AGENDA ITEM NO: 10

Report To:	**Inverclyde Integration Joint Board**	**Date:**	**10th August 2015**
Report By:	**Brian Moore Chief Officer Designate Inverclyde Health and Social Care Partnership (HSCP)**	**Report No:**	**IJB/11/2015/HW**
Contact Officer:	**Helen Watson Head of Service: Planning Health Improvement & Commissioning**	**Contact No:**	**01475 715285**
Subject:	**ESTABLISHMENT PLAN 2015/16**		

1.0 PURPOSE

1.1 The purpose of this report is to present the draft Establishment Plan 2015/16 for approval by the Integration Joint Board (IJB).

1.2 The Public Bodies (Joint Working) (Scotland) Act 2014 requires that the Integration Joint Board approves a Strategic Plan that specifies the services and functions that are to be delegated to the IJB, and that that this approval must be in place before the IJB can take formal responsibility for the delegated services and functions. The Integration Joint Board is therefore recommended to approve the Establishment Plan, thereby enabling the full delegation of responsibilities and resources to the IJB from April 2016.

2.0 SUMMARY

2.1 The Public Bodies (Joint Working) (Scotland) Act 2014 stipulates that in order for responsibilities and resources to be formally delegated to an Integration Joint Board, a local Strategic Plan must first be prepared and approved by it

2.2 Inverclyde has an established approach to inclusive strategic planning that has developed as part of our integrated CHCP arrangements, which have been in place since 2010. We have a strong foundation of a suite of plans and strategies that have been jointly developed with our stakeholders and that are still extant in terms of local planning cycles.

2.3 On that basis, our first Health & Social Care Partnership Strategic Plan brings together this suite of documents as the underpinning framework to support how we move forward while building on the positives to date.

3.0 RECOMMENDATIONS

3.1 It is recommended that the Integration Joint Board approves this Establishment Plan 2015/16 and directs the Strategic Planning Group to develop the Strategic Plan covering the time-frame 2016-19, and that this Strategic Plan should be presented to the first IJB meeting of the financial year 2016/17.

Brian Moore
Chief Officer Designate
Inverclyde Health & Social Care Partnership

4.0 BACKGROUND

4.1 The Public Bodies (Joint Working) (Scotland) Act 2014 stipulates that in order for responsibilities and resources to be formally delegated to an Integration Joint Board, a local Strategic Plan must first be prepared and approved by it.

4.2 The legislation also requires that the first Strategic Plan details the locality arrangements that the given integration joint board will establish to support its Strategic Plan.

4.3 Inverclyde community health and social care services have been integrated since 2010, when our CHCP arrangements were formalised, so there is established practice in terms of integrated and inclusive planning practice. This has resulted in a suite of local plans that provide a firm foundation on which to build our HSCP strategic planning arrangements.

4.4 The Establishment Plan 2015/16 has been developed by the Strategic Planning Group in recognition of the robust arrangements that are already in place, and the acknowledgement that these should be built upon.

4.5 The Plan recognises what needs to be done in preparation for our substantive 3 year Strategic Plan, which will describe our plans and ambitions for 2016/19. It also lays out the key planning commitments that were made in our Integration Scheme (such as the commitment for a Workforce Plan and an Organisational Development Plan).

4.6 The legislation requires that the Plan must define at least two localities within each HSCP area. On that basis, the Establishment Plan 2015/16 defines two localities, (Inverclyde East and Inverclyde West), further defining each of these localities into three neighbourhoods to mirror the localities already defined by Inverclyde Alliance. Although both localities will require their own planning arrangements that feed into the Strategic Planning Group, there is no proposal that services should be disaggregated or that there should be separate management arrangements for each locality. There will however be a requirement to disaggregate some performance indicators to locality level.

5.0 IMPLICATIONS

FINANCE

5.1 Financial Implications: the Finance Section of the Establishment Plan 2015/16 summarises the financial context and the resources being delegated to the Integration Joint Board.

One off Costs

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

Annually Recurring Costs/ (Savings)

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

LEGAL

5.2 There are no legal issues within this report.

HUMAN RESOURCES

5.3 There are no human resources issues within this report.

EQUALITIES

5.4 There are no equality issues within this report.

Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
	port does not introduce a new policy, function or strategy or reco a change to an existing policy, function or st Therefore, no Equality Impact Assessment is requi

REPOPULATION

5.5 There are no repopulation issues within this report.

6.0 CONSULTATION

6.1 We have followed the Act's requirement that the stakeholder constituencies invited to contribute to the development of the Establishment Plan 2015/16 include:

- Health professionals.
- Users of health care residing within the area of the local authority.
- Carers of users of health care residing within the area of the local authority.
- Commercial providers of health care that operate within the local authority area.
- Non-commercial providers of health care that operate within the local authority area.
- Social care professionals.
- Users of social care residing within the area of the local authority.
- Carers of users of social care residing within the area of the local authority.
- Commercial providers of social care that operate within the local authority area.
- Non-commercial providers of social care that operate within the local authority area.
- Non-commercial providers of social housing that operate within the local authority area.
- Third sector bodies carrying out activities related to health care or social care that operate within the local authority area.

6.2 The existing plans and strategies that form the basis of the Establishment Plan 2015/16 have all been subject to an inclusive approach to consultation.

7.0 BACKGROUND PAPERS

7.1 Public Bodies (Joint Working) (Scotland) Act 2014.

S T R A T E G I C P L A N

ESTABLISHMENT PLAN
August 2015 – March 2016

IMPROVING LIVES

1. FOREWORD

The Public Bodies (Joint Working) (Scotland) Act 2014 aims to bring community health and social care services together across the whole of Scotland, into Health and Social Care Partnerships (HSCPs) that deliver services and support to the people who need them, in a way that makes sense, prevents duplication of effort, and ultimately provides the best quality of support that we can possibly achieve from the resources at our disposal. Here in Inverclyde we have long supported the principles of integration, and as far back as 2010 we put this into action by establishing our Community Health and Care Partnership (CHCP). That enhanced partnership opened up for us the opportunities of joint working that the rest of Scotland now aspires too. Much of what is required by the legislation is already in place in Inverclyde, so we have firm foundations on which to build, so that we can migrate smoothly from our CHCP arrangements, and into our HSCP.

The 2014 Act and its associated guidance highlight that every HSCP must produce a Strategic Plan, outlining what services will be included and noting key objectives and how partnerships will deliver on the nine national outcomes. These outcomes are included at section 3.6, and are designed to help partnerships demonstrate the difference that joined up services make to the lives of the people who use those services. Since we became a CHCP in 2010, all of our strategic planning has been aimed at *Improving Lives*, and we have worked with communities and stakeholders to bring a focus on making a real difference in everything we do. On that basis, we have already worked with communities to develop a suite of plans and strategies, all of which are designed to improve outcomes.

This Establishment Plan is our first Strategic Plan and covers the time period between August 2015 (the point at which our Integration Joint Board is established and the Inverclyde Health and Social Care Partnership formally comes into being), up to the 31st March 2016. March 2016 marks the end of a number of three-year planning cycles and so defines the point at which many of our existing plans and strategies are due to be refreshed. This plan therefore aims to bring together the key themes that run through all of our existing planning and consolidate them into a statement of our future direction. The Establishment Plan also states the range of resources that will be included within the HSCP to help us in our goal of *Improving Lives*, including services and staff, and the money that will pay for these.

We recognise that lives will be improved though a combination of the supports that the HSCP can deliver, as well as an array of other supports that already exist within the communities of Inverclyde. From unpaid family carers to a range of voluntary organisations, Inverclyde benefits from a strong sense of social justice and community spirit, which will have a crucial role in shaping our future.

We are pleased to present this Establishment Strategic Plan to the Inverclyde Integration Joint Board, and invite all of our stakeholders to join the discussion that will shape how future services are delivered to contribute to making a real difference to the social, economic, physical and mental health of our population.

Brian Moore, Chief Officer – Inverclyde Health and Social care Partnership and **Councilor Joe McIlwee** - Chair of the Inverclyde Integration Joint Board.

2. OUR VISION

2.1 When the integrated Community Health and Care Partnership (CHCP) was created in Inverclyde in October 2010 we agreed that the common, uniting premise across all of our services was the need to make a real and positive difference to the outcomes for people who need health and/or social care services . Recognising the need to focus on a common and unifying purpose, our vision statement was agreed as *Improving Lives*. We believe that this vision still stands today as we transit to our new arrangements as a Health and Social Care Partnership (HSCP).

2.2 Our vision of Improving Lives is underpinned by the values that:

- **We put people first;**
- **We work better together;**
- **We strive to do better;**
- **We are accountable.**

2.3 Our vision and values are consistent with the policy intentions of the integration of health and social care. To realise our vision we will take a strategic approach to how we look at our services, alongside the needs and aspirations of Inverclyde people. We will focus on achieving better outcomes to genuinely improve the lives of everyone in Inverclyde, ensuring that we have the best possible arrangements and choices in place to achieve that, within the limited public purse that funds us.

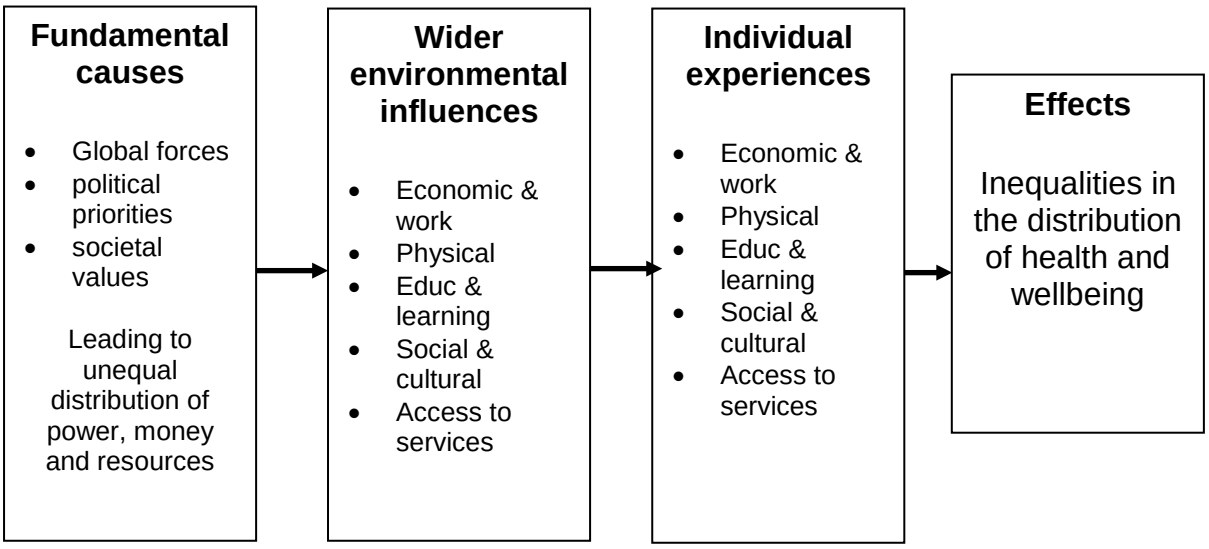
3. OUR PURPOSE

3.1 Our purpose is to work together to deliver and plan health and social care services for the people of Inverclyde. When we say “work together” we mean as a collection of people, groups, organisations and communities made up of:

- individual users of services and our patients as partners in the planning of their own care and support;
- carers and families as partners in the delivery of care and support, who may require support in their own right;
- communities across Inverclyde, the people to whom we are accountable;
- partner organisations in the Community Planning Partnership – Inverclyde Alliance - as partners with whom we work to improve Inverclyde as a place to live and work;
- partners in the third, independent and statutory sectors as partners with whom we take action to commission and organise health and social care service delivery.

3.2 For many years now, Inverclyde has been characterised by some notably unequal health and socio-economic outcomes. An important dimension of our

purpose is therefore to seek to address some of the causes of unequal outcomes, as described below.



Causes of Health Inequalities

3.3 Whenever possible, we are committed to working with our Community Planning Partners to undo, prevent or mitigate the causes of health inequalities. By taking combined action, we hope to break the chain of unequal outcomes described above. Our purpose is underpinned by a drive to reduce the negative effects of inequality experienced by the most vulnerable people of Inverclyde.

3.4 **The Scope of our Purpose:** In Inverclyde we have an 'all-inclusive' health and social care partnership with responsibility for the strategic commissioning of the full range of health and social care services; population health and wellbeing, services for children, adults, older people and people in the criminal justice system. We also work together as a wider partnership to plan for the use of secondary health care hospital services that are needed by the people of Inverclyde.

3.5 We recognise that good quality housing is a vital aspect of improved outcomes, and although the HSCP does not have direct control or responsibility for housing, we are committed to working closely with the Inverclyde Housing Associations Forum (IHAF) to develop a **Housing Contribution Statement** that will describe how we work with key partners to address housing needs with the express view of improving lives in Inverclyde. This might include the strategic intentions to alter existing housing stock or even to build new, specifically designed housing for the future.

3.6 **Articulating our Purpose and Intentions:** The main purpose of our Strategic Plan is to provide strategic direction and keep us focused on the big changes we aim to deliver across the full range of our responsibilities, as agreed

through the suite of Plans and Strategies that underpin our overall direction. We want to improve the wellbeing of people who use health and social care services, particularly those whose needs are complex and involve support from health and social care at the same time. This is a natural progression building on the aspirations and achievements of the Inverclyde Community Health and Care Partnership (CHCP) which existed from 2010 until 2015, when our HSCP arrangements replace the CHCP.

3.7 As stated, our Strategic Plan brings together a number of plans that have already been developed in partnership with our communities and other stakeholders, and that aim to deliver the nine National Health and Wellbeing Outcomes, namely:

1) People are able to look after and improve their own health and wellbeing and live in good health for longer.
2) People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
3) People who use health and social care services have positive experiences of those services, and have their dignity respected.
4) Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
5) Health and social care services contribute to reducing health inequalities.
6) People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.
7) People using health and social care services are safe from harm.
8) People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
9) Resources are used effectively in the provision of health and social care services.

3.8 We also aspire to achieve the National Outcomes for Children;

- Our children have the best start in life and are ready to succeed;
- Our young people are successful learners, confident individuals, effective contributors and responsible citizens; and
- We have improved the life chances for children, young people and families at risk.

3.9 And to the National Outcomes and Standards for Social Work Services in the Criminal Justice System

- Community safety and public protection;
- The reduction of re-offending; and
- Social inclusion to support desistance from offending.

3.10 We are also required to deliver on the Health and Social Care Integration Principles namely:

- Improve the quality of services;
- Health and social care services are planned and led locally in a way which is engaged with the community (including in particular service users, those who look after service users and those who are involved in the provision of health or social care);
- Best anticipate needs and prevent them arising;
- Make the best use of the available facilities, people and other resources.

The over-arching Community Planning outcomes for Inverclyde seek to deliver the vision of 'Getting it Right for Every Child, Citizen and Community'. The HSCP will work to deliver the wellbeing outcomes agreed for the Inverclyde Alliance, aiming to ensure that all children, citizens and communities in Inverclyde are safe, healthy, achieving, nurtured, active, respected, responsible and included.

3.11 **Changing the Focus of our Purpose:** Traditionally our planning has been based on achieving targets, measured through service outputs (top-down approach). Real change can come about if we move away from these high level targets towards focusing on outcomes and what makes a real difference to the lives of individuals, families and communities through a strategic commissioning approach that is informed by discussions with the people who use our services.

3.12 Strategic needs assessment, taken from the wealth of information we already have, will help us to understand the health and social care needs of the people of Inverclyde, and consider how resources can be organised to meet those needs in the best possible way, with the explicit aim of improving lives. Our Strategic Needs Assessment is appended to this overarching Plan, and should be regarded as a companion document that helps to describe the challenges that we hope to address.

3.13 Outcome focused assessment (bottom-up approach) informs commissioning at the individual level, supporting choice and control, namely the principles of Self Directed Support. Aggregating individual commissioning will in turn inform strategic commissioning options looking across traditional client group boundaries.

3.14 All of this work will be co-ordinated by the Strategic Planning Group, with inputs from representatives across the full range of health and social care stakeholders, with a view to shaping the next substantive Strategic Plan that will take us from 2016 to 2019.

3.15 **Knowing we are achieving our purpose:** The Strategic Planning Group will develop the key actions that need to be included in this plan, including timescales and how we will measure if we are achieving our ambitions. We already know that our initial priorities will focus around the following:

- We will further develop our **Strategic Needs Assessment**, drawing on the information held by the CHCP and the Community Planning Partnership. We need to scope what we currently deliver and consider the drivers for that delivery. Which arrangements have been put in place to deliver targets, and are these still valid? Do they deliver or contribute to the outcomes? Is there a better way? What do our communities really need?

- Change will be delivered through the right commissioning choices, based on outcome-focused assessment. We already have a **Commissioning Strategy**, but does this need to be reviewed?

- The overarching **Commissioning Strategy** provides strategic direction and is underpinned by a number of service or client group Commissioning Plans that have been developed in collaboration with service users, families and communities. We need to consider if there are any gaps in our commissioning plans, but this will be informed by the Strategic Needs Assessment and outcome-focused assessment.

- We need to develop a **Performance Reporting Framework** that lets us know if what we are commissioning is delivering what has been indicated through the Strategic Needs Assessment. Our performance reporting through the former CHCP has started the shift towards outcomes by mapping what we report to the wellbeing outcomes and the National Outcomes for Health & Social Care rather than simply focusing on targets, so we have a good foundation to build on.

- We need to develop a **Workforce Plan**, to make sure that we are shaping the skills and expertise amongst our staff to deliver the future vision.

- We need to develop an **Organisational Development Plan** to ensure that the cultural changes are made to shift everyone's focus towards outcomes rather than the traditional target-driven approach – although accepting that targets are a useful way of measuring success (or otherwise), and inevitably there will still be targets that we will aim to meet, so that we can demonstrate improvement.

- We need to **review our service activity and financial arrangements** to ensure that we are committing limited resources to the right things and are on track to achieve financial balance.

- The **Strategic Plan 2016-19** will be developed by the Strategic Planning Group but will be approved, overseen and scrutinised by the **Integration Joint Board**. This will ensure that there is strong governance around delivering the commitments of the plan, and a mechanism to inform future plans.

4. THE INTEGRATION JOINT BOARD

4.1 Our Integration Joint Board (IJB), made up of voting and non-voting members is responsible for ensuring the planning and delivery of local health and social care services in Inverclyde.

4.2 The Inverclyde IJB has eight voting members. Four of these are Elected Members of Inverclyde Council and four are Non-Executive Directors of NHS Greater Glasgow and Clyde.

4.3 The IJB has a number of non-voting members whose role it is to influence, inform and question the decision makers (the voting members). Our non-voting members are drawn from:

- Service users groups;
- Carers groups;
- Staff Partnership Forum;
- The Third Sector (voluntary and not-for-profit organisations);
- The secondary care (hospital) sector;
- Health and social care professional groups.

4.4 The IJB will be supported by the HSCP Chief Officer and a range of senior level staff, including a Chief Financial Officer, and the Governance arrangements are outlined below.

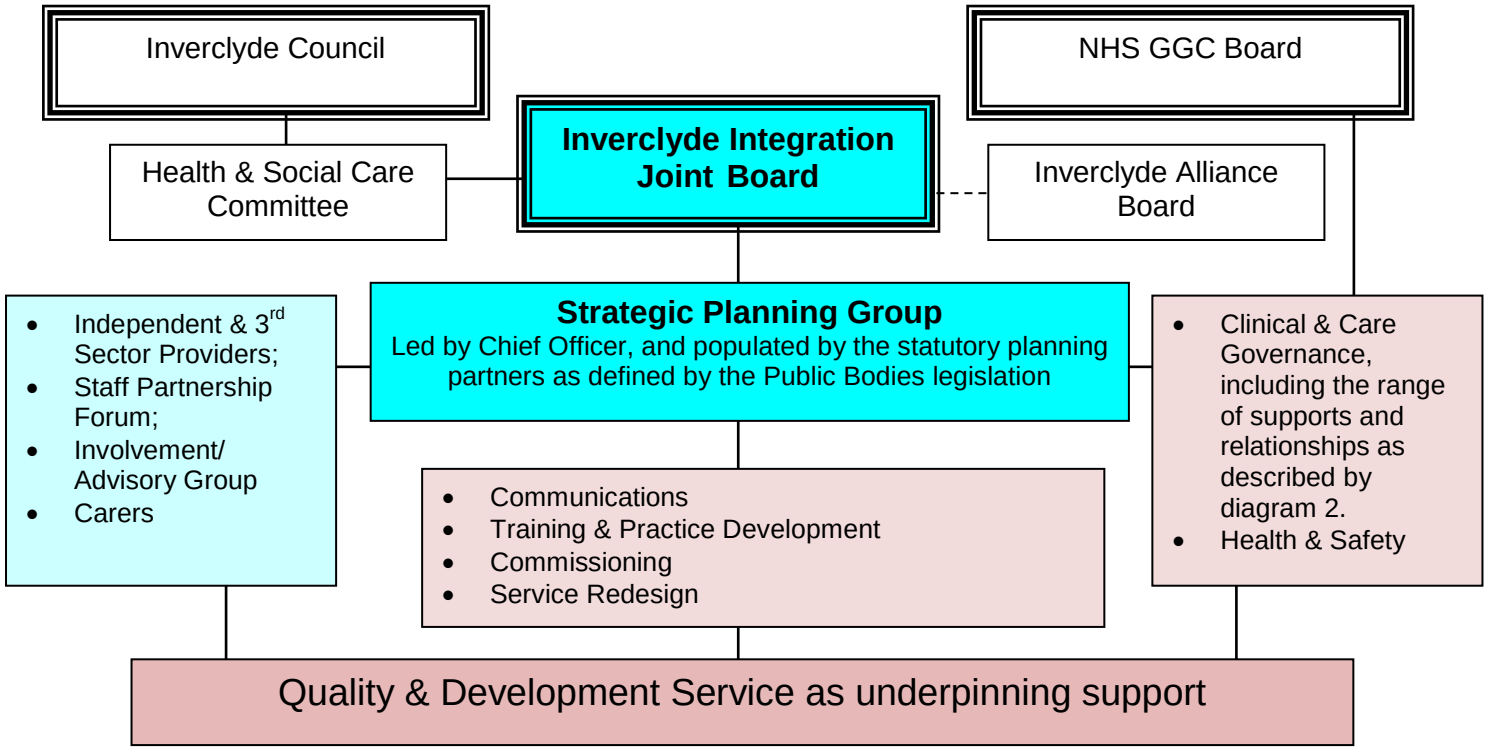


Diagram 1: Reporting and Accountability

4.5 The quality and safety of integrated health and social care services is of paramount importance to the IJB, and as such, there is a strong system of checks and balances in place to support patient and client safety and clinical and care governance. Diagram 2 below highlights the support structures in diagrammatic format.

Clinical and Care Governance – Key Supports and Relationships

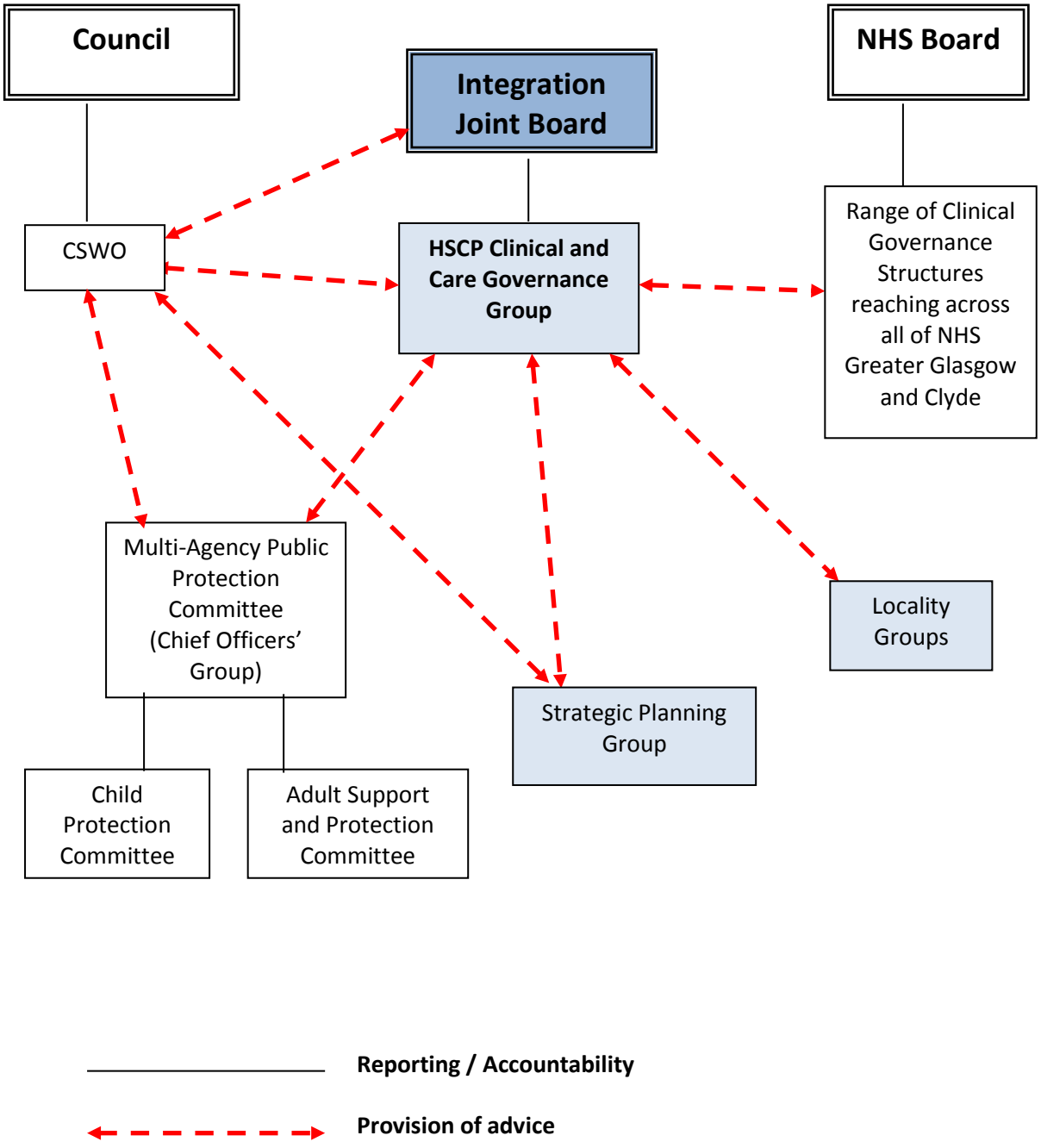


Diagram 2: Clinical and Care Governance Arrangements

5. OUR HEALTH AND SOCIAL CARE SERVICES

5.1 From 1st April 2016, the Integration Joint Board takes formal delegated responsibility from the parent organisations for the services and functions specified in section 5 of this Establishment Strategic Plan. For some services this will mean taking full responsibility for planning, management and delivery, while for others – notably hospital based services – this will mean planning with Acute Services colleagues who will continue to manage and deliver the services as part of the wider hospital structures, but notably, planning will be done in a changed context that takes account of the entire journey through need and service provision, rather than focusing on single episodes of hospital care.

5.2 Services delegated by the **Health Board** to the Integration Joint Board

- Accident and Emergency services provided in a hospital.
- Inpatient hospital services relating to the following branches of medicine:-
  - Geriatric medicine;
  - Rehabilitation medicine (age 65+);
  - Respiratory medicine (age 65+); and
  - Psychiatry of learning disability (all ages).
- Palliative care services provided in a hospital.
- Services provided in a hospital in relation to an addiction or dependence on any substance.
- Mental health services provided in a hospital, except secure forensic mental health services.
- Services provided by allied health professionals in an outpatient department, clinic, or out with a hospital.
- Health Visiting
- School Nursing
- Speech and Language Therapy
- Specialist Health Improvement
- Community Children's Services
- Child and Adolescent Mental Health Services (CAMHS)
- District Nursing services
- The public dental service.
- Primary care services provided under a general medical services contract,
- General dental services
- Ophthalmic services
- Pharmaceutical services
- Services providing primary medical services to patients during the out-of-hours period.
- Services provided out with a hospital in relation to geriatric medicine.
- Palliative care services provided out with a hospital.
- Community learning disability services.
- Rehabilitative Services provided in the community
- Mental health services provided out with a hospital.

- Continence services provided out with a hospital.
- Kidney dialysis services provided out with a hospital.
- Services provided by health professionals that aim to promote public health.

5.3 Services delegated by the **Local Authority** to the Integration Joint Board

- Social work services for adults and older people
- Services and support for adults with physical disabilities and learning disabilities
- Mental health services
- Drug and alcohol services
- Adult protection and domestic abuse
- Carers support services
- Community care assessment teams
- Support services
- Care home services
- Adult placement services
- Health improvement services
- Aspects of housing support, including aids and adaptations
- Day services
- Local area co-ordination
- Respite provision for adults and young people
- Occupational therapy services
- Reablement services, equipment and telecare

5.4 In addition Inverclyde Council will delegate:

- Criminal Justice Services
  - Criminal Justice Social Work
  - Prison Based Social Work
  - Unpaid Work
  - MAPPA
- Children & Families Social Work Services
  - Child Protection
  - Fieldwork Social Work Services for Children and Families
  - Residential Child Care including Children's Homes
  - Looked After & Accommodated Children
  - Adoption & Fostering and Kinship Care
  - Services for Children with Additional Needs
  - Throughcare
  - Youth Support / Youth Justice
  - Young Carers
- Services for People affected by Homelessness
- Advice Services
- Strategic & Support Services
  - Health Improvement & Inequalities
  - Quality & Development

(including training and practice development, contract monitoring and strategic planning)

- Business Support

6. RESOURCES

6.1 When we think of resources we sometimes think mainly about money. In order to improve the lives of the people of Inverclyde we need to think about drawing on all the available resources in their broadest sense, including resources such as knowledge and experience that people have at their own disposal to make positive changes for themselves. This is what we mean when we talk about having an assets based approach – making the most of what we have. The IJB will use its delegated financial and staff resources creatively to deliver on this aspiration by funding service delivery, staff and buildings but also supporting the development of community supports through co-production principles and individual choice and control (via Self Directed Support, for example); improving access for those who are at risk of poorer outcomes, and the development of preventative approaches.

6.2 **Financial Resources 2015/16**: Inverclyde HSCP has a combined revenue budget from Inverclyde Council and NHS Greater Glasgow and Clyde of around £120 million for the year, made up from £71 million funding from the NHS for Primary Care and £49 million from the Council for Social Work. The services provided from within this budget include:

Service Area	**£million**
Older People	21.3
Children & Families	13.2
Family Health Services	19.8
GP Prescribing	16.2
Resource Transfer NHS to Council	9.2
Mental Health Inpatient Services	9.4
Mental Health Community Services	3.4
Learning Disabilities	7.0
Physical & Sensory	2.2
Addictions & Substance Misuse	3.0
Homelessness	0.7
Health & Community Care and Assessment & Care Management	5.2
Integrated Care Fund	2.3
Strategy, Quality and Health Improvement	2.8
Support, Management and Infrastructure	3.7
Total Net Budget	120.0

6.3 In addition to the above there is a further £2.2 million within the Council spent annually on Criminal Justice and Prison Social Work Services fully funded from external income.

6.4 Within the Council there is also £2.5 million earmarked reserve funds which are non-recurring resources set aside to fund a range of specific projects and initiatives.

6.5 The following charts show the services provided in total, an analysis of the NHS Community Services and an analysis of Council Services:

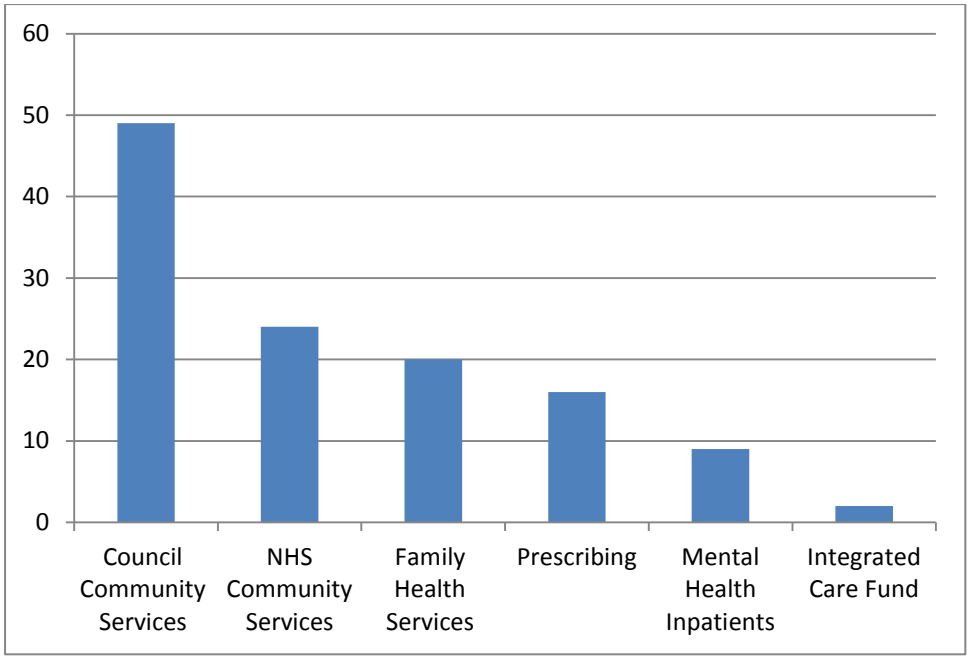


Figure 1: Services Provided

6.6 From the £120 million budget, figure 1 shows that £73 million is spent on community services (61%); £20 million on Family Health Services (17%); £16 million on prescribing (13%); £9 million on Mental Health Inpatient Services (7%), and the other £2 million relates to the Integrated Care Fund (2%).

6.7 Within the total revenue budget of £120 million, £47 million relates to employee costs (39%); purchased care £32 million (27%); Family Health Services £20 million (17%) and prescribing of £16 million (13%).

6.8 When we consider NHS Community services in more detail (second column on figure 1, relating to £24 million spend), the budget is disaggregated as shown in figure 2.

6.9 Figure 3 goes on to illustrate the distribution of the £49 million Council community services spend that features in figure 1.

6.10 Figure 4 aims to illustrate how this joint spend translates to allocations against specific care groups or functions.

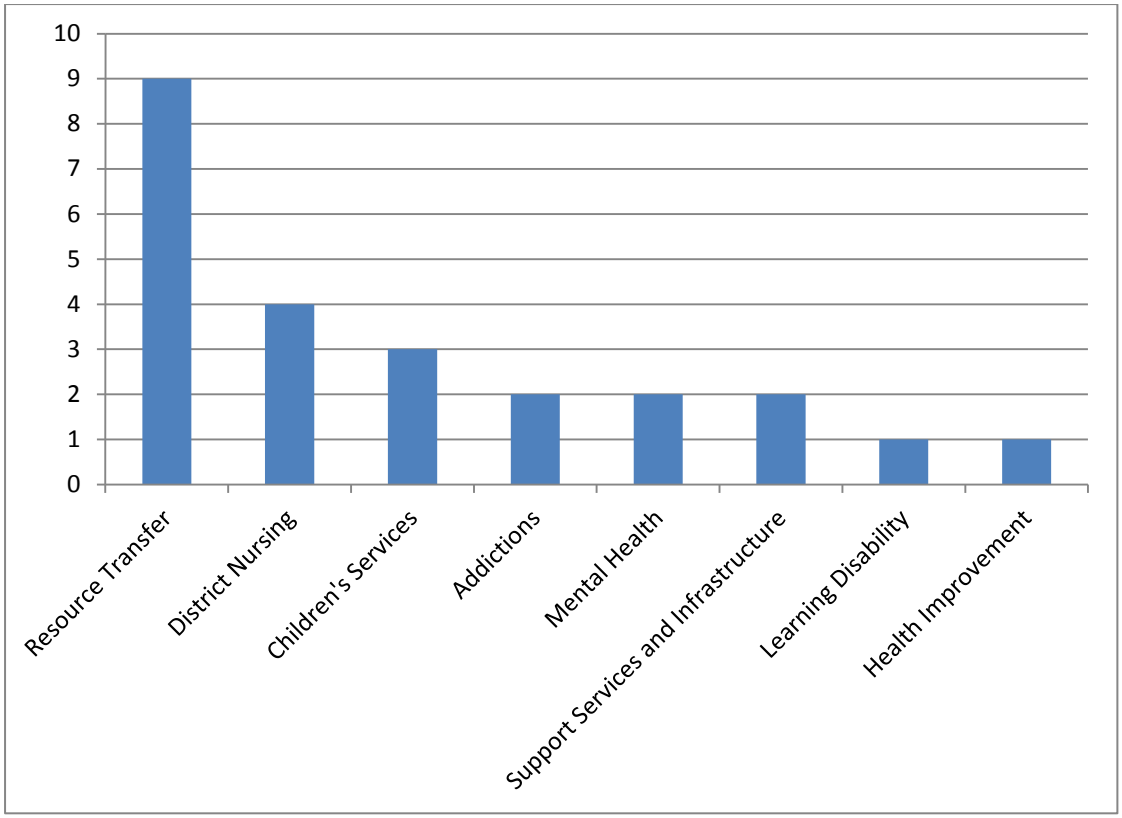


Figure 2: Distribution of NHS £24 million community services spend.

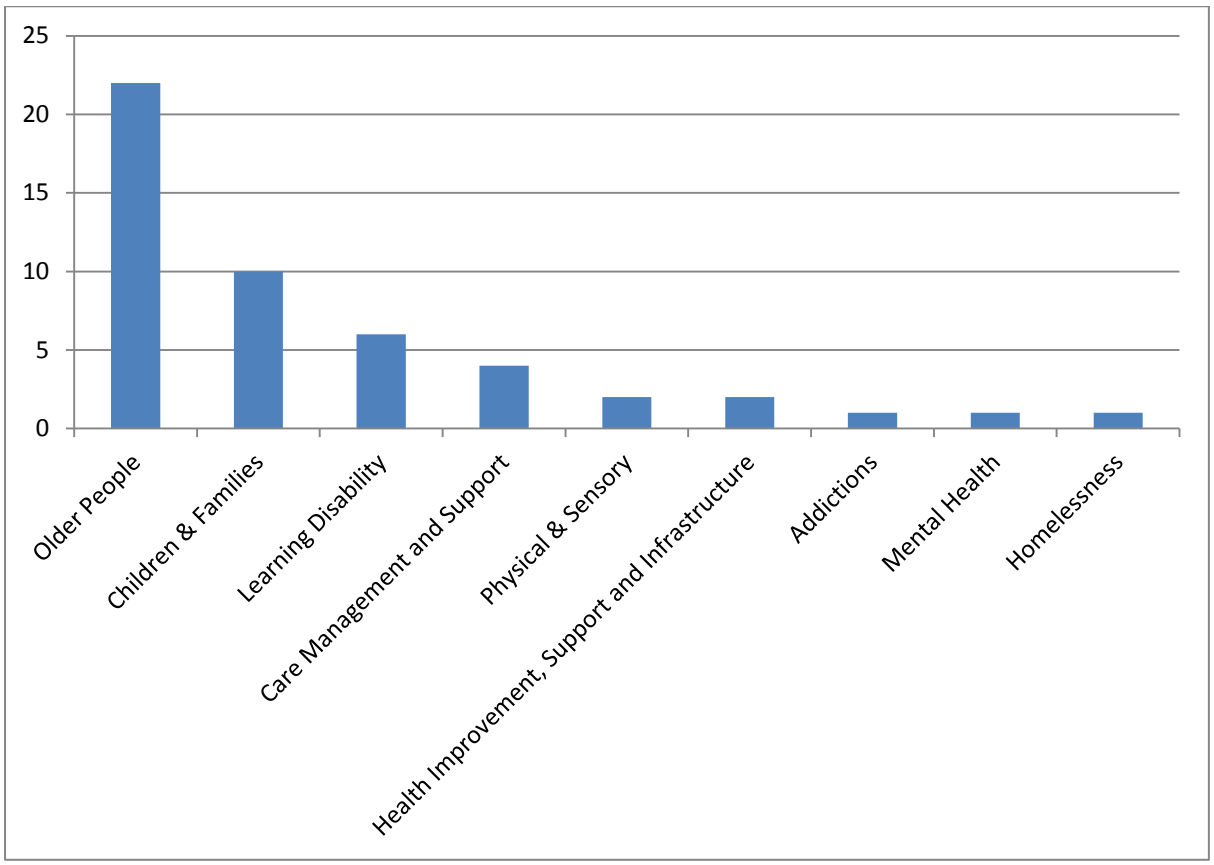


Figure 3: Distribution of Council £49 million community services spend.

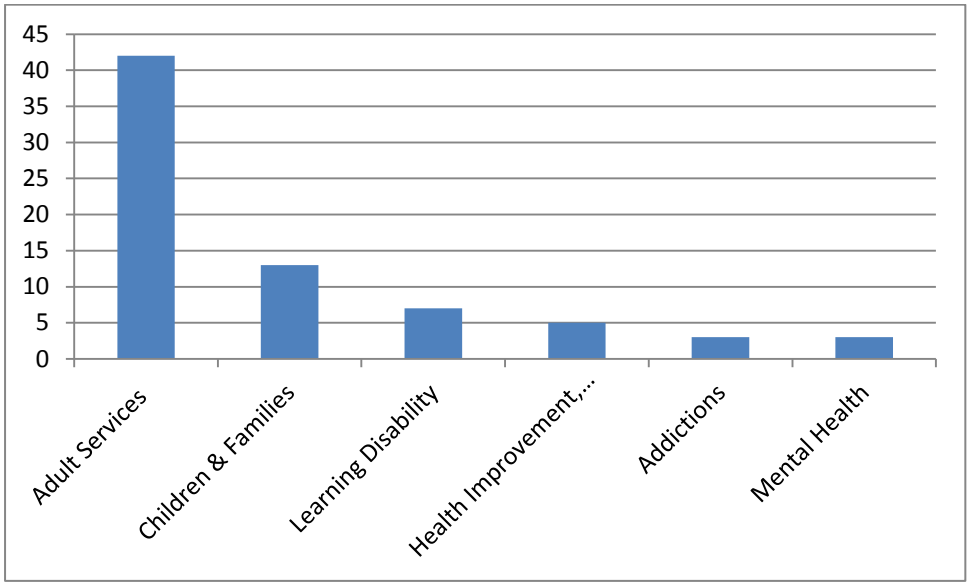


Figure 4: Joint spend against care groups and functions.

6.11 Having considered the headline spending patterns, figure 5 provides a breakdown of care services that the HSCP purchases from external providers. Figure 6 goes on to consider these by client group.

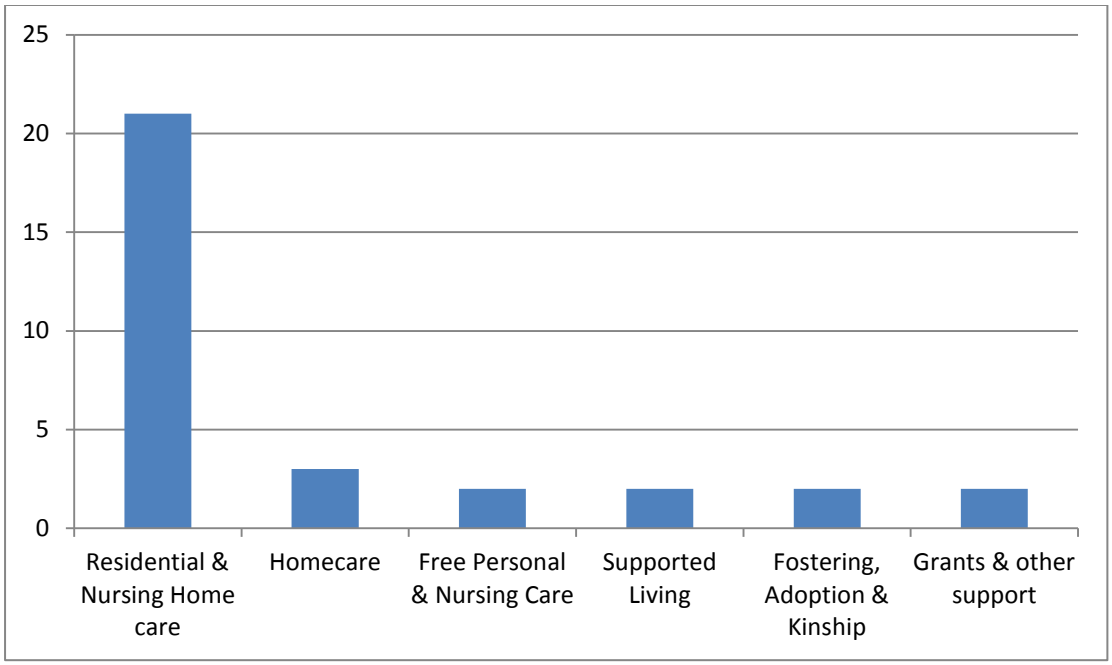


Figure 5: Purchased care services.

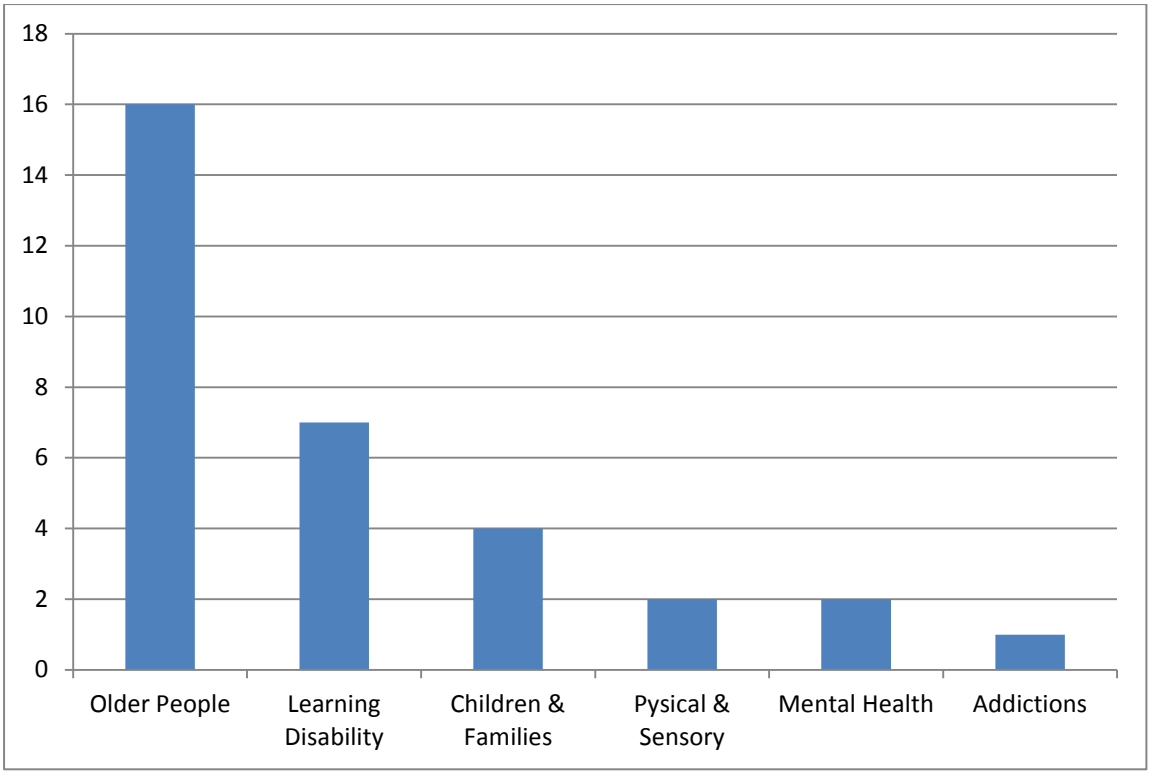


Figure 6: Purchased care services by client group.

6.12 **Capital**: In addition to the revenue budget as detailed above, the HSCP also has capital expenditure of around £1.9 million planned for 2015/16:

- £1.8 million for replacement of Neil Street Children's Home, funded through Council Prudential borrowing;
- £0.1 million on repairs funded by NHS.

6.13 The responsibility for assets will remain with the Council and the NHS Board. On 23 June 2015 the Scottish Government announced funding for a new £19 million Greenock Health Centre, and although the planning for this will be overseen by the NHS Board, it will be designed and built to enhance the principles of the Health & Social Care Partnership, and support its aspirations to undo, prevent or mitigate the causes of health inequalities.

6.14 **Acute Hospital Budget:** During 2015/16 the partnerships co-terminus with NHSGGC will work with the Health Board to develop an agreed methodology to calculate the appropriate budget to represent consumption of unscheduled care services by Integration Joint Boards. Set-aside budgets can then be proposed to each IJB to allow for planning effective from 1 April 2016.

7. UNDERSTANDING INVERCLYDE

7.1 We will further develop our Strategic Needs Analysis to understand as fully as we can what all of the information we collect tells us about the people of Inverclyde, the communities in which they live, their needs and assets and how they access and receive services.

7.2 The Strategic Needs Assessment appended to this Plan provides a useful reference point at this early stage in the HSCP's existence.

8. LOCALITIES

8.1 We embrace the notion of 'one Inverclyde' and we strive to improve the lives of all Inverclyde people. We recognise that there are stark differences between the communities and neighbourhoods that make up Inverclyde, and that people have strong affiliations to particular towns or areas, which helps account for the strong sense of community that fortunately still exists in our area.

8.2 We intend to continue to plan and deliver services on a 'one Inverclyde' basis, but recognise that local differences can sometimes mean that areas – or localities – will have different priorities dependent on needs perceived by the members of those communities and evidenced through the Strategic Needs Assessment.

8.3 We also believe that localities will help to ensure local leadership of the development of health and social care services and supports. In Inverclyde we will have two health and social care localities, which will have sub-localities or neighbourhoods. Our aim is to have smaller planning divisions, but with big enough areas to make planning sense, and to influence the overall planning approach as required. The boundaries of our neighbourhoods are aligned to the approach being taken by the CPP in the creation of localities, as required in the Community Empowerment (Scotland) Act. The two localities will be Inverclyde East and Inverclyde West.

8.4 Inverclyde East will comprise the neighbourhoods and communities of:

Kilmacolm and Quarriers Village
Population 6,396

Port Glasgow
Population 15,100

- Devol
- Slaemuir
- Oronsay
- Woodhall
- Kelburn
- Park Farm
- Parkhill
- Clune Park
- Lilybank
- Port Glasgow Town Centre
- Chapleton

Greenock East and Central
Population 15,008

- Gibshill
- Strone
- Weir Street
- Cartsdyke
- Bridgend

- Greenock Town Centre
- Well Park
- Drumfrochar
- Broomhill
- Prospecthill

8.5 Inverclyde West will comprise the communities and neighbourhoods of:

Greenock South and South West
Population 14,031

- Bow Farm
- Grieve Road
- Neil Street
- Whinhill
- Overton
- Pennyfern
- Peat Road
- Hole Farm
- Cowdenknowes
- Barrs Cottage
- Fancy Farm
- Branchton
- Braeside
- Larkfield

Greenock West and Gourock
Population 23,887

- Greenock West End
- Cardwell Bay
- Midton
- Gourock Town Centre
- Ashton
- Levan
- Trumpethill

Inverkip and Wemyss Bay
Population 5,888

8.6 The Joint Strategic Needs Assessment that accompanies this Establishment Plan highlights some of the key characteristics and issues experienced within these localities and neighbourhoods. It is intended that a full scoping exercise of the current groups and networks that exist in these two Localities and related neighbourhoods is undertaken. This will help us to determine how best to set up opportunities for discussion around health and social care at a local level, to avoid duplication and develop sustainable engagement structures given that we are a small area with limited resources. We intend to build on existing asset-based community development approaches rather than develop new ones, working in established ways that communities have grown accustomed to.

9. STRATEGIC PRIORITIES

9.1 It is recognised that there is a busy planning landscape in Inverclyde already around health and social care, with a wide range of joint plans already in existence to articulate our aims and aspirations as a partnership. These plans and strategies have been subject to consultation to ensure that the voices of all relevant parties are included, and some have been specifically co-produced with local people. We do not seek to undo this good work in the creation of our Strategic Plan, rather we aim to strengthen the intentions that have already been articulated taking action to refresh and re-focus where necessary. A list of current plans and strategies is included at appendix 1.

9.2 Our strategic priorities are based on our vision and values as well as the national outcomes, and will provide a framework to improve services and describe how we will achieve our vision. Where we can we will link back to existing strategies and plans that have already been agreed through robust engagement processes.

9.3 The table below shows where some of our main local plans, strategies and work streams relate to the national outcomes:

	National Outcome	Plans, Strategies and Work streams
1.	People are able to look after and improve their own health and wellbeing and live in good health for longer	➢ *Shifting the Balance of Care* ➢ *Prevention and Health Improvement* ➢ *Anticipatory Care Planning* ➢ *Recovery* ➢ *Inverclyde CHCP "Making Well-Being Matter in Inverclyde" Mental Health Improvement Delivery Plan 2014-2016* ➢ *Inverclyde Active Living Strategy* ➢ *Inverclyde Alcohol and Drugs Strategy* ➢ *Inverclyde Dementia Strategy* ➢ *Self-Management/ Self Care*
2.	People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.	➢ *Reablement* ➢ *Intermediate Care* ➢ *Consideration of RSLs to review their Allocations Policy in tandem with Housing Options Services and Allocations Services* ➢ *Joint Strategic Commissioning Plan for Older People* ➢ *The Keys to Life* ➢ *Joint Strategic Commissioning Plan for Adults with a Learning Disability* ➢ *Inverclyde Autism Strategy Action Plan 2014-2024* ➢ *Inverclyde Local Housing Strategy* ➢ *Inverclyde Integrated Care Plan*
3.	People who use health and social care services have positive experiences of those services, and have their dignity respected	➢ *People Involvement Framework* ➢ *People Involvement Advisory Network* ➢ *NHS Quality Strategy* ➢ *Clinical and Care Governance* ➢ *Releasing Time to Care* ➢ *Inverclyde Palliative Care Action Plan* ➢ *Community Empowerment and Capacity Building*
4.	Health and social care services are centred on helping to maintain or improve the quality of life of people	➢ *Self-Directed Support* ➢ *Co-production in Strategic Planning* ➢ *Consider provision of independent housing advice*

	National Outcome	Plans, Strategies and Work streams
	who use those services	*and advocacy services*
5.	Health and social care services contribute to reducing health inequalities	➢ *Inequalities SOA Outcome Delivery Plan* ➢ *Financial Inclusion Strategy, including Fuel Poverty Strategy* ➢ *Employability Strategy* ➢ *Homelessness Strategy* ➢ *Equalities Impact Assessments* ➢ *Health Impact Assessments*
6.	People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing	➢ *Inverclyde Carers Strategy* ➢ *Inverclyde Young Carers Strategy* ➢ *Inverclyde Short Breaks Strategy* ➢ *RSL Allocations Policies*
7.	People using health and social care services are safe from harm	➢ *Scottish Patient Safety Programme* ➢ *Clinical and care governance* ➢ *Quality assurance* ➢ *Child Protection* ➢ *Adult Protection* ➢ *MAPPA* ➢ *Consider provision of Specialist Supported Accommodation, including preventative support services* ➢ *Partnership approach to tackling antisocial behaviour*
8.	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide	➢ *Staff Governance Standards* ➢ *HSCP Training and Development Plan* ➢ *Codes of Conduct* ➢ *Staff Engagement* ➢ *Practice Governance*
9.	Resources are used effectively in the provision of health and social care services	➢ *Financial Panning* ➢ *Efficiencies* ➢ *Service Reviews* ➢ *Local Housing Strategy and Strategic Housing Investment Plan* ➢ *Modernisation and Transformation agenda* ➢ *Strategic and Collaborative Commissioning*

9.4 In addition we have a number of agreed strategic commissioning themes which we intend to align our services and support against in order to encourage cross system thinking and action. We hope that this will mean that things are not thought of only in terms of the client group or age range to which they predominantly relate, but rather, across the experience of using our services and the things that are most important to those who need support to improve their lives and their outcomes.

9.5 The strategic commissioning themes are:

- Employability and Meaningful Activity
- Recovery and Support to live independently
- Early intervention, prevention and Reablement
- Support for families
- Inclusion and Empowerment

10. GETTING INVOLVED

10.1 Inverclyde CHCP has an established record of engaging with communities, through mature and well-connected networks. We want to build on that as an HSCP and shift the emphasis by:

- Maximising the principles of co-production, inclusion and empowerment
- getting communities engaged at an even earlier stage;
- finding ways to include the views of groups who have traditionally been less likely to participate;
- building on the assets that are already inherent in our communities.

10.2 Our first full Strategic Plan will be co-produced by all the partners of the Strategic Planning Group, including representatives of local people, users of services and carers throughout the remainder of 2015/16 in order that our new, more detailed plan is ready for sign-off in April 2016.

10.3 A programme of engagement around the plan across our range of stakeholders will be commenced once this plan is endorsed for consultation by the Inverclyde Integration Joint Board. In compiling this Establishment Plan we have made use of the information we already have from engagement with carers and users of local services, local people, staff and partner organisations, as well as the wealth of evidence gathered to inform the plans we are already signed up to.

Appendix 1 – Existing Plans and Strategies that support the Establishment Plan.

Service	Ref	Title	Approved
Children & Families & Criminal Justice	1.	NSCJA Area Plan 2014-2017	NSCJA Board – 14th March 2014
	2.	Family Nurse Partnership Programme in Inverclyde (2014)	CHCP Sub-Committee 23rd October 2014
	3.	Residential Children's Units (2014) Part of wider CHCP accommodation strategy	CHCP Sub-Committee 24th April 2014
	4.	Family Placement Strategy – Review of Allowances and Fees for Foster Carers (2014) Integrated Family Placement Strategy (2009)	CHCP Sub-Committee – 27th February 2014
	5.	Healthy Child Programme (Re-design) (2013)	CHCP Sub-Committee – 28th August 2013
	6.	Inverclyde Parenting Strategy (2012)	CHCP Sub-Committee 12th January 2012
Community Care & Health	1.	Joint Strategic Commissioning Plan for Older People 2013-2023	CHCP Sub-Committee 9th January 2014
	2.	A Shared Approach to Shaping Demand and Design for Hospital Services (2015)	CHCP Sub-Committee 8th January 2015
	3.	Inverclyde CHCP's Implementation of the Scottish Government's National Strategy "Keys to Life" for Services for People with a Learning Disability (2014)	CHCP Sub-Committee 23rd October 2014
	4.	Update on Prescribing (2014) CHCP Prescribing Action Plan?	CHCP Sub-Committee – 27th February 2014
	5.	Inverclyde Autism Strategy Action Plan 2014-2024 Committee report indicates this is a draft?	CHCP Sub-Committee 27th February 2014
	6.	Older People's Strategy 2012-2013	CHCP Sub-Committee 1st March 2012
	7.	Reshaping Care for Older People – Inverclyde Local Change Plan	CHCP Sub-Committee – 13th February 2012
	8.	Review of Homecare Services (2011)	CHCP Sub-Committee 25th August 2011
	9.	Inverclyde Palliative Care Planning & Implementation Action Plan (2014)	This is an implementation plan setting out how we intend to deliver on the wider NHSGGC commitments. This has not been submitted to any committee.

Planning, Health Improvement & Commissioning	1.	Inverclyde CHCP Learning & Development Plan 2014-2015	This is a management plan and as such is not submitted to committee. It is relevant in this context as it supports the development of our staff to deliver on strategic priorities.
	2.	Inverclyde CHCP Staff Partnership Forum Communication and Engagement Plan (2010)	CHCP Staff Partnership Forum, September 2010
	3.	CHCP Commissioning Strategy 2013-2023	CHCP Sub-Committee 18th October 2012
	4.	CHCP Carers Strategy 2012-2015	CHCP Sub-Committee 28th August 2014
	5.	Inverclyde Carers Strategy 2012-2015 Review of Inverclyde Carers Strategy 2012-1015	CHCP Sub-Committee 20th October 2011 CHCP Sub-Committee 10th January 2013 CHCP Sub-Committee 28th August 2014
	6.	People Involvement in Inverclyde CHCP: A Framework	CHCP Sub-Committee 28th April 2011
	7.	Inverclyde CHCP Short Breaks Strategy 2012-2015	CHCP Sub-Committee 28th February 2013
	8.	Chief Social Work Officer – Annual Report (2014)	CHCP Sub-Committee – 23rd October 2014
	9.	Workforce Monitoring Report (2014)	CHCP Sub-Committee – 23rd October 2014
	10.	NHSGGC Director of Public Health Report 2013	CHCP Sub-Committee 24th April 2014
	11.	Inverclyde CHCP Benchmarking (2014)	CHCP Sub-Committee 24th April 2014
	12.	Self Directed Support Implementation Update (2014)	CHCP Sub-Committee – 27th February 2014
	13.	Inverclyde CHCP "Making Well-Being Matter in Inverclyde" Mental Health Improvement Delivery Plan 2014-2016	CHCP Sub-Committee 27th February 2014
	14.	NHSGGC Clinical Service Fit for the Future (Jan 2013)	CHCP Sub-Committee 10th January 2013
	15.	NHSGGC Clinical Service Fit for the Future – Update (2013)	CHCP Sub-Committee – 23rd October 2013
	16.	Inverclyde Childsmile Programme	CHCP Sub-Committee 25th April 2013
	17.	Inverclyde – Health in Mind (2013) Event	CHCP Sub-Committee – 28th February 2013
	18.	Suicide Prevention and Mental Health Improvement (2013)	CHCP Sub-Committee 28th February 2013

	19.	Community Health Care Partnership – NHS Estate (2013)	CHCP Sub-Committee – 10th January 2013
	20.	Welfare Reforms Update (2015)	Policy & Resources Committee 3rd February 2015
	21.	Welfare Reform Update (2014)	Policy & Resources Committee 18th November 2014
	22.	Progress in Mainstreaming Equality (2014)	Policy & Resources Committee 20th May 2014
	23.	Active Living Strategy (2014)	Policy & Resources Committee 20th May 2014
	24.	Financial Inclusion Strategy 2012-2017 (draft)	Single Outcome Programme Board 2nd March 2012
Mental Health, Addictions & Homelessness	1.	Inverclyde Alcohol & Drug Partnership Strategy 2010-2013	ADP Committee July 2010
	2.	Inverclyde Local Housing Strategy 2011-2016	Education & Communities Committee 25th February 2011
	3.	Inverclyde Dementia Strategy 2013-2016 (Draft)	CHCP Sub-Committee 28th February 2013
	4.	Inverclyde CHCP – NHS Continuing Care Facilities and Community Services for Specialist Nursing, Older People's Dementia and Adult Mental Health Intensive Supported Living (Oct 2014)	CHCP Sub-Committee 23rd October 2014
	5.	Inverclyde CHCP – NHS Continuing Care Facilities and Community Services for Specialist Nursing, Older People's Dementia and Adult Mental Health Intensive Supported Living (Feb 2014)	CHCP Sub-Committee 27th February 2014
	6.	Inverclyde CHCP – NHS Continuing Care Facilities and Community Services for Specialist Nursing, Older People's Dementia and Adult Mental Health Intensive Supported Living (Oct 2013)	CHCP Sub-Committee – 24th October 2013
	7.	Inverclyde CHCP – NHS Continuing Care Facilities and Community Services for Specialist Nursing, Older People's Dementia and Adult Mental Health Intensive Supported Living (April 2013)	CHCP Sub-Committee 25th April 2013
	8.	Inverclyde Council Commissioned Services for Specialist Nursing Care Older People's Dementia and Adult Mental Health Intensive Supported Living Services (2013)	CHCP Sub-Committee 25th April 2013
	9.	Inverclyde Council Commissioned Services for Specialist Nursing Care Older People's Dementia and Adult	CHCP Sub-Committee 28th February 2013

		Mental Health Intensive Supported Living Services (2013)	
	10.	The Mental Health Strategy for Scotland 2012-2015 (including local implementation)	CHCP Sub-Committee 10th January 2013
	11.	Homelessness Services (re-design) (2012)	CHCP Sub-Committee 28th August 2012