AGENDA ITEM NO: 4

Report To:	**Inverclyde Integration Joint Board**	**Date:**	**15 March 2016**
Report By:	**Brian Moore Corporate Director (Chief Officer) Inverclyde Health & Social Care Partnership**	**Report No:**	**IJB/25/2016/HW**
Contact Officer:	**Helen Watson Head of Service Planning, Health Improvement & Commissioning**	**Contact No:**	**01475 715285**
Subject:	**STRATEGIC PLAN 2016 - 2019**		

1.0 PURPOSE

1.1 The purpose of this report is to present the Strategic Plan 2016 – 19 to the Inverclyde Integration Joint Board for approval.

1.2 The Plan has been developed by the Strategic Planning Group, and builds upon the plans and planning arrangements that were put in place via the former CHCP.

1.3 The priorities outlined within the plan are taken from the existing plans that are still extant.

2.0 SUMMARY

2.1 The Public Bodies (Joint Working) (Scotland) Act 2014 requires that all HSCPs must develop a Strategic Plan that lays out their intentions and priorities. The Plan must be approved by the IJB so that responsibility for services and functions can then be fully delegated from the Council and Health Board, to the IJB.

2.2 The IJB requires a Financial Assurance Statement from the Chief Financial Officer (CFO), that the budget is sufficient for the HSCP to deliver the Strategic Plan. The Inverclyde CFO does not take up post until 22nd March 2016, and the primary task of that officer, once in post, will be to examine the budget to ensure that it meets the legislative requirements and is sufficient for the work of the HSCP.

3.0 RECOMMENDATION

3.1 That the Inverclyde Integration Joint Board approves the HSCP Strategic Plan 2016 – 2019, subject to the delivery of a Financial Assurance Statement from the Chief Financial Officer, once in post.

Brian Moore
Corporate Director (Chief Officer)
Inverclyde Health & Social Care Partnership

4.0 BACKGROUND

4.1 The Public Bodies (Joint Working) (Scotland) Act 2014 requires that all HSCPs must develop a Strategic Plan that lays out their intentions and priorities. The Plan must be approved by the IJB so that responsibility for services and functions can then be fully delegated from the Council and Health Board, to the IJB.

4.2 The Inverclyde Strategic Plan has been developed by the Strategic Planning Group, which is chaired by the Chief Officer and has representation from:

- Service Users
- Carers
- People Involvement Advisory Network
- The local Third / Voluntary Sector
- The Independent Sector
- The Acute Hospitals Sector
- Social Work Services
- Community Health Services
- Primary Care
- Nursing
- Allied Health Professionals
- Inverclyde Housing Associations Forum
- Inverclyde Council Strategic Housing Services
- Staff-side
- Community Planning Partnership

The Strategic Planning Group is supported by the HSCP Facilitator.

As well as direct inputs from the members who represent the above constituencies, it should be noted that public consultation on the draft Plan elicited a wealth of feedback, comments and suggestions. These contributions brought about a notable re-shaping of the Plan, into that which is now presented for approval.

4.3 Prior to the Public Bodies Act, Inverclyde had an established history of integrated health and social care services through the former CHCP arrangements. Those arrangements included a planning infrastructure that supported engagement and participation with stakeholders, using the principles of co-production as much as possible.

4.4 On that basis, we were already committed to key priorities across health and social care within our existing plans. Many of those priorities are still valid and relevant, and will be carried forward within the overarching Strategic Plan that is presently presented to the IJB for approval. For ease of reference, these priorities are highlighted at section 3.2 of the Plan.

5.0 COMPOSITION OF THE STRATEGIC PLAN

5.1 In recognition that the Plan builds upon existing plans, strategies and approved policies, our approach has been to consider the key themes and priorities within the existing plans, and organise that information into overarching themes. That work resulted in the emergence of five core themes that should drive our approach to strategic commissioning going into the future. The strategic commissioning themes are:

- Employability and meaningful activity;
- Recovery and support to live independently;
- Early intervention, preventions and reablement;
- Support for families
- Inclusion and empowerment.

Using these themes as our guiding principles, we will be able to undertake strategic commissioning that delivers on the nine national outcomes that are central to the legislation.

5.2 Our strategic commissioning will be shaped not only by these themes and the national outcomes, but also by local intelligence in relation to local issues, circumstances and outcomes. Our Strategic Needs Assessment, at appendix 3 in the Plan, includes a wealth of data to support evidenced-based commissioning. This will be a constantly evolving 'live' document, and will aim to make sense of published data in a local context.

5.3 The Strategic Plan is presented in six sections. The first four sections mirror the HSCP values:

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

Section five includes a glossary of terms, recognising that some of the language used can be quite technical. Section six includes more detailed appendices that are referred to within the Plan. It also includes a 'document wallet' that contains the existing plans and strategies that form the foundation of the Strategic Plan. Although designed to be accessed electronically, hard copies will be available on request.

5.4 The Plan has been laid out in this way so that when individual aspects require reviewing or updating, this can be done in a more efficient way, without the need to re-write everything. Some important dimensions have still to be completed, and once done, can be slotted into the document wallet. Work in progress includes:

- Equalities Outcomes – due by 30th April 2016;
- Equalities Impact Assessment – due by 30th April 2016;
- 'People Plan' (our workforce and organisational development plan) – due by 31st March 2017;
- HSCP and Acute Sector Plan – due by 30th September 2016.

5.5 The legislation recognises that integrated health and social care services will need clearly defined contributions from housing providers, if they are to deliver on the nine national outcomes. To that end we have worked with the Council's Strategic Housing Team and local RSLs to develop a statement of commitment. The Housing Contribution Statement is included at appendix 4 of the Plan.

5.6 The legislation also recognises that people who require ongoing health and/or social care support might from time to time need to be admitted to hospital. Our planning should take account of how, when and why people are admitted to hospital, and work to reduce or remove unnecessary admissions. Where an admission is unavoidable, we should have systems in place to get people back to their own homes and communities as quickly and safely as possible. Our planning with the Acute Hospital Sector will be based on these principles.

5.7 The money to fund services and functions comes to the IJB from the Council and the Health Board. Safeguards must be in place to ensure that the money is sufficient to deliver the Council, Health Board and IJB's priorities. These safeguards must also include assurance that the money is being spent in the way that has been agreed and committed to through this Plan.

5.8 The annual budget for the Council was approved on 10th March 2016 as £48.91million. A position statement regarding the Health Board financial planning for 2016/17, and associated implications for Inverclyde, will be available to IJB members by 15th March 2016. On that basis, approval of the Plan is conditional on the final allocated budget being sufficient to deliver the key priorities. Adequacy of the budget will be confirmed by the Chief Financial Officer (CFO) once that officer is in post. The

CFO has been appointed and is due to take up post on 22nd March 2016. Once in post, the CFO will review the proposed budget and when satisfied that it meets the legislative requirements, will issue an Assurance Statement to the IJB.

5.9 Members will be alert to the announcement by the Scottish Government on 16th December 2015 that a national fund of £250million is to be disbursed to IJBs. A separate report is presented to this Board meeting on the proposed use of Inverclyde's share of that fund, and it is likely that the IJB will require to put elements of that resource to reserve, pending due consideration of the detail of how it will be spent. On that basis a report will come to the next meeting of the IJB proposing a Reserves Policy.

5.10 Members should also note that although the Plan spans three years, it will initially be underpinned by a one-year budget. This means that a one-year review of the Plan and budget will need to take place and be approved by the IJB before 31st March 2017.

6.0 PROPOSALS

6.1 It is proposed that the IJB approves the Strategic Plan 2016 – 19, subject to the Assurance Statement from the Chief Financial Officer once she is in post.

7.0 IMPLICATIONS

Finance

7.1 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 The implementation of the recommendations made in this report will ensure that the Inverclyde Integration Joint Board complies with the legal requirements set out in the Public Bodies (Joint Working) (Scotland) Act 2014. 1 April 2016 will be the date from which the IJB will take on the functions delegated to it by Inverclyde Council and the Health Board as set out in the Integration Scheme.

Human Resources

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

Equalities

7.4 Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
✓	NO – However an Equality Impact Assessment is currently underway. We are required to develop equality outcomes by 30th April 2016, and these will be appended to the Strategic Plan.

8.0 LIST OF BACKGROUND PAPERS

8.1 Public Bodies (Joint Working) (Scotland) Act 2014

Inverclyde Integration Scheme -
https://www.inverclyde.gov.uk/meetings/committees/57

9.0 CONSULTATIONS

9.1 Full consultation was undertaken through the Strategic Planning Group and responses to the consultation have been incorporated in the final report.

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

2016 – 2019

“Improving Lives”

Contents

Introduction

We would like to welcome you to Inverclyde Health and Social Care Partnership's first substantive Strategic Plan. This marks us entering an exciting new phase of how health and social care services are planned and delivered in Inverclyde, building on our established integration arrangements (through the former CHCP). This new phase will see a much stronger focus on changes that make a real difference to the people who need our services.

Our Health and Social Care Partnership (HSCP) has been set up in response to the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014, often referred to as the integration legislation, but here in Inverclyde, we have had integrated services since 2010. That means we have strong foundations to take forward our vision - *Improving Lives*. This vision is underpinned by the values that:

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

This Plan aims to set out the improvements we hope to make, based on these key values and what local people have told us that they want. The Plan reflects these values, and describes what will change over the next three years. The Integration Joint Board (IJB) will oversee the Plan's progress, and we will report our business through our website at (www.inverclyde.gov.uk/health-and-social-care).

Councillor Joe McIlwee
Inverclyde IJB Chair

Ross Finnie
Inverclyde IJB Vice Chair

Executive Summary

Introduction

We would like to welcome you to Inverclyde Health and Social Care Partnership's first substantive Strategic Plan.

Inverclyde HSCP is built on our established integration arrangements (through the former CHCP), and has been set up in response to the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014, often referred to as the integration legislation. Our vision is Improving Lives, and this vision is underpinned by the values that:

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

This Plan aims to set out the improvements we hope to make, based on these key values.

We put people first:

When we talk about people we mean:

- anyone who uses or may need to use local health and social care services in Inverclyde;
- the families and carers of people who use services;
- anyone who contributes to the planning and delivery of local health and social care services (such as our workforce, local people who engage in our involvement networks, and our partners in other statutory independent or third sector organisations).

We recognise that the HSCP exists to provide the supports to enable people to make the most of their own abilities and to help them to overcome any problems or barriers to a better quality of life. We will measure our success or otherwise, based on the extent to which we make a positive difference in the lives of the people we serve.

We work better together:

We believe that lives will be improved though a combination of the supports that the HSCP can deliver, and the arrays of other supports that already exist within the communities of Inverclyde. From unpaid family carers and volunteers to a range of third sector organisations, Inverclyde benefits from a strong sense of social justice and community spirit that will have a crucial role in shaping our future.

The integration legislation aims to bring community health and social care services together across each Scottish local authority (council) area, into local Health and Social Care Partnerships. These partnerships are to be known as HSCPs. HSCPs are intended to deliver and plan services and support to the people who need them in a way that

makes sense in terms of care pathways and how services are accessed. This approach prevents duplication of effort, and ultimately provides the best quality of support that we can possibly achieve from the resources at our disposal.

In promoting the need to work better together, the legislation also requires each Health and Social Care Partnership (HSCP) to establish a minimum of two localities in their partnership area. These localities are intended to be used to focus planning and action on local areas and local people, with close engagement amongst all of those individuals, groups and organisations that have an interest in improving lives in that area.

In Inverclyde, three Wellbeing Localities have been established. These are East Inverclyde, Central Inverclyde and West Inverclyde. Inverclyde people have told us that they like the principles of locality working. Working at locality level will support even stronger community engagement, and if organised properly, people will feel valued and take ownership of their locality, as well as the health and wellbeing of people who live in it. People have commented that locality working feels more like a "grass-roots" approach, and will help improve the outcomes of those who experience health inequalities, so long as we ensure that all localities are treated not equally but *equitably*. That is to say, some areas will need more support and input to achieve the same level of quality of life that is experienced in other areas. We also need to be wary though that we don't create divisions between localities, given that a lot of our community strength has developed through taking a "one Inverclyde" approach. The advantages of that single area notion are particularly evident when we consider Inverclyde's fantastic leisure facilities and green belt areas, our library services, and some of the cross-Inverclyde community support groups.

We are committed to working better together because we know that makes a difference. Here in Inverclyde, there is a strong history of partnership working with communities, patients and service users, carers, our local hospital, independent and third sector service providers and housing providers. These relationships have supported the principles of integration for many years.

We strive to do better:

In October 2010 Inverclyde Council and NHS Greater Glasgow and Clyde Health Board took the first steps toward integration by establishing our Community Health and Care Partnership (CHCP). This innovative approach opened up the opportunities of joint working that the rest of Scotland now aspires to. We can be proud of what we have achieved in our recent history and of being 'ahead of the game' when compared to some other council and health board areas. Perhaps more importantly, over the past six years of integrated services there has been marked improvement in some key areas of our business. Integrated hospital discharge services mean that most people are able to leave hospital and go home almost as soon as they are medically ready; mental health community and hospital care pathways are well defined. This means that if people with mental ill-health need to be admitted to hospital, the community-based workers that they know and trust are able to remain in close contact with them, and support them back out of hospital once they're ready. By integrating NHS and social work support services such as administration, planning or quality assurance, our 'backroom' functions are more streamlined and we are able to provide consistently high quality support to the people delivering front-line services.

We are accountable:

Much of what is required by the integration legislation is already in place in Inverclyde, so we have firm foundations to build on. This has allowed us to migrate relatively smoothly from our CHCP arrangements into our new legal entity status. The new HSCP includes all of the services, budgets and staff that make up community health, social care and community justice delivery in Inverclyde. The officers that manage these are overseen by the Integration Joint Board (IJB). The IJB includes a range of people with a wealth of experience, who have an interest in ensuring that the HSCP does everything it should do to improve the lives of Inverclyde's people.

The integration legislation and its associated guidance highlight that every HSCP must produce a Strategic Plan, outlining what services will be included, noting key objectives and how partnerships will deliver improvements. Improvement will be gauged on nine national outcomes, designed to help partnerships demonstrate the difference that joined up services make to the lives of the people who use those services.

The nine National Health and Wellbeing Outcomes are:

1) People are able to look after and improve their own health and wellbeing and live in good health for longer.
2) People, including those with disabilities 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 reducing 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.

Over a number of years we have worked with communities, local people and other partners to develop a suite of plans and strategies, all of which are designed to improve outcomes for local people. These plans and strategies form the sub-structure of this over-arching Strategic Plan. The Strategic Plan is a statement of intent – it is designed to illustrate the approach we intend to take to consolidate our aims. However we realise that the array of plans we have can be confusing, so to consolidate these aims, rather than considering the aims on a plan-by-plan basis, we have identified key themes that run through all of our planning. There are five of these themes, which we term as our strategic commissioning themes.

Our 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**

These themes have been brought to life through an inclusive approach to shaping our priorities. We are committed to continuing and building upon the excellent community engagement that exists, and we will develop a Communication and Engagement Strategy based on the rich feedback we have had from communities in response to the consultation on this Plan.

As noted, this Plan is built upon the array of existing plans, and the detail of what we are committed to doing in every area of service is in the appendices, by way of these existing plans. For ease of reference we have also summarised the key actions from across those plans and these can be viewed at appendix 6. Essentially that summary describes what will be different as a result of our improved arrangements, and the key changes are summarised under "our priorities" at section 3.2.

The 1st April 2016 is the point at which the Integration Joint Board assumes the full delegated authority to oversee the planning and provision of health and social care services to the citizens of Inverclyde. The Strategic Plan sets out at appendix 1 all the services for which the IJB has delegated responsibly either for planning or for actual delivery. This Strategic Plan outlines 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.

This Strategic Plan 2016 -19 has been developed by the HSCP's Strategic Planning Group, including representatives of local people, users of services and carers, third and independent sector partners and acute services. The Plan is approved, overseen and scrutinised by the Integration Joint Board. This ensures that there is strong governance around agreeing and delivering the commitments of the plan, and a mechanism to inform future priorities and plans.

We are pleased to present this Strategic Plan and invite all of our stakeholders to join the conversation to shape how future health and social care services are planned and delivered. Our collective efforts will contribute to making a real difference to the social, economic, physical and mental wellbeing of our people and in our place - Inverclyde.

At the end of the Strategic Plan you will find a glossary of terms, in acknowledgement that the Plan contains a number of terms which will not be familiar to everyone.

Finally, we thank all of the individuals, groups, services stakeholders and partners who have given their time and expertise to jointly write and produce this plan. We also extend our gratitude to everyone who provided us with helpful and constructive feedback, comments and suggestions during the public consultation. Your contributions have enriched the development of our Inverclyde Strategic Plan.

Section 1 – We Put People First

1.1 Our Vison

1.1.1 When the previous integrated Community Health and Care Partnership (CHCP) was created in Inverclyde in October 2010, partners agreed that our core purpose across all of our services was the need to make a real and positive difference to the outcomes of people who need health and/or social care services.

1.1.2 Recognising the need to focus on this common and unifying purpose, our vision statement was agreed as *Improving Lives*. We believe that this vision still stands today as we transition to our new arrangements as a Health and Social Care Partnership (HSCP).

1.1.3 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.

1.1.4 This Strategic Plan is set out in accordance with our underpinning values and our commitment to tackling inequality and mainstreaming equality.

1.1.5 We are committed to putting people first. When we talk about *people* we mean:

- anyone who uses or may need to use health and social care services;
- families and carers of people who use services;
- anyone who contributes to the planning and delivery of local health and social care services;
- our workforce;
- local people who engage in our involvement networks;
- our partners in other statutory, independent or third sector organisations;
- local housing providers.

1.1.6 Our vision and values are consistent with the policy intentions of the integration of health and social care. To realise our vision we will work better together. We will take a strategic approach to how we organise 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.

1.1.7 The Strategic Plan is a statement of intent – it is designed to illustrate the approach we intend to take to consolidate our aims based on five strategic commissioning themes. These 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

1.2 Our Scope

1.2.1 In Inverclyde we have an 'all-inclusive' health and social care partnership. Inverclyde HSCP has responsibility for the strategic commissioning (either planning or direct service delivery, or both) of the full range of health and social care services; population health and wellbeing, statutory health and social work/ social care services for children, adults, older people and people in the community justice system.

1.2.2 From 1st April 2016, the Integration Joint Board (IJB) takes formal delegated responsibility from the NHS Greater Glasgow and Clyde Health Board and Inverclyde Council for the delivery and/or planning of local health and social care services.

1.2.3 For some services this delegation of responsibly will mean the IJB taking full responsibility for planning, management and delivery of service provision, while for others – notably hospital based services and housing – this will mean planning with partners who will continue to manage and deliver the services as part of wider structures (e.g. the NHS Greater Glasgow & Clyde Acute Sector) or via external delivery agencies (e.g. Registered Social Landlords and Housing Associations).

1.2.4 Appendix 1 details which services have been delegated by either NHS Greater Glasgow & Clyde Health Board or by Inverclyde Council to the Inverclyde Integration Joint Board. Next to each service function we have noted whether the IJB has delivery responsibly or planning responsibility only. For this second group of services (planning) the IJB does not directly manage any resources or staff that are linked, but will influence the use of those staff and resources in response to local needs. The list of services in Appendix 1 is as specified in our Integration Scheme which was approved by the Scottish Government on 27th June 2015.

1.2.5 In addition to the services and functions specified as mandatory for delegation in the legislation, Inverclyde Council has also opted to delegate the planning and delivery of some other Council services and functions. These are also detailed in appendix 1.

1.2.6 Our work and duties are governed by a complex array of legislation, and appendix 2 provides a full list of that legislation.

1.3 Our Drivers

1.3.1 All of our key drivers can be grouped under the following headings:

- Legislation and national strategic direction (as referenced at appendix 2);
- Locally evidenced need and local strategic direction (as referenced in our Strategic Needs Assessment at appendix 3);
- Focus on outcomes (as highlighted by the nine national outcomes at 1.3.4) ;
- Focus on nurturing to improve population wellbeing (as referenced in our Community Planning Partnership Single Outcome Agreement highlighted at section 1.3.13);
- Focus on tacking inequality (as referenced through all of our existing plans, included in the document wallet at appendix 8);
- Projected need as evidenced by our Strategic Needs Assessment (appendix 3)

1.3.2 Clearly some of these drivers might change over the life of this plan, so we will review our progress through the performance arrangements outlined at section 3.3.2

1.3.3 What will not change is our ambition to improve wellbeing and reduce inequalities for all Inverclyde people, particularly those whose needs are complex and involve support from health and social care service providers at the same time. We will retain our focus on making the changes that matter most to the people who use our services through our delivery of the nine national outcomes below.

1.3.4 The nine National Health and Wellbeing Outcomes are:

1. People are able to look after and improve their own health and wellbeing and live in good health for longer.
2. People, including those with disabilities 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 reducing 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.

1.3.5 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.

1.3.6 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.

1.3.7 We are also required to deliver on the Health and Social Care Integration Principles as set out in the guidance that underpins the Public Bodies (Joint Working) (Scotland) Act 2014, 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.

1.3.8 The drivers outlined at 1.3.1 make reference to our Community Planning Partnership obligations. The HSCP is part of the Inverclyde Alliance, our local Community Planning Partnership. The over-arching Community Planning Partnership outcomes for Inverclyde seek to deliver the vision of 'Getting it Right for Every Child, Citizen and Community'. The Getting It Right wellbeing outcomes aim to ensure that all children, citizens and communities in Inverclyde are: Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible and Included. These wellbeing outcomes have resonance and read-across to the nine national outcomes, as well as the outcomes for children and the outcomes for the Criminal Justice system (1.3.4 – 1.3.6).

1.3.9 The 'Getting It Right' principles are also entirely consistent with our drive to facilitate a nurturing environment locally. This will enable people to:

- be responsible for determining and achieving their own desired outcomes,
- have improved population health and wellbeing, and
- experience reduced inequalities.

1.3.10 The 'Getting It Right' principles have been formalised into an Inverclyde Single Outcome Agreement (SOA), and its target outcomes are described in table 1 at paragraph 1.3.13.

1.3.11 The SOA is a four year agreement (2013-17) between the Community Planning Partners (the Inverclyde Alliance), and the Scottish Government. The Inverclyde Alliance includes:

- Elected Members,
- public agencies,
- private enterprise,
- community and voluntary organisations, and
- residents.

1.3.12 The SOA identifies the priorities and issues which affect the lives of Inverclyde people and sets out outcomes which, when achieved, will improve their wellbeing and quality of life.

1.3.13 The SOA seeks to deliver the following strategic outcomes set out in Table 1 below:

Table 1 SOA Strategic Outcomes

No:	Outcome
1	Inverclyde's population is stable with a good balance of socio-economic groups.
2	Communities are stronger, responsible and more able to identify, articulate and take action on their needs and aspirations to bring about an improvement in the quality of community life.
3	The area's economic regeneration is secured, economic activity in Inverclyde is increased, and skills development enables both those in work and those furthest from the labour market to realise their full potential.
4	The health of local people is improved, combating health inequality and promoting healthy lifestyles.
5	A positive culture change will have taken place in Inverclyde in attitudes to alcohol, resulting in fewer associated health problems, social problems and reduced crime rates.
6	A nurturing Inverclyde gives all our children and young people the best possible start in life.
7	All children, citizens and communities in Inverclyde play an active role in nurturing the environment to make the area a sustainable and desirable place to live and visit.
8	Our public services are high quality, continually improving, efficient and responsive to local people's needs.

1.4 Our Approach

1.4.1 The creation of the Health and Social Care Partnership and the development of this Strategic Plan afford us a collective pause in which to consider the approach we want to take. Reconsidering and evaluating how we do things allows us to make deliberate and considered decisions about the actions we will take to improve lives.

1.4.2 We have noted that there are important drivers that set a general direction for the HSCP (1.3.1), and that our existing plans have a consistency running through them in terms of the five strategic commissioning themes (1.1.7). We are fully committed to the Community Planning Partnership and its SOA (1.3.8 – 1.3.13), as well as the nine national outcomes (1.3.4). These various drivers and themes demonstrate the complexity of our planning environment, but it is important that we recognise that complexity and work with it, so that we can develop our approach to be as joined-up as possible. Our approach extends to all areas of our collective business.

1.4.3 This section sets out the approach the HSCP and the wider partnership will take in relation to:

- Outcomes
- Tackling inequalities and mainstreaming equality
- Improving population health and wellbeing
- Strategic Planning and Commissioning
- Delivering Services

1.4.4 <u>Outcomes Approach</u>
Improving the lives of people in Inverclyde is at the centre of everything we do. When someone requests a service or treatment from the HSCP, our starting point is to work with people to identify the best options and solutions which will help them change or improve their lives. We call this an outcomes based approached.

1.4.5 Achieving a good outcome for an individual can be realised in a variety of ways. The best outcome might be achieved by, for example, providing advice, putting them in touch with other services, or by providing direct support. However, solutions can often found by supporting the person to draw on their own personal or network strengths, such as those noted at 1.4.7.

1.4.6 The principles of this approach also ensure that every effort is made to

- maintain an individual or family's right to privacy and family life,
- be respected and maintain dignity,
- to encourage and maintain independence and skills
- to learn to self-manage and care for their own needs,

- manage risks and feel safe in the least restrictive way possible and,
- to make informed choices and decisions by considering all options, opportunities and risks, to help achieve improved quality of life – what we would term a good outcome.

This approach extends to individuals, parents, families or carers.

1.4.7 From the assessed outcomes all resources are considered to meet need including:

- self- management;
- family and/or friends;
- community supports;
- volunteering;
- befriending;
- advocacy;
- Activities that the person engages in or is interested in;
- local private and voluntary agencies or support providers, and
- HSCP services.

1.4.8 Consideration is given to the use of self-directed support with the use of personal budgets to enable an individual to:

- fully manage and arrange their own support or care, or
- employ someone to support them, or
- have the HSCP arrange the support, or
- have a mixture of HSCP and individual arrangements to pay for services.

1.5 Equality

1.5.1 Inverclyde Health and Social Care Partnership (HSCP) is fully committed to delivering services that are fair for all and uphold our responsibilities as detailed in the Equality Act 2010 and the Equality Act (Specific Duties) (Scotland) Regulations 2012. We take these responsibilities seriously and over the next three years will seek to identify and deliver improvements in our integrated services to eliminate unlawful discrimination, harassment and victimisation, advance equality of opportunity between different groups of people and work in a way that fosters good relations within the communities of Inverclyde. There are nine protected characteristic groups namely;

- Age
- Disability
- Gender reassignment
- Pregnancy and maternity
- Race
- Religion or belief

- Sex
- Sexual orientation
- Marriage or civil partnership status

1.5.2 We will develop a set of specific outcomes for protected characteristic groups, with an appreciation that added investment in targeted areas will bring positive change to patients and carers at greatest risk of poorer health and social care outcomes. However, to be truly inclusive and responsive to the diverse needs of the people of Inverclyde, we need to ensure equality and diversity considerations are woven into the fabric of everyday health and social care planning within the HSCP.

1.5.3 This Strategic Plan reflects this mainstreaming aspiration, setting out not only our key delivery areas, but also the organisational culture required to achieve them. An informed workforce that understands that inequality sits at the heart of poorer health and social care outcomes will improve lives by making Inverclyde a safe, secure and healthy place for all.

1.5.4 The HSCP will evolve as an inequalities-sensitive public body by ensuring that the right mechanisms are in place to ensure this is everyday business.

1.5.5 Unlike many other public bodies in Scotland, the HSCP has limited responsibility in terms of the Equality Act (Specific Duties) (Scotland) Regulations 2012. Requirements of the Specific Duties relating to the publishing of gender pay gap information, publishing statements on equal pay, gathering and using employee information and considerations relating to public procurement remain the responsibility of either Inverclyde Council or NHS Greater Glasgow and Clyde Health Board. The two source organisations continue as employers of HSCP staff and their respective policies and protocols governing how goods and services are purchased are also retained.

1.5.6 The HSCP ***is*** directly accountable for developing a set of measurable equality outcomes related to the nine protected characteristics noted at 1.5.1 above. We also need to develop associated performance reports, ensuring all new policies and practices are reviewed in the context of mainstreaming the Equality Act. Our Equality Outcomes will need to evidence that the HSCP:

- Eliminates unlawful discrimination, harassment and victimisation;
- Advances equality of opportunity between different groups;
- Fosters good relations between different groups.

1.5.7 Leadership and Accountability

The HSCP Chief Officer is ultimately accountable for ensuring equality legislation is upheld and services are designed and delivered in a way that meets the general duty and those specific duties that have become the responsibility of the HSCP. This responsibility is delegated in part to the HSCP Senior Management Team (SMT) who will collectively ensure that service planning and delivery evidences compliance with legislation. The SMT will approve equality outcomes, and ensure that the annual performance monitoring reports to the IJB include specific reference to our progress in delivering the

outcomes. The lead officer for equality and diversity within the SMT is the Head of Service for, Planning, Health Improvement and Commissioning.

1.5.8 Listening to Service Users

Inverclyde HSCP has a strong public engagement record and will build on this to ensure we are inclusive of diverse groups of people in our processes. Listening to seldom heard groups and acting on what we hear will help shape services that understand the breadth and possible complexity of service user needs.

1.5.9 The HSCP commissions Your Voice/Inverclyde Community Care Forum to undertake its main public engagement role through the People Involvement Network. The network involves a cross-section of people from our communities and will be subject to review to ensure both the removal of potential barriers to participation, and the inclusion of all groups representative of the protected characteristics (1.5.1). Members will participate in an ongoing learning programme covering each of these protected characteristics and wider inequality issues to ensure advisory and network business is inclusive of equality and diversity needs.

1.5.10 While the HSCP has responsibility for evidencing that local voices are listened to and acted upon, the HSCP will also benefit from engagement undertaken by its health and social care partners and gain insight into the needs of groups that may not be prominent or accessible within Inverclyde. For instance NHS Greater Glasgow and Clyde has undertaken significant engagement with asylum seeker and refugee groups and this valuable intelligence can be used locally to help shape appropriate service responses.

1.5.11 Wherever possible, the HSCP will enlist the support of service users to identify service barriers 'on the ground'. For example, enlisting the help and support of Inverclyde Council on Disability (ICOD) will deliver formal accessibility audits across a range of HSCP services and identify any reasonable adjustments to be made.

1.5.12 We appreciate that being pro-active in public engagement is the key to delivering services that are fit for purpose and fit for all, and in response to consultation comments on this plan, we are committed to developing a Communication and Engagement Strategy that captures the comments, suggestions and insights of local people.

1.5.13 However, at times services users may feel their needs have not been fully met and would like to tell us about experiences. The HSCP will ensure fair and equitable access to our HSCP complaints process and will review all complaints to determine if the cause was in any way related to barriers associated with a protected characteristic. We recognise that complaints provide us with valuable intelligence that supports continuous improvement.

1.5.14 Fair Service Delivery

Ease of access to HSCP services will be dependent on a number of factors including communication support needs, physical access needs, understanding

of how the HSCP operates and the complexity of the health and social care issues experienced. Inverclyde HSCP will adopt a range of policies to help in the provision of services that are effective, equitable and continuously improving to meet the changing demands of our service users.

1.5.15 HSCP staff will be guided in this through an understanding and use of a number of policies and resources, for example:

- Accessible Information Policy
- Interpreting Procedure

Where the HSCP issues new policies or makes changes to the way services are delivered that might impact on service users care we will conduct an equality impact assessment (EQIA) to identify any associated risks to groups of service users. From those assessments we will take appropriate mitigating action. Inverclyde HSCP will use a tested EQIA tool with an integrated quality assurance process to ensure assessments are of the highest possible standard. Part of this process will include engaging with service users to better understand potential impacts across a range of protected characteristic groups.

1.6 Working Together

1.6.1 Inverclyde HSCP's integrated workforce brings together staff from two public sector organisations, with a range of health and social care backgrounds. Staff understand that working together in a single organisation is far more effective in responding to the causes of poor health and social care. However, Inverclyde HSCP sits in a rich landscape of local statutory, independent, voluntary and third sector organisations, all of whom make a significant contribution to making Inverclyde a safe, secure and healthy place to live. The HSCP will be reliant upon growing existing and new relationships to bring maximum benefit through partnership working. For example, our work with Police Scotland on hate crime and domestic and gender based violence, or our work with local Housing Associations in developing the Housing Contribution Statement (appendix 4).

1.7 Strategic Planning and Commissioning

1.7.1 How we plan and determine what actions or change will make the biggest difference is central to our approach. Our aspiration is to be collective in how we do things; to look widely at the outcomes we hope to help people achieve. This means that we will move away from very specific client-group or needs-category planning and be more strategic. We will consider our whole population and commission services in response to cross-cutting outcomes rather than a resource driven model – we will plan for our place rather than on a service by service basis.

1.7.2 Traditionally our approach to planning has been based on achieving targets, measured through service outputs (top-down approach). Real change can come about if we move away from focusing strictly on the targets, and towards focusing on outcomes that make a real difference to the lives of individuals, families and communities. We will do this through a strategic commissioning approach involving the people who use our services and those who support them (bottom-up approach). We will use the five commissioning themes to ensure that we stay on track.

1.7.3 Our re-focused approach to planning will take account of the entire journey of each individual. We will plan from outcomes-based assessment of need through to the eventual achievement of personal outcomes. We will do this by making use of whatever care and support is assessed as necessary, rather than focusing on single episodes of service delivery which can lead to gaps and missed opportunities in viewing the whole circumstances of the person.

1.7.4 Traditionally the statutory sector (the HSCP in this case) has commissioned supports and services by considering the most frequently occurring needs within what we term “care group” categories (for example, learning disability, mental health, older people etc.). We have then developed services in line with those care groups, based on our understanding of what needs are, and how these needs are met most effectively. The Public Bodies Act (2014) challenges us to think differently, and to recognise that individuals will sometimes have different priorities from the priorities of the professional assessor. We will be required to commission services based on the outcomes that people want to achieve, and trough that approach we will also deliver the nine national outcomes as highlighted at paragraph 1.3.4.

1.7.5 Successful delivery of the nine outcomes will depend upon the commissioning decisions and approaches we take, as well as on individuals themselves and our staff who work with them. Rather than thinking about each care group category, our five strategic commissioning themes, as outlined at 1.1.7, will guide us in assessing whether or not the services we intend to commission will deliver the changes that are needed. Commissioning in this context includes internal HSCP services as well as ‘purchased’ services from local health and social care provider organisations.

1.7.6 As we move forward in implementing this Strategic Plan we will identify, through the five commissioning themes, any opportunities to work with our partners to commission related services across care groups. For example, "Recovery and support to live independently" has relevance to people of all ages and with the full range of support needs. It does not always make sense for us to commission services to support recovery on behalf of older people, people with mental ill-health etc. separately. It does not always make sense for provider organisations to organise such services by client-group either. By commissioning against our five themes, we will be in a stronger position to ensure that our commissioning is based on person-centred outcomes, particularly in those cases where individuals have characteristics relating to more than one care category or need.

1.7.7 We recognise that intelligent, strategic commissioning arrangements are shaped by an understanding that care and support needs are frequently changing both for individuals and for the population as a whole. Need, demand and what we should commission are dependent on the circumstances of people at any given time. Support rarely begins and ends with one single service. As noted above, the Integration Joint Board (IJB) now has responsibility to plan some key hospital services, to ensure that care flows smoothly through the range of supports from communities to hospital and then back to communities. Our individual and strategic commissioning approach will continually evolve to reflect this change.

1.7.8 Local service providers also need to be aware of our plans and the likely changes in what we commission in the coming years. We need to work with them so that they are able to develop their own services in response to what will be commissioned in the future. In the first year of this Strategic Plan we will develop our local Market Position Statement and Market Facilitation Strategy, taking account of our changing commissioning needs and what needs to be done to support local providers to make their own changes. These documents are required by the integration legislation to help articulate how the local health and social care market, including in-house provision, is placed to meet demand and to deliver on our strategic commissioning priorities.

1.8 Delivering Services

1.8.1 As noted above, Inverclyde HSCP provides social care through a mixed economy of provision, with both internal and external services. Core statutory services such as assessment are undertaken by in-house services. Treatment, intervention, support and advice are delivered either by in-house services or by externally purchased services from independent and/or third sector providers.

1.8.2 The HSCP has fourteen in-house services registered with the Care Inspectorate. These provide a diverse range of social care services including children's residential, respite, day care, outreach, supported living and care and

support at home. They are provided to approximately 1,700 children and young people, adults and older people.

1.8.3 The HSCP also contracts with 134 external care providers who deliver 197 services on our behalf, to a value of around £35 million per annum – these are sometimes referred to as purchased services. These services include Care and Support at Home; Care Homes to meet a range of needs (including Older People; Learning Disability); Supported Accommodation (such as Sheltered Housing and group living accommodation), and some therapeutic services.

1.8.4 We have described in the foregoing sections how we aim to move to an outcomes-based commissioning model, whereby we plan, purchase and deliver services in support of outcomes largely regardless of age, need, type or client group. At the moment, this is an aspiration we will strive to move towards rather than the reality. The HSCP, and the services and supports therein, is organised around four Head of Service areas in the HSCP as follows;

- Children's Services and Community Justice
- Health and Community Care
- Mental Health, Addictions and Homelessness
- Planning, Health Improvement and Commissioning

1.8.5 While there is real benefit in having focused knowledge and expertise relating to groupings of need, from a commissioning perspective there is value in thinking across services. Our aspiration is that in the future regardless of which section of the partnership services sit in, they will be focussed on delivering on outcomes for everyone in Inverclyde in accordance with the five strategic commissioning themes:

- Employability and meaningful activity
- Recovery and support to live independently
- Early intervention, prevention and reablement
- Support for families
- Inclusion and empowerment

1.8.6 Delivery on these themes will be directed through the projected intelligence within the Strategic Needs Assessment (appendix 3).

1.9 Using our Resources Efficiently

1.9.1 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. This includes resources such as knowledge and experience that people have at their own disposal to make positive changes for themselves. This is what is often described as an assets-based approach – making the very most of what we have. The HSCP will use its resources creatively to deliver on this aspiration by funding service delivery, staff and buildings but also by 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.

1.10 Our Place

1.10.1 Core demographic information about Inverclyde is included in some detail in our Strategic Needs Assessment, and in all our existing plans and strategies. Our Strategic Needs Assessment (included at Appendix 3) helps us to understand our population profile and how services are currently used. It goes on to project what we think will be needed in the future based on patterns of need and the causes of this need (in particular, the negative health and social impact of inequalities). The Housing Contribution Statement (included at Appendix 4) considers the vital role of appropriate housing in helping us to deliver improved outcomes for Inverclyde people. We will continually develop our Strategic Needs Assessment, with local people and partners, ensuring up to date, meaningful intelligence is available to help us understand change and improve our place.

1.10.2 We aim to take an assets-based approach (as described at 1.9.1) to delivering our vision of improving lives, and we want to focus on the positive attributes of our place and our people. We know that local people and our communities are recognised as being rich in experience, knowledge, caring attitudes, and traditions of mutual support e.g. neighbours and families look after each other. By making the most of our place, we can start to address some of the causes of inequalities, by:

- making the most of the strengths that are already in our communities;
- helping to grow these by developing and commissioning the right services to complement these strengths;
- working closely with our partners to make sure that we are not duplicating our efforts or leaving gaps.

1.10.3 For many years now, Inverclyde has been characterised by some notably unequal health and socio-economic outcomes, and these inequalities are recognised as the biggest challenge we face going into the future. Further evidence of these inequalities can be found within the Strategic Needs Assessment at appendix 3. The causes of inequality are well-evidenced in terms of economic and work-related opportunities; levels of education; access to services and societal or cultural norms. Health inequalities are therefore inextricably linked to the unequal distribution of a range of opportunities.

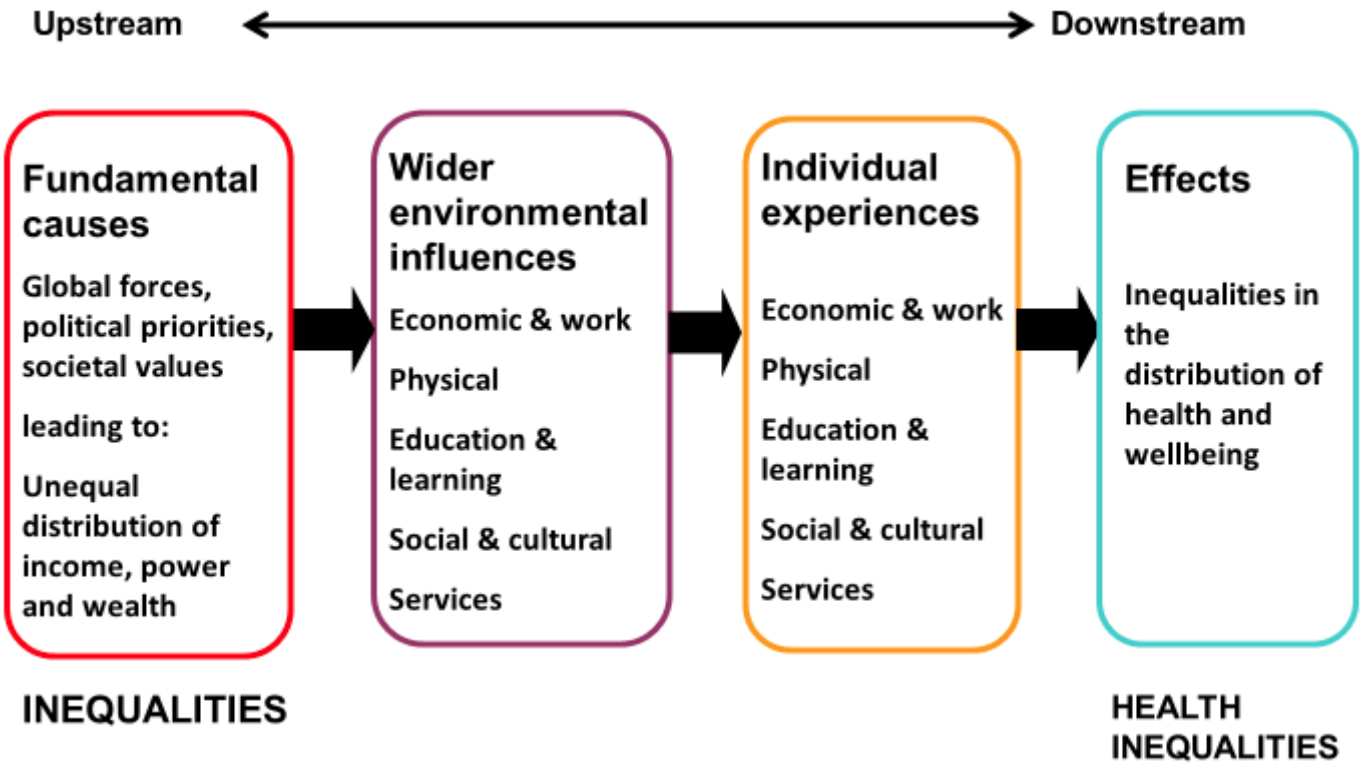

Table 2: ***Health Inequalities: Theory of Causation (reproduced with permission from NHS Health Scotland: this info is © NHS Health Scotland.***

1.10.4 By building on the positive aspects of Inverclyde, we aim to enable communities and individuals to unlock even more of their potential to shape their future, in line with our strategic commissioning themes.

1.10.5 To make the most of our place, we recognise that supporting people to work with people they know or have a common link with through being connected to the same local area can have powerful benefits. People are more confident in describing the issues relating to their own neighbourhoods and what needs to change to make real improvements. The integration legislation requires each Health and Social Care Partnership (HSCP) to establish a minimum of two localities in their partnership area, so we have taken that opportunity to establish Wellbeing Localities, using the localities structure of the Inverclyde Community Planning Partnership.

1.10.6 Three Wellbeing Localities have been established, namely East Inverclyde, Central Inverclyde and West Inverclyde. Each Wellbeing Locality is made up of Wellbeing Communities and Wellbeing Neighbourhoods, as detailed at appendix 5. There are real advantages to using the Wellbeing Localities agreed through the Community Planning Partnership, as these also meet the requirements of the Community Empowerment (Scotland) Act 2015.

1.10.7 We embrace the notion of 'one Inverclyde', where as many of the partners as possible work to shared understandings. We aim to improve the lives of all the

people living in Inverclyde, regardless of the specific town or neighbourhood they live in. We do however recognise that there *are* important differences between the communities and neighbourhoods that make up our 'one Inverclyde' and that people have firm links to particular towns or areas. This helps account for the strong sense of community that fortunately still exists.

1.10.8 We will continue to plan and deliver services on a 'one Inverclyde' or authority-wide basis, but recognise that local differences can sometimes mean that areas will have different priorities dependent on needs identified by the members of those communities. We will evidence those needs and demand through the development of our Strategic Needs Assessment. We are mindful that a resounding theme that came back from our consultation was that resources should be used in an equitable rather than equal way, recognising that some areas might need more support to achieve an equal outcome to other areas.

1.10.9 Through listening to what our localities tell us, we will be able to target our resources and service delivery to the right part of Inverclyde, consistent with the identified needs and wellbeing outcomes, and in line with the aspiration of local people making use of local and personal assets and assets-based community development principles.

1.10.9 Understanding the three localities and the communities and neighbourhoods within them will be fundamental to our asset-based approach; understanding the residents, links, organisations, activities and services in an area will help us consider how HSCP resources, and those of our partners, can best be deployed in a planned and considered way to improve outcomes for local people.

Section 2 - We Work Better Together

2.1 Our Partners

2.1.1 To deliver on our purpose to plan and develop health and social care services for the people of Inverclyde, we believe that working together is the most powerful way to support real change and improved outcomes. This is because many of the most challenging issues that people experience in Inverclyde are caused by factors that go far beyond the reach of health and social care services. When we say "work together" we mean as a collection of people, groups, organisations and communities made up of:

- communities across Inverclyde; the people to whom we are accountable;
- individual users of services 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;
- the workforce of people who practice in, or support the delivery of health and social work/ social care services (including volunteers);
- Inverclyde Council, and in particular, Inverclyde Council Education and Communities Directorate;
- Partners in primary care such as GPs Dentists, Pharmacists and Optometrists;
- partners in the secondary care (hospital) sector;
- the Scottish Prison Service;
- 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, with whom we commission and organise health and social care service delivery.

2.1.2 The challenges of integrating health and social care cannot be met by the NHS and Local Authority alone; and our partnership intends to invest in building upon the existing strong, local relationships to deliver a broader contribution to the achievement of outcomes from non-statutory agencies. As is the case nation-wide, strategic commissioning and integration will require ever closer collaboration between:

- commissioners,
- delivery agencies
- practitioners,
- localities,
- communities and neighbourhoods.

This will see our staff, provider organisations, service users, carers and community groups being involved at the heart of planning and design of our future services.

2.1.3 We recognise that service users, carers and local people have a critical role to play in planning and designing local services and supports to meet local need. We also recognise that this key partnership is one which should be nurtured and fostered on an ongoing basis.

2.1.4 There are many statutory and third sector supports in place across Inverclyde to help local people, service users and carers manage their interactions with the HSCP. Additionally many development opportunities have been available in Inverclyde over the years to help local people, service users and carers increase their confidence to engage with service providers and ensure they have the opportunity to be equal partners in care, treatment and support. 'Health Issues in the Community', the Your Voice Development Programme and 'Equal Partners in Care' are some very successful examples.

2.1.5 The HSCP Inverclyde People Involvement Advisory Network is a network of around 2,000 local individuals, from groups and organisations that have an interest in community health and care services. It exists to provide an opportunity for local people, service users and carers to feed directly into the business of the HSCP. The Network also helps raise the profile of local issues facing people who currently access or may need to access local health and social care services, or who have an interest in them. The Network encompasses eleven thematic sub groups, each with a chair who sits on the HSCP Advisory Group.

2.1.6 The HSCP Advisory Group is the oversight group for the People Involvement Network. Its main function is to inform and involve local people, service users and carers in decision-making about local health and social care services. The HSCP Advisory Group membership is drawn from the broader 'Your Voice' network. The HSCP Advisory Group, and therefore all the members of the People Involvement Advisory Network, are formally represented on the Inverclyde Integrated Joint Board (IJB) by its Chair and Vice Chair. It is also asked to participate in other planning and engagement structures such as The Inverclyde Alliance Community Planning Partnership. The HSCP Advisory Group supports a representative voice from the various carers groups and Carers' Centre network to be heard at the Inverclyde Integration Joint Board and in its associated structures.

2.1.7 Membership of the HSCP Advisory Group is open to anyone with a passion for Inverclyde and a passion for health and social care. This includes people who:

- Live in the area served by Inverclyde HSCP;
- Work in the area served by Inverclyde HSCP;
- Receive services from Inverclyde HSCP or care for someone who does;
- Belong to a community or voluntary group active within Inverclyde.

The success of the HSCP People Involvement Advisory Network is a result of working with people who use services, their carers and local communities to;

- Create an engagement structure which brings together the broad range of dialogue which naturally exists within our communities.
- Create a central contact point for community engagement in health and social care (Advisory Group).
- Improve the way we engage (communities of interest and geographic communities – East, Central & West Inverclyde).
- Develop innovative ways of listening and understanding need.
- Specific focus on involving those not currently engaged.
- Build on the skills and strengthens of communities to be actively involved.
- Direct people to local community based services and supports.
- Build the capacity of local communities to take responsibility for their own health.

2.1.8 Our people involvement structure has been effective in developing solutions by working together (co-production) to ensure services and supports meet the needs of local people. Our approach to building the partnership between services and service users, carers and local people involves promoting peer support and self-management utilising an assets based approach.

2.2 Secondary Care and Acute Hospital Partners

2.2.1 We recognise that most people live their day-to-day lives in their communities, regardless of the levels of health and social care services they might need at different times. From time to time, most people also need to call on support from hospital services. It is important that we think of a stay in hospital in the context of that person's wider experience and support needs, and plan both community and hospital services in a way that makes sense to the person who is moving between these two environments.

2.2.2 The integration legislation sets out a requirement for us to work closely with hospital-based colleagues so that we can plan services together, to ensure that they make sense to the people who use these services. This planning requirement extends to the following hospital services:

- Accident and Emergency services provided in a hospital.
- Inpatient hospital services relating to the following branches of medicine:-
    - Geriatric medicine;
    - Rehabilitation medicine;
    - Respiratory medicine; and
    - Psychiatry of learning disability
- 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 outwith a hospital.

2.2.3 The rationale for the legislation specifying these particular services lies within the understanding that demand on these services tends to flow in from communities, and the expectation that the people who need these services will usually only need them for a short time, but might need additional community-based services once they go back to their own homes. The services and care received should be tailored to the needs and best outcomes of and for the individual.

2.2.4 Traditionally planning for hospital services has been separate from community-based health and social care planning, but the logic for having them integrated is apparent. To support a move to developing more sophisticated whole-system planning that helps reduce unequal outcomes, we must understand how and why people use any of these services; what we think the future demand patterns are likely to be, and if the range of services involved are working to best effect. The Strategic Needs Assessment that accompanies this Plan begins to map out some of the ways people currently use hospital services in Inverclyde. We will use this as a basis for considering what future need and demand might look like, and consider how we improve the flow of care between hospital and community services.

2.2.5 During our first year, we will develop plans for the service areas outlined at 2.2.2, drawing on the intelligence from the Strategic Needs Assessment, so that we can have greater confidence that health and social care services across the whole of Inverclyde are organised in a way that makes sense to the people who use them – with clear pathways that follow the course of whatever the person needs to overcome.

2.3 Partnership with the Housing Sector

2.3.1 We recognise that good quality housing is a vital aspect of improved outcomes therefore we are committed to working closely with housing providers in Inverclyde. The Housing Contribution Statement (appendix 4) is an integral part of our Plan and strengthens the links between housing, health and social care as well as improving the alignment of strategic planning and supporting the shift in emphasis to prevention.

2.3.2 Following stock transfer in 2007, Inverclyde council no longer has housing to rent however the council maintains a statutory duty and a strategic responsibility for promoting effective housing systems in Inverclyde, which covers all housing tenures. The content of the Housing Contribution Statement reflects the analysis, actions and outcomes within the Local Housing Strategy (LHS). It is

provided as a separate and specific publication to accompany the Strategic Plan for those focused on health and social care.

The four key issues in relation to housing identified from the shared evidence base are:

- Provision of sufficient, appropriate housing which can meet the housing needs of an increasing older population;
- Provision of housing and support services to enable people to remain within their own homes;
- Provision of housing adaptations and other preventative property-related services; and
- Providing information and advice on housing and support services

2.4 Partnership with NHS Independent Contractors, Primary Care and Family Health Services

2.4.1 It is vital that HSCP services work closely in partnership with NHS Primary Care Contractors in Inverclyde to deliver services that are tailored to the varying health needs and demographics of our population. Primary Care Contractors are General Practitioners, Pharmacists, Optometrists and Dispensing Opticians and Dentists which operate independently as private businesses.

2.4.2 Within Inverclyde HSCP there are 16 General Practices, geographically spread to cover the area between Kilmalcolm, Port Glasgow, Greenock and Gourock, predominantly around the three Health Centres. The HSCP facilitates a number of groups to foster positive, co-ordinated sharing of information and ideas between General Practice staff and the HSCP's services and staff. These include a monthly GP forum, a bi-monthly Practice Managers forum and a bi-monthly CPD (Continuous Professional Development) group, which is multi-disciplinary and focuses on quality, improvement, training and educational pursuits. This CPD group arranges a bi-annual PLT (Protected Learning Time) event, which facilitates the half day, area-wide closure of Practices to participate together in training or education.

2.4.3 The workload demand on GPs is recognised nationally to be increasing beyond capacity. Since January 2016, General Practices in Inverclyde have been participating in a Scottish Government funded programme of work to redesign and test new models of delivering Primary Care. Designated "New Ways of Working", this initiative is underpinned by the premise of informing the next national GP contract, which will be implemented across Scotland on April 1st 2017. This is an extremely exciting opportunity for both our GPs, the HSCP, and the people of Inverclyde. It affords an opportunity to work together to test new methods and models which will impact across both Primary and Secondary care sectors. The overarching strategy is to enable clinical staff in the wider primary care team - not just GPs, but practice and community nurses, pharmacists and other Allied Health Professionals - to work to the top of their licence, facilitating

a model of care which places the patient at the centre, and provides timely, appropriate treatment by the most suitable professional.

2.4.4 This approach will build upon, and take further, existing programmes of work (for example, the Minor Ailments Scheme under which community pharmacists can prescribe and dispense treatment without the requirement of GP intervention). By maximising the considerable skills of the multidisciplinary practitioners throughout the community, it is hoped that these "New Ways of Working" can enable the workload within Primary Care to be distributed in an equitable and efficient way.

2.4.5 The HSCP also works with Optometrists and Dental Practices based within Inverclyde, facilitating a quarterly forum and educational event for each discipline, which are accredited and contribute towards each professional groups respective annual CPD requirements.

2.5 Partnership with the Third and Independent Sectors

2.5.1 We recognise the need for the third / independent sector to have the capacity to engage in the wider integration of health and social care agenda, as a key partner. We intend to work collaboratively to support the development of increased capacity in the third and independent sector, to support strategic commissioning via market development, provider engagement, community connection and asset-based approaches.

2.6 Our People

2.6.1 In the first year of existence as a legal entity we will develop a **People Plan**, to make sure that we are shaping the knowledge, skills and expertise amongst all of those involved in delivery of health and social care in Inverclyde and contributing to the achievement of our future vision. The People Plan will consider the entire workforce available in Inverclyde – to the best of our current knowledge - accepting that this is a new and evolving approach. Our entire workforce will deliver integrated health and social care, including staff employed by the statutory, independent and third sectors , volunteers, community activists and unpaid carers. It will also continue to build our knowledge about the number of people (both paid and unpaid), and the skill mix required to implement the future vision of health and social care.

2.6.2 The People Plan will encompass an Organisational Development Plan, as required by the integration legislation. Inverclyde's Organisational Development arrangements will have a different focus to most of the plans across Scotland because we have had integrated service and management arrangements since 2010. The policy intent of this requirement is to support partnerships in the transition from separate entities to single integrated partnerships, and we have already undergone much of that change. However we propose using the

requirement as an opportunity to consider options for the future culture of the HSCP in the broadest sense.

Section 3 – We Strive To Do Better

3.1 Our Plans and Model of Planning

3.1.1 In August 2015 the HSCP developed an Establishment Plan. This was a high level, abridged version of our strategic plan which recognised the busy health and social care planning landscape in Inverclyde. It also recognised that our plans had been produced in collaboration with local people to ensure that the voices of all relevant parties were included. Our Establishment Plan noted that some of our plans were due to be reviewed or refreshed in April 2016. Feedback from consultation has also highlighted that linking our plans to the nine National Outcomes was welcomed.

3.1.2 Our existing plans, strategies and workstreams should be considered as integral components to this Strategic Plan. Our Strategic Plan is the basket within which we keep all our other plans and strategies, which go into far more detail about their respective subjects.

3.1.3 As described at section 1.4.6 our approach to planning also recognises that our strategic direction is shaped by our vision and values, the nine National Outcomes, and the five strategic commissioning themes. On that basis these will remain relatively steadfast, but the plans that deliver these will be evolving over time. Our planning model supports regular updating of components without introducing a need to re-write everything.

3.2 Our Priorities

3.2.1 Appendix 6 outlines the strategic priorities and outcomes contained within the suite of strategic plans accompanying this document (full plans can be found in the document wallet at appendix 8). The Strategic Needs Assessment (appendix 3) highlights the evidence for the need for action.

3.2.2 A number of the key priorities already developed through the suite of plans that are already in place are summarised below.

3.2.3 Children & Families and Community Justice

Implementation of Inverclyde's Corporate Parenting Strategy incorporating a commitment to the Scottish Care Leavers Covenant

Aim

- To deliver a strategy that promotes the wellbeing of children and young people who are looked after and care leavers up to the age of 26 years

Impact

- Corporate Parents recognise the vulnerability of looked after children and young people and care leavers, and prioritise them in policy.
- We will achieve a child-centred approach to service delivery that is coordinated and collaborative.
- Relationships will become the "golden thread" of good practice. Corporate Parents will demonstrate that priority is given to relationship-based practice, based on understanding, empathy and respect.

Outcomes

- Looked after children and care leavers will have improved physical health, emotional wellbeing, mental health and attainment.
- Looked after children and care leavers voices and views are at the heart of policy and decision-making.
- All eligible looked after young people are aware of their rights to Continuing Care.

Implementation of the Inverclyde Child Protection Committee Improvement Plan

Aim

- To deliver an action plan to improve outcomes in the following key priority areas
    - Children affected by parental substance misuse
    - Children affected by parental mental health problems
    - Children affected by domestic abuse
    - Child Sexual Exploitation
    - Participation in child protection

Impact

- All children are given the opportunity, support and encouragement to contribute their views during the child protection process.
- The multiagency workforces are aware of the issues which impact on children's wellbeing in relation to parental substance misuse, parental mental health, domestic abuse, and child sexual exploitation.

Outcomes

- The level of risk experienced by children and young people affected by parental substance misuse, parental mental health problems, domestic abuse and Child Sexual Exploitation is reduced as a result of the intervention of services.

Implementation of the Named Person Service, in line with the requirements of The Children & Young People (Scotland) Act 2014, and the policy intentions of Getting it Right for Every Child (GIRFEC).

Aim

- The Named Person Service advocates preventative and early intervention to support children, young people and their families. The function of the Named Person supports the provision strong universal services that aim to improve children's wellbeing from a much earlier stage. The Named Person Service must be made available as an entitlement for all children from birth to their 18th birthday.

Impact

- Named persons are identifying children's needs at an early stage.
- Children and young people are being supported within universal services for longer and are receiving targeted help for shorter periods of time.
- There is enhanced coordination and collaboration between services when children and young people require early help through universal provision. When children are assessed as requiring more specialist support, the named person becomes critical in supporting the transition from single agency to multiagency support.

Outcomes

- Children's wellbeing is promoted, supported and safeguarded.
- Children and young people receive early help to support the earlier identification of needs.

Implementation of the Community Justice Transition Plan

Aim

- The aim of Community Justice is to set out what must be done by all relevant partners to shape services and ways of working so that services and the partnership as a whole can be more effective. The emphasis will predominantly be on developing plans that will support prevention of offending and reduce re-offending.
- The new model of Community Justice will be effective from 1st April 2017.

Impact

- Community Justice will have a positive impact on the lives of those affected by the criminal justice system, helping to break cycles of offending and re-offending.
- It will also focus on supporting those most vulnerable to becoming offenders, highlighting constructive alternatives.
- Communities will benefit from reduced crime and fear of crime.

Outcomes

- Improved health, education and employment opportunities, housing and social networks of support for those involved in the criminal justice system.
- Supported desistance from offending.
- Improving individual outcomes will strengthen communities; empower social inclusion while reducing the harm caused by offending.

Implementation of the Multi-Agency Public Protection Arrangements (MAPPA) Extension to Category 3 Offenders

Aim

- The purpose of MAPPA is public protection and the reduction of serious harm. MAPPA aims to achieve this by providing a framework for agencies to share information, jointly assess risk and apply resources proportionately to manage the risk of serious harm posed to the public by relevant offenders.
- The MAPPA Extension aims to extend these arrangements beyond registered sex offenders and mentally disordered restricted patients to also include those offenders who, by reason of their conviction, are assessed as posing an imminent risk of serious harm to the public.
- The new arrangements will be effective from 31st March 2016.

Impact

- Crucial to the impact of the proposed Extension is the interpretation of an imminent risk of serious harm. Updated MAPPA Guidance has been circulated which details the identification criteria. This will assist relevant agencies to consider the application of the new offender category where they themselves assess that this is necessary and proportionate to protect the public from risk of serious harm. Moreover, it will help ensure that the policy objective of extending the MAPPA arrangements to the critical few is achieved.

Outcomes

- In many instances Category 3 offenders would have been managed individually by relevant agencies. However, the MAPPA Extension will provide the added value of offering a co-ordinated approach to their supervision in the community and in doing so help to ensure MAPPA partners are better placed to manage their risk and protect the public.

3.2.4 Mental Health, Addictions and Homelessness

Implementation of the Inverclyde Alcohol & Drug Partnership (ADP) Strategy

Aim

- The ADP Strategy aims to reduce the harm done to individuals, families and communities through the inappropriate or excessive use of alcohol and/or drugs.

Impact

- Support to individuals, families and communities will be improved, with a stronger focus on prevention and early intervention.
- A positive culture of responsible attitudes towards the use of alcohol and drugs will be fostered.

Outcomes

- The harm done to health through alcohol and/or drugs will be reduced.
- Social problems and crime rates associated with alcohol and/or drugs will be reduced.

- The stigma and poverty associated with alcohol and/or drugs will be reduced.

Implementation of the Inverclyde Dementia Strategy

Aim

- The Dementia Strategy aims to create a better understanding and awareness of dementia in Inverclyde.

Impact

- There will be better respect and promotion of rights in all settings.
- There will be improved compliance with the legal requirements in respect of treatment.

Outcomes

- Support to individuals and families will be improved, with a stronger focus on timely, accurate diagnosis.
- Communities will be more dementia-aware and dementia-friendly. This will foster a greater awareness of dementia and reduce stigma.
- More people with dementia are able to live a good quality life in their own home for longer.

Implementation of the Inverclyde Local Housing Strategy

Aim

- The Local Housing Strategy aims to consider housing need for now and into the future. The HSCP locus is with regard to housing needs related to homelessness or particular needs around support or access.

Impact

- There will be a clear Housing Contribution Statement that defines the role and responsibilities of local Registered Social Landlords (RSLs) in contributing to delivery of the nine national outcomes.
- There will be a shared approach and policy for designating housing renewal areas and a strategy for improving housing in line with the Council's Scheme of Assistance.

Outcomes

- The overall quality of housing in Inverclyde will be improved.
- There will be a clear and accessible access route to housing support when this is required.
- Levels of fuel poverty will be reduced through housing being made more energy-efficient.

Reprovision of Complex Care Mental Health Inpatient Beds

Aim

- The existing mental health inpatient ward facilities on the Ravenscraig Hospital site will be replaced by a new, purpose-built facility.

Impact

- The existing inpatient facility will be closed, to be replaced by a new-build facility.
- The old Ravenscraig Hospital site will close completely.

Outcomes

- The overall quality of environment for people with complex mental health care needs will be significantly improved, which will foster a greater sense of wellbeing for patients.
- Families and carers will be reassured that their loved-ones are being cared for in a more appropriate and comfortable environment.

3.2.5 Health and Community Care

Implementation of the Strategic Commissioning Plan for Older People

Aim

- The Strategic Commissioning Plan for Older People aims to consider the full range of supports that older people are likely to need, and how these should be commissioned and organised in light of projected future need.

Impact

- Support to individuals, families and communities will be improved, with a stronger focus on prevention and early intervention.
- Access to services will be organised in a way that is responsive to how older people and their carers would like to use them.
- There will be greater focus on maintaining or improving existing functions, and supported self-management of long-term conditions.

Outcomes

- Older people will be able to live as independently as possible, based on their own abilities and preferred outcomes.
- Older people will be encouraged to access Self-Directed Support (SDS) so that they are empowered to make decisions about their own care, and how their allocated budget should be prioritised.
- Admission to a care home will be a measure of last resort.

Implementation of the Inverclyde Autism Strategy and Action Plan

Aim

- The Autism Strategy and Action Plan focus services on improved outcomes for people with autism, who require health and/or social care support.

Impact

- People with autism and their carers will have clearer and more co-ordinated information and advice.
- There will be more support to children in mainstream schools.
- Best practice and minimum standards will be developed through evaluation and learning.

Outcomes

- People with autism will feel understood, valued and safe.

- Children with autism will have improved capacity and resilience to cope with change.
- Pathways for diagnosis will lead to better access to diagnostic assessment and post-diagnostic support.

Implementation of Keys to Life for People with Learning Disabilities

Aim

- The National Keys to Life Strategy has been a catalyst for an overall review and redesign of local services for people with a learning disability.

Impact

- The redesign will focus on improved outcomes rather than service outputs.
- The 52 recommendations of the national report have been grouped into four broad headings, to support an outcomes focus:
    - My health
    - Where I live
    - My community
    - My safety and relationships
- Staff across all services will be more aware of the issues and challenges faced by people with a learning disability and their carers.

Outcomes

- People with a learning disability feel understood, valued and safe.
- There will be a wider range of more fulfilling day opportunities for people with a learning disability.
- Everyone involved in supporting people with a learning disability will take an assets-based approach, building on ability rather than focusing on disability.

Development of “New Ways” in Primary Care

Aim

- The New Ways programme is being tested in Inverclyde and aims to test new approaches to how primary care is delivered, against a backdrop of increasing GP workload and a national shortage of GPs.

Impact

- The work will consider the full range of expertise in primary care, to ensure that professionals are enabled to work to their full potential, i.e. patients do not always need to see a GP – there will be times when another professional will be more appropriate.
- GPs will be freed up to spend more time with those patients who really need a doctor.

Outcomes

- Health needs of individuals and communities will be more appropriately met through faster access to the right professional, rather than the GP by default.
- Those patients who need a doctor (rather than another professional) should be able to access the doctor more quickly.

3.2.6 Cross-cutting Plans and Strategies

Implementation of the Inverclyde Learning and Development Plan

Aim

- The Learning and Development Plan sets out the skills and leaning that will be needed so that our staff are equipped to support delivery of the outcomes that are featured throughout this Plan. Learning opportunities will also be extended to the full range of "our people", and described at section 2.6 in this Plan.

Impact

- Our people will know what they are capable of and what is expected of them.
- People involved in providing care and support will be able to identify their training and development needs, and will have a clear route to addressing them.

Outcomes

- We will have a competent, confident and valued workforce.
- Staff and familial carers will have a strong partnership approach, through clarity of roles and expectations.
- People who need care and support will have it delivered by well-trained people.

Implementation of the Inverclyde Commissioning Strategy

Aim

- The Commissioning Strategy sets out our approach to commissioning for outcomes, and the nature of our relationship with providers so that they can shape their services in response to the future needs of Inverclyde people.

Impact

- The range of services and support available will change, in line with what is needed to deliver the outcomes that service users and carers tell us are important to them.
- There will be an increase in services aimed at early intervention and prevention.

Outcomes

- Service users and carers feel included and involved, and are recognised as partners in the commissioning process.
- People are supported to be in control of their own support when they want this to be the case.
- People who need care and support will have the maximum benefit from the full range of resources available to them.

Implementation of 'Making Wellbeing Matter' - the Inverclyde Mental Health Improvement Strategy

Aim

- Making Wellbeing Matter sets out our priorities for improving mental health. It recognises that mental illness is often unseen, and misunderstood. It also recognises that early intervention can make a real difference in outcomes, such as keeping people in work, or reducing the need for more complex care if mental illness worsens.

Impact

- Mentally healthy environments will be created.
- Stigma and discrimination will be tackled.
- The health inequalities gap will be reduced.

Outcomes

- Communities will be better equipped to prevent suicide, and people will be more confident to approach those whose lives are at risk to suicide.
- Population mental wellbeing will be improved, which in turn will improve quality of life.
- People with mental ill-health will feel more socially included.

Implementation of the Inverclyde Active Living Strategy

Aim

- The Active Living Strategy aims to put in place supports to make the Inverclyde population the most active population in Scotland by 2022.

Impact

- Inverclyde employers will have programmes in place to support an active workforce.
- All Inverclyde residents and visitors will have opportunities to access green space.
- The health inequalities gap will be narrowed due to increased participation rates in physical activity and associated improved health.

Outcomes

- Inverclyde will have the most active population in Scotland by 2022.

3.3 Our Outcomes, Performance and Audit

3.3.1 Our Starting Point

Inverclyde HSCP has been established in a positive and forward-looking context, looking to build on the successes of five years as an enhanced social care partnership when the CHCP was in place. We have a great deal of information about our services and the demand for them over time, and the Strategic Needs Assessment companion document converts some of that information into active intelligence that can help us to predict future need and service demand.

3.3.2 Our Existing Arrangements

We track change in need and demand through our performance management arrangements. Every service undergoes a quarterly service review, chaired by the relevant Head of Service. Service use, waiting times and any other pressures are closely reviewed alongside progress against the service's key objectives. Any divergence from the agreed strategic direction is therefore quickly identified and steps are put in place to get the service back on track. If there is a notable difference between the service's performance and what has been planned for (either positively or negatively), then these differences are reported to the IJB along with a summary of the reasons for the divergence, and an outline of the planned remedial action in cases where the divergence is negative. This is reported through Performance Exceptions Reports.

3.3.3 The Performance Exceptions Reporting described above evolved because, given the complexity of the services that the HSCP delivers or commissions, it is not sensible to try to report on every aspect of our work. These reports provide a high-level check for the IJB and our communities that officers are driving the business of the HSCP in the right strategic direction. We do however continue to routinely gather a great deal of information that informs our understanding of the dynamics of health and social care provision, use and levels of need.

3.3.4 Traditionally our performance has been gauged against quantitative measures of processes and outputs (such as service waiting times or how many hours of care at home are delivered). These measures are important because they support a transparent view of how we spend public money. Being able to evidence how we have spent public money however, does not provide a measure of what differences that spend has made in the lives of the people who need our services. If we want to measure the ***difference*** we are making, then we need to gauge our performance on how well we are delivering the nine national outcomes (as laid out at section 1.3.3 of this Plan).

3.3.5 Moving to an Outcomes Focus

When organising, re-organising, commissioning or de-commissioning services, we need to think about how these changes will improve lives and help reduce unequal health outcomes. The legislation requires that we follow a prescribed format of annual reporting against the nine outcomes, based on the 23 national indicators (Appendix 9). The Scottish Government is currently developing the national performance reporting format, which is expected to be issued late in 2016. From then, we will be asked to present our first annual report to the IJB by 31st March 2017, and have it published by 31st July 2017. We will use feedback from communities and service users to measure progress towards the achievement of outcomes'

3.3.6 Transitional Arrangements

Whilst we are committed to the move towards measuring our performance in terms of outcomes – or the difference that we make to people's lives - we remain accountable for the public money in our stewardship. As noted at 3.3.5

above, the national outcomes performance reporting framework will not be in place fully until the end of our first financial year. Our locally developed Performance Exceptions Reporting (stated in 3.3.3) can flex to give a good indication of our strategic direction, and the underpinning Quarterly Service Review process allows managers to identify any problems at an early stage and take remedial action. The Performance Exceptions Report will continue to be produced, and will be presented to the IJB at six-monthly intervals. However some of the other measures that have been in place up until now have limitations, in that they measure outputs rather than outcomes. That said, they do still provide a way for us to account for the money we spend, so we will continue to present reports on our performance with regard to the National NHS Local Delivery Plan (LDP) Guidance and the Scottish Local Government Benchmarking Framework (LGBF), and their associated indicators. Given that this reporting will be predominantly related to financial accountability (rather than outcomes), it will be presented via the IJB's audit arrangements.

3.3.7 Summary of Reporting

In summary, we will produce six-monthly Performance Exception Reports; we will report on the NHS LDP and LGBF to the IJB's Audit Sub-Committee, and we will present our first Annual Performance Report, based on the Scottish Government's prescribed format, to the IJB towards the end of the 2016/17 financial year. We will report to the public via the HSCP website and the Council's Public Performance Reporting webpage.

3.3.8 New Responsibilities

Our performance reporting will evolve towards delivering outcomes, and through that process we will develop our local intelligence around how other services are used in Inverclyde. In particular, the HSCP will take on a new responsibility to work with hospital-based colleagues to plan and develop some hospital services, as noted below.

- Accident and Emergency services provided in a hospital.
- Inpatient hospital services relating to the following branches of medicine:-
    - Geriatric medicine;
    - Rehabilitation medicine;
    - Respiratory medicine; and
    - Psychiatry of learning disability
- 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 outwith a hospital.

3.3.9 We want to begin to understand the most effective ways to plan new aspects of the various journeys of care and support that are experienced by Inverclyde residents. Our communities – like all other communities – have always needed hospital services from time to time. As we move into the future, our new

planning responsibilities will allow us to work more closely with hospital colleagues to plan hospital services in a way that makes sense for people who live most of their life in their communities, with only occasional visits to hospital. If we can join up the pathways of care for people requiring healthcare response from the hospital as part of their overall treatment, this will make more sense to people and to services.

3.3.10 Likewise, appropriate housing has always been central to improving outcomes. The HSCP is developing a partnership approach with housing providers, through more robust engagement with strategic planning for housing development in Inverclyde. This approach will put mechanisms in place to ensure that housing development takes account of what will be needed, so that people can live fulfilling, independent lives in Inverclyde, regardless of their circumstances or the extent of the challenges they might face. Our work with local Housing Associations to develop the Housing Contribution Statement (see appendix 4) provides a platform for bringing housing issues right into the heart of how we deliver better outcomes and measure our performance. We will of course have to develop indicators that can demonstrate our performance against these new responsibilities. This will be reported as appropriate through the Performance Exceptions Reporting process.

Section 4 – We Are Accountable

4.1. Partnership Governance

4.1.1 Our Integration Joint Board (IJB) is responsible for ensuring the planning and delivery of local health and social care services in Inverclyde, as specified at section 6.1.2 in appendix 1.

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

4.1.3 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:

- Inverclyde People Involvement Network (Service Users and Carers);
- Staff Partnership Forum (workforce employed in the HSCP);
- Inverclyde Third Sector Interface (TSI) (voluntary and not-for-profit organisations);
- The secondary care (hospital) sector;
- Health and social care professional groups

4.1.4 The IJB is supported by the HSCP Chief Officer and a range of senior level staff, including a Chief Financial Officer. The governance arrangements are outlined in diagram 1 below.

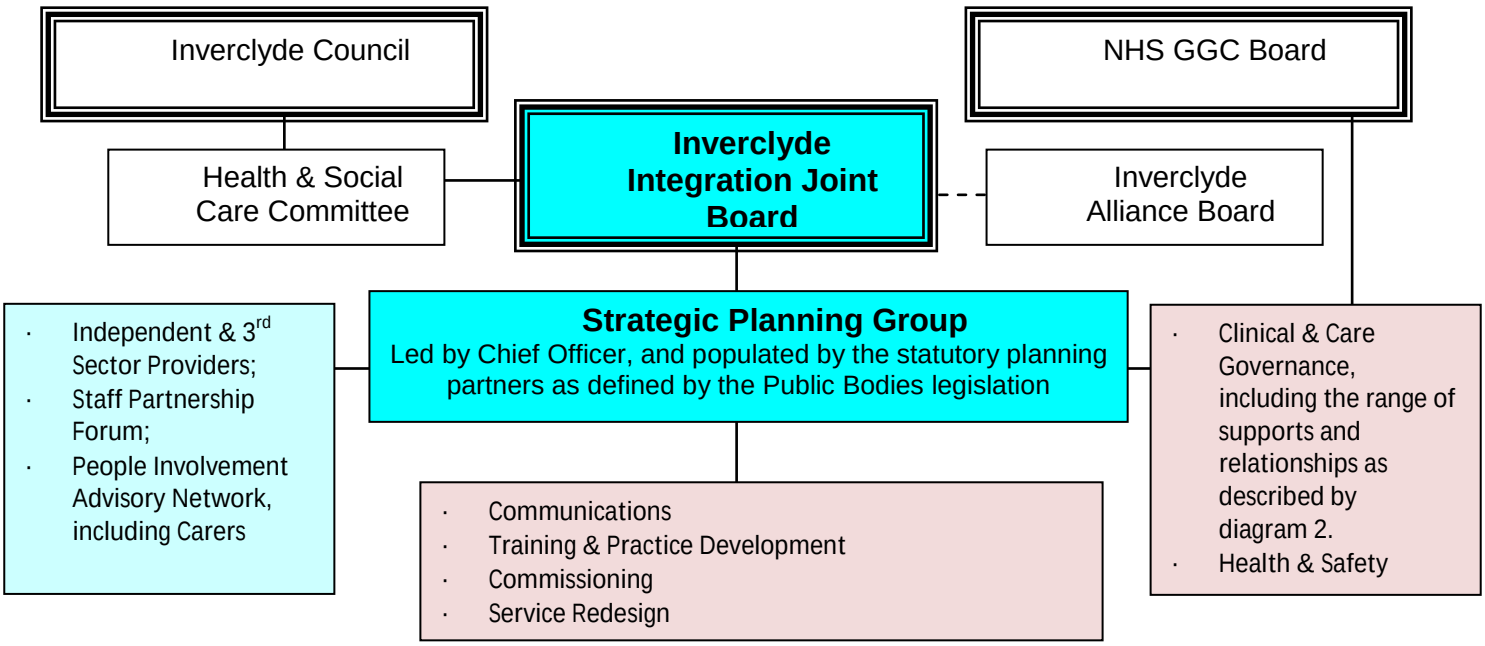

Diagram 1: Reporting and Accountability

4.2 Practice Governance

4.2.1 It is expected that all those working in health and social care services have important general values and standards of conduct. These include treating people with dignity and respect and protecting rights and privacy. However, for the professionally registered workforce, there are particular standards and codes of conduct which shape how they behave and practice. Links to the professional standards or regulatory bodies are set out below.

4.2.2 The Scottish Social Services Council (SSSC) - Codes of Practice: https://www.abdn.ac.uk/ecec/uploads/files/SSSCCodesofPracticebookletSept09.pdf?S34313632=0b94cced9a9c3ef5498436ecbbeab5f8

4.2.3 The General Medical Council (GMC) agreed Good Medical Practice (2013) and guidance: http://www.gmc-uk.org/gmpinaction/gmc-guidance/index.asp

4.2.4 The Nursing & Midwifery Council (NMC) The Code: Standards of Conduct, Performance and Ethics for Nurses and Midwives (2015): https://www.nmc.org.uk/standards/code/read-the-code-online/

4.2.5 The Health and Care Professions Council agreed the Standards of Conduct, Performance and Ethics (2016). This states that as a registered professional:

http://www.hcpc-uk.co.uk/aboutregistration/standards/standardsofconductperformanceandethics/

4.3 Clinical and Care Governance

4.3.1 Clinical & care governance arrangements are a critical component the complex integrated environment in which our services operate, encompassing both individual and organisational responsibilities. The core structure of accountability sits in the primary line of general management for services, consolidated by professional lines of accountability through extended arrangements.

4.3.2 Whilst our arrangements link to core and national accountabilities, with a desire for a level of consistency, they will also reflect local arrangements and needs.

4.3.3 To date clinical governance and care governance have evolved through different organisational structures, with underlying aims having clear synergy reflecting common principles of effectiveness, consistency and diligence, underpinned by core values of:

- Person centred care
- Assurance, regulation & improvement
- Effectiveness
- Safety
- Outcome focussed
- Collaborative & transparent
- Developing improvement in a learning org
- Assurance orientated, complimented by strong ideals of natural justice & human rights

4.3.4 An exec group will be established with input from services to develop an annual workplan for the IJB. With reporting supported by

- An annual Clinical & Care Governance group report
- An annual Chief Social Work Officer report
- An annual Complaints report
- An annual Clinical & Care Governance symposium
- An annual Health & Safety report

4.4 Staff Governance

4.4.1 The HSCP does not directly employ staff, as the Council and NHS Board remain the employing organisations. However the HSCP, the Council and the NHS Board are all committed to good practice in relation to valuing and treating staff with respect.

4.4.2 Our values are echoed and put into practice with regard to our workforce through what we call the Staff Governance Standard. The Staff Governance Standard is a commitment that, regardless of whether people are employed through Council or NHS structures, all staff are:

- Well informed;
- Appropriately trained;
- Involved in decisions that affect them;
- Treated fairly and consistently, and
- Provided with an improved and safe working environment.

4.4.3 Progress on these dimensions is monitored through the Staff Governance Action Plan, which is reviewed on a regular basis by the Staff Partnership Forum – a regular meeting between senior managers and staff-side representatives.

4.4.4 We aspire to applying the Staff Governance Standard across all of our people as will be described in the People Plan, due for completion by 31st March 2017.

4.5 Financial Governance

4.5.1 The IJB oversees the budget and spending of the HSCP, recognising that the HSCP has stewardship of large sums of public money. That money must be spent in ways that deliver the local and national outcomes agreed through statute and within this Plan.

4.5.2 Officers are required to submit regular financial updates to the IJB, so that the IJB can scrutinise how public money is being used. These reports will also be published on our website, so that anyone who lives in Inverclyde, or has a vested interest in health and social care in Inverclyde can see exactly how we spend the money at our disposal.

4.5.3 The IJB is a legal entity in its own right, with delegated responsibility to plan, deliver and resource a range of services and functions on behalf of NHS Greater Glasgow and Clyde (NHSGGC) and Inverclyde Council.

4.5.4 The money to fund these services and functions comes to the IJB from the Council and the Health Board. Safeguards must be in place to ensure that the money is sufficient to deliver the Council, Health Board and IJB's priorities. These safeguards must also include assurance that the money is being spent in the way that has been agreed and committed to through this Plan.

4.5.5 The annual budget for the Council was approved on 10th March 2016 as £48.91million. The Health Board budget has still to be finalised at the time of presenting this Plan to the IJB (15 March 2016). On that basis, approval of the Plan is conditional on the final allocated budget being sufficient to deliver the key priorities. Adequacy of the budget will be confirmed by the Chief Financial Officer (CFO) once that officer is in post. The CFO has been appointed and is

due to take up post on 22nd March 2016. Once in post, the CFO will review the proposed budget and when satisfied that it meets the legislative requirements, will issue an Assurance Statement to the IJB.

4.6 Financial Framework

4.6.1 Pending confirmation of the 2016/17 budget, financial resources for 2015/16 are noted below. It is not anticipated that the 2016/17 budgets will differ significantly in overall terms from 2015/16, as in line with all public sector organisations, there has been an overall real terms funding reduction. This reduction will be addressed through efficiencies where possible, but might also require reduction in some non-core or non-essential areas of work. Our prioritised commitments in section 3.2 will not be compromised.

4.6.2 For the financial year 2015/16, Inverclyde HSCP had a combined revenue budget from Inverclyde Council and NHS Greater Glasgow and Clyde of around £120 million, 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 included:

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**

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

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

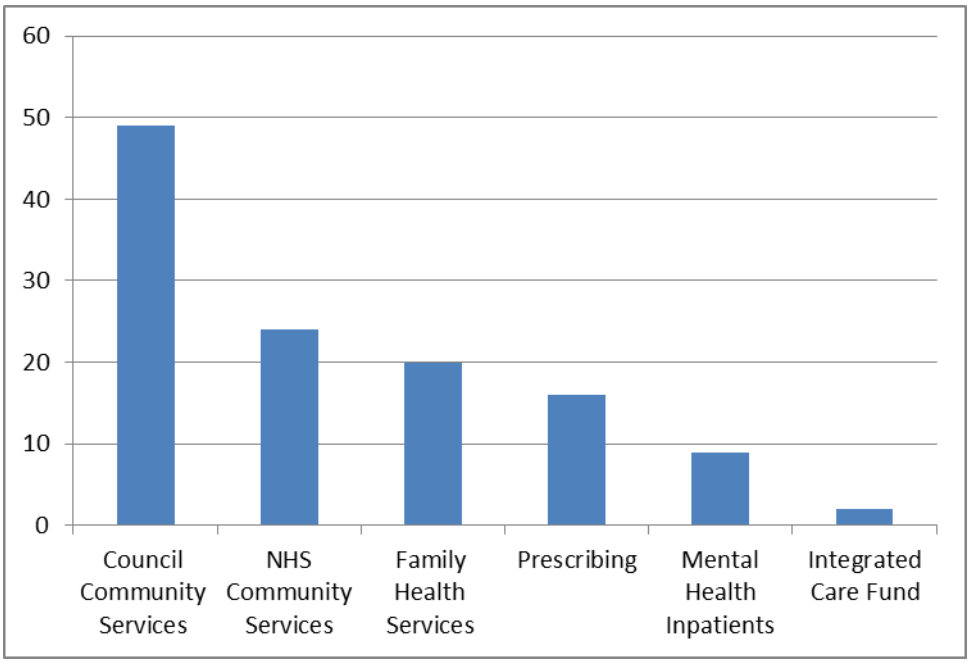

Figure 1: Services Provided

4.6.5 From the £120 million budget, figure 1 shows that £73 million was 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%).

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

4.6.7 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.

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

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

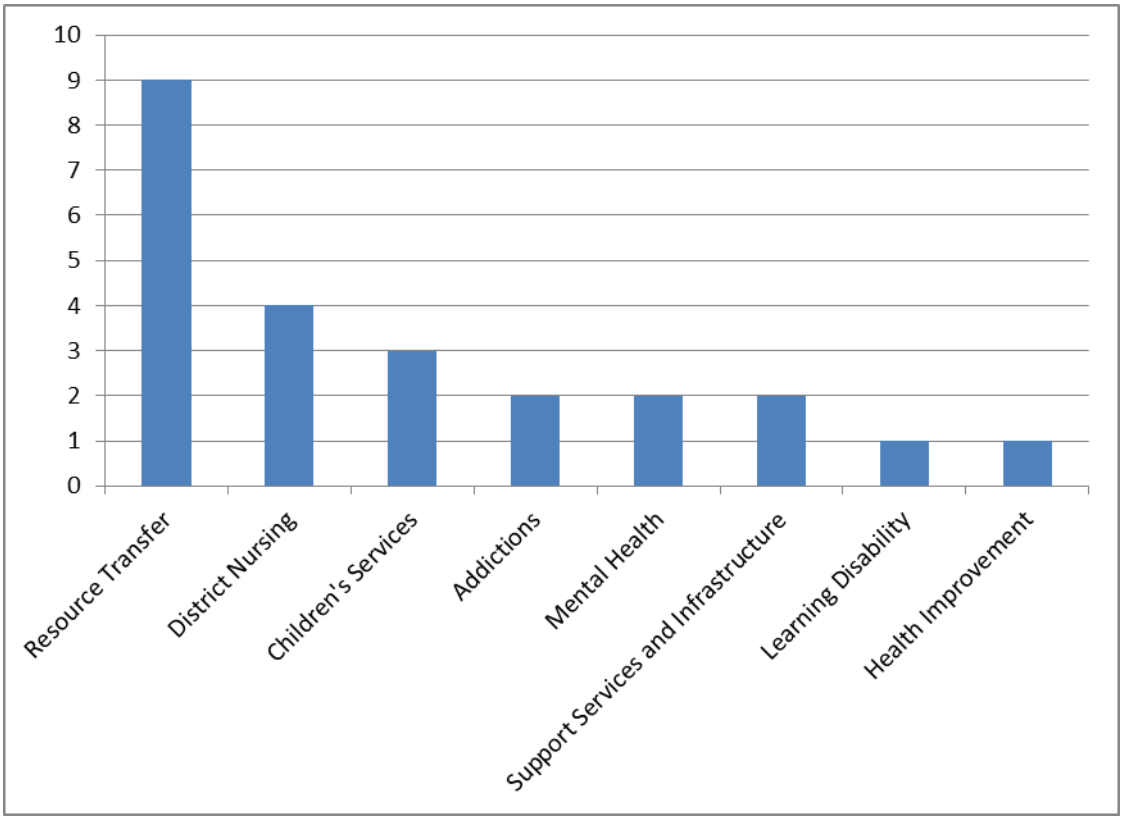

Figure 2: Distribution of NHS £24 million community services spend.

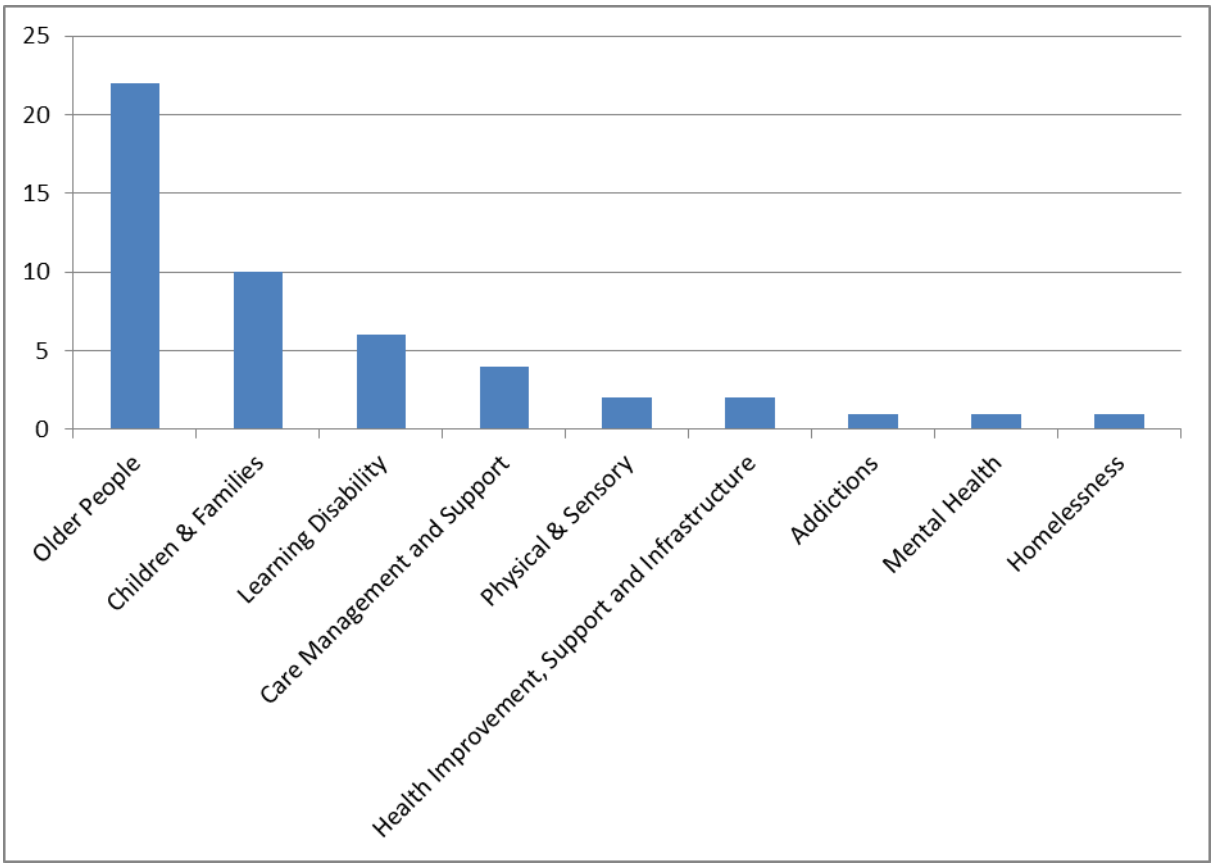

Figure 3: Distribution of Council £49 million community services spend.

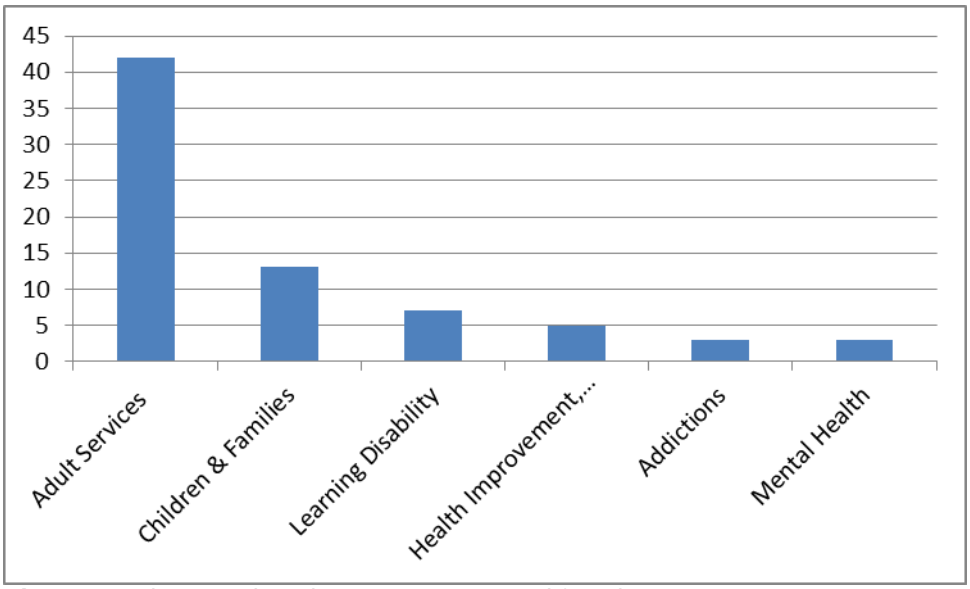

Figure 4: Joint spend against care groups and functions.

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

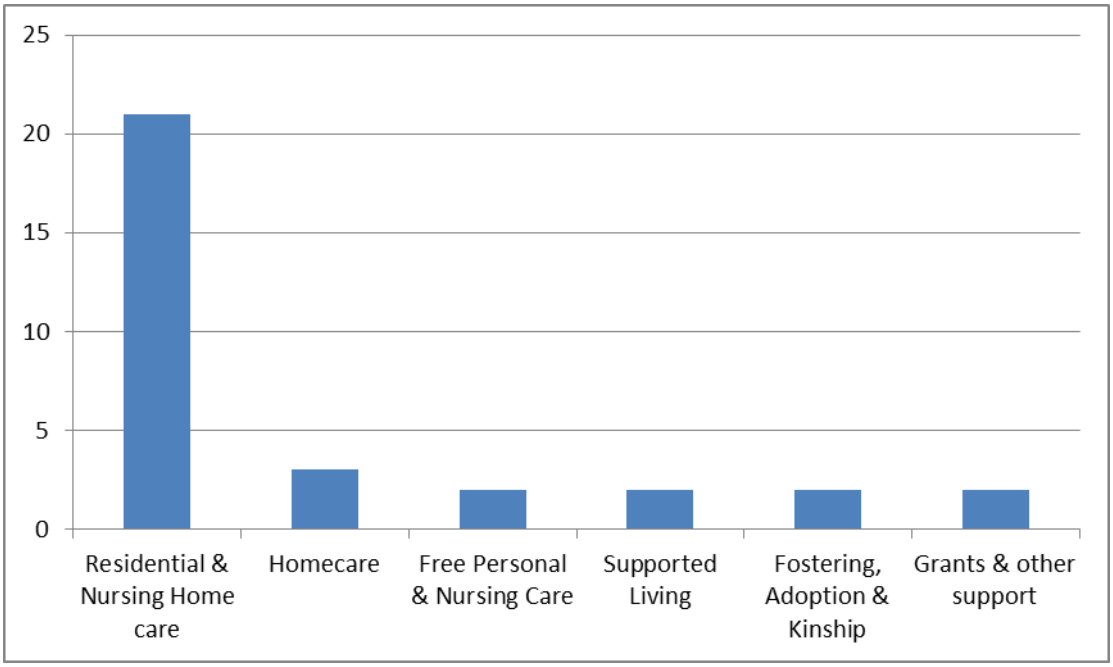

Figure 5: Purchased care services.

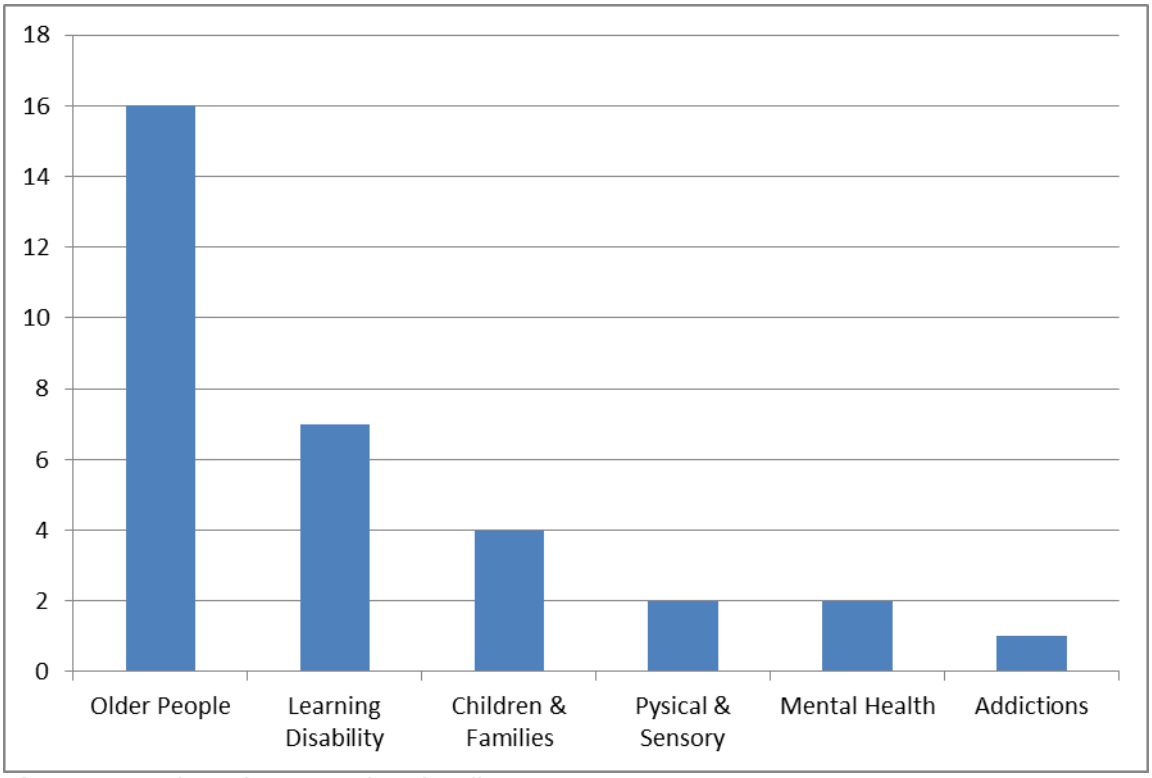

Figure 6: Purchased care services by client group.

4.6.11 Capital: In addition to the revenue budget as detailed above, the HSCP also had capital expenditure of around £1.7 million planned for 2015/17:

- £1.6 million for replacement of Neil Street Children's Home, funded through Council Prudential borrowing;
- £0.1 million on repairs funded by NHS.

4.6.12 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 is being 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.

4.6.13 Acute Hospital Budget: During 2015/16 the partnerships co-terminus with NHSGGC have been working 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.

4.6.14 The Council approved investment in a further Children's Home as part of the Budget decision on 10th March. This will see the existing Crosshill Children's Home being replaced at a cost of £1.7million during 2017/18 and is again funded via Prudential Borrowing.

Section 5: Glossary of Terms

This section aims to provide clear definitions of some of the terminology used in this Plan.

"Accountability" - we are responsible and answerable for our action or lack of action.

"Acute and Secondary health care"– the health services provided by our local hospital. Generally "acute" relates to urgent or immediately needed care, and "secondary" relates to planned hospital care.

"Adult protection"– the duties and obligations placed on us under The Adult Support and Protection (Scotland) Act 2007 for adults 16 years or over who are unable to safeguard their own well-being, property, rights, interests and are at risk of harm due to being affected by disability, mental disorder, illness or physical or mental infirmity, and are more vulnerable to being harmed than adults who are not so affected.

"Aggregating" – bringing similar numbers or data together to give an average or overall figure.

"Allied Health Professional" - health care practitioners who are not nursing, medicine or pharmacy but provide different services for, or on behalf of, the NHS or HSCP such as Occupational Therapist, Physiotherapist, Speech and Language Therapist or Dietician.

"Asset(s)"– an Individual, group, community, neighbourhood, place, service, agencies or organisation who is considered to be an essential resource, benefit or solution to the successful achievement of an individual's or community outcome.

"Bottom-up approach"– the process of how the HSCP will work with individual and local people, groups, communities, neighbourhoods and partners to identify need, outcomes and to influence commissioning priorities within available resources.

"CAMHS" – The Child and Adolescent Mental Health Service.

"Capital Expenditure" - the money spent or committed to acquiring or maintaining our assets, such as electronic systems buildings or equipment. It does not include our day-to-day running costs such as staff salaries, insurance, fuel costs etc.

"Care Inspectorate"– the Government's independent registration, regulation, inspection and scrutiny body for registered health and social care services under the Regulation of Care (Scotland) Act 2001 and its amendments.

"Carer"– the unpaid partners, relatives or other people important to the person being cared for who provide physical care and emotional support to enable the cared for person to remain at home and without whom, that person would require involvement or increased services and support from paid professional organizations.

“Carers needs” - recognising that carers’ lives might be restricted due to their caring role(s), and that they have a right to have their own support and needs taken into consideration independent of the care needs of their relative or loved ones.

“CHCP”– the former Inverclyde Community Health and Care Partnership.

“CLDT” - The Community Learning Disability Team.

“Commissioner”– the authorised person or budget holder responsible for the delivery, management and purchasing of services.

“Commissioning” - the process by which the HSCP decides upon and authorises the purchase of services from external or internal providers. This process aims to meet the identified need(s) of service users and/or legal duties and obligations.

“Community development”–working with communities to help them to recognise the skills, knowledge and expertise they can bring to public sector planning, and supporting them to develop ways in which they can do this effectively.

“Community engagement” - the process by which the HSCP will communicate and gain feedback from people who use services, localities communities and neighbourhoods.

“Community Planning Partnership”– Each local authority area must have a Community Planning Partnership that includes the Council, NHS, Police, Fire and Rescue Services, the local college, Scottish Enterprise, SEPA, Scottish Natural Heritage, Skills Development Scotland, the regional transport partnership, local community representatives, voluntary organisations, community groups and associations.. All of these have a role to plan for the area to improve outcomes. The Community Planning Partnership must involve local community bodies to enable them to be involved in community planning. In Inverclyde, our Community Planning Partnership is called the Inverclyde Alliance.

“Commissioning Priorities” – agreeing the most essential services we have to put in place to meet local needs and fulfil our obligations by law, and agreeing how to provide, purchase or develop these.

“Continence services”–community-based services to individuals who require support or assistance to manage or regain control of their bladder or bowel functions.

“Contingency planning”– the identification of potential or unexpected risk(s), exceptional or unlikely events that might impact on or have catastrophic consequences; requiring the development of plans to deal with such circumstances.

“Community Capacity Building”– working with local people to jointly develop and strengthen the skills, abilities, processes and resources needed to improve the lives of our communities.

“Co-production” - the joint reciprocal approach taken by the HSCP, service users and their families, groups, communities, neighbourhoods and partners to achieve change,

better outcomes and improvement of health and lives for our population. In co-production, all partners are equal, and agreement is reached by mutual consent.

"Delegated responsibility (authority)" – the duties, obligations or use of powers placed on the HSCP by law.

"Domestic abuse" – the behaviour of a spouse, intimate partner or family member in a domestic setting which involves violence, aggression, psychological, emotional or other control.

"Efficiency saving"– finding less expensive ways to operate, while at the same time improving the service or making it run more efficiently.

"EHRC" - The Equalities and Human Rights Commission

"EQIA" - Equality Impact Assessment ; the requirement of the HSCP to assess the impact of any policy decision , plans or strategies or communication to ensure that it does not discriminate against people who come under the protected characteristics.

"Equalities" – the statutory legal obligations under the terms of the Equalities and Human Rights Act 2010.

"Equality Duty" means - the HSCP's legal obligation under the principals of Public Sector Equality Duty not to directly or indirectly discriminate against the persons who come under the protected characteristics as stated below.

"Financial viability"– ensuring we have the money to provide our services, meet operating costs and commitments, income and to develop our services within the resources we have.

"Geriatric medicine"– medical services specifically provided for older people (over 65 years).

"GIRFEC"– Getting It Right For Every Child; which describes the vision of the Government's National outcomes for Children.

"Governance" - the management arrangements we have in place to ensure our legal commitments, local and national outcomes and services are being delivered by the HSCP or provided on our behalf.

"Health and Social Care Committee" – Inverclyde Council's governance group which oversees the relationship between it and the Integration Joint Board.

"HSCP" - Inverclyde Health and Social Care Partnership.

"IAHF" - Inverclyde Housing Associations Forum.

"Independent Sector" - private businesses which provide health and social care services.

“Inequalities”– inequalities are unfair differences between population groups in Scotland, are not random or chance but are caused by social inequalities outwith an individual’s control and they’re not inevitable.

“Integration Joint Board (IJB)”– our legal governance, scrutiny and decision making group.

“Intelligence”– the gathering of specific information or evidence to inform this strategic plan and its commissioning priorities in relation to the needs of our population.

“Inverclyde Alliance Board” – the formal meeting that brings together the members of the Community Planning Partnership as described above. The Inverclyde Alliance Board is accountable to the Scottish Government for the delivery, performance and review of the agreed outcomes set out in the Inverclyde Single Outcome Agreement.

“Keys to Life Strategy”– the Scottish Government’s coproduced strategy describing the outcomes, choices and rights for adults with a learning disability.

“Kidney dialysis services” - the community based provision, treatment and support at home for individuals with severe kidney function problems.

“Mainstreaming Equalities” - recognising that the same support or treatment can have different levels of benefits to individuals, depending on their other life circumstances, and taking account of those differences in everything we do.

“Market Facilitation Strategy”– a statement of commitment about how we will work with the third, independent and voluntary sector partners and stakeholders to manage the changes needed to shape what services might be available in the future. This will be based on what is needed, what is affordable, and what communities and interest groups tell us they would like.

“Market Position Statement”– a written statement setting out what our commissioning objectives are and what services we need to purchase.

“Mixed Economy of Care” - the provision of the widest range of supports and services provided by many diverse organizations, voluntary, third and private providers and informal support networks to offer the greatest choice to service users , carers, families, communities and neighbourhoods**.**

“Monitoring reports”– reports which describe what providers are delivering, compared to what we have commissioned. Monitoring reports will consider aspects of quantity and / or quality of service, and provide assurance that public money is being spent in a way that meets identified needs and gives the best possible value.

“National Framework Agreement(s)” - contracts which have been put in place to ensure that service users can expect the same quality of care for the same cost across Scotland from private and third sector social care providers.

"Out-of-hours" - the services provided outwith daytime office hours (8am - 5pm Monday to Friday). So Out-of-Hours covers evenings and overnight; all of Saturdays and Sundays, and bank holidays.

"Outcome"– goals, wishes, or standards which an individual, group, locality, community or neighbourhood wish to achieve that make a difference and are of value to their lives.

"Outcome Focused Assessment" - the way we identify what support might be needed to help service users achieve the outcomes that matter most to them, and what options might be available (or developed) to support those outcomes being achieved.

"Outputs"– the information (data) we produce to evidence our service activity.

"Palliative care" means – services provided to anyone regardless of age with a serious illness that cannot be cured, and who requires treatment, support or care at home, in hospital, or care home service.

"Parent organisations" – Inverclyde Council and NHS Greater Glasgow and Clyde Health Board.

"Partner/Stakeholder organisations"– the people, groups, communities, and organisations that have an interest in the work or activity of the HSCP, and/or who have a responsibility to contribute to HSCP planning, and to plan their own work, services and priorities in collaboration with the HSCP.

"Performance Management Framework"– the tools methods we use to help us focus, collect, analyse and understand the levels of service being delivered and whether or not these are having the right effect.

"Performance Reporting Framework"– the reports we prepare for local committees (such as the Integration Joint Board; the Council's Health and Social Care Committee; the NHS Board or the Inverclyde Alliance); Scottish Government and regulatory scrutiny bodies (such as the Care Inspectorate).

"Protected Characteristics"– These are the grounds upon which discrimination is unlawful under the Equality Act 2010. The characteristics are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

"Psychiatry" - the provision of hospital or community based services for anyone with a medical diagnosis of a mental disorder as defined in the Mental Health (Care and Treatment) (Scotland) Act 2003 and who requires intervention, treatment, advice, guidance and support on a short or longer term basis.

"Pharmaceutical services"– the community based medicines services.

"Placements"– there are times when, for a number of reasons, individuals have to leave their usual home either on a temporary or permanent basis. In such cases, a placement is made. This can be to a residential care home; nursing care home; secure care; foster care accommodation, and can be for children, young people, adults or older people. The

placement can be provided by internal or external providers or agencies and is formally commissioned by the HSCP.

"Primary care services"– our community based health care services such as GPs, district nursing, dental, community mental health, and optician and podiatry services.

"Primary Medical Services" the NHS contracting of GP, Dental, Pharmacy and Ophthalmic services as set out in the Primary Medical Services (Scotland) Act 2004 and its amendments.

"Prudential borrowing"– the rules set out in our financial Standing Instructions governing the borrowing we can make set against the level of debt and liabilities we incur.

"Quality & Development Service" - supports the day-to-day health and social care services, providing information and analysis needed for good planning, performance management, commissioning, procurement, development and learning.

"Quality grades"– the performance score assessed and awarded by the Care Inspectorate to registered providers of care services.

"Reablement Services"–services designed to enable people to (re)gain skills or maintain abilities to live as independently as possible, as part of their recovery following illness or a time in hospital.

"Registered Social Landlord (RSL)"– Independent housing associations or organisations registered with the Scottish Housing Regulator under the terms of the Housing (Scotland) Act 2011.

"Rehabilitation medicine" - treatment and support to enable service users to (re)gain or maintain skills to be independent of others or services.

"Reserve funds"– money set aside to meet any unexpected or urgent costs, or to pay for future changes that we plan to put in place.

"Respiratory medicine" –services and treatment for people who have breathing problems.

"Re-provision" – the change of one service model into another and the work undertaken to make that change happen.

"Revenue Budget" – the financial forecasting of our income against what we expect to spend.

"Risk and risk management"– the identification of possible future problems, and the management actions that need to be taken to reduce the likelihood of these problems happening.

"Self-Directed Support (SDS)" – The Social Care (self-directed support) (Scotland) Act 2013. This Act provides the right of a service user (their carer, parent, legal guardian or

Power of Attorney) to pick one of four options in how their care or support service is commissioned and when it is delivered.

"Scope"– the range and level of information we need to get a better understanding of a particular issue.

"Service Redesign"– the process by which we change, alter or structure our services to meet changing need and expectations, and to deliver the outcomes of this Strategic Plan, within the resources at our disposal.

"Service user" – the person who requires treatment, or who needs care or support.

"Set-a-side Budget"– funds which have been allocated for a specific one-off purpose, need or development.

"Social Inclusion" - the right of people and groups to live in, be valued, consulted, involved and contribute to the development of their communities.

"Social Work Scotland" - a professional consultation practice and guidance body set up under the Social Work (Scotland) Act 1968.

"Scotland Excel"– the national organisation for contracting care services on behalf of Inverclyde HSCP and Council.

"Socio-economic impact" – how a person's status, environment, employment, income impacts on their opportunities to improve their lives.

"Statutory (Public) Sector" – the organisations that are required by law to be in place, and are funded by public money (taxes). Councils and the NHS have always been part of the Public Sector, and HSCPs are now also part of that sector.

"Strategic Commissioning" - the process by which the HSCP reviews its service-level commissioning and identifies similar opportunities or themes that emerge across different and quite separate service areas, and then supports providers to deliver more joined-up services in light of this information.

"Strategic Needs Analysis (SNA)"– the information (data) we gather to identify current patterns and levels of service use, and then use this to help us predict future need.

"Strategic Planning Group" - the representatives and partners in the joint production, development and review of this strategic plan.

"Strategy"– how we will plan and what we will do to achieve our goals and outcomes.

"Third Sector" - the voluntary or charitable nonprofit making organisations and providers of health and social care services.

Appendix 1 – Delegated services

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

Service Area/Function	Level of Delegation to Integration Joint Board
Accident and Emergency services provided in a hospital	Planning
Inpatient hospital services relating to the following branches of medicine · Geriatric medicine · Rehabilitation medicine · Respiratory medicine · Psychiatry of learning disability	Planning
Palliative care services provided in a hospital	Planning
Services provided in a hospital in relation to an addiction or dependence on any substance	Planning
Services provided by allied health professionals in an outpatient department, clinic, or outwith a hospital	Planning and Delivery
Health Visiting	Planning and Delivery
School Nursing	Planning and Delivery
Speech and Language Therapy	Planning and Delivery
Specialist Health Improvement	Planning and Delivery
Community Children's Services	Planning and Delivery
Child and Adolescent Mental Health Services (CAMHS)	Planning and Delivery
District Nursing services	Planning and Delivery
The public dental service	Planning and Delivery
Primary care services provided under a general medical services contract	Planning and Delivery
General dental services	Planning and Delivery
Ophthalmic services	Planning and Delivery
Pharmaceutical services	Planning and Delivery
Services providing primary medical services to patients during the out-of-hours period	Planning and Delivery
Services provided out with a hospital in relation to geriatric medicine	Planning and Delivery
Palliative care services provided outwith a hospital.	Planning and Delivery
Community learning disability services.	Planning and Delivery
Rehabilitative Services provided in the community	Planning and Delivery
Mental health services provided outwith a hospital.	Planning and Delivery
Continence services provided outwith a hospital	Planning and Delivery
Kidney dialysis services provided outwith a hospital	Planning and Delivery
Services provided by health professionals that aim to promote public health.	Planning and Delivery

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

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

Services additional to those specified as mandatory in the legislation which have been delegated by Inverclyde Council to the Integration Joint Board.

Service Area/Function	Level of Delegation to Integration Joint Board
Criminal Justice Services · Criminal Justice Social Work · Prison Based Social Work · Unpaid Work · MAPPA	Planning and Delivery
Children & Families Social Work Services · Child Protection · Fieldwork Social Work Services for Children and Families · Residential Child Care including children's units · Looked After & Accommodated Children · Adoption & Fostering and Kinship Care · Services for Children with Additional Needs · Throughcare · Youth Support / Youth Justice	Planning and Delivery

· Young Carers	
Services for People affected by Homelessness	Planning and Delivery
Advice Services and Welfare Rights	Planning and Delivery
Strategic & Support Services · Quality & Development (including training and practise development, contract monitoring and strategic planning) · Business Support	Planning and Delivery

Appendix 2 – Legislation Summary

Legislation Summary

General Health and Social Care Legislation

The Social Work (Scotland) Act 1968
The National Health Service (Scotland) Act 1978

The NHS and Community Care Act 1990
Carers (Recognition and Services) Act 1995
The Community Care and Health (Scotland) Act 2002
The National Health Service (Clinical Negligence and Other Risks Indemnity Scheme) (Scotland) Regulations 2000
The Health Boards (Membership and Procedure) (Scotland) Regulations 2001,
The National Health Service (Primary Medical Services Performers Lists) (Scotland) Regulations 2004
The National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2004)
The National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006
The National Health Service (Discipline Committees) (Scotland) Regulations 2006;
The National Health Service (Appointment of Consultants) (Scotland) Regulations 2009
The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009
The National Health Service (General Dental Services) (Scotland) Regulations 2010
The National Health Service (Free Prescriptions and Charges for Drugs and Appliances) (Scotland) Regulations 2011
Public Services Reform (Scotland) Act 2010

Service User specific

Adult Support and Protection
The Adult Support and Protection (Scotland) Act 2007
Carers Bill will become statue in April 2016

Child Protection
Protection from Abuse (Scotland) Act 2001
Prohibition of Female Genital Mutilation (Scotland) Act 2005
Protection of Children and Prevention of Sexual Offences (Scotland) Act 2005
Sexual Offences (Scotland) Act 2009
Children's Hearings (Scotland) Act 2011
Children and Young People (Scotland) Act 2014

Children
Children (Scotland) Act 1995
Adoption (Scotland) Act 1978
Adoption (Inter-Country Aspects) Act 1999

Adoption and Children (Scotland) Act 2007
Foster Children (Scotland) Act 1974
Children & young person (S) Act 1937
Age of legal capacity (s) Act 1991
Vulnerable witness (s) Act 2004
Victim & vulnerable witness (s) Act 2014

Community Justice
Criminal Procedure (Scotland) Act 1995.
Criminal Justice (Scotland) Act 2003
Antisocial Behaviour etc. (Scotland) Act 2004 Regulation
Community Justice (Scotland) Bill – Introduced to Scottish Parliament 7th May 2015

Disability
Disabled Persons (Employment) Act 1944
Chronically Sick and Disabled Persons Act 1970
Disabled Persons (Services, Consultation and Representation) Act 1986
Disability Discrimination Act 1995
Disability Rights Commission Act 1999

Equalities & Human Rights
Human Rights Act 2000
Equality Act 2010
The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012

Public/Patient
Public Services Reform (Scotland) Act 2010
Patient Rights (Scotland) Act 2011
The Patient Rights (complaints Procedure and Consequential Provisions) (Scotland) Regulations 2012/36.

Housing
Housing (Scotland) Act 1987
Housing (Scotland) Act 2001

Integration of Health and Social Care
Public Bodies (Joint Working) (Scotland) Act 2014

Local Government
Local Government (Scotland) Act 1973
Local Government etc. (Scotland) Act 1994
Local Government in Scotland Act 2003

Mental Health
Adults with Incapacity (Scotland) Act 2000
Mental Health (Care and Treatment) (Scotland) Act 2003
The Mental Health (Safety and Security) (Scotland) Regulations 2005;
The Mental Health (Cross border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2005;
The Mental Health (Use of Telephones) (Scotland) Regulations 2005; and

The Mental Health (England and Wales Crossborder transfer: patients subject to requirements other than detention) (Scotland) Regulations 2008

Regulation and Scrutiny

The Regulation of Care (Scotland) Act 2001
The Joint Inspections of Children's Services and Inspection of Social Work Services (Scotland) Act 2006

Self-Directed Support

Community Care (Direct Payments) Act 1996
Social Care (Self-Directed Support) (Scotland) Act 2013

Education

Education (Additional Support for Learning) (Scotland) Act 2004

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Appendix 3 – Strategic Needs Assessment

The Strategic Needs Assessment (SNA) provides key statistical information about Inverclyde, in terms of population make-up, challenges around inequalities, and outcomes that sometimes fall below the Scottish averages.

The SNA is designed to be a constantly changing document. Many of the data sources are updated at different times and at different intervals, so in order to have the most up-to-date picture, we aim to update the document as data are published.

At present the SNA has been embedded below, but in future this will be replaced with a web-link. For people without internet access, we will be happy to provide a paper copy on request.

Appendix 4 – Housing Contribution Statement

The Housing Contribution Statement has been developed by the Strategic Planning Group, in close liaison with local Registered Social Landlords and the Inverclyde Strategic Housing Service. It sets out our commitment to working with housing providers to support the principles of the integration legislation, in that people should be supported to achieve the best possible outcomes. Appropriate housing is often crucial to that aspiration.

H:\Inverclyde Housing Contribution

Appendix 5: Our Wellbeing Localities

6.5.1 The Inverclyde Wellbeing Localities are set out in the map and tables below. Inverclyde East is the largest wellbeing locality in terms of geography and is shown in blue; Inverclyde Central is shown in green and Inverclyde West is shown in orange.

Locality / Intermediate Geography	Mid-2014 Small Area Population Estimate
Inverclyde Central	28,959
Inverclyde East	21,341
Inverclyde West	29,560
Population Total	**79,860**

Appendix 6: Overview of Our Plans

Service	Ref	Title	Approved
Children & Families and Criminal Justice	1.	Integrated Children's Services Plan	
	2.	Family Placement Strategy – Review of Allowances and Fees for Foster Carers (2014) Integrated Family Placement Strategy (2009)	CHCP Sub-Committee 27th February 2014
	3.	Healthy Child Programme (Re-design) (2013)	CHCP Sub-Committee – 28th August 2013
	4.	Inverclyde Parenting Strategy (2012)	CHCP Sub-Committee 12th January 2012
	5.	Child Protection Improvement Plan (2016)	IJB 26th Jan 2016 Health & Social Care Committee 25th February 2016
	6.	Corporate Parenting Strategy First Draft	Health & Social Care Committee 7th January 2016
	7.	Looked After Children's Strategy	Currently in draft
	8.	GIRFEC Strategy and Implementation Plan	IJB 26th Jan 2016 Health & Social Care Committee 25th February 2016
	9.	Community Justice Transition Plan	IJB 26th Jan 2016 Health & Social Care Committee 25th February 2016

Service	Ref	Title	Approved
Community Care & Health	1.	Joint Strategic Commissioning Plan for Older People 2013-2023	CHCP Sub-Committee 9th January 2014
	2.	Inverclyde Autism Strategy Action Plan 2014-2024 Committee report indicates this is a draft?	CHCP Sub-Committee 27th February 2014
	3.	Older People's Strategy 2012-2013	CHCP Sub-Committee 1st March 2012
	4.	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.
	5.	Learning Disability Strategic Commissioning Plan	
	6.	HSCP Integrated Care Plan	

Service	Ref	Title	Approved
Mental Health, Addictions & Homelessness	1.	Inverclyde Alcohol & Drug Partnership Strategy and Delivery Plan 2015-2018	ADP Committee October 2015
	2.	Inverclyde Local Housing Strategy 2011-2016	Education & Communities Committee 25th February 2011
	3.	Inverclyde Dementia Strategy 2013-2016 The Scottish Government's second national dementia strategy is currently under review, and we anticipate a new national strategy in late Autumn 2016. We will review our local strategy which is 2013-16, so current, in light of that.	CHCP Sub-Committee 28th February 2013
	4.	The Mental Health Strategy for Scotland 2012-2015 (including local implementation). The Clyde Modernising Mental Health Strategy 2008 is basis for all the local redesign to date and ongoing with closure of the hospital at Ravenscraig.	CHCP Sub-Committee 10th January 2013 Approved by GG&C Health Board in 2008.
	5.	Homelessness Services (re-design) (2012)	CHCP Sub-Committee 28th August 2012

Service	Ref	Title	Approved
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.	People Involvement in Inverclyde CHCP: A Framework	CHCP Sub-Committee 28th April 2011
	5.	Inverclyde CHCP Short Breaks Strategy 2012-2015	CHCP Sub-Committee 28th February 2013
	6.	Chief Social Work Officer – Annual Report (2014/15)	CHCP Sub-Committee – 23rd October 2014
	7.	Self Directed Support Implementation Plan (2014)	CHCP Sub-Committee – 27th February 2014
	8.	Inverclyde CHCP “Making Well-Being Matter in Inverclyde” Mental Health Improvement Delivery Plan 2014-2016	CHCP Sub-Committee 27th February 2014
	9.	Suicide Prevention and Mental Health Improvement (2013)	CHCP Sub-Committee 28th February 2013
	10.	Active Living Strategy (2014)	Policy & Resources Committee 20th May 2014
	11.	CHCP Directorate Plan 2013 - 2015	
	12.	Financial Inclusion Strategy 2012-2017 (draft)	Single Outcome Programme Board 2nd March 2012

Appendix 7: Summary of Key Priorities

National Outcome		Driver	Inverclyde Plan or Strategy	Strategic Commissioning Theme		Action required	Summary of specific strategic plan priorities
Children and Families & Criminal Justice							
NO	/ ⊘	*Foster Services National Minimum Standards, Section 22 - Children Act 1989: Sections 61 and 62 – duties of voluntary organisations and local authorities accommodated by voluntary organisation*	**Family Placement Strategy – Review of Allowances and Fees** (2014) **Integrated Family Placement Strategy** (09)	No	/ ⊘	To be reviewed	- The fostering service recruits, assesses and supports a range of foster carers, provides care for and is proactive in assessing current and future needs of children. - The fostering service meets the aims and objectives in the Statement of Purpose. - The fostering service is provided and managed by those who are qualified, skilled and experienced, suitable to work with children. In December 2013, the National Foster Care Review made two recommendations. **- Allowances**: Research at a local and national government level to be undertaken to identify the generic costs associated with fostering placements In order that the relevant National Care Standard (Allowances and Expenses) is met and consider how changes could be introduced over time. **- Fees:** Local Authorities with the assistance from their Community Planning Partners should initiate a discussion about the future of fostering fees in Scotland across all provider settings as part of a more strategic approach to the commissioning of children's services.
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National Outcome		Driver	Inverclyde Plan or Strategy	Strategic Commissioning Theme		Action required	Summary of specific strategic plan priorities
Children and Families & Criminal Justice							
No	/	*Review of Health Visitor Services 2008* *Early Years Framework* *Getting It Right for Every Child - Embed GIRFEC in the working of Children & Family Teams*	**Healthy Child Programme (Re-design) (2013)**	No	/	To be reviewed	- Implement Health Plan Indicators from birth to identify children with core or additional health service needs. - Provide a (core) universal service to children age 0 – 19. - Provide a targeted (additional) health visiting support and / or support from other disciplines / agencies to vulnerable children and their families. - Establish Health Visitor as Named Person for all pre-school age children - Design the format and content of the 27-30 month assessment and ensure that all children are offered this universal health assessment at the appropriate time. - Develop clear pathways from the assessment to evidence based interventions.
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National Outcome		Driver	Inverclyde Plan or Strategy	Strategic Commissioning Theme		Action required	Summary of specific strategic plan priorities
Children and Families & Criminal Justice							
no	/	*Getting It Right for Every Child*	**Inverclyde Parenting Strategy (2012)**	No	/	Review: - Positive Parenting Programme - Nurturing Inverclyde Parents - Mellow Bumps - Mellow Dads - Handling Teenage Behaviour - Early Bird.	- In keeping with the values and principles of a whole population approach to parenting that actively supports nurturing children. - Focus on targeting programmes to the ante natal period, providing support to young vulnerable pregnant girls / women and infants in the very early stages of life up to 6 months. - Links made with the infant and maternal nutrition strategy. - Key messages in respect of uptake of immunisations particularly MMR & MPV will be incorporated in promoted. - Core activity in terms of the overall family support strategy. - The parenting programmes link to objectives in SAO 5
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					Health Inequalities and SOA7 Best Start in Life.

National Outcome		Driver	Inverclyde Plan or Strategy	Strategic Commissioning Theme		Action required	Summary of specific strategic plan priorities
Children and Families & Criminal Justice							
NO	/ ⊘	*Community Justice (Scotland) Bill (enactment is anticipated in June 2016)* *Following enactment, statutory guidance will be published and a National Community Justice Strategy and Performance Framework*	**Community Justice Transition Plan 2016 – 2017**	No	/ ⊘		The purpose of the Transition Plan is to demonstrate preparedness for the shadow year and then for partners having full responsibility for community justice from 1st April 2017. The priorities during the period of transition are therefore laying the foundation elements including involvement of partners and wider stakeholders, governance arrangements and leverage of resources. The community justice partners will develop its first Improvement Plan in December 2017. This will reflect the draft national person-centric outcomes of improving: · Health · Housing · Education / Employment Opportunities · Social Support Networks The structural outcomes for community justice include: · Empowering communities to participate in community justice matters and support those who have offended or have been affected by offending. · Improving partnership, planning and performance to ensure community justice bodies deliver services effectively. · Improving access to services to ensure there is equality of access to all based on need. Effective use of interventions to ensure people who have offended receive the most suitable intervention at the appropriate time.
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National Outcome	Driver	Inverclyde Plan or Strategy	Strategic Commissioning Theme	Action required	Summary of specific strategic plan priorities
Community Health and Care					
No / ⊘ 1 ⊘ 2 ⊘ 3 ⊘ 4 ⊘ 5 ⊘ 6 ⊘ 7 ⊘ 8 ⊘ 9 ⊘	*Reshaping Care for Older People: A Programme for Change: 2011 – 2021*	**Joint Strategic Commissioning Plan for Older People 2013-2023**	N / ⊘ 1 2 ⊘ 3 ⊘ 4 ⊘ 5	Plan entering into next phase 2016 - 2023 – Plan to be updated	**From 2016-23** **- Independent living /Housing** - have a stock of housing appropriate to different levels of need and disability. A clear process to address supply and demand **- Self-Directed Support** - People are empowered to make decisions about their own care and or own budgets. **- Early Interventions Day Care** - have a broader range of day opportunities appropriate to the needs and delivered by a variety of providers. **- Long term Conditions** - Individuals will be part of the planning process for their future needs. **- Anticipatory Care Planning** - Train and empower staff to initiate discussion around future care needs. **- Falls -** Clear pathways for individuals at risk of falls; those who fall but are uninjured, sustain an injury, or experience multiple falls. -Reduce the number of people attending A&E following a fall. - Reduce the number of people suffering an injury as a result of a fall. **- Reablement and Care At Home** – More people enabled to remain independent for longer or to require a reduced level of support following a period of reablement. Care at home commissioned or in-house will retain the reablement approach. **- Care Home Provision** - Sustain the reduced level of care home admissions.

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<tr><th>National Outcome</th><th></th><th>Driver</th><th>Inverclyde Plan or Strategy</th><th>Strategic Commissioning Theme</th><th></th><th>Action required</th><th>Summary of specific strategic plan priorities</th></tr>
<tr><td colspan="8">Community Health and Care</td></tr>
<tr><td>No</td><td>/ ⊘</td><td rowspan="10">10 year National Strategy for Autism.

Keys to Life Learning Disability Strategy.</td><td rowspan="10">Inverclyde Autism Strategy Action Plan 2014-2024</td><td>N</td><td>/ ⊘</td><td rowspan="10"></td><td rowspan="10">Future considerations :
1. Understood, Valued and Safe
Greater acceptance through best practice and minimum standards developed and rolled out across Inverclyde
2. Independence and Support
More support to children in mainstream schools to build their capacity and resilience to cope with change; ;
3. Social Networks
More opportunities for children and young people to be matched with other students who can give support in social situations in school
4 Training Plan
Develop a plan to coordinate the approach to local and national training;
5. Pathway for Diagnosis
Better access to diagnostic assessment & post diagnostic support
6. Information and Advice
Develop a coordinated information and advice plan
7. Coordinated Services
Set up an Inverclyde Strategy Group;
8. Included and Involved
Involvement of service users and carers in design and implementation;
9. Evaluation
Minimum standards and best practice used in evaluation.</td></tr>
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National Outcome	Driver	Inverclyde Plan or Strategy	Strategic Commissioning Theme	Action required	Summary of specific strategic plan priorities
Community Health and Care					
No / 1 2 3 4 5 6 7 8 9	*Keys to Life for people with Learning Disabilities*	**Learning Disability Strategic Commissioning Plan 2016 - 2019**	N / 1 2 3 4 5	52 recommendations were made by the Scottish Government Keys to Life Development Group. Inverclyde has focused these into 4 broad headings: 1. My Health 2. Where I Live 3. My Community 4. My Safety & Relationships	**-** EQIA required, encompassing all services from the CHCP providing supports. Citizen Awareness and Provision of information -.Employers and employees of services supporting people with learning disabilities require appropriate training and development opportunities. **-** NHSGGC and HSCP will work in partnership to ensure appropriate levels of support in general hospitals; including funded support from familiar carers and specialist learning disability acute care liaison nurses. **- By June 2018** the Scottish Government in partnership with local authorities, the Third Sector individuals and carers review and further develop day opportunities that are person-centred, assets-based and values driven and that take account of staffing, education, employment and transport issues.

National Outcome		Driver	Inverclyde Plan or Strategy	Strategic Commissioning Theme		Action required	Summary of specific strategic plan priorities
Community Health and Care							
No	/ ⊘	Public Bodies (Joint Working) (Scotland) Act 2014 Reshaping Care for Older People	**HSCP Integrated Care Plan 2015-2018**	No	/ ⊘		**- Housing**: We will engage with the communities in and around areas of social deprivation. 73% of Inverclyde social housing stock is in these areas. **- Technology to assist self-management:** We will use evidence to expand existing programmes around telehealth and telecare in a more integrated and co-productive way, with healthcare supporting our anticipatory approach to care and crisis prevention. -We will make maximum use of the I**ntegrated Resource Framework** data via an in-depth study of the 1600 people in Inverclyde who account for 50% of resource use, mapped against a sample of similar people who account for the lowest resource use. - **Delayed Discharge:** we will achieve the 14 day Delayed Discharge target **- Nurturing Locality Capacity:** We intend to build increased capacity in the third and independent sector and community to support strategic commissioning. - **Nurturing Carers**: The Integrated Care Fund will be used to resource local Carers Development Group to continue to nurture the partnership between carers, carer organisations, the local community and statutory services.
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National Outcome		Driver	Inverclyde Plan or Strategy	Strategic Commissioning Theme		Action required	Summary of specific strategic plan priorities
Community Health and Care							
No	/ ⊘	*NHS Community Care Act 1990* *Carers (Support and Recognition)Act 1995* *Community Care and Health Act 2002* *Care 21-The Future of Unpaid Care 2005* *National Strategy for Carers Caring Together 2010-15*	**Inverclyde CHCP Short Breaks Strategy 2012-2015**	No	/ ⊘	The Strategy requires review.	- Extend a befriending/ buddying scheme to support older people on breaks by covering basic expenses of volunteers - Develop more overnight services at home to give carers a break - Develop a befriending/buddying scheme for individuals to take up new interests. - Family breaks. Friends going on holiday with volunteers support - Similar small respite unit to Hillend within Sheltered Housing/Care Home - Introduce Befriender/ support service. - Befrienders Support for activities /interests during the day. - Carers assessments should be offered to all carers. - More group breaks for service users with friends and support from volunteers or carers.
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National Outcome	Driver	Inverclyde Plan or Strategy	Strategic Commissioning Theme	Action required	Summary of specific strategic plan priorities
Community Health and Care					
No / 1 2 3 4 5 6 7 8 9	*Social Care (Self-directed Support) (Scotland) Act 2013* *Section 12A of the Social Work (Scotland) Act 1968* *Section 3 of this Act (support for adult carers)* *Section 24 of the Children (Scotland) Act 1995*	**Self-Directed Support Implementation Plan (2015)**	No / 1 2 3 4 5	Statutory Process now implemented and being embedded in practice – Plan to be reviewed and updated	- Key work streams identified to progress implementation, developing a system to allocate funding and ensure equality; fairness are transparent and meets the assessed needs of an individual's support plan. **- Assessment, Policy and Procedure** workstream - develop an assessment tool which captures the information needed for the resource allocation. They will also look at the process for the allocation of an individual's budget. This group will also consider how the assessor's guidance. **- Learning and Development** work stream - delivering outcome focused training Reporting and Infrastructure workstream - developing the monitoring of packages. The group have attended various presentations on how the client record management system (Swift) can be updated and used to support SDS.

National Outcome		Driver	Inverclyde Plan or Strategy	Strategic Commissioning Theme		Action required	Summary of specific strategic plan priorities
Mental Health Homelessness and Addictions							
No	/	*The Road to Recovery" (Scottish Government (May 2008)* *Changing Scotland's Relationship with Alcohol (2009) & (2012)* *"Getting Our Priorities Right" (April 2013).* *Achieving Our Potential* *Early Years Framework* *Equally Well*	**Inverclyde Alcohol & Drug Partnership (ADP) Strategy**	N	/	Addiction services in Inverclyde are based in the Wellpark and Cathcart Centres in Greenock. The collocated multiagency teams provide a full range of services relating to assessment, treatment and recovery support. Referrals are received from a range of professionals [usually GPs] and from individuals themselves where there is concern about addiction	- We will work to deliver effective opportunities for recovery from substance misuse. - The ADP will support healthy lifestyle choices raising awareness across the community of risk associated with substance misuse. - The ADP partners will work to secure improvement in how we support individuals families and the wider community who are impacted by substance misuse, by reviewing and learning from best practice. - A positive culture change in attitudes to alcohol, resulting in fewer associated health, social problems and crime rates.
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National Outcome		Driver	Inverclyde Plan or Strategy	Strategic Commissioning Theme		Action required	Summary of specific strategic plan priorities
Mental Health Homelessness and Addictions							
No	/	*Housing (Scotland) Act 2001.* *Housing (Scotland) Act 2006*	**Inverclyde Local Housing Strategy 2011-2016**	No	/	The Inverclyde local Housing Contribution Statement 2016-2019	- Preventing homelessness through the provision of information and advice particularly in relation to housing options - The 2001 Act requires local authorities should be fully integrated into a LHS - LHS should identify how housing support needs will be addressed. - To ensure that, where practicable, households no longer live in fuel poverty. - LHS must set out a strategy for dealing with houses that do not meet the tolerable standard - Produce a policy for designating housing renewal areas and a strategy for improving private housing in line with the Council's Scheme of Assistance.
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National Outcome		Driver	Inverclyde Plan or Strategy	Strategic Commissioning Theme		Action required	Summary of specific strategic plan priorities
Mental Health Homelessness and Addictions							
No	/ ⃠	*Scottish Government's Second National Dementia Strategy.*	**Inverclyde Dementia Strategy 2013-2016**	No	/ ⃠	Requires review and updating	- More people with dementia living a good quality life at home for longer. - Dementia-enabled and dementia-friendly local communities that contribute to greater awareness of dementia and reduce stigma. - Timely, accurate diagnosis of dementia. - Better post-diagnostic support for people with dementia and their families. - More people with dementia and their families and carers being involved as equal partners in care throughout the journey of the illness. - Better respect and promotion of rights in all settings, together with improved compliance with the legal requirements in respect of treatment. - People with dementia in hospitals or other institutional settings always being treated with dignity and respect
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National Outcome		Driver	Inverclyde Plan or Strategy	Strategic Commissioning Theme		Action required	Summary of specific strategic plan priorities
Planning, Health Improvement & Commissioning							
No	/ ⃠	*Scottish Social Service Council Code of Practice* *National Care Standards* *Nursing and Midwifery Council Code of Conduct*	**Inverclyde CHCP Learning & Development Plan 2014-2015**	No	/ ⃠	This plan will be replaced by the People Plan section of the HSCP Strategic Plan 2016-2019, in April 2017.	- Build a competent, confident & valued workforce - Improve our services to deliver the best outcomes for people - Support our people (as defined in the People Plan) to have the right skills to help service users achieve their own stated outcomes.
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		Health Professionals Council Code of Conduct				
National Outcome		Driver	Inverclyde Plan or Strategy	Strategic Commissioning Theme	Action required	Summary of specific strategic plan priorities
Planning, Health Improvement & Commissioning						
No	/	*Our National Health: A plan for action, a plan for change (2000)* *The Christie Commission: Future Development of Public Services 2011*.	**CHCP Commissioning Strategy 2013-2023**	No	/	This is being reviewed in line with development of the HSCP Strategic Plan
1				1		- Service Users and Carers feel included and involved and are recognised as partners in the Commissioning process. Getting It Right for Every Citizen and Community NHS Patient Involvement : - People are respected, treated as individuals, and involved in their own care. Involvement in priorities and in planning services. - Establishment of a single point of access for assessment and service delivery. - Development of a re-ablement service. - Increased early interventions to preventative services. - Changes to the shape of long term care from inpatient services to care home provision, including use of housing with care. - Improving end of life care. - Development of capacity within the community to support independent living.
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National Outcome		Driver	Inverclyde Plan or Strategy	Strategic Commissioning Theme		Action required	Summary of specific strategic plan priorities
Planning, Health Improvement & Commissioning							
No	/ ⊘	*"Choose Life" the National Strategy and Action Plan to Prevent Suicide in Scotland*	**Making Wellbeing Matter – Inverclyde Mental Health Improvement Strategy**	No	/ ⊘		- **Communities are better equipped to prevent suicide** people are more confident in approach to those whose lives are at risk to suicide and, - **Local people are more comfortable talking about suicide** and fostering partnership approach ensuring suicide prevention is seen as everyone's business. - **Promote good mental well-being in the general population**; Reduce the prevalence of common mental health problems and improve the quality of life for those experiencing mental health problems or mental illness. increased social connectedness - **Reduced social isolation**. - **Mentally healthy environments** are created - **Stigma and discrimination** are tackled - Reduced **health inequalities** and decreased inequalities in mental well-being.
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National Outcome		Driver	Inverclyde Plan or Strategy	Strategic Commissioning Theme		Action required	Summary of specific strategic plan priorities
Performance, Health Improvement & Commissioning							
No	/ ⊘		**Active Living Strategy (2014 - 2022)**	No	/ ⊘	Overarching outcome – Community Engagement and Capacity Building: Community engagement and capacity building forms the foundation of all efforts to increase physical activity levels by concentrating on the assets of local communities	Inverclyde will have the most active population in Scotland by 2022. **– Workplace**: Inverclyde employers advocate physical activity and support the facilitation of an active Inverclyde workforce **– Green space:** All Inverclyde residents and visitors will have opportunities to access and participate in a range of quality physical activities within green space. **– Sport and Leisure:** All residents will have equal opportunities to access and participate in a range of quality sport and leisure experiences. **– Education:** Early years, children and young people within Inverclyde will achieve the national physical activity targets by 2022 **– Health Improvement**: Health inequalities are lower due to increased participation rates in physical activity and associated health outcomes. **– Built Environment:** The built environment within Inverclyde facilitates quality accessible opportunities for physical activity and will encourage more physically active. **– Communication:** The opportunities and benefits to accessing physical activity are effectively promoted across Inverclyde.
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Table Key

National Well Being Outcomes			
1	People are able to look after and improve their own health and wellbeing and live in good health for longer	5	Health and social care services contribute to reducing health inequalities
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	6	People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing
3	People who use health and social care services have positive experiences of those services, and have their dignity respected	7	People using health and social care services are safe from harm
4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services	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

Strategic Commissioning (Comm) Themes	
1	Employability and meaningful activity
2	Recovery and support to live independently
3	Early intervention, prevention and reablement
4	Support for families
5	Inclusion and empowerment

Existing Strategic Plans includes the Outcomes or Themes	
Yes	
No	⊘

Appendix 8: Document Wallet (Our Existing Plans)

Our strategic plan is and overarching and live document which will change and develop over time. This is because it is built around a suite of other strategic plans which individual services have produced in collaboration with service user and carers, as well as our stakeholders and partners.

As these plans reach the end of their time-spans, they will be evaluated against the outcomes and improvement priorities they set out to achieve. This will allow us to take a fresh view of the plans, make changes, and develop new service and cross-cutting priorities in line with the nine national outcomes. This approach supports a continuing cycle of improvement. All of these strategic plans have been summarised in appendix 7, and we have also set out the main priorities in section 3.2 of the main Plan, for ease of access.

Document

Children Families and Criminal Justice

Family Placement Strategy – Review of Allowances and Fees (2014)	 Foster-Carer-Allowances.pdf
Healthy Child Programme (Re-design) (2013)	 Healthy-Child-Programme-Redesign.pdf
Inverclyde Parenting Strategy (2012)	 Inverclyde-Parenting-Strategy.pdf
Community Justice Transition Plan 2016 – 2017	 Community Justice Transition Plan.pdf

Community Health and Care

Joint Strategic Commissioning Plan for Older People 2013-2023	 Joint-Strategic-Commissioning-Plan.pdf
Inverclyde Autism Strategy Action Plan 2014-2024	 Autism Strategy.pdf
Learning Disability Strategic Commissioning Plan 2016 - 2019	 Learning-Disability-Services keys to life.pc

HSCP Integrated Care Plan 2015-2018

Inverclyde Integrated Care Plan

Inverclyde CHCP Short Breaks Strategy 2012-2015

Short-Breaks-Strategy.pdf

Self-Directed Support Implementation Plan (2015)

Self-Directed-Support.pdf

Mental Health Homelessness and Addictions

Inverclyde Alcohol & Drug Partnership (ADP) Strategy

Inverclyde ADP Strategic Plan 2014 1

Inverclyde Local Housing Strategy 2011-2016

Inverclyde-Local-Housing-Strategy-2011-2

Inverclyde Dementia Strategy 2013-2016

Dementia-Strategy.pdf

Planning, Health Improvement & Commissioning

Inverclyde CHCP Learning & Development Plan 2014-2015

lEARNING AND DEVELOPMENT.pdf

CHCP Commissioning Strategy 2013-2023

Joint-Strategic-Commissioning-Plan.pdf

Making Wellbeing Matter – Inverclyde Mental Health Improvement Strategy

Making-Wellbeing-Matter.pdf

Active Living Strategy (2014 - 2022)

Active-Living-Strategy.pdf

Clinical Services Strategy

H:\Clinical Services Strategy.pdf

Appendix 9: National Outcomes Indicators

Indicator	Title
NI -1	Percentage of adults able to look after their health very well or quite well
NI - 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible
NI - 3	Percentage of adults supported at home who agreed that they had a say in how their help, care or support was provided
NI - 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated
NI - 5	Total % of adults receiving any care of support who rated it as excellent or good
NI - 6	Percentage of people with positive experience of the care provided by their GP practice
NI - 7	Percentage of adults supported at home who agreed that their services and support had an impact on improving or maintaining their quality of life
NI - 8	Total combined % of carers who feel supported to continue in their caring role
NI - 9	Percentage of adults supported at home who agreed they felt safe
NI -10	Percentage of staff who say they would recommend their workplace as a good place to work
NI -11	Premature mortality rate per 100,000 persons
NI -12	Emergency hospital admission rate (per 100,000 population)
NI -13	Emergency hospital bed day rate (per 100,000 population)
NI -14	Readmission to hospital within 28 days (per 1,000 inpatient population)
NI -15	Proportion of last six months of life spent at home or in a community setting
NI -16	Falls rate per 1,000 population aged 65+
NI -17	Proportion of care services graded ‘good’ (4) or better in Care Inspectorate inspections
NI -18	Percentage of adults with intensive care needs receiving care at home
NI -19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 inpatient population)
NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency
NI - 21	Percentage of people admitted to hospital from home during the year, who were discharged to a care home
NI - 22	Percentage of people who are discharged from hospital within 72 hours of being ready
NI - 23	Expenditure on end of life care, cost in last 6 months per death