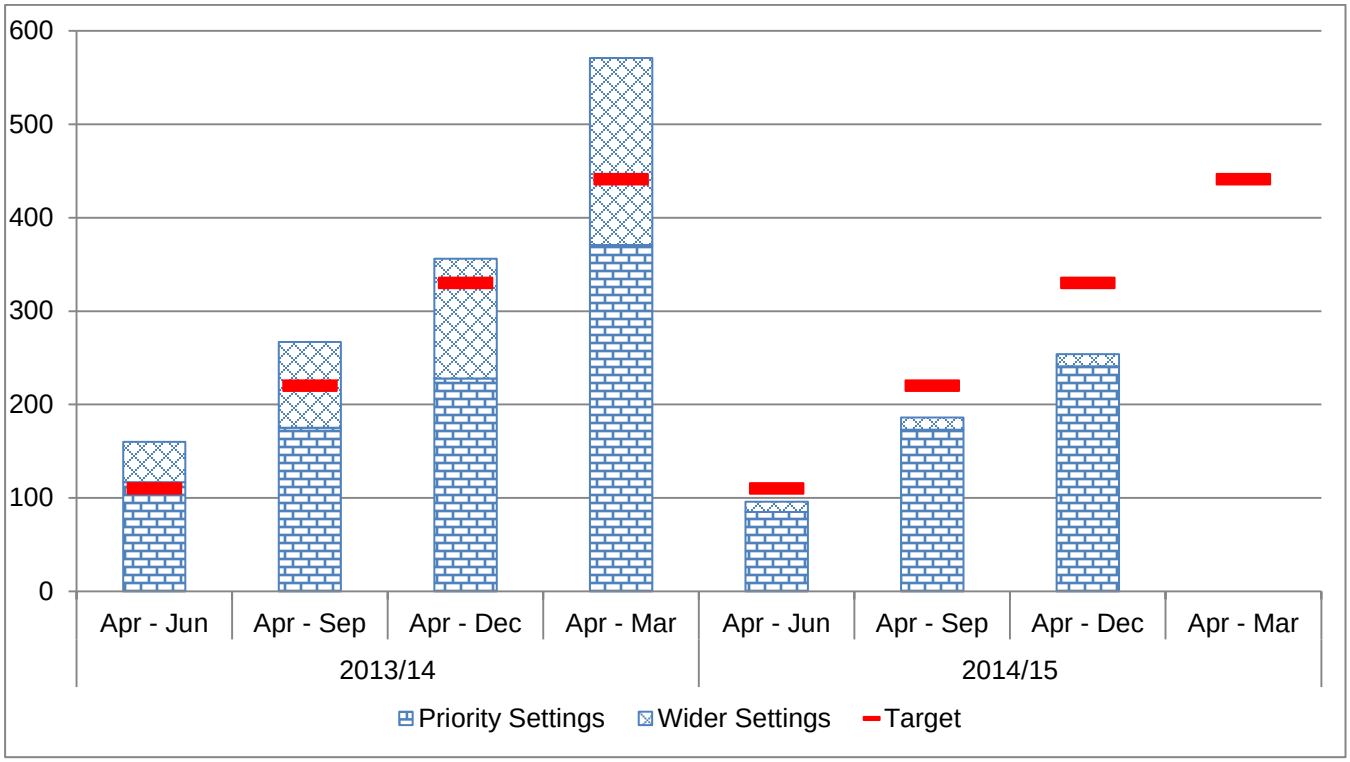
Actions

- Promote and develop Advice Services and improve accessibility for service users.
- Develop Networking and Financial Inclusion.
- Provide appropriate training and development for Money Advisors.
- We will monitor performance as part of our established Quarterly Performance Service Reviews (QPSR).

MHAH: Addictions – Alcohol Brief Interventions (ABI)

Objective	Highlight potentially harmful behaviours and provide individuals with the tools to make informed choices about how they drink and reduce the risk to their health
Wellbeing	**Healthy**
Measure	Embed alcohol brief interventions (ABI) in the three priority settings (primary care, A&E, antenatal). In addition, continue to develop delivery of alcohol brief interventions in wider settings
Current Performance	254 (April to December 2014/15) against a pro-rata target of 330

	2013/14				2014/15				Target
	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	
Priority Settings (Primary Care, A&E, Antenatal)	117	58	53	143	85	88	68		397
Wider Settings (Community Based)	43	49	36	72	11	2	0		44
TOTAL	**160**	**107**	**89**	**215**	**96**	**90**	**68**		**441**



Commentary

Delivery of alcohol brief interventions has been a Scottish Government priority area for a number of years, as part of wider alcohol-related policies, with each Health Board and its associated Alcohol and Drugs Partnerships (ADPs) having set delivery targets within the HEAT standards system. The Scottish Government recently set out its intended approach for delivery across Scotland, affirming that the HEAT standard arrangement will remain in place for 2015-16.

The standard is as follows:
NHS Boards and their ADPs will sustain and embed alcohol brief interventions in 3 priority settings (primary care, A&E, antenatal) and broaden delivery in wider settings.

Within Inverclyde for Priority Settings, 13 out of the 16 GP Practices opted in to deliver ABIs. However, due to changes in the GP contract some practices no longer have to report their ABI activity. This is resulting in reduced numbers being recorded on systems and has impacted on our ability to reach our target for 2014/15 as indicated in the chart above. Additionally, some practices wait until year end before submitting their data; therefore we expect to see an increase in the number of ABIs in the final quarter similar to the previous year.

The delivery of ABIs within the Accident & Emergency (A&E) setting at Inverclyde Royal Hospital remains challenging as the environment is considered to be too highly pressurised, although the Acute Liaison Nurse Service will refresh practice in respect of A&E contacts. Further opportunities for priority ABIs are also being explored through the 'Health & Pregnancy' Group [Health Improvement] and Women's Offenders Group [Action for Children].

Wider setting ABIs have decreased in the last year mainly due to staff shortages within those service areas that have historically delivered ABIs. In an effort to broaden delivery in wider settings we are liaising with HMP Greenock and will examine possibilities for brief interventions in this setting. We are also in discussions with the Community Mental Health Team and the Integrated Drug Team. ABIs will continue to be delivered via Persistent Offenders Partnership and Arrest / Referral arrangements which will assist us to capture communities which are harder to reach, in particular where deprivation is greatest.

The Young Person's Alcohol Team is also focused upon training to deliver ABIs across partner agencies including Community Wardens, Street Pastors and Youth Workers. It is intended that the Team will also explore opportunities for ABI delivery to Employability groups as this has been successful in the past. The Team delivers extensive training to a variety of staff groups across a range of Services.

Further engagement of partners will be led by the Alcohol Drug Partnership Recovery Development Group who will undertake to identify training needs and further opportunities for ABI delivery.

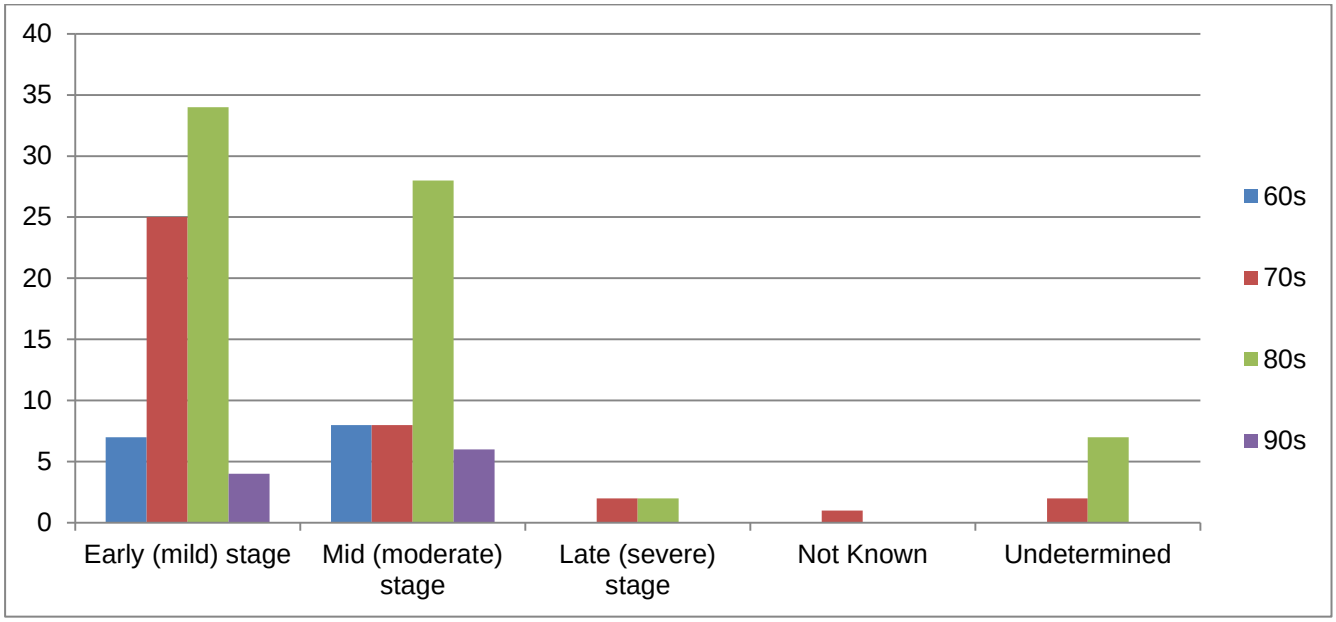
Actions

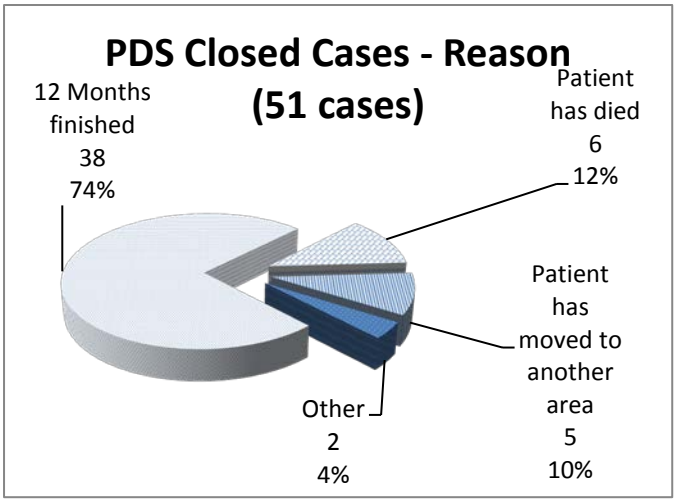
- Recruit new alcohol counsellor in the Health & Homelessness Team.
- Improve delivery in Primary Care, Antenatal and A&E.
- Broaden delivery in wider settings, which should capture those communities which are harder to reach, in particular where deprivation is greatest.
- Explore the development of IT support to capture ABI delivery and administration.
- Monitor performance as part of our established Quarterly Performance Service Review (QPSR).

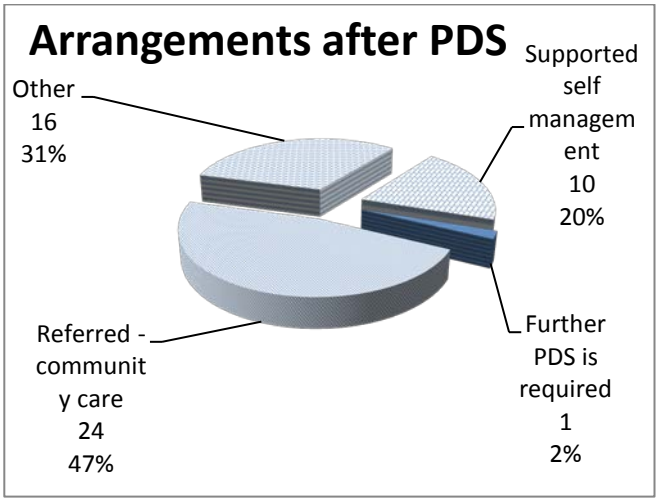
MHAH: Dementia Post Diagnostic Support (PDS)

Objective	Ensure people with dementia receive the help they need following diagnosis	
Wellbeing	**Included**	**Healthy**
Measure	All people newly diagnosed with dementia will have a minimum of a year's worth of post-diagnostic support coordinated by a link worker	
Current Performance	Total referrals = 134 (51 closed, 83 open at end February 2015)	

Stage of Illness at referral	**60s**	**70s**	**80s**	**90s**	**Total**
Early (mild) stage	7	25	34	4	70
Mid (moderate) stage	8	8	28	6	50
Late (severe) stage		2	2		4
Not Known		1			1
Undetermined		2	7		9
Total	**15**	**38**	**71**	**10**	**134**







Commentary

In April 2013 the Inverclyde Dementia Strategy was launched. The strategy looks at the developments of safe effective services for people with dementia and their families with post diagnostic support (PDS) included. The PDS link worker post was initially funded by the Change Fund for a period of 12 months and supported by a partnership between Alzheimer Scotland and Inverclyde CHCP. The post holder is employed by Alzheimer Scotland and based within the Older Person's Community Mental Health Team (OPCMHT). The post was funded for a further 12 months from mainstream funding with a commitment to ensure on-going mainstream funding and partnership working with Alzheimer Scotland.

There have been a total of **134** referrals for PDS from March 2013 to February 2015. Of these **53%** were people in their 80s of which **48%** were referred at the Early (mild) stage of dementia. **52%** of all referrals were at the early stage with only **3%** being at the Late (severe) stage. We know that people with dementia benefit from early diagnosis and having access to a range of post-diagnostic services as it enables them and their family to understand and adjust to a diagnosis, connect better and navigate through services and plan for their future care.

Of the 51 closed cases **74%** completed the 12 months of Post Diagnostic Support with **47%** being referred on to Community Care Services.

Given the estimated prevalence rate of dementia for Inverclyde is 1384 we expect that the number of referrals for PDS will increase.

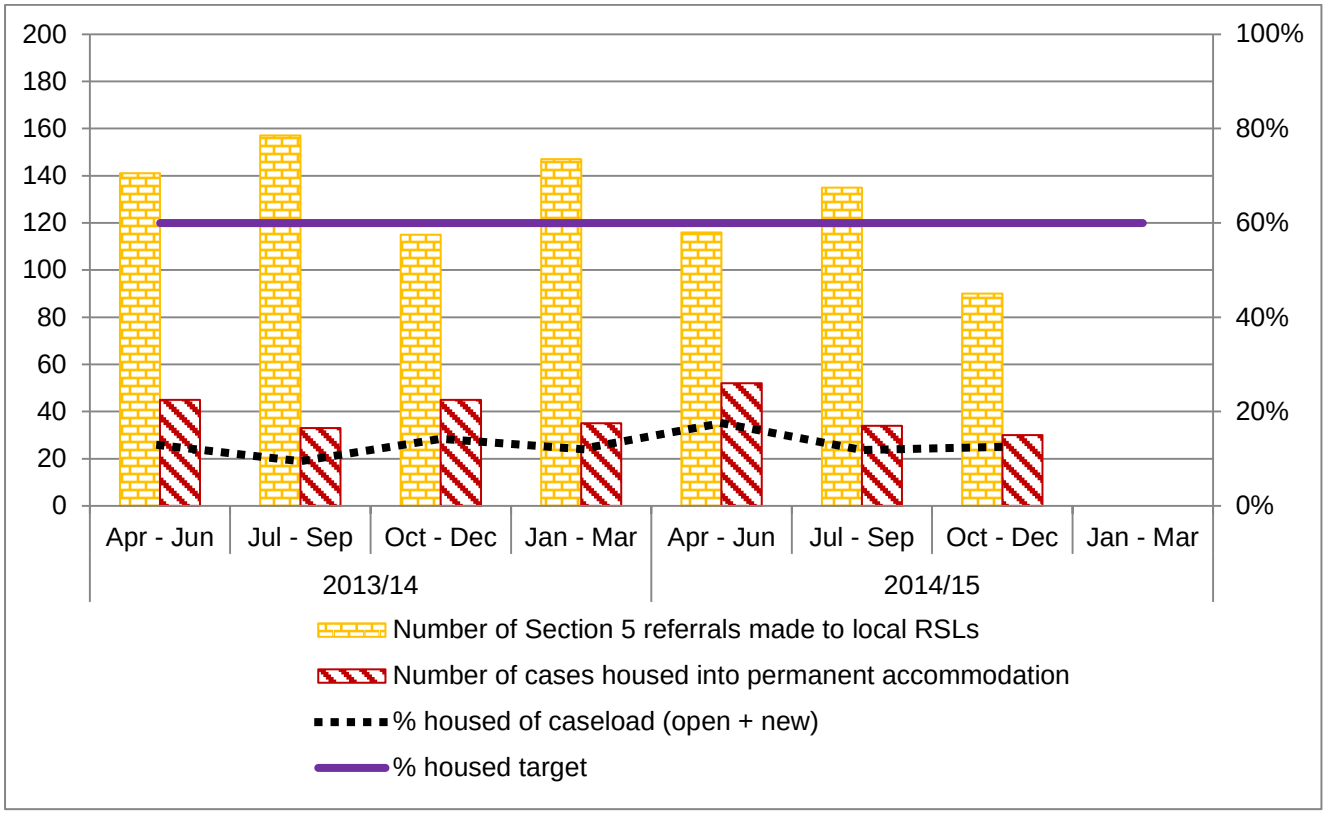
Actions

- Further embed the pathway for people receiving diagnosis of dementia to Post Diagnostic Support.
- Further develop systems to capture and monitor the delivery of the HEAT target.
- Develop further the model of post diagnostic support guided by national priorities.
- Monitor performance as part of our established Quarterly Performance Service Review (QPSR).

MHAH: Homelessness – Nomination Agreements with Registered Social Landlords (RSLs)

Objective	We anticipate and prevent homelessness whenever possible	
Wellbeing	**Nurtured**	**Safe**
Measure	Number and percentage of homeless people or families who are housed into permanent accommodation	
Current Performance	30, 12.6% (October - December 2014/15)	

	2013/14				2014/15			
	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar
Homelessness cases open at start of period	187	180	179	177	171	147	135	
Number of new homelessness presentations	81	90	65	59	65	77	49	
Number of Section11* referrals to service	82	77	72	55	60	62	55	
Number of Section 5** referrals made to local RSLs	141	157	115	147	116	135	90	
Number of cases housed into permanent accommodation	45	33	45	35	52	34	30	
% housed of caseload	**12.9%**	**9.5%**	**14.2%**	**12%**	**17.6%**	**11.9%**	**12.6%**	
% housed target	**60%**	**60%**	**60%**	**60%**	**60%**	**60%**	**60%**	**60%**



***Section 11** places a duty on mortgage lenders, private landlords and/or registered social landlords (RSLs) to inform the relevant local authority when they initiate legal proceedings to repossess a property. The early warning that a section 11 notification provides should

allow for information and support to be provided to households. This should prevent homelessness occurring, or will allow a planned approach for suitable alternative accommodation to be found.

Section 5 places a duty on the RSL's to assist the local authority in the discharge of its homelessness duty. A request is made to an RSL to house a homeless applicant and it is expected that the RSL should comply by providing accommodation within 6 weeks unless it has good reason for not doing so.

Commentary

As a stock transfer authority the Homelessness Service is solely reliant on the Section 5 referral process with the local Registered Social Landlords (RSLs) to resolve homelessness. Section 5 places a duty on the RSLs to assist the local authority in the discharge of its homelessness duty.

In May 2013, Inverclyde Common Housing Register was introduced which was made up of Oak Tree, Cloch, Link and Larkfield Housing Associations with a Choice Based Letting (CBL) system. This system allows a single point of access to anyone applying for housing from these organisations. CBL allows applicants to bid for a house of their choice on the weekly publication of available housing. Homeless applicants also have provision made for them through the Section 5 referral route which should increase a homeless person's opportunity to resolve their situation.

River Clyde Homes introduced CBL in June 2014 which operates in a similar way to the Inverclyde Common Housing Register but does not make any provision for Section 5 referrals.

Our experience to-date has shown a decrease in homeless applicants accessing housing through the Section 5 referral process. This has resulted in a marked decrease of homeless applicants achieving housing and has impacted on our ability to reach our target of 60% which is sitting at **12.6%** from the latest available data as shown in the chart above.

The Homelessness Service is now a member of tri partite arrangements with Strategic Housing, RSLs and the CHCP and there is on-going discussions regarding access to housing for particular groups such as homeless.

The Homelessness Service is now closely monitoring housing achieved by Section 5 referral and CBL and this information will be shared with our RSL partners. The Section 5 protocol is currently under review and should be finalised at the next tri partite meeting.

The introduction of Housing Options has seen a reduction in accepted homeless applications. It is hoped that a resolution to the above issues would allow our target of 60% to be decreased in the future.

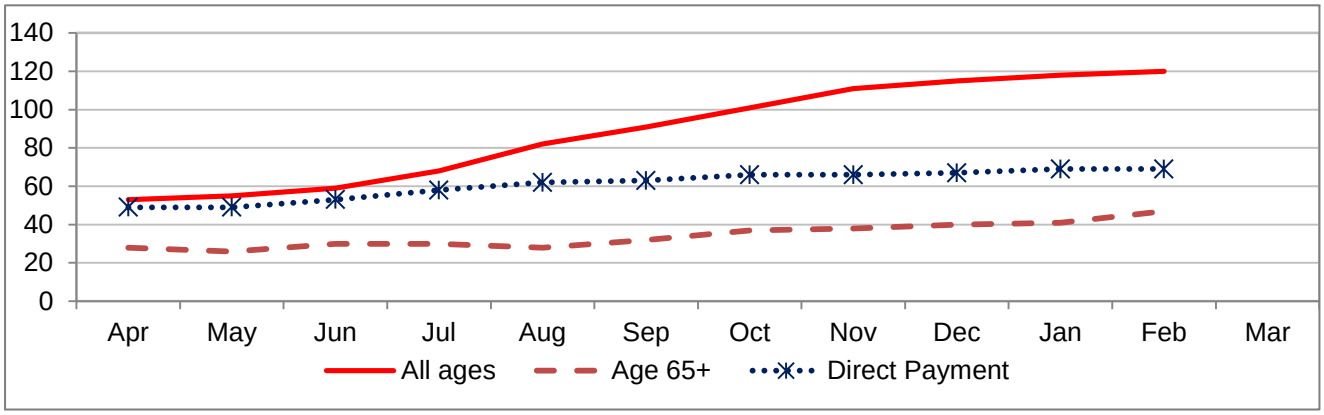
Actions

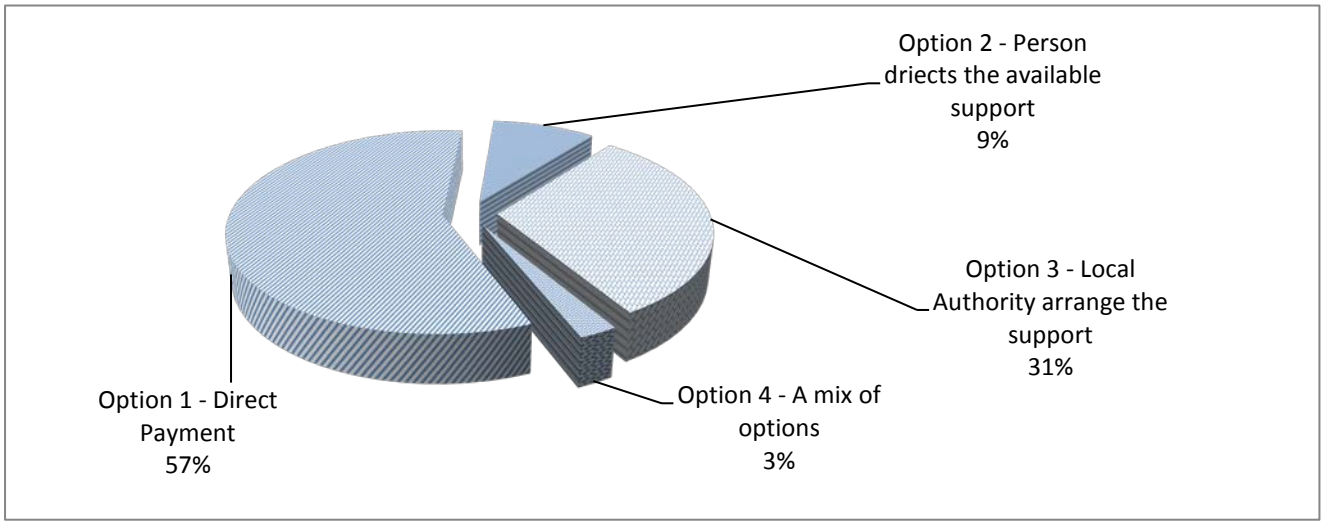
- We will work with RSL partners to improve the options available to homeless people through Section 5 referrals and through direct applications for housing.
- Monitor the Common Housing Register and the common allocation policy by RSLs in Inverclyde.
- Work closely with housing providers and mortgage lenders to prevent homelessness occurring as the result of eviction and repossession procedures.
- Support proposals for a 'one stop shop'.
- Ensure that the needs of all applicants for housing are recognised and catered for, including overcrowding, opportunities for downsizing from larger homes, and widening housing options and choices.
- We will monitor performance as part of our established Quarterly Performance Service Reviews (QPSR).

HCCPC: Self-Directed Support (SDS)

Objective	People who need support can choose how and by whom it is delivered
Wellbeing	**Respected and Responsible**
Measure	Number of people accessing Self-Directed Support (SDS)
Current Performance	120 (all ages) as at February 2015

	Total of all individuals in receipt of SDS recorded on SWIFT from 01/04/2014. (Cumulative)											
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
All Ages	53	55	59	68	82	91	101	111	115	118	120	
Age 65+	28	26	30	30	28	32	37	38	40	41	47	
Direct Payments	49	49	53	58	62	63	66	66	67	69	69	





Commentary

Self-directed support (SDS) is a term that describes the ways in which individuals and families can have informed choice about how their support is provided to them. SDS gives people control over an individual budget and allows them to choose how it is spent on support which meets their agreed health and social care outcomes. SDS includes a number of options for getting support. The person's individual budget can be:

Option 1 - Taken as a Direct Payment (a cash payment)

Option 2 - Allocated to a provider the individual chooses. The council or funder holds the budget but the person is in charge of how it is spent (this is sometimes called an individual service fund)

Option 3 - Or the individual can choose a council arranged service

Option 4 - Or the individual can choose a mix of these options for different types of support

The baseline figure at April 2014 for Direct Payments (Option 1) was 49 rising to 69 at February 2015 an increase of **41%**. Uptake of SDS in Inverclyde has shown a steady increase with numbers increasing in all age groups and across all SDS options.

The focus has been on the development of processes to ensure that people have been made aware of the options and this is being supported with fair and equitable access to services.

Staff training is currently being undertaken to tie outcome based assessments with the options for SDS. Paperwork has been changed in order to ensure these options are discussed with service users and recorded. Resource allocation system has been developed and is being introduced on a pilot basis. Public Information has been produced and Inverclyde are participating in the SDS Awareness week this month.

Actions

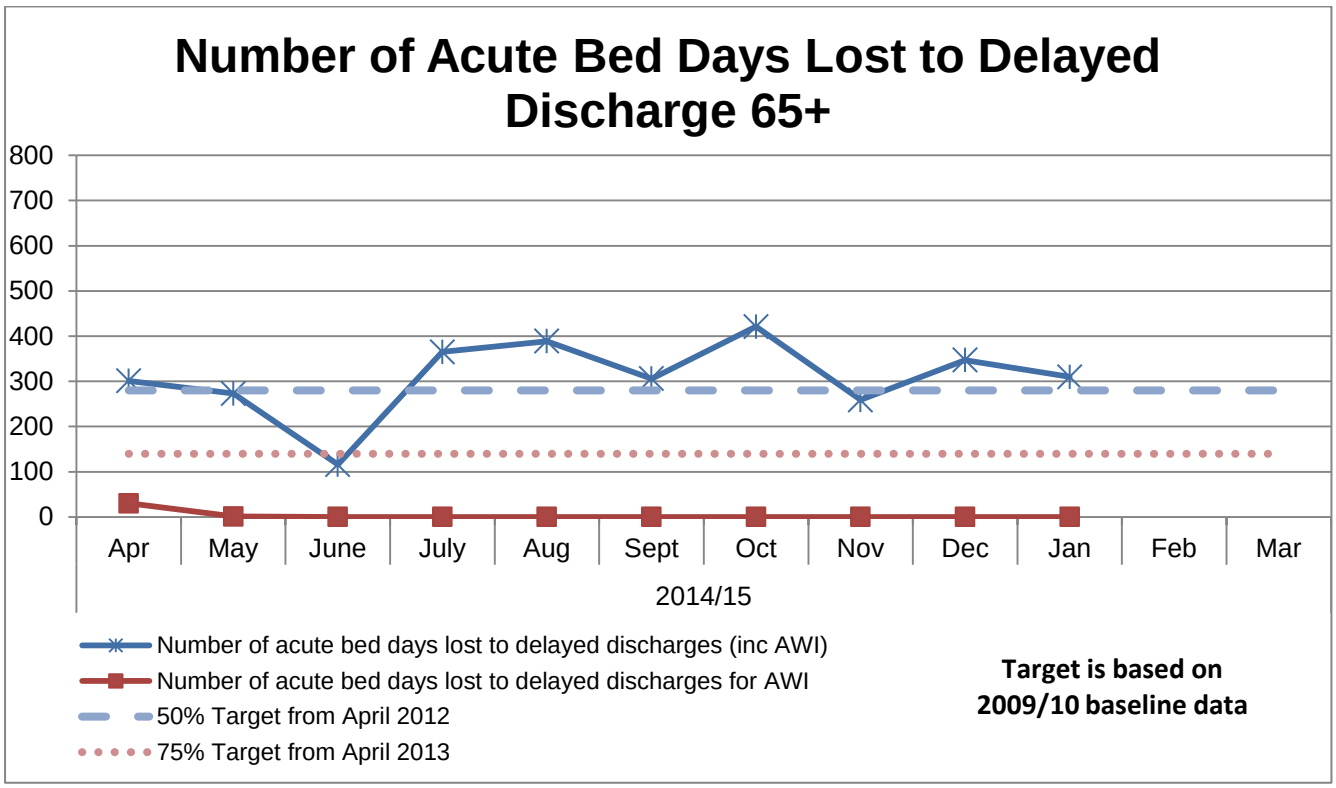
- Monitor performance as part of our established Quarterly Performance Service Review (QPSR).
- We will develop processes to support the application of SDS and implement the action plan.
- Work will be undertaken to update the contract for option 1 and to develop an individual service framework for option 2.
- Systems will be developed to capture activity information to track service changes to ensure these changes form a baseline for developing a commissioning planning process.
- We have established a cross care group of senior practitioners to ensure that SDS work undertaken links to mainstream developments as opposed to being perceived as a separate entity or work stream.

HCCPC: Delayed Discharges & Acute beds days lost

Objective	Ensure people are not in hospital longer than they need to be
Wellbeing	**Healthy**
Measure	Acute Bed Days Lost to Delayed Discharge
Current Performance	310 bed days lost in January 2015

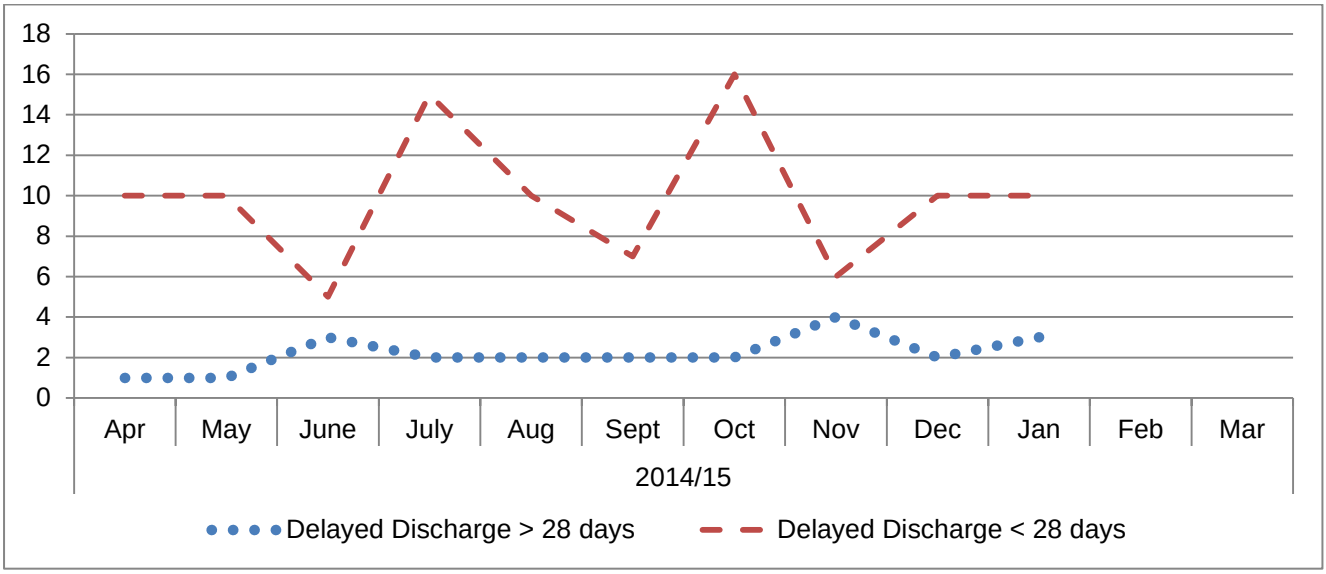
Number of acute bed days lost to delayed discharges (inc AWI)												
	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
2014/15	301	273	116	365	389	306	421	259	347	310		

Number of acute bed days lost to delayed discharges for AWI												
	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
2014/15	30	1	0	0	0	0	0	0	0	0		



Delayed Discharge > 28 days												
	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
2014/15	1	1	3	2	2	2	2	4	2	3		

Delayed Discharge < 28 days												
	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
2014/15	10	10	5	15	10	7	16	6	10	10		



Commentary

From April 2015 the current target for delayed discharges will decrease from 28 days to 14 days. In addition to the target, for some time scrutiny has also surrounded the number of bed days occupied by delayed discharges to provide a more complete picture of the impact of hospital delays. Going forward, it is suggested that we also focus and measure the proportion of patients discharged within 72 hours of being ready for discharge and the associated bed days.

Performance towards the new delayed discharge target continues to be challenging however we have recently seen a reduction in both the number of delayed discharges and the length of time which individuals are delayed. Whilst it is possible to evidence reduced bed days associated with admissions, we continue to see a rise in emergency admissions for those over 65.

Delayed Discharge Census data reported for March 2015 shows nine delays with seven of these being delayed for less than two weeks and two being delayed for between two and four weeks.

Actions

Recent Initiatives

- Improve home based intermediate care to include more robust through the night care and intensive rehabilitation. This would allow a safe environment to facilitate earlier discharge from hospital and the ability to more appropriately assess for aids & adaptations, telecare and longer term care needs within the patient's own home.
- District Nurse in post to work on the Acute site, supporting early intervention and coordinated discharge.
- Additional physiotherapy hours to support early discharge.
- Reorganisation of Assessment and Care Management Team, to focus resources upon Delayed Discharge.

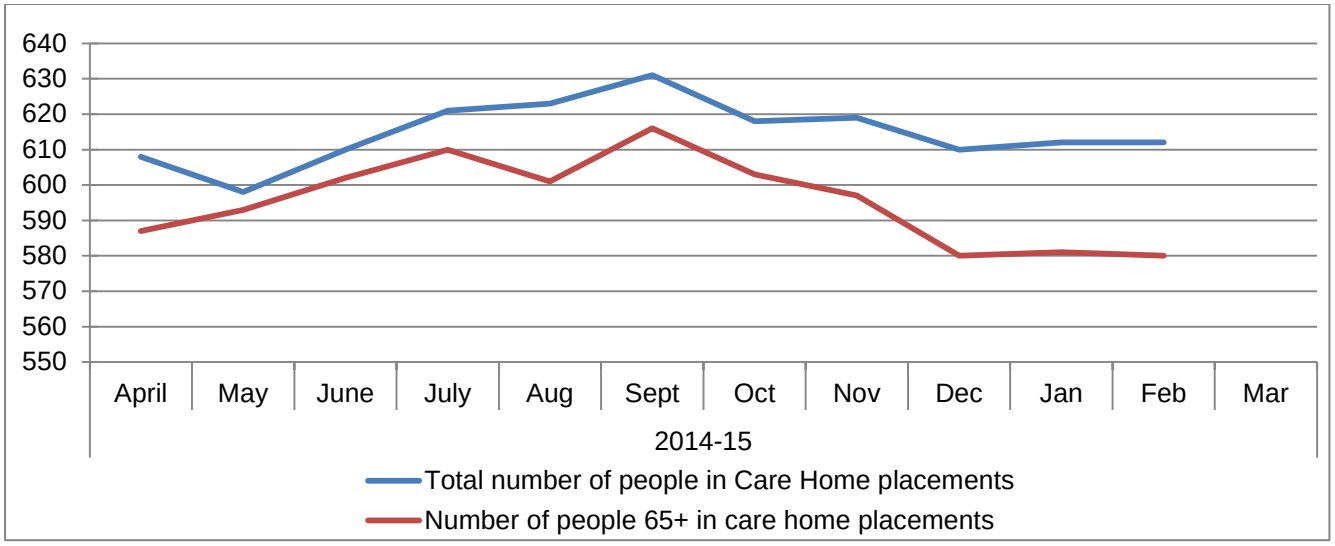
Planned Initiatives

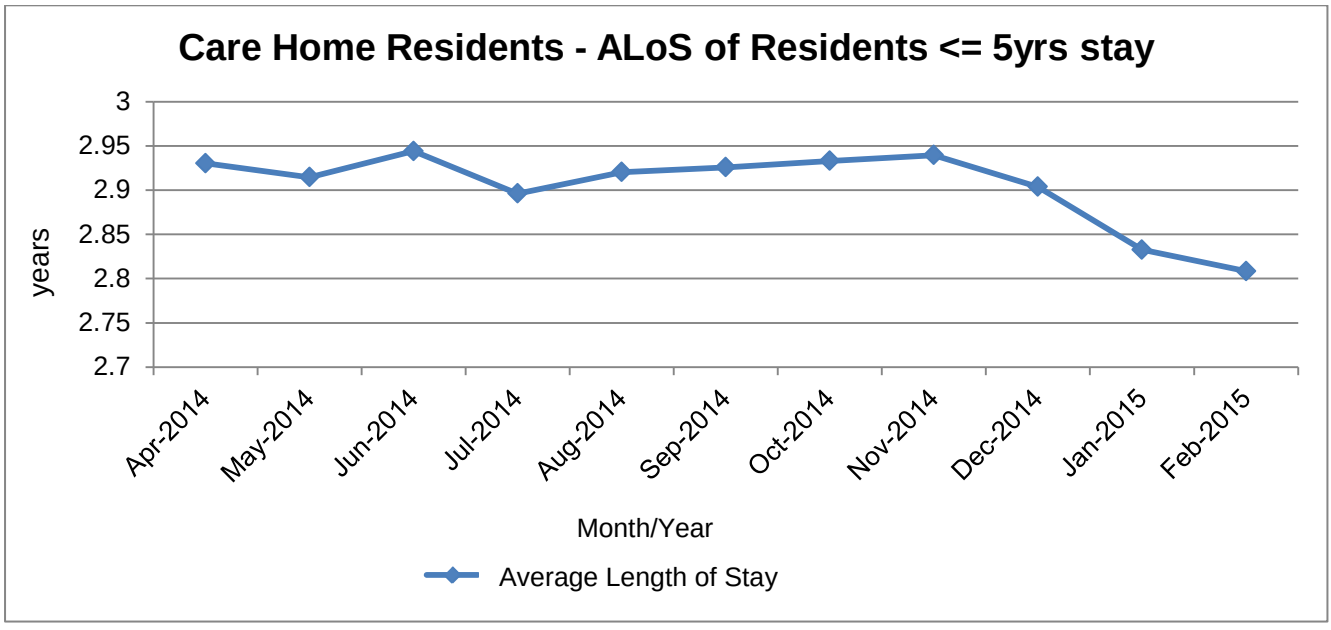
- Provision of Step Up Beds.
- Embed the Home First Approach in Inverclyde's Discharge Process.

HCCPC: Care Homes

Objective	Ensure appropriate admissions to Care Homes
Wellbeing	**Healthy** / **Safe**
Measure	Number of people in Care Home placements
Current Performance	612 as at February 2015

	2014-15											
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Total number of people in Care Home placements	608	598	610	621	623	631	618	619	610	612	612	
Number of people 65+ in Care Home placements	587	593	602	610	601	616	603	597	580	581	580	
Number of new admissions to Care Homes 65+	15	20	13	18	13	9	8	12	20	22		





Commentary

Inverclyde has in recent years been a relatively high user of care home beds with an average length of stay for residents of 2.9 years, reflecting the second longest length of stay in Scotland. More recently we can evidence that residents are being admitted when they are older and staying for a shorter period of time, reflecting the shifting balance of care in sustaining people in their own homes for longer.

Shifting the balance of care is a real challenge for HSCP. The demographic changes in population mean more older people are living longer with more complicated support needs.

A more robust approach to assessment and support planning results in safer plans to keep people in their own home longer.

Actions

- Continued investment in community resources including Home Care, Respite (Hillend) and Day Care.

- Reduction in Long Term Care Beds will mean an opportunity to move resources to community, including intermediate care facility and continued investment in enablement services.

Inverclyde council

AGENDA ITEM NO: 5

Report To:	**Health & Social Care Committee**	**Date:**	**23rd April 2015**
Report By:	**Brian Moore Corporate Director Inverclyde Health & Social Care Partnership**	**Report No:**	**SW-08-2015-HW**
Contact Officer:	**Helen Watson Head of Service Planning, Health Improvement & Commissioning**	**Contact No:**	**01475 715285**
Subject:	**CHCP Corporate Directorate Improvement Plan – Progress Update to March 2015**		

1.0 PURPOSE

1.1 To present to members an update on the progress of our agreed actions against our Corporate Directorate Improvement Plan 2013-2016, up to March 2015.

2.0 SUMMARY

2.1 As with all other Directorates across Inverclyde Council, Inverclyde CHCP (now HSCP) developed a three-year Corporate Directorate Improvement Plan (CDIP), approved by the CHCP Sub-Committee members in March 2013.

2.2 The CHCP Corporate Directorate Improvement Plan is an integrated plan, designed to articulate the key development and improvement actions for the CHCP in the three-year period 2013-2016, reflecting both the Council and NHS GG&C planning requirements.

2.3 The CHCP CDIP is informed by the Corporate Statement of the Council, the Corporate Plan and the Planning and Policy Frameworks of NHS GG&C and by improvements identified in a number of self-assessments undertaken across the CHCP. The Plan is not exhaustive. It does however, take into account significant change or redesign activities to improve performance, quality and outcomes for local people. The actual detail of service level activity is contained within each Head of Service's Quarterly Service Review and in team plans.

2.4 From 1st April 2015 the shadow arrangements commence for the Health and Social Care Partnership (HSCP). Over the coming year a strategic plan for the HSCP will be developed and will incorporate priorities and improvement actions from beyond 2016.

2.5 This strategic plan will be informed by our assessment of what progress has been made against the actions set out in the former CHCP CDIP, alongside new and emerging strategic priorities for the HSCP as set out in consultation via the new Strategic Planning Group and Integration Joint Board. Importantly, the Strategic Plan will be required to reflect the Scottish Government suite of national outcomes.

3.0 RECOMMENDATIONS

3.1 Members are asked to note the reported summary of progress up to March 2015 against the CHCP Corporate Directorate Improvement Plan 2013-16.

Brian Moore
Chief Officer
Inverclyde Health & Social Care Partnership

4.0 BACKGROUND

4.1 Inverclyde CHCP prepared a three year Corporate Directorate Improvement Plan in 2013, to satisfy the planning guidance of Inverclyde Council and reflect that of NHS Greater Glasgow and Clyde.

4.2 The plan focuses on key areas of improvement and development action, which were considered in 2013 to have the greatest need for detailed work and which will result in significant change and/or redesign to services to improve performance, quality and outcomes for local people. The day to day actions of the partnership are not included in this plan.

4.3 This plan provides an integrated approach of the key areas of activity for the CHCP over the period 2013-2016, in addition to the core purpose of the CHCP of providing Community Health and Social Care services to the people of Inverclyde. To date it has provided an important driver for continual improvement.

5.0 SUMMARY OF PROGRESS

5.1 This CDIP action plan reports on the progress updates of 58 actions for the CHCP service areas. The majority of these actions continue to be a work in progress and seven percent are completed. For example:

- Action reference (1.3) The Young Carers service has increased service delivery by providing an additional Young Carer/Kinship Group and supports 5 groups of young carers from a variety of age groups.
- Action reference (3b. 4) Shifting the Balance of Care – We have surpassed the target set at a 5% increase in the number of people accessing telecare support by March 2015.
- Action reference (2.14) The Financial Inclusion Partnership is working well and the establishment of an outreach worker in post is targeting hard to reach families at risk of poverty.

5.2 The new HSCP Strategic Plan will be informed by our assessment of what progress has been made to date against these actions, and a decision will be based on this assessment in relation to which actions remain and which are no longer relevant or have been completed.

6.0 PROPOSALS

6.1 All CDIP updates are currently made directly on to the Corporate 'Inverclyde Performs' QPS system. The CHCP Quality & Development Service are currently working to design an interactive dashboard and it is envisioned that briefing booklets will be produce from this system which will provide a more visual report for future reporting to the Health & Social Care Committee and the Integration Joint Board (IJB).

6.2 These progress updates to the CDIP action plan will link to our Integrated Performance Improvement Exceptions Report which is also being presented to this committee, and will also be presented on a six monthly basis to the IJB.

7.0 IMPLICATIONS

Finance

7.1 There are no specific financial and workforce implications from the actions proposed to be undertaken in the Directorate Improvement Plan, as these are an intrinsic part of the operational budget and management process.

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 Any legal implications of the actions proposed will be considered individually with legal services and the relevant Head of Service.

Human Resources

7.3 Any Human Resources implications of actions will be addressed via the usual agreed process.

Equalities

7.4 There are no negative equalities implications. There are key actions in the Plan 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

7.5 There are no negative environmental or population implications detailed in the actions within the Plan that require attention.

8.0 CONSULTATIONS

8.1 Actions contained in the Plan are derived from on-going engagement with service users, carers and the wider community as well as from staff and other stakeholder groups. On-going consultation is a key feature of the HSCP's daily business.

9.0 LIST OF BACKGROUND PAPERS

9.1 Corporate Directorate Improvement Plan 2013-2016.

Ref	Area of CHCP Activity	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Who is responsible?	How much will it cost?	SOA, SHANARRI, Commissioning Theme and Corporate Plan Priority
1.1	Carers	Carers can access self-assessment and independent assessments	Carers feel supported in their caring role. Carers' needs are assessed in their own right.	**We will deliver on the commitments of the Inverclyde Carers and Young Carers Strategy 2012 – 2015.** -	Carer feedback. Strategy outcomes. Numbers of assessments completed. PI Ref. 1,2a,2b	HoS PHIC HoS HCC	**Core resources** **NHS Carers Information Strategy Fund** **Reshaping Care for Older People Change Fund**	SOA 2, 4, 8 Healthy Nurtured Respected C2, 3 CP4
1.2	Carers	Working towards enabling users and carers to be more involved in the planning and delivery of care	Carers are involved as Equal Partners in the delivery of care	**We will implement training programmes for staff to support them in involving carers are equal partners in the planning, deliver and review of care**	Analysis of feedback from service users and carers Evidence of carer involvement in care planning and review PI Ref. 2b,2c, 2d	HoS PHIC HoS HCC HoS C&F/CJ HoS MHAH	**Core resources** **NHS Carers Information Strategy Fund** **Reshaping Care for Older People Change Fund**	SOA 4 8 Healthy C3 SOA 2 Nurtured / Respected C2

UPDATE:

Through the rolling out of EPiC training programme a consistent message is being delivered to staff around the key principles in supporting carers as Equal Partners in Care. In addition staff are being advised to inform carers with whom they come into contact about the Self-Assessment tool for carers and signpost them to the Carers Centre to access a range of supports to enable them to continue in their caring role. In the past year 62 Self Assessments have been completed.

The same consistent message is being delivered by carer support staff at the Hospital (which was recently highlighted by the Scottish Government as an example of good practice) and community outreach work with older carers / carers of older people funded by the Change Fund.

A series of information seminars have been organised for carers by workers employed through the Reshaping Care for older people Change Fund around long term and contingency planning to assist them to address issues around legal matters such as power of attorney and future care arrangements.

Ref	Area of CHCP Activity	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Who is responsible?	How much will it cost?	SOA, SHANARRI, Commissioning Theme and Corporate Plan Priority
1.3	Young Carers	Identified young carers have access to support and advice/ information	Increase in numbers of young carers known to services and receiving support	**We will work to maximise the potential for young carers through increased identification, assessment, support and referral by implementing the year 2 actions of our Young Carers Strategy 2012 – 2015**	Number of young carers known to services. Number of young carers accessing key supports PI Ref. 2d,2e	HoS C&F/CJ	**Core resources** **NHS Carers Information Strategy Fund**	SOA 6 Active, Included CP5 C4

UPDATE:

Young carers staff have participated in the delivery of the EPiC programme, where they have shown the DVD produced by young carers to raise awareness about the issues facing young people who also have a caring role. The DVD will be used in schools and other settings to promote awareness and discussion with staff to encourage identification of young carers and address issues of support. The service currently supports 5 groups of young carers from a variety of age groups. The most recently established group consists of young people age 8, who are either siblings of children with additional needs or assisting a parent or other relative, who has long term health or addiction issues

We will continue to identify young carers, assess need, provide a service that meet young carer needs and work with the agencies that can support the needs of young carers. Those agencies are: - primary and secondary schools, community care and mental health services (where the child's parent is the cared for person), Community Learning and Development Service and Carers Centre (for young carers making the transition to becoming an adult carer).

The young carers' service has increased service delivery by providing an additional Young Carer /Kinship group. It is co working with the Carers Centre to explore the delivery of a group to young carers in transition to the adult carers' service.

The Young Carers Strategy 2012 - 2015 will be reviewed this year with the aim of producing a Strategy for 2016 – 2019.

Ref	Area of CHCP Activity	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Who is responsible?	How much will it cost?	SOA, SHANARRI, Commissioning Theme and Corporate Plan Priority
1.4	Information Governance	Agreement reached that Records Management Plan required	To have a robust Records Management Plan in place by 2014/15	**We will work with Internal Audit; Legal; ICT and practitioners to develop the CHCP Records Management Plan by 2014/15.**	Plan will be completed and agreed.	Corporate Director	Within existing resources	SOA 8 Respected CP4
UPDATE: Work on the Records Management Plan is well underway, with a requirement to submit by June 2015. There is a workshop scheduled to take place on 15th April 2015 on information sharing and will involve all stakeholders to discuss the Inverclyde draft Information Sharing Protocol. Mandatory training (Information governance, Information security and Records management) has begun and all employees have been asked to complete this e-learning module. We are also undertaking a staff survey to ascertain whether understanding of information governance issues is improving.								
1.5	Tackling inequality and promoting equality	Established and agreed Equalities Delivery Plan	All staff have a greater awareness of the needs of groups with protected characteristics	**We will fully implement our existing Equalities Delivery Plan by March 2014.**	Number of assessment and improvement plans Evidence of listening to the views of people with protected characteristics Equalities legislation compliance	HoS PHIC	**Within existing resources**	SOA 4 Respected Included CP5
UPDATE: The NHS GG&C and the Corporate Inequalities Team (CIT) agreed to continue to work alongside the Council Equality Group to support the move towards more integrated equality work in Inverclyde.								

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1.6	Service Supports	As a CHCP we are still operating split HR arrangements supported by services in both Parent Organisations	We want to make better use of the Partners' resources with regard to HR	**We will continue to explore the options of honorary contracts and a HR/ Personnel Service Level Agreement between both parent organisations.**	New HR support model agreed and implemented	Corporate Director	Within existing resources	SOA8 Respected and Responsible CP4
UPDATE: No progress to report at this stage								
1.7	Accommodation	Plans for future accommodation agreed.	Clyde Square and Port Glasgow accommodation open	**We will implement the CHCP Accommodation Strategy, move to new accommodation in Clyde Square and Port Glasgow.**	Move to Central Library, new Port Glasgow office.	Corporate Director	Within agreed financial framework	SOA 8 Healthy CP4
UPDATE: Staff have moved into Hector McNeil House and Princes Street House. User groups are meeting on a regular basis at both locations to resolve any accommodation issues that may arise.								

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1.8	Mobile Working	Agreement reached for pilots of agile and mobile working.	More efficient ways of working, from fewer sites are in place for the CHCP.	**We will implement agile/mobile working by March 2014**.	Agile working pilot completed	Corporate Director	Within agreed financial framework	SOA 8 Healthy CP4
UPDATE: With the move to Hector McNeil House and Princess Street House the CHCP has significantly reduced the number of sites where employees are based. Hot-desking and increased use of laptops also means that employees are more able to work from home and other locations as appropriate.								
1.9	Environ-ment	Low levels of staff awareness of the Council's environmental agenda.	Improved employee environmental awareness and understanding.	**We will provide staff with information and training to change our environmental behaviour.**	Increased awareness. Reduction in commodities consumption Reduction in business mileage	Corporate Director	Contained within existing budgets	SOA 7 Nurtured CP4
UPDATE: A number of HSCP staff have moved to new modernised offices where there are flexible working arrangements. A number of staff have laptops allowing them to work from various offices across the HSCP which in turn reduces the amount of printing required. We are currently working within paper light offices with the introduction of the new Electronic Document Management System CIVICA. As a result of the Officer Rationalisation we are part of the council's campus which encourages staff to walk between the various buildings and reduces travel/business mileage. The new modernised facility provides a reduced level of lighting. We have also installed recycling bins within the premises.								

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2.1	People Involve-ment	People Involvement Framework is agreed	Users, Carers and communities are involved in shaping our priorities	**We will implement the CHCP People Involvement Framework across all services by March 2014**	Monitoring of the Framework and reports to CHCP Sub-Committee	HoS PHIC	**Within existing resources**	SOA 2 Respected Responsible Included CP4
UPDATE: An audit is conducted on an annual basis to capture the variety of involvement and engagement carried out across the CHCP. A number of reviews and Strategies are being developed in partnership with services users and carers e.g. Autism Strategy; Learning Disability Review. The CHCP Advisory group continues to be the vehicle through which issues are raised with CHCP and responses fed back to the representatives who are involved in this body. The Carers Network continues to develop as an informal forum for carers to come together to share issues and concerns and feed into the Advisory Group.								
2.2	Quality Assurance	Governance meetings with providers and commission-ers	There is a culture of continuous review and improvement in all services	**We will develop a CHCP Quality Assurance Framework by March 2014.**	Framework in place and service improvements documented	HoS PHIC	**Within existing resources**	SOA 8 Healthy CP4
UPDATE: In progress - deadline changed to March 2016 for new HSCP, to take account of new legislation requirements and their associated work. A draft quality assurance framework is being considered by the HSCP Extended Management Team.								

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2.3	Commissioning	Draft CHCP Commissioning Strategy developed.	Commissioning intentions of the CHCP are clearly articulated to assist planning amongst providers	**We will agree and implement CHCP overarching Commissioning Strategy by March 2014**	Monitoring of the Strategy and reports to CHCP Sub-Committee	HoS PHIC	**Within existing resources, and looking a disinvestment reinvestment opportunities**	SOA 8 Healthy CP4
UPDATE: Our Overarching Commissioning Strategy has been revised to form a statement of principles and intention. **Complete**								
2.4	Service Improvement	We make inconsistent use of benchmarking opportunities	To be sure we are delivering the best possible services for local people, based on learning from other areas and other models	**We will undertake 3 benchmarking projects per year across the CHCP, making use of the Scottish Community Care Benchmarking Network and other benchmarking groups**	3 Benchmarking reports presented to Heads of Service per annum	HoS PHIC	Within existing resources	SOA 4,5,6 & 8 Healthy CP2,3 & 4
UPDATE: Benchmarking has been undertaken in Children's Services in respect of LAAC attainment and accommodated children. We will promote more widely that we can use the Scottish Community Care Benchmarking Network (SCCBN) and the local authority benchmarking family we belong to.								

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2.5	Service Improve-ment	Inconsistent use of outcome models and outcome focused assessment	Agree outcome based assessment tools to determine outcomes to be achieved in working with people	**Determine, agree and implement a consistent model of outcome focused assessment across all frontline services**	Outcomes focussed assessments in place for each client by 2016	CHCP-wide led by operational Heads of Service	Within existing resources	SOA 4,5,6 & 8 Respected & Responsible CP1 & 4
UPDATE: Training is ongoing for Outcome Focused Assessment within the HSCP incorporating the Wellbeing & GIRFEC indicators. This work has been progressing and an assessment tool is being implemented on SWIFT. This will continue to be monitored throughout the year.								
2.6	Service Improve-ment	Services occasionally operate in isolation, with limited sharing of practice and learning	Working to achieve our objectives and deliver best outcomes for people	**We will ensure there is more frequent sharing of information and experience across the CHCPs services**	CHCP Reflection Framework Established Theme/ development based Extended Management Team sessions inplace	Corporate Director	Within existing resources	SOA 4,5,6 & 8 Healthy CP4
UPDATE: The HSCP Quality Assurance Framework has been drafted as noted at 2.2 and will develop a routine means of this happening. The revised process around Complaints should also help in respect of learning from complaints etc. A full update will be provided in the Annual Complaints Report in August 2015.								

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2.7	Service Improve-ment	We use significant incidents as an opportunity for reflection and learning but could do so more fully	The CHCP is learning and reflective organisation that grows and strengthens our response to need based on learning from experience	**We will learn and grow as a CHCP from considering and reflecting on significant incidents and case reviews**	Significant incident reports considered at Heads of Service meeting and improvement/ learning plans developed CHCP Reflection Framework in place	Corporate Director	Within existing resources	SOA 4,5,6 & 8 Healthy CP4
UPDATE: The HSCP Quality Assurance Framework has been drafted and will help us to learn and grow as an HSCP from considering and reflecting on significant incidents and case reviews. This work is being led by the Clinical and Care Governance Forum.								
2.8	Service Supports	No clear process of reviewing policies and procedures	All policies and procedures are reviewed and developed using a clear process	**We will utilise the Quarterly Service Review process to identify policies and procedures workstreams**	Review effectiveness of this process on an annual basis	HoS PHIC	Within existing resources	SOA8 Respected and responsible CP4
UPDATE: Work is underway in re-developing the Quarterly Performance Service Review (QPSR) content to include a review to identify a process for updating policies and procedures.								

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2.9	Service Supports	Multiple data streams that vary in quality and currency	Have robust benchmarking activity	**We will rationalise performance information by December 2013**	OPR; reports to CHCP Sub-Committee	HoS PHIC	Within existing resources	SOA 8 Healthy CP4
UPDATE: **This is now Complete –** A repository of data measures has been developed by the HSCP Quality & Development Service, which are mapped to the Wellbeing indicators to e.g. Safe, Healthy, Active, Nurtured, Achieving, Respected and Responsible and Included. **(SHANARRI).** Quarterly Performance Service Reviews are now well established across the service areas of the CHCP and close monitoring and scrutiny of performance occurs routinely. New requirements have been introduced to reflect the national outcomes underpinning the Public Bodies (Joint Working) (Scotland) Act 2014. We will work with ISD Scotland to redevelop our intelligence and data to reflect the new reporting requirements.								
2.10	Commun-ication	CHCP Website requires updating	Information on service access is more routinely available and informs service planning	**Review our communication channels by March 2014.** **Deliver the Communication Support and Language Plan and associated policies.**	We will monitor use of translation, alternative formats and website, and monitor implementation of CSLP; AIP and CSP.	Corporate Director	Within existing resources	SOA 8 Responsible Included CP5
UPDATE: The Communication Group meets regularly and is well attended by a range of stakeholders. Work is progressing well with the development of the HSCP section of the Inverclyde Council website.								

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2.11	Clinical and Care Govern-ance	Arrangements are in place but require to be strengthened	Clinical and care governance is robust across the CHCP	**We will develop an integrated approach to care governance and clinical governance by December 2013.**	Monitoring of the CCG Action Plan through the CCG Committee	HoS HCC Clinical Director PI Ref. 40,42	Within existing resources	SOA 4 Healthy CP4
UPDATE: The HSCP Quality Assurance Framework which has been drafted for the new HSCP will take account of both the clinical governance and care governance agenda.								
2.12	Working with Acute Services	No formal arrangements for whole system working across primary, community and acute services.	Achieve closer working between primary and secondary care Achieve closer working with Maternity Services.	**We develop and implement a programme of joint working between primary and secondary care including improved referral process and deliver the Integration of Community and Secondary Care Pilot in Inverclyde by 2015.**	Monitoring of the programme and reports to CCG Committee	HoS HCC Clinical Director	Within existing resources	SOA 4 Healthy CP2, 4
UPDATE: The programme of joint working between primary and secondary care taken forward for this action includes: The implementation of a joint action plan currently in place which is updated on a fortnightly basis and focusses on improving hospital discharge and reducing delayed discharge. A strategic group meet fortnightly to monitor this progress. A joint older people's development group has also been established and currently meet on a bi-monthly basis in order to take practice issues forward. We have initiated a programme to use the Integrated Resource Framework data to review High Resource Individuals (HRI) to understand current primary and secondary care demand and influence appropriate shift in this demand by working collaboratively.								

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2.13	Welfare Reform	Impact of welfare reform anticipated to be severe in Inverclyde	People in Inverclyde are supported to negotiate the benefits system, maximise their income and are more able to manage their money effectively and efficiently	**We will ensure we have a robust Advice Services Team who is able to support clients. We will ensure CHCP staff are trained in all aspects of welfare reform to ensure they can best support their clients.**	Increased numbers of staff trained in Welfare Reform.	HoS PHIC	Within agreed financial framework	SOA 3 Achieving CP5
UPDATE: Advice Services are now located within Hector McNeil House and Princess Street House providing improved support to Inverclyde residents. This includes assistance with the Welfare Reforms and also easier access to more specialist advisors (e.g. money advice). The new telephone triage service is improving client access and reducing waiting times.								
2.14	Financial Inclusion	There are many vulnerable people and families who require support	Improved access to financial inclusion services, particularly for families at risk of poverty	**We will continue to be a key partner in the delivery of the Inverclyde Financial Inclusion Partnership and Strategy.**	Monitor Financial Inclusion Strategy outcomes. Number of referrals. Development of the Financial Inclusion pathway.	HoS PHC	Within agreed financial framework	SOA 3 Achieving CP5
UPDATE: The Financial Inclusion Partnership is working well and the strategy is being implemented. A new case management system has been being implemented (Bright Office) and will improve efficiency of the team by reducing the number of systems being used. An Outreach Worker is now in post and is targeting hard to reach families at risk of poverty.								

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2.15	Gender Based Violence	We believe GBV is under-reported in Inverclyde	People subject to GBV feel supported	**We will deliver shared Gender Based Violence approach with GPs by March 2014.**	Increased number of people accessing GBV support.	HoS C & F Clinical Director	**Within existing resources**	SOA 4 Safe CP1, 5

UPDATE:

Domestic Abuse is the highest recorded area of concern for children on the child protection register. Children and Families Services received approximately 500 domestic violence Concern Reports from the police between April 2013 and March 2014.

Multi Agency Risk Assessment conferences (MARAC) were set up in Inverclyde in September 2013 to discuss higher tariff cases and continue to take place on a 4 weekly basis.

A number of strategic activities also continue to take place to address GBV in Inverclyde. These are coordinated by the Violence Against Women Multi Agency Partnership (VAWMAP). Discussion has taken place with GPs at the GP Forum regarding GBV and how to respond when GPs come across a potential referral. Work is also on-going in relation to Routine Sensitive Enquiry (RSE).

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2.16	Child and Adult Protection	There were 427 new Adult Protection and 146 Child Protection referrals in 2013/14	Children and vulnerable adults are protected from harm, neglect, abuse and exploitation	**We will consolidate and continually improve our approaches to the protection of children, adults and vulnerable groups.**	Adult and Child Protection Case Reviews PI Ref. 3a,3b, 3c,3d,4a,4b,4c	HoS C & F HoS HCC	**Within existing resources**	SOA 2 Safe C2 CP5
UPDATE: ***Child Protection:*** The data for the annual period 2013/14 shows a drop in the number of CP1s completed for Child Protection within Inverclyde, a declining trend of -29% since Apr-Jun 2013. Child Protection Investigations for the first two quarters in 2014-15 average around 20, a reduction from an average 26 for the same period of the previous year. The percentage of referrals that result in investigation. However, the number of pre-birth babies referred in Apr-Jun 2014 at 12 is higher than at any other quarter in the past 18 months and at 32.4% is the highest proportion of new referrals over this period.								
2.17	Child and Adult Protection	GP involve-ment in child and adult protection could be improved	There is improved GP participation in child and adult protection	**We will increase the % of child protection case conferences attended by or reports provided by GP**	5% increase on baseline by April 2014 PI Ref. 5	HoS C&F HoS HCC Clinical Director	Within existing resources	SAFE SOA5 CP1
UPDATE: GPs have attended case conferences on some occasions, and agreement has been reached for GP representation on the AP Committee, to ensure a multiagency view and for advice on specific issues. ***Child Protection:*** During 2013-14 - **154 Child Protection Case Conferences were held**. GP attendance was recorded at **3** of these conferences (2%) and reports were submitted by GPs to **16** conferences (10.4%). ***Taken together this calculates to 12.3%***.So far for 2014-15 to September 2014 - **65 Case Conferences were held**. GP attendance was recorded at **1** (<2%) and reports submitted by GPs to **8** Conferences. (12.3%). ***Taken together this calculates to just less than 14%.*** Although proportionately this is an improvement, from the previous year, the actual number of GP attendances is still very low.								

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2.18	Working with the 3rd sector and local people	Co-production approach agreed via Change Fund Governance meetings.	Improved partnership working with the 3rd sector	**We will continue to implement community capacity building and co-production**	Co-production embedded in the CHCP Community capacity maximised	HoS HCC	Within existing resources Reshaping Care for Older People Change Fund	SOA 2, 3 Included CP2, 4
UPDATE: Work in progress - needs to be refined in line with moves to HSCP and Integrated Care Programme work / SDS.								

Ref	Area of CHCP Activity	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Who is responsible?
3a.1	Children's Services Early Years Collaborative	Work has begun locally with our partners on the Early Years Collaborative.	Deliver tangible improvement in outcomes and reduce inequalities for Scotland's vulnerable children, shifting the balance of services towards early intervention and prevention by 2016	**We will be active partners in Early Years collaborative** **This collaborative is introducing a cultural shift for all organisations and agencies to work together in achieving the stretch aims represented in the national guidance and the desired measures indicated in the next column.**	15% reduction of rates of stillbirth and Infant mortality by 2015 ; 85% of all children within each CPP reach 27-30 month developmental milestone by 2017; 90% of all children reach developmental milestones by primary school by 2017 PI Ref. 6,7,8a,8b,8c	HoS C & F HOS Education IC Chief Executive All Organisations and Agencies
UPDATE: At December 2014 a total of seventeen improvement projects are in various stages of progress involving a range of service areas and supported by the collaboration of the Early Years Collaborative Team. These projects focus on Attachment and Child Development; Family Engagement and Developing Parenting Skills; Addressing Child Poverty; and Up skilling the Workforce. ISD published a report in December 2014 of the estimated coverage of the 27 month review over the 2013-14 period show that **68.4%** of children eligible for review in Inverclyde were reviewed, this is just below the national Scotland percentage of **73%**.						
3a.2	Children's Services Children's Hearing Bill	Training in Children's Hearing Legislation is currently being developed.	Front line practitioners and managers to be familiar the new Children's Hearing legislation	**We will Implement local actions as part of the enactment of new Children's Hearing Legislation.**	Each young person will continue to have a child's plan and the SHANARRI wellbeing indicators will inform outcomes PI Ref. 9a, 9b, 10,11,12a,12b	HoS C & F
UPDATE: Current processes and procedures associated with the Act specific to emergency transfers, admission to secure care and supervised contact are being revised with the aim of providing all staff with clear guidance.						

Ref	Area of CHCP Activity	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Who is responsible?
3a.3	Children's Services Children and Young People's Bill	This will impact on Kinship, thoroughcare services, and corporate parenting	Every child has a named person and those children with additional support needs have a lead professional.	**We will roll out the named professional role in Health Visiting.** **Once the Children & Young People's Bill is passed and the necessary guidance and regulation is developed, we will revise our corporate parenting strategy.**	Named professional role in place PI Ref. 9a, 9b, 10,11,12a,12b,13,	HoS C & F
UPDATE: We endeavour to place children within local community placements whenever possible however there has been a slight increase in the number of external placements in the last quarter owing to the complexity of need. As regulation and guidance is developed we continue to review the impact on current service delivery and the significant resource implications for future service provision associated with Kinship Care, Aftercare and Continuing Care elements.						
3a.4	Children's Services	Special Needs in Pregnancy (SNIPS) services are currently in place.	We want to embed the roll out of the named person and lead professional.	**We will develop and agree a joined up model for the delivery of maternity services to vulnerable women through the delivery of SNIPs and the Family Health Nurse Partnership**	Number of first time teenage mothers participating in Family Health Nurse Partnership. Each unborn child will have a plan with either a named person or lead professional identified. PI Ref. 14	HoS C & F
UPDATE: Our SNIPS Service is being audited for the years 2013 and 2014 at the request of Inverclyde Child Protection Committee (ICPC). Its aim is to examine the multi-agency decision making of the SNIPS Liaison Group in line with Getting It Right for Every Child and will look at the early identification of vulnerable women, the pathways to the service, the joint assessment of risk and the co-ordination of the child's plan. The outcome of this audit will be discussed at the Performance Management sub group of ICPC in February 2015 and inform the future development of SNIPS. As part of the Early Years Framework a study evaluating work stream 1 is being developed to the review the test of change for 3 families from 0-30mths. Its evaluation will review that Inverclyde's children have the best start in life.						

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3a.5	Children's Services	Overall smoking rates reducing but smoking in pregnancy remains high.	Fewer pregnant women smoke	**We will work with maternity Smoke Free Services to provide all possible support for women to reduce the incidence of smoking in pregnancy**	Increased quit rates in pregnancy. Reduced smoking prevalence in pregnancy. PI Ref. 15a,15b,16	HoS C&F HoS PHIC
UPDATE: The Health Improvement Team will continue to work with maternity Smoke Free Services to support women to reduce the incidence of smoking in pregnancy. The plan is to take the learning from the service evaluation which includes the entire pregnancy pathway from pre conception to post natal; certain aspects of this are being facilitated by Greater Glasgow & Clyde Early Years Collaborative. This is a sub group of the Healthy Mums Healthy Babies programme. The Health Improvement Team facilitated joint development sessions with Health Visitors and Midwives specifically focussed on smoking in pregnancy to ensure referral pathways and joint working arrangements are robust. There has been a continual improvement in reducing the percentage of expectant mothers smoking. The latest data available (Dec 2014) shows that the percentage of all expectant mothers who smoke dropped to 18.3% from 21.3% at March 2013						
3a.6	Children's Services Early and Effective Intervention	77 alleged offence cases screened April –Sept 12. 34 referred to Social Work Services.	Establish Early and Effective Intervention (EEI) across Inverclyde	**We will implement the current work plan for Early and Effective Intervention and achieve agreed targets**	Number of EEI referrals screened. % EEI referred to Social Work % of EEI referred with other outcomes PI Ref. 17a,17b,17c	HoS C & F
UPDATE: Figures up to March 2014 show an increase in referrals and numbers of young people involved compared to the previous year up from 134 to 167 referrals during 2013-14. The percentage of children subject to referral and dealt with by children and families services fell to 42% in 2013-14 from 61% in 2013-14. We are currently reviewing our services to young people in this category and this review will take account of the Early Effective Intervention developments and aspirations of the Children and Young People's Bill. Young People aged 16 – 17 who are not on Supervision are not formally included in the EEI process, but Inverclyde decided to include those young people so there is an EEI process for all 8 – 17 year olds whether on Supervision or not. Lomond View Academy which is our new integrated school for our most excluded young people opened last year has capacity for 24 young people and will have a fully integrated multi-disciplinary staff team.						

Ref	Area of CHCP Activity	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Who is responsible?
3a.7	Children's Services National Parenting Strategy	Parenting strategy agreed and implemented.	Parents are equipped to provide their children with the best start in life	**Deliver targeted and universal Triple P parenting support.**	Number of positive parenting programme (PPI) session delivered. Number of parents attending. PI Ref. 18a,18b	HoS C & F
UPDATE: All evaluations from practitioners for the year 2013/14 have now been collated and figures have been adjusted. There was an increase in the number of 'level 3' one to one interventions started in the most recent information available. The form has also been changed by Barnardo's to help collate more of the information around starting and finishing interventions. Two new groups started in January and February 2015 with 7 parents attending which means that these groups are now up and running on a more regular basis and should improve figures in the future.						
3a.8	Children's Services Healthy Child Programme	Targets met for Child Healthy Weight and Child smile Dentists. 30 Month Assessment due to go live on 1st June 2013.	Reduce childhood obesity and injuries to children and improve mental health of children and young people. and oral health	**Improve identification and support for vulnerable children and families.**	% of children receiving 30 months assessment % of LAC that have received a health check PI Ref. 9a,9b,19	HoS C&F
UPDATE: We have worked with the Early Years Collaborative (EYC) project, and are currently implementing a number of tests of change to ensure that the 3% reported as not attending the 30 month assessment have valid reasons for nonattendance. The re-introduction of the EMIS web is due to take place in May 2015. All staff is now either IT literate or are accessing training to up skill in preparation for electronic recording. Team Leads undertook risk assessment training in January 2015. National Practice Model training for all children and family health teams will take place in May 2015 alongside EMIS web training. Three team development sessions have been held since the last update and Caseload management supervision has been introduced and is currently delivered by team leaders.						

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3a.9	Children's Services	Children wait too long for access to Child and Adolescent Mental Health Services	**Children and young people can access child and adolescent mental health services within18 weeks by December 2014**	**We will implement the 26 weeks referral to treatment guarantee for specialist Child and Adolescent Mental Health Services (CAMHS) services from March 2013, reducing to 18 weeks by December 2014.**	CAMHS waiting times indicators PI Ref. 24	HoS C&F
UPDATE: The team has experienced an increase in referrals, many of which have been identified as being more complex and multifaceted cases requiring to be seen for longer periods of interventions. The introduction of the Functional Analysis of Care Environments (FACE) Child and Adolescent Risk Assessment Suite (CARAS) is the UK's first evidence-based tool that is designed and validated to conduct accurate risk assessments for young people. This tool has been identified as part of a clinical risk management strategy in CAMHS, and has been introduced to the CAMHS teams in Greater Glasgow & Clyde (GGC) to allow the implementation of a person centred risk management plan. The Inverclyde team received training in November 2014 and this is now currently being implemented for the vulnerable children and young people identified.						
3a.10	Transition from Children's to Adult Services	Pathways between children's and adult services need to be improved	Transition from children's to adult services is more seamless and less stressful	**We will map transition pathways for children with disability moving to adult services by March 2014**	Mapping completed by March 2014	HoS C & F HoS HCC
UPDATE: All of our looked after young people have a single plan which is inherently 'person centred'. The Transition Team from (Children with Additional Need and Community Care) use the GIRFEC principles of the SHANARRI wellbeing indicators to ensure that young people they work with are; safe, healthy, achieving, nurtured, active, respected and responsible and included. A local authority benchmarking project which includes Inverclyde HSCP is underway across a number of the Scottish Government SOLACE family groups looking at Transition from Children's to Adult services. A report of the findings is due to be completed in May 2015.						

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3a.11	Criminal Justice	Consultation underway regarding future of Community Justice services in Scotland	New arrangements for Community Justice implemented	**We will offer our local response to consultation by April 2013 and participate in the roll out of agreed model from 2014 onwards.**	Consultation response submitted. Following SG announcement planning for chosen option put in place to facilitate/mitigate impact on CHCP.	HoS C&F and CJ
UPDATE: **Complete**						
3b.1	Adult Services	Anticipatory Care Planning is not used to maximum benefit	Increase early intervention and prevention using the anticipatory care framework	**Review the range of approaches to anticipatory care planning being employed and agree a consistent practice approach by August 2013.**	Review of Anticipatory Care Planning for care home residents complete. Anticipatory Care Planning embedded	HoS HCC Clinical Director
UPDATE: We are currently collating returned questionnaires in order to review the district nursing process to anticipatory care; this will inform continued approach to practice. We are also including anticipatory care plans as part of our hospital discharge process to avoid future admissions where possible.						
3b.2	Reshaping Care for Older People	Project in place funded via Change Fund to develop long term and emergency planning for carers.	Older carers are supported to develop emergency and long term care arrangements	**We will support older carers to complete anticipatory care plans with Carers Centre staff working jointly with CHCP staff.**	Review range of carer funding complete and sustainably secured for this project.	HoS HCC
UPDATE: Information programme (4 sessions in each block) on long term planning have been introduced which accounts for approximately 18 carers at each session. Worker currently engaging with approximately 24 carers on an on-going basis to develop their plans.						

Ref	Area of CHCP Activity	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Who is responsible?
3b.3	Disability	Agreement to undertake Health Needs Assessment of adults with LD	The health of people with a learning disability is improved	**We will undertake a health needs assessment of adults with a learning disability and implement recommendations by March 2014**	Monitor implementation of the HNA action plan	HoS HCC
UPDATE: 100% of young people with a learning disability are offered a comprehensive adult health check. **Complete**						
3b.4	Shifting the Balance of Care	2222 people are in receipt of telecare as at March 2013	More people are able to manage their own health conditions	**We will increase the number of people with telecare support by 5% by March 2015**	The number of people with telecare support increased by 5% by March 2015 PI Ref. 20	HoS HCC
UPDATE: Complete - At 8th April 2015 there are 2,348 individuals in receipt of a telecare support which is an increase of 6%, compared with the number of individuals at March 2013 and above the 5% target set for this action by March 2015.						
3b.5	Shifting the Balance of Care	Data regarding the number of people able to die at home or in their preferred place of care is not robust	More people are able to die at home or in their preferred place of care	**We will develop and report a performance measure as part of the QPSR process from April 2013 to help increase the number of people able to die at home or in their preferred place of care**	Date gathering to inform target setting complete by summer 2013	HoS HCC
UPDATE: This action is in process of development and is being monitored through the current palliative care action plan. A suite of measures have been introduced and monitored through the Health and Community Care and Primary Care (HCCPC) quarterly performance service review (QPSR). Two of the key measures are the number of people supported by community staff to die at home or their preferred place of care and the number of community deaths.						

Ref	Area of CHCP Activity	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Who is responsible?
3b.6	Primary Care	Data gathering is underway to identify variations in referral patterns from primary to secondary care.	A consistent approach for referral from primary to secondary care is in place	**We will undertake a systematic review of referral data and take action to address variation and issues by June 2014**	Review complete and actions agreed by June 2014	HoS HCC Clinical Director
UPDATE: Primary and Secondary care interface pilot is taking place focussing on referral data and referral variations for orthopaedics, diabetes, and dermatology. The methodology used for this pilot is informing continued interface work across primary and secondary care to further analyse and influence demand and activity in Inverclyde and Board wide.						
3b.7	Older People	Pharmacy reviews will be reported at QPSR	Polypharmacy is reduced for older people.	**We will develop and implement systematic pharmacy reviews by March 2014**	Number of pharmacy reviews. POMs reduced	HoS HCC
UPDATE: 2216 patients received an extra face to face GP medication review under the 2013-14 Polypharmacy Local Enhanced Services (LES). All 16 GP practices have signed up for or agreed to work on Polypharmacy LES 2014-15. The LES supports GPs to carry out an additional face to face GP medication review for 2.5% of the practice population (some of these reviews are supported with prior work ups to identify pharmaceutical care issues provided by the Prescribing Team).						

Ref	Area of CHCP Activity	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Who is responsible?
3b.8	Dementia	Work on the Inverclyde Dementia Strategy is well underway and steps to help make Inverclyde a dementia friendly community are progressing.	Inverclyde Dementia Strategy is in place Standards of care for Dementia are fully implemented	We will deliver the Inverclyde Dementia Strategy priorities and improve early diagnosis by: - increasing the numbers of people with a dementia diagnosis on the QOF dementia register - providing post diagnostic support	Proportion of people with a dementia diagnosis on the QOF dementia register Number of people diagnosed with dementia receiving post diagnostic support PI Ref. 21a,21b	HoS HCC HoS MHAH
UPDATE: We continue to build on good communication between the Older Person's Mental Health Team and the GP Community. A new memory clinic allows quicker access to Mental Health Services from general practice and previously agreed shared coding and letter formats ensure patients are promptly added to registers. A dementia friendly event took place in May 2014. Post Diagnostic Support continues to perform very well.						
3b.9	Older People's Services	Bed days lost to delayed discharge are reducing. Emergency admissions for people over 65 are higher than we want them to be.	Only people who really need to be are in hospital, and only for as long as is clinically necessary. Older people who are able to be supported to live independently at home are able to do so.	**We will implement the Joint Strategic Commissioning Strategy for Older People**	Performance Measures 31 – 38 PI Ref. 31,32a,32b,33,34,35,36,38a,38b,	**HoS HCC**
UPDATE: This was signed off in January 2014 and we held a public event for older people in May 2014 to review progress and intentions.						

Ref	Area of CHCP Activity	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Who is responsible?
3c.1	Health Improve-ment	There is inconsistent understanding and awareness of health improvement and tackling inequalities	All CHCP staff and partners including elected members can more readily understand their role in improving health and tackling inequalities	**We will undertake a survey to determine knowledge and attitudes towards everyone's roles in the health improvement and tackling inequalities agenda.** **We will deliver training and awareness raising tailored to the results of the survey.**	Survey undertaken and results analysed by April 2014 Training delivered and evaluated Survey repeated by April 2015.	HoS PHIC
UPDATE: Due to NHS GG&C and Corporate Inequalities Team (CIT) capacity issues, this has been deferred to 2015/16.						
3c.2	Alcohol and Drugs	Overprovision statement produced for Licensing Board to consider	Alcohol licensing applications are granted with a focus on reducing/ preventing harmful drinking.	**We will continue to engage with the local licensing forum and advise on licensing applications.**	Number of licensing applications subject to discussion in respect of impact on health	HoS PHIC
UPDATE: Safer Communities and the Police rolled out the Best Bar None Awards Scheme in Inverclyde and 10 local premises signed up in the last year. One of the key elements of the Awards Scheme is Protecting and Improving Public Health and Protecting Children from Harm. Within the last amendments to the licensing act there is now a requirement for any new applications to be sent to the local police and health board for input as they provide statistical information in terms of alcohol related harm and report back to the licensing board. IAS continues to contribute to reducing alcohol related deaths by working across all four tiers of service provision from our Prevention & Education Team (tier 1 & 2) through to in patient detox within Gartnavel Hospital (tier 4).						

Ref	Area of CHCP Activity	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Who is responsible?
3c.3	Cancer	Cancer screening uptake good Incidence of cancer in Inverclyde high	There is a reducing level of cancer for Inverclyde people, supported through an increasing uptake of cancer screening programmes	**We will Increase the uptake of cancer screening through the delivery of universal and targeted public health campaigns and programmes relating to bowel, breast and cervical cancer.**	Uptake of cancer screening programmes: - Bowel - Breast - Cervical PI Ref. 8a,8b,8c	HoS PHIC Clinical Director
UPDATE: We are continuing to market screening programmes through email signatures, SOLUS screens in GP practices and ICON screens in Council premises. We have increased output of patient literature and are continuing with local cancer screening events. Our campaign has also included the use of local radio to reach the widest possible number in the population.						
3c.4	Self-Directed Support	Seven workstreams identified.	Individuals have the opportunity to direct their own carer / support	**We will implement the Self Directed Support action plan for the CHCP**	Monitoring of the SDS Action Plan PI Ref. 22	HoS PHIC
UPDATE: A self-assessment checklist was issued by Audit Scotland in June, the purpose of which was to set out areas for consideration in relation to progress in implementing self-directed support (SDS) in each council area. This checklist has been used as a basis for an overarching action plan for the Inverclyde partnership. Key elements include ensuring that SDS is offered to all people eligible when being assessed for social care needs; developing ways to monitor and review the impact of SDS on people's lives; development of processes to support provision of individual budgets; ensuring that monitoring processes are developed that we monitor the use of in-house services and that this information informs reviews of sustainability. Further work is required with external providers and the third sector to ensure development of realistic community alternatives and relevant information for people to access regarding these alternatives.						

Ref	Area of CHCP Activity	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Who is responsible?
3c.5	Wellbeing	Strong foundations have been built in relation to Choose Life.	Stronger focus on population wellbeing learning from implementing the Choose Life agenda.	**We will implement "Making Well-being Matter" the Inverclyde Mental Health Improvement Framework.**	Development of Making Wellbeing Matter framework complete.	HoS PHIC
UPDATE: Work in this area continues to progress. Early discussions are underway with the Council's Corporate Policy and Council's Corporate Equalities Group to develop the local response required for the anti-stigma work around Mental Health issues.						

Ref	Area of CHCP Activity	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Who is responsible?
3d.1	Mental Health	2011/12 psychological therapies waiting time 26wks: 24	Improved access to psychological therapies and PCMHT to 18 weeks maximum wait and extend to older people	**We will implement Phase 2 of the Clyde Mental Health Strategy and local redesign.**	18 weeks referral to treatment for Psychological Therapies from December 2014. PI Ref. 25	HoS MHAH
		Ravenscraig not fit for purpose	High quality health provision that meets older people's mental health needs		New inpatient provision fully implemented by 2014.	
		MH Strategy developed	Improved crisis response in relation to adult mental health and clear clinical and care pathways		Crisis response and pathways in place.	
		Redesign of OPMH and process to improve access to older people with mental health problems	Integration of OPMHT and integration into inpatient services to operate as one system to prevent admission to hospital	**We will complete the redesign of the Older People's Mental Health Team.**	Redesign complete.	HoS MHAH
UPDATE: The performance trajectory for the Psychological Therapies HEAT Target continues to show that the Inverclyde Primary Care Mental Health Team (PCMHT) has met the 18-week referral-to-treatment (RTT18) target. In relation to Psychology (embedded in the Community Mental Health Team), the trajectory of the past quarter shows a steady reduction of the number of patients waiting for over 18 weeks. **Redesign complete.**						

Ref	Area of CHCP Activity	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Who is responsible?
3d.2	Drugs and Alcohol	2011/12 – 30 people died from alcohol related issues	Reduce the number of people who die due to alcohol consumption.	**We will strengthen initiatives aimed at promoting cultural change and attitudes to alcohol, through our contribution to the Inverclyde ADP Strategy**	Reduce alcohol related deaths Number of ABIs delivered	HoS MHAH
UPDATE: We have made progress in strengthening initiatives in promoting cultural change and attitudes to alcohol through our contribution to the Inverclyde Alcohol & Drug Partnership (ADP) Strategy across all four tiers of service provision from our Prevention & Education team (tier 1&2) through to in patient detox within Gartnavel (tier 4). The Recovery movement has benefitted from continued ADP support. They have developed their own facilities in a community base and continue to be actively involved in a range of relevant activities which support the health and wellbeing of people who have experienced a range of difficulties.						
3d.3	Homeless-ness	Homelessness Service has been reviewed and actions to improve the service have been identified	One Stop Shop and housing options fully implemented. Modern, fit for purpose Homelessness Prevention and accommodation service in place	**We will complete the review of CHCP Homelessness Service and Implement the one-stop-shop in partnership with Oak Tree Housing Association.** **We will increase the number of flats in the Inverclyde Centre from 23 to 25**	Reduction in statutory homelessness presentations 25 flats in place in Inverclyde Centre PI Ref. 23a,23b,23c,23d	HoS MHAM
UPDATE: The Homelessness Service Assessment and Support Team were relocated to Crown House and are now operating a duty service from Hector McNeil House. The introduction of the Prevent 1 system will monitor our prevention and Housing Options activity to evidence the outcomes for people seeking advice. This work will help maintain the accepted homelessness applications at a manageable level. **Increase in the number of flats in the Inverclyde Centre from 23 to 25 - Complete.**						

Ref	Area of CHCP Activity	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Who is responsible?
3d.4	Health and Homeless-ness	Baseline 2011/12 - 30% increase in outcomes assessed as 'very good' in comparison to 2010/11. First and second annual homeless service user consultations undertaken.	**Year One Target 2013-14 for HHAP:** Independent evaluation of the CHCP's HHAP to show a 10% increase in outcomes assessed as 'very good'. **2016 Target for HHAP:** Independent evaluation of the CHP's HHAP to show a 10% increase in outcomes assessed as 'very good'.	**We will implement the ICHCP Health and Homelessness Action Plan (HHAP)**	Independent evaluation of the HHAP showing evaluation ratings of 'good' and 'very good', and increases year on year of evaluations from 'good' to 'very good'; all in relation to the implementation of the Health and Homelessness Standards. PI Ref. 24	HoS MHAH
UPDATE: Consultation on the Health and Homelessness Action Plan was carried out during June, July and August 2014 in relation to progress made during 2013/14. The HHAP was subsequently submitted to the Homelessness Performance Meeting (NHSGG&C) which took place in October 2014 and ratings against progress achieved were self-assessed as 13 x 'very good' and 5 x 'good' out of a total of 18 areas for self-assessment. These ratings maintain our previous high standards of delivery of the HHAP.						

Ref	Area of CHCP Activity	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Who is responsible?
3d.5	Advocacy	Shared advocacy services in place	People have independent support to challenge us if required, and access to advocacy services is improved.	**We will improve access to advocacy services.**	Monitor uptake of advocacy services	HoS MHAH
UPDATE: Circles Network Advocacy Service has delivered one to one advocacy in Inverclyde to 496 individuals at March 2015 and supported many groups within care home settings by attending residents meetings and taking forward issues the residents have. They continue to operate with a no waiting list policy and have been extremely busy with a steady uptake of new introductions. Throughout the year they have experienced an increase in individuals seeking assistance with regards to specific legislation, i.e. Adults With Incapacity (Scotland) Act 2000, The Mental Health (Scotland) Act, and Adults Support & Protection Act.						
3d.6	Criminal Justice	Good partnership working with Greenock Prison to improve prisoner's health. SPS an active partner in the ADP.	The health of prisoners is improved. The health needs of male and female prisoners are addressed equitably Supported transition on release for mental health, addictions or homelessness needs.	**We will undertake a Health Needs of Prisoners Assessment by March 2014**	HNA completed and action plan agreed by March 2014	HoS MHAH
UPDATE: We have strong links with HMP Greenock who are Alcohol & Drug Partners (ADP). Prison staff support the Waiting Times system and monitor access to services. Liaison and referral systems are embedded between HMP Greenock and Inverclyde Integrated Addiction Services. This ensures fast and appropriate service in respect of alcohol and drug services. Pre liberation notice supports Opioid Substitution Therapy (OST) and early contact with alcohol services. Continuity of key workers is facilitated via this process and the joint Police and addictions Persistent Offenders Partnership (POP) further enhances this by working into the prison as appropriate to service user needs.						

Inverclyde council

AGENDA ITEM NO: 6

Report To:	**Health & Social Care Committee**	**Date:**	**23rd April 2015**
Report By:	**Brian Moore** **Corporate Director Inverclyde** **Health & Social Care Partnership**	**Report No:**	**SW/07/2015/HW**
Contact Officer:	**Helen Watson** **Head of Service** **Planning, Health Improvement & Commissioning**	**Contact No:**	**01475 715285**
Subject:	**Health and Social Care Partnership Integration Update**		

1.0 PURPOSE

1.1 The purpose of this report is to update members on the preparation and submission of the Inverclyde HSCP Integration Scheme to the Scottish Government for approval, to set out the intentions and preparations for local implementation of the Public Bodies (Joint Working) (Scotland) Act 2014.

2.0 SUMMARY

2.1 The Public Bodies (Joint Working) (Scotland) Act 2014 requires that Health Boards and local authorities jointly prepare, consult and submit for approval an Integration Scheme to Scottish Ministers. The required content of the scheme is set out in Section 1(3) (a-f) of the Act and within the Public Bodies (Joint Working) (Integration Scheme) (Scotland) Regulations 2014.

2.2 The version of the Scheme that was submitted is not substantially different to the version approved by the Council on 29th January 2015. However some minor adjustments have been made to some of the wording to ensure legal compliance with the detail of the legislation. The Integration Scheme is designed to cover the requirements of the Act and demonstrate legislative compliance, while any further detail needed can be written into the operating instructions and Standing Orders, to be agreed and approved by the Integration Joint Board (IJB).

2.3 It should be noted:

- That the agreements made within the scheme are legally binding;
- That only information that is prescribed in the Act or the regulations can be included. Scottish Ministers cannot approve additional information;
- That after approval, any changes to the Scheme will require to be consulted upon and will require to be re-submitted to Scottish Ministers for approval.

3.0 RECOMMENDATIONS

3.1 It is recommended that members note the Integration Scheme, which was submitted to the Scottish Government on 31st March for approval, after an earlier draft had been approved by both the NHS Board and the full Council. Changes made to the earlier draft prior to final submission were minor, and were made to ensure that the language used was compliant with the legislation. The substantive content of the Scheme approved by the Council and the NHS Board did not change.

4.0 BACKGROUND

4.1 The Public Bodies (Joint Working) (Scotland) Act 2014 was passed on April 1st 2014. Secondary legislation is being continuously developed to underpin the Act.

4.2 The Regulations and Orders were laid in the Scottish Parliament in October and November 2014 and the Affirmative Regulations came into force on 28th November 2014.

4.3 Guidance was issued to support integrated budgets in April 2014, along with a finance implementation checklist to help Health Boards and Local Authorities and shadow Integration Joint Boards to prepare for financial and governance arrangements under integration. Guidance for Integration Financial Assurance to support robust identification of integrated budget by Health Boards and Local Authorities has also been issued, as has guidance on Clinical and Care Governance and strategic commissioning.

4.4 The latest guidance, issued on 23rd March 2015, relates to the requirement for each IJB area to have at least two localities, and describes to some extent how these localities should inform strategic planning.

5.0 OVERVIEW OF THE DRAFT SCHEME

5.1 The preamble to the Scheme (sections 1 and 2) is designed to set the context and purpose of integration from an Inverclyde perspective. This is not formally part of the scheme.

5.2 Section 1 sets the general context in terms of the legislative requirements and the future status of the HSCP and IJB, and section 2 describes the aims and outcomes, and in particular specifies the national outcomes as prescribed by the Scottish Government. These have been included in the preamble to safeguard against any future changes or additions to the outcomes. As part of the preamble, adjustments would be minimal and would then not bring about the need to re-submit an amended Scheme to Scottish Ministers.

5.3 Section 3 marks the start of the proposed Scheme as a legal document, and from that point onwards must be fully compliant with the guidance.

5.4 The Scheme highlights that Inverclyde will be a body corporate integrated authority with delegated legal authority from both the Council and Health Board to plan, manage and deliver services on behalf of the two contributing partners (1 (4)(a) above).

5.5 Throughout the Scheme we have focused on including the minimum required to meet compliance standards. It should be noted that keeping our narrative to the minimum is not indicative of any wish to minimise our level of integration, but rather, to future-proof the Scheme so that it can accommodate any future improvements without having to re-submit to the Scottish Government for re-approval. Governance will remain tight through our Standing Orders and Financial Instruments.

5.6 Our Scheme specifies that voting membership will comprise four Councillors and four NHS non-executive director members, and that the first IJB Chair will be an Inverclyde Councillor, with the Vice Chair being an NHS non-executive director. After a two year term, this will switch to the Chair being an NHS non-executive director and the Vice Chair being a Councillor. There will be no casting vote, but rather, in cases where agreement cannot be reached, the Chief Officer will be required to re-draft the proposal to one that is acceptable to both Parties.

5.6 The minimum requirements for non-voting membership are outlined in the Guidance, but Partnerships are free to have additional members over and above the minimum, at their own discretion. In Inverclyde, we anticipate that non-voting membership will comprise the following:-

- Chief Officer/Chief Social Work Officer

- Clinical Director
- Nurse Advisor
- Medical Lead from IRH
- Joint Finance Officer
- Carer Representative
- Service User Representative
- Third Sector Representative
- Two staff-side representatives (one from NHS and one from local authority)

We also anticipate that any other non-voting members deemed to have a locus within the business of the IJB will be invited to attend as and when required.

5.7 We are required by the legislation to have an overarching Strategic Plan, developed and implemented by a Strategic Planning Group. Minimum membership of the Strategic Planning Group is prescribed by the Regulations, and annex 1 highlights a proposal for how the Group should be populated, and how it should be governed by and inform the business of the IJB. This is important because the IJB will be required to approve the plan and to oversee and scrutinise its implementation. We also need to demonstrate how we will ensure the active engagement of the IJB with the business of the HSCP. The chart at annex 1 attempts to do this.

5.8 The Inverclyde HSCP will not have managerial responsibility for hospital services, however it will be involved in their planning, particularly with regard to the pathways between hospital and community services, and ensuring a person-centred and outcome-focused approach to the patient or service-user experience. NHS GGC hospital services span the whole NHS Board area, albeit the Inverclyde Royal Hospital is predominantly used by Inverclyde people. However it should also be noted that Inverclyde people also use other hospitals, and the IRH is used to a substantial degree by people from Argyll & Bute. We cannot therefore consider the IRH as a standalone resource. The interface between hospital and community, and the planning role of HSCPs will therefore need to be considered across all six IJBs within the NHSGGC catchment. On that basis, this dimension should be coordinated and held by the Health Board hospital sector and guided by the outputs of the Clinical Services Review. Work is ongoing locally to build on the successes of recent interface planning between primary and secondary care and community services to develop a shared understanding of need, demand and delivery. It is intended that this work will underpin the hospital services section of the Strategic Plan. We have a high level strategic plan in place locally already and an array of plans and strategies which can be drawn on to provide the level of detail required by the IJB to take the Strategic Plan forward.

Members should note that the Strategic Plan will be developed using existing agreed plans as its foundation. This will ensure continuity between the current CHCP arrangements and the new HSCP arrangements. Members should also note that the Strategic Planning Group needs to include membership from the list prescribed by Regulations as a minimum, and that it needs to have explicit oversight by the IJB (see annex 1).

5.9 The legislation requires that the Health Board and the local authority set out the process by which the list of targets and measures that relate to the delegated functions will be developed and the extent to which responsibility will lie with the IJB. The CHCP has an integrated performance management framework in place which works well. This will need to be refined and take account of the national health and wellbeing outcomes (noted at 2.1 in the Scheme) and integration principles. Work is also required at locality level to determine what performance reporting will be needed to the Integration Joint Board, and how this is derived from operational management intelligence.

Members should note that there is a potential mismatch between the indicators that we currently have and the intelligence required to demonstrate progress in achieving the national outcomes. The Information and Statistics Division of the NHS National Services (ISDScotland) is currently working on a new dataset, definitions, recording guidance and file specifications to support the requirements of the legislation. NHSGGC still requires data in respect of HEAT targets and standards, and the Scottish Government Social Work Performance Indicators are still extant. This means that we could be working in an extremely

onerous reporting framework, with indicators that report on contradictory objectives (patient/ client/ carer outcomes versus systems outputs and throughputs), and that are not necessarily aligned to the Strategic Plan.

Members should note that we are required to develop a core set of indicators during year 1. Members are asked to support the principle that the HSC indicators focus on patient/ client/ carer outcomes and are developed as the data sets are produced and agreed via the ISDScotland workstream.

5.10 In respect of effective Clinical and Care Governance, it is recognised that as well as ensuring appropriate arrangements for directly provided health and social care services, we need to co-ordinate action across a range of services and providers, including the third and independent sector. The Inverclyde Integration Scheme sets out our approach to Clinical and Care Governance, building on the foundations that we have established over four years as a fully integrated CHCP, and noting the intention to strengthen the approaches we have for the oversight of both internal services and those commissioned form the third and independent sector, including the monitoring of care standards and professional obligations via practice and staff governance.

The Regulations require the appointment of professional staff to the non-voting membership of the Integration Joint Board (as noted at 5.6), and these members will support the CD and CSWO in governance matters regarding practice, registration and development of professional staff as well as advising on clinical and care governance aspects of the Strategic Plan.

5.11 Members should note that it is a requirement of the Act that each HSCP area is split into a minimum of two localities. The latest draft guidance issued by the Scottish Government in March 2015 stipulates that "*Locality areas should be based on clusters of GP practices and should relate to natural communities in ways that make sense to the people living and working in them*." Whilst officers have noted a contradiction in this requirement (inasmuch as our clusters of GP practices do not always relate geographically to the communities in which their premises are located), the most pragmatic approach seems to be that we identify three localities within Inverclyde. It is proposed that these should be:-

- Port Glasgow and Kilmacolm
- Greenock
- Gourock, Wemyss Bay and Inverkip

By nominating these localities we can then get on with the business of working out how we ensure locality level participation but retain an Inverclyde-wide strategic overview. Whatever mechanisms are developed to achieve this, there will be a need to support local communities to influence the services they receive without fragmenting current structures and thereby bringing a need for additional capacity for management, reporting and recording etc.

5.12 It is recognised that successful delivery of integrated services will be dependent on an engaged workforce and this will be achieved through effective leadership, management, support, learning and development. To deliver this we intend to build on the successes we have had in relation to integrated staff and practice development as a CHCP.

Members should note that the Scheme commits to the development of an integrated Workforce Development Plan, building on the joint training plan we have had in place for 4 years.

5.13 Finance:

The Integration Scheme covers the following finance related matters:

1. The method for the determination of the resources to be made available by the Local Authority and the Health Board to the IJB;
2. Financial management arrangements including budget variances; and
3. Reporting arrangements between the IJB and the Health Board and Inverclyde

Council.

The resources delegated to the IJB fall into two categories:

(i) Payments for the delegated functions;
(ii) Resources used in the Inverclyde Royal Hospital that are identified by the Health Board as being appropriate for consideration by the IJB in terms of the development and delivery of the Strategic Plan.

Inverclyde's CHCP Finance Manager has been actively involved in the Technical Finance Working Group established with the six Local Authorities that are co-terminus with NHS Greater Glasgow and Clyde tasked with producing financial guidance and procedures to support the Integrated Joint Board and identify those areas of change required within Council and NHS financial regulation, standing orders and standing financial instructions.

5.14 The sharing of information between Health Boards and the Council will be essential to planning and delivering improved care based on the patient or client journey through services. Inverclyde Council and NHSGGC already have an agreed information sharing protocol that has served us well over the past four years. Any future development will be undertaken in tandem with the Council's Records Management Plan arrangements.

5.15 The legislation also requires that we outline our approach to complaints handling. We have therefore taken the opportunity to set out a picture of how complaints will be managed and integrated from the perspective of service users. Our Integration Scheme sets out the intended process for handling of complaints, based on the recent review and revision of procedures that were undertaken under the guidance of the Council's Chief Internal Auditor.

5.16 The guidance requires that the Parties describe the process they will follow in order to develop a shared risk management strategy. The Scheme sets out the approach we will take to develop a shared risk management strategy. Members should note that the Scheme commits to six-monthly reviews of the risk register by the IJB.

6.0 IMPLICATIONS

Finance

6.1 See section 5.13 of this paper and section 11 of the Draft Integration Scheme.

Financial Implications:

One off Costs

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

Annually Recurring Costs/ (Savings)

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

6.2 **Legal**

6.3 To be completed by colleagues in Legal Services, but will include drafting of Standing Orders.

Human Resources

6.4 It is not intended that in a body corporate integration arrangement there is any change to employment and/ or terms and conditions of HSCP staff, therefore no HR implications identified at this stage.

Equalities

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

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 N/A.

8.0 CONSULTATIONS

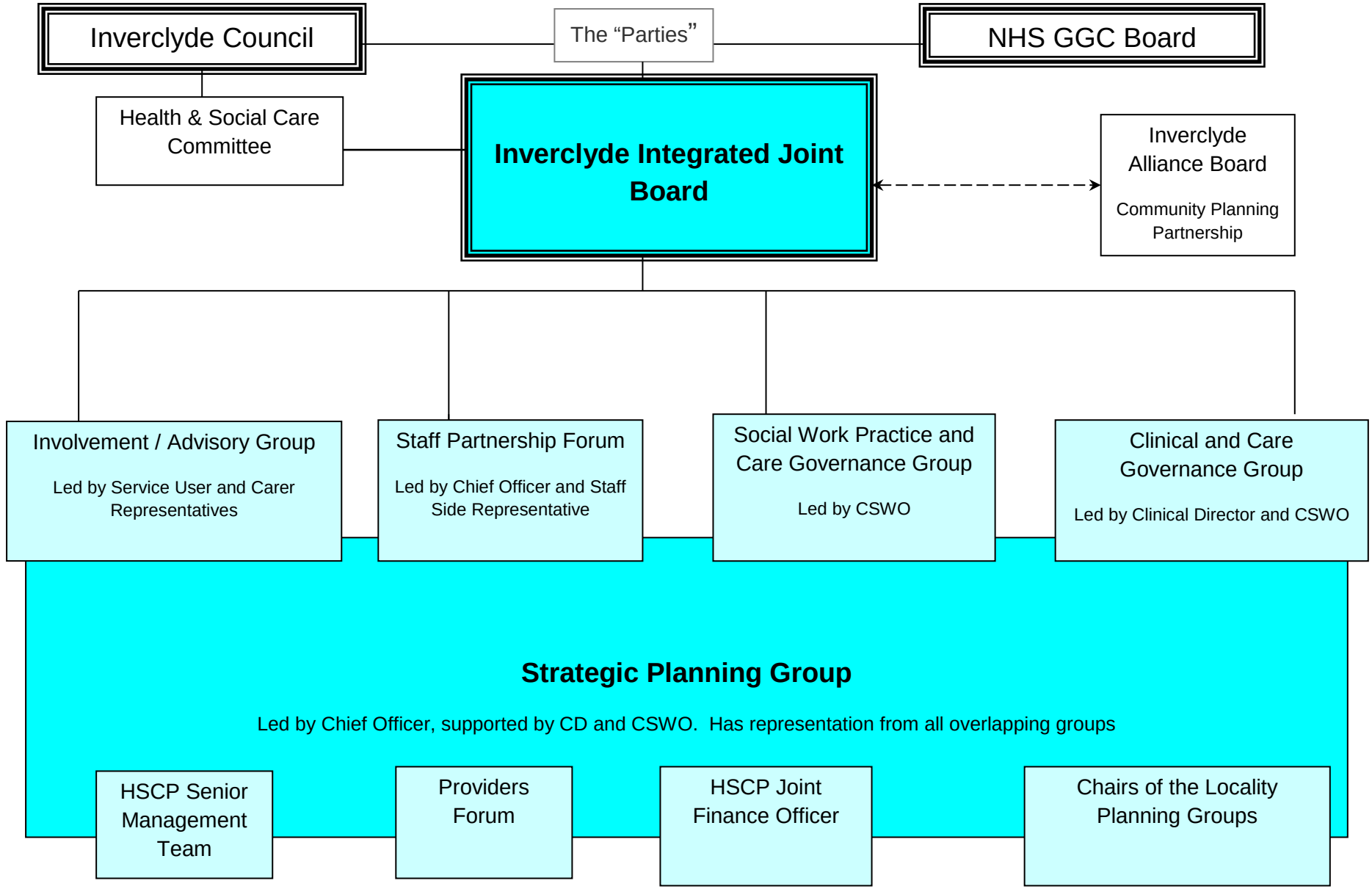
8.1 Consultation is ongoing with the statutory consultees and with officers in each Party.

9.0 LIST OF BACKGROUND PAPERS

9.1 Inverclyde draft Integration Scheme.

9.2 Public Bodies (Joint Working) (Scotland) Act 2014 and its associated Regulations.

Annex 1: Integration Structure



Inverclyde council

AGENDA ITEM NO: 7

Report To:	**Health & Social Care Committee**	**Date:**	**23rd April 2015**
Report By:	**Brian Moore Corporate Director Inverclyde Health & Social Care Partnership**	**Report No:**	**SW/02/2015/DG**
Contact Officer:	**Deborah Gillespie Head of Mental Health, Addictions & Homelessness**	**Contact No:**	**01475 715284**
Subject:	**Inverclyde HSCP – NHS Continuing Care Facilities and Community Services for Specialist Nursing Older People's Dementia and Adult Mental Health Intensive Supported Living**		

1.0 PURPOSE

1.1 To update the Health and Social Care Committee on the current progress of provision of new NHS Continuing Care facilities on the IRH site and of the commissioning process for the provision of specialist nursing care for older people with dementia and adult mental health supported living service in Inverclyde.

1.2 To note the impact of changes in European Procurement legislation and specifically the European System of Accounts [ESA 10] on the timescales for NHS Continuing care Reprovision.

1.3 To note that the NHS Continuing Care project has completed all of the design stages with the Final Business Case approved by the Quality and Performance Committee of NHS GG&C Board on 20th January 2015 enabling submission to the Scottish Government Investment Group [CIG] for consideration on 28th February 2015 as per the project plan.

1.4 To note the revised timetable for the provision of services and Ravenscraig Hospital Closure timetable.

2.0 SUMMARY

2.1 Inverclyde HSCP is commissioning the NHS Continuing Care and Social Care community elements of service in separate contractual arrangements. A previous report on progress went to the CHCP Sub-Committee meeting of 26th February 2015.

2.2 NHSGG&C / Inverclyde HSCP is in the process of procuring 42 NHS mental health continuing care beds, (30 for older persons and 12 for adults). The procurement vehicle for the development and management of the facility is HUB West Scotland. The buildings will be leased to HUB West Scotland for the duration of the 25 year contract after which time the ownership will transfer back to NHSGG&C or successor body.

2.3 The Scottish Government's Capital Investment Group (CIG) approved the Initial Agreement to progress this project under the HUB West Scotland arrangement on 21st

March 2013. The Inverclyde final pre-stage one key stage review was agreed by the Scottish Government's Scottish Futures Trust on 20th December 2013. The Outline Business Case was agreed by the Q&P Committee on 21st January 2014. The Outline Business Case was approved by the CIG on 11h March 2014 to progress to Full Business Case approval on 28th October 2014, and Finance Close in November 2014.

The submission of the Final Business Case was deferred to February 2015 to enable further consideration of the best value for money option in respect of this and other HUB West Scotland projects with NHS GG&C. The outcome of this work confirmed this project will continue to be taken forward on a standalone basis.

2.4 The Final Business Case was approved by the Quality and Performance Committee on 20th January 2015. Submission to the Scottish Government Investment Group planned for February 2015 was deferred pending any amendments following stage 2 review, and is now anticipated for submission in April/May 2015.

2.5 As a result of changes in the ESA 10 technical guidance, the Scottish Government has been unable to take this project, along with a number of other HUB procurement projects to financial close. Currently the Scottish Government is awaiting the outcome of the review of the impact of this by the Office of National Statistics which is anticipated in the new financial year. This also requires a review of the existing contracts in respect of the projects in hand. Current advice indicates that a decision will be made by the end of April, enabling work to progress to financial close by June 2015.

The Cabinet Secretary's response to enquiry by the Finance Committee at the Scottish Parliament in respect of the implications of this is appended for information. Appendix 1.

2.6 Following development of the architectural design, including a workshop to inform the final design in May 2013 planning approval was granted by Inverclyde Council on the 14th April 2014. The design is complemented by a detailed Arts and Environment Strategy. This will include works from local arts community, and will also engage with community and voluntary groups in providing both art works and activities throughout the year for service users and carers. This work alongside the building architects will ensure the final building reflects the artistic aspirations of the people who will use the facility. A Communication Strategy is being implemented.

FOR THE COMMUNITY SERVICES

2.7 The provision of 8 self-contained flats for adults currently living in Ravenscraig Hospital is progressing. The accommodation is being provided in conjunction with a local Registered Social Landlord. The Registered Social Landlord is currently progressing with refurbishment of the accommodation.

2.8 The care provider contract to support the 8 individuals has been subject to tender. The outcome of this was reported to the CHCP sub-committee on 26th February 2015 with a decision to award the contract to Turning Point Scotland.

2.9 The older person specialist mental health provision for 12 specialist nursing home places enabling rapid response to people with increased needs for care has been subject to a tender process. Work is continuing through direct discussions with interested parties using the negotiated procurement route in order to secure this service.

2.10 In addition to the above there is a need to strengthen the community infrastructure for older people with mental health needs. This will be tied into the Dementia Strategy Action Plan.

2.11 The NHS continuing care project and the community facilities are part of the investment in and modernisation of the mental health services within Inverclyde. As

such the HSCP community projects and inpatient projects have shared timelines. This is to enable discharge of patients into community facilities prior to the final closure of Ravenscraig. The community facility developments are not affected by ESA 10 and will continue on schedule. Resources to be released for further community developments by the closure of Ravenscraig will be delayed.

2.12 The anticipated timetable for closing Ravenscraig Hospital is now the end of 2016. The new NHS Continuing Care facility will have a 12 month build timetable now anticipated to commence in July 2015. The work to provide community facilities currently concluded will enable contracts to be issued from April 2015.

3.0 RECOMMENDATIONS

3.1 That the Committee note the report on the development of the NHS Continuing Care facility.

3.2 That the Committee note the progress on the work for the community facilities and service that are funded through agreement with NHSGG&C on a non-recurring transitional funding basis until Ravenscraig Hospital is closed when resource transfer will be available.

3.3 That the Committee note the revised timetable for the closure of Ravenscraig Hospital.

Brian Moore
Corporate Director
Inverclyde Community Health & Care Partnership

4.0 BACKGROUND - NEXT STEPS FOR NHS CONTINUING CARE FACILITIES

4.1 For the NHSGG&C/ Inverclyde HSCP the 42 mental health NHS continuing care beds (30 for older people and 12 for adults) will be developed on the IRH site. The buildings on the site have been demolished and site investigations were carried out in August 2013. Governance arrangements have been put in place. The Inverclyde HUB Project Board is chaired by the Head of Mental Health, who also sits on the NHS GGC Projects HUB West Scotland Project Steering Group.

4.2 The final pre-stage one key stage review was approved on 20th December 2013. The Outline Business Case (OBC) was approved by the Q&P Committee of NHSGG&C on 21st January 2014, and the Scottish Government's Capital Investment Group (CIG) on 11th March 2014. The Final Business Case (FBC) has been approved by the Q&P Committee of NHS GG&C. Commercial and legal issues are progressing between NHSGG&C and Hub West Scotland on the contracts. The FBC will now be submitted for consideration by CIG in April/May 2015.

4.3 As a result of changes in the ESA 10 technical guidance the Scottish Government has been unable to take this project, along with a number of other HUB procurement projects to financial close. Currently the Scottish Government is awaiting outcome of the review of the impact of this by the Office of National Statistics which is anticipated in the new financial year. This also requires a review of the existing contracts in respect of the projects in hand.

Current advice indicates that a decision will be made by the end of April, enabling work to progress to financial close on the Inverclyde project by June 2015.

4.4 The Inverclyde Continuing Care project is one of a number of HUB projects underway in Greater Glasgow and Clyde. The procurement model enables "bundling" of projects together for greater efficiency. Following review of the best value for money approach to these projects being taken forward, the Inverclyde project will be taken forward on a standalone basis. A joint Steering group oversees all the GG&CHB projects. Each project then has a local project Board and each project board will have a number of subgroups relevant to the particular project.

4.5 **Project Design**

The new building will feature single bedroom accommodation with en-suite facilities for all patients. Each ward is built around a landscaped courtyard area. There will also be fully landscaped gardens surrounding the building.

The central Hub area of the building will house office accommodation, the main entrance and reception area and a community café. The café area will in turn open into a landscaped garden area.

The design has been established using Dementia friendly design principles with advice and guidance from Stirling University Dementia service centre and Architecture and Design Scotland. The design has been approved by Architecture and Design Scotland.

4.6 **Arts and Environment Strategy**

The design is complemented by a detailed Arts and Environment Strategy. This will include works from local arts community and well as engagement with community and voluntary groups in providing both Art works and activities throughout the year, for service users and carers.

4.7 **Service User and Carer Engagement**

The project has had a high level of service user and carer engagement. A service user and carer reference group, supported by Your Voice Inverclyde meets monthly to consult on the project. This group has representation from carers and potential service

users as well as voluntary and community groups such as Alzheimer's Scotland. To date the group has been heavily engaged in the design elements of the building. This year it will be involved in developing the operational policy of the services provided in the building.

Current delays to the project have been reported to and discussed with the reference group and communication with patients and families is ongoing.

5.0 PROGRESS FOR COMMUNITY SOCIAL CARE SERVICES

5.1 Inverclyde CHCP is commissioning 12 older people's mental health / dementia places locally. This will provide step up/step down care for people whose needs require specialist mental health care but do not need to be in hospital. This model is consistent with wider developments to provide intermediate care and reablement for older people whose needs for care fluctuate.

5.2 For the 8 adults with mental health needs, a specialised mental health intensive supported living service is required. This will be in core and cluster accommodation with individual tenancies with a Registered Social Landlord and tailored care and support. The tender process has now concluded to select a provider, Turning Point Scotland.

5.3 The tender processes timetable has been revised as follows:

- February CHCP Sub-Committee: Award of Adult Service Contract
- April – May 2015: Adult service commissioned to commence transition work
- May – August 2015: Engagement with services users and move to new service
- March 2016 End date for older peoples service coming into operation

5.4 For the Dementia facility the service requires to be operational for Spring 2016. This timetable has been revised and reflects the need to tie in with the hospital closure and the progress made with HUB West Scotland to provide the new services on the IRH site.

6.0 TIMETABLE

6.1 NHS Continuing Care

Submission to NHS GG&C Capital Projects group and Board Quality and performance group	January 2015
Submission to Scottish Government Capital Investment Group (SCIG)	February 2015
Approval from SCIG	To be confirmed
Project financial Close	Estimated June 2015
Construction Start	July 2015
Construction Completion	July 2016
Hospital Closure	December 2016

7.0 IMPLICATIONS

Finance

7.1 The total recurring resources held on the NHS side are £3.177 million recurring, with the current allocations in a full year of service expected to be:

Cost Centre	**Budget Heading**	**Budget Years**	**Annual Net Impact £000**	**Virement From**	**Other Comments**
Residential (Council CHCP via resource transfer)	Older People	**	£470	N/A	12 Specialist Dementia
	Adults		£405	N/A	8 Supported Living
Continuing Care (NHS CHCP)	Older People		£1,084	N/A	30 beds
	Adults		£725	N/A	12 beds
Resources Committed to date			£2,684		
Uncommitted Resource			£493		
Total Resource			£3,177		

**The recurring cost shown in the table above represents the costs and income for a full financial year, likely to be 2016/17. The timing will be determined by the closure timetable for Ravenscraig.

7.2 It should be noted that the balance of unallocated resource, currently shown at £493,000 is dependent on the outcome of the final cost of both the Older People commissioned places and the continuing care bed provision. The final balance of this resource be subject to further discussion with NHS GG&C and will ultimately be invested in community infrastructure. Community Service specification is currently being drafted by officers of Inverclyde CHCP in involvement with service users and carers organisations.

7.3 In addition to resource transfer funding for the Council commissioned places there will also be an element of client contribution and benefit income of between £3,000 and £9,000 per client, dependent on appropriate financial assessment.

7.4 Transitional funding is required for a period before the expected closure of Ravenscraig Hospital date to allow the CHCP to progress commissioning arrangements and have a suitable service in place. This will enable Inverclyde CHCP to bring services into management prior to closure of the hospital. The period of time that transitional funding will be required will be informed by the commissioning timetable.

Cost Centre	Budget Heading	Budget Years	Annual Net Impact £000	Virement From	Other Comments
Residential	OPS/Adults	2014/15	£260	N/A	Transitional Funding will be drawn on as required.
		2015/16	£430	N/A	
		2015/16	£292	N/A	

7.5 The timetable for the Resource Transfer from the NHS GGC Health Board to Inverclyde Council is on the closure of Ravenscraig Hospital which is scheduled for October 2015 but this is under review dependant on the confirmation of the hospital closure options.

Legal

7.6 Legal have been consulted.

Human Resources

7.7 The CHCP NHS staff working on the wards in Ravenscraig Hospital will transfer with the patients to the new facility when it is built. The community services will provide 6 new jobs to support individuals in their new homes.

The dementia facility will provide an opportunity for the provider to recruit up to 10 posts to cover the requirements of this specialist facility.

Equalities

7.8 This facility will improve the physical environment for very vulnerable people who are currently being cared for in buildings no longer fit for purpose.

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

7.9 None directly, but new facilities and jobs may attract people to the area.

8.0 CONSULTATION

8.1
- ACUMEN mental health services users group act as the reference group for this scheme.
- Families of the patients in Ravenscraig have been regularly updated on progress.
- The patients affected have been fully involved in options.

9.0 LIST OF BACKGROUND PAPERS

9.1 Previous Council reports have been submitted 4th October 2012, 24th October 2013, 27th February 2014, 23rd October 2014 and 26th February 2015. The NHSGG&C Quality & Performance reports have updated the Board on progress, the last report was on 20th January 2015.

Deputy First Minister
and Cabinet Secretary for Finance, Constitution and Economy
John Swinney MSP

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The Scottish Government
Riaghaltas na h-Alba

LEGACY 2014
XX COMMONWEALTH GAMES
SCOTLAND

Kenneth Gibson MSP
Convenor
Finance Committee
The Scottish Parliament
Edinburgh
EH99 1SP

2 February 2015

Dear Kenneth,

NPD PROGRAMME

I have welcomed the close interest the Finance Committee has taken in the Non-Profit Distributing (NPD) programme of infrastructure investment.

The Scottish Government has placed investment at the centre of its economic strategy, with considerable success in delivering jobs, increased economic activity and assets of benefit to the people of Scotland. Through our programme of NPD/Hub projects, we have sought to maintain levels of investment and deliver value for money at a time when conventional Capital budgets have been significantly reduced.

I write to advise the Committee that the Scottish Government is currently taking action in response to updates to relevant Eurostat technical guidance on accounting (the European System of Accounts or ESA10), applied from September 2014. I have today provided Parliament with a detailed account of the steps the Government is taking, through the enclosed parliamentary question. As my response to the PQ makes clear, the action the Government is taking does not have an impact on the terms of the Budget Bill 2015-16.

I would be happy to discuss these issues with the Committee.

Yours,

JS

JOHN SWINNEY

SCOTTISH PARLIAMENT

WRITTEN ANSWER

13 February 2015 [Suggested reply to reach Departmental Private Secretary not later than 2pm on Friday 6 February 2015]

Index Heading: (Do Not Modify)

Mark McDonald (Aberdeen Donside) (Scottish National Party): To ask the Scottish Government whether it will provide an update on the non-profit distributing (NPD) pipeline of infrastructure investment.

(S4W-24246)

Minister Name (Do Not Modify):

The Scottish Government has placed infrastructure investment at the heart of its economic strategy, delivering jobs, increased economic activity and assets of benefit to the people of Scotland. Through our programme of revenue-financed NPD/Hub projects, we have sought to maintain investment at a time when, over the 2010-11 to 2015-16 period, conventional Capital budgets have been reduced by around a quarter in real terms.

The NPD programme has successfully delivered two completed projects and sixteen that are in construction, with an estimated capital value of £1.4 billion, injecting around £600 million into Scotland's economy this financial year alone, supporting or maintaining around 6000 jobs.

Following recent updates to relevant Eurostat technical guidance on National Statistical Accounts (the European System of Accounts – ESA 10), applied in September 2014, I wish to advise Parliament about action the Scottish Government is taking in order to secure this continued investment. This relates to the latest interpretation of factors that influence a public or private sector classification for infrastructure projects.

Since 2010 external financial advice has been sought to ensure the correct classification is applied to NPD/Hub projects on four separate occasions. Following the introduction of ESA 10, the Scottish Futures Trust (SFT) commissioned financial advice in October 2014 to confirm that the NPD programme classification remained robust. This was the fifth piece of external financial advice sought on classification since 2010 and concluded that private sector classification remained appropriate.

In November 2014, SFT became aware from Infrastructure UK officials within HM Treasury that the Office of National Statistics (ONS), who report on classification, had raised classification issues on privately financed projects under development in Whitehall in the light of the recent application of ESA10, which appeared to these officials likely also to be relevant to the NPD programme in Scotland.

In December the ONS decided to review the classification issues surrounding the Aberdeen Western Peripheral Route (AWPR) project. I expect this process to take a

number of months. For the sake of clarity, this process will have no effect on the construction of the AWPR project itself, which will continue as planned.

In light of this, I have considered it appropriate to put in place a number of steps to refine the NPD programme, whilst seeking confirmation and further advice on the appropriate classification under the most recent Eurostat approach for infrastructure projects under NPD.

Under HM Treasury budgeting rules, were an NPD project to be classified to the public sector, no additional cash would be required. However, the Treasury could require upfront budget cover (capital DEL) for the project.

The Scottish Government and SFT believe that current project arrangements demonstrate consistency with the relevant guidelines. However, until the process of engagement with the ONS has concluded, I believe it is appropriate to put in place contingency measures.

Given that we are now so close to the end of the 2014-15 financial year, I have therefore agreed with HM Treasury that it would be prudent to treat as a contingency arrangement in the short term, the Scottish Government's planned carry forward from 2014-15 into 2015-16 of around £150 million of Resource DEL. In turn, HM Treasury have agreed that, as a contingency, additional budget cover of £300 million will be included in the Spring Supplementary Estimate. The budget cover from HM Treasury will not be available for general spending on public services in the event it is not required for contingency purposes. The £150 million of Scottish Government Resource DEL will continue to be available to the Scottish Government through the Budget Exchange Mechanism if the contingency is not required.

As all of the Government's efforts will be focused on ensuring there is no need to call on this contingency, I do not intend to make changes to the spending plans set out in the 2015-16 Budget Bill currently before Parliament.

Finally, I have considered the potential implications for projects that are due to reach financial close shortly. In relation to NPD projects – the Royal Hospital for Sick Children in Edinburgh and the Dumfries and Galloway Royal Infirmary – the Government intends to take these projects to financial close as soon as possible, while making some appropriate contractual adjustments in consultation with partners.

In relation to eight Hub projects that are due to close this financial year, the Government will also, as a precaution, be considering some contractual changes. These will take some time to agree and implement with partners. We will take all necessary steps to ensure that these projects are ready to reach financial close as soon as practicable after our engagement with the ONS has reached a conclusion. I will keep Parliament informed of progress toward financial close on these projects.

I can assure Parliament that I am taking all appropriate action to protect vital capital investment in Scotland and to resolve these issues as promptly and effectively as possible.

INVERCLYDE COUNCIL
HEALTH AND SOCIAL CARE PARTNERSHIP

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 Health & Social 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
Corporate Director Environment, Regeneration & Resources		1
Head of Legal & Property Services		1
Vicky Pollock, Legal & Property Services		1
S Lang, Legal & Property Services		1
Chief Internal Auditor		1
File Copy		1
	TOTAL	**37**
AGENDA AND ALL NON-CONFIDENTIAL PAPERS TO:		
Community Councils		10
	TOTAL	**47**