

**Report To:** Health & Social Care Committee      **Date:** 21<sup>st</sup> April 2016

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Inverclyde Health & Social Care  
Partnership      **Report No:** SW/30/2016/HW

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**Subject:** HSCP CORPORATE DIRECTORATE IMPROVEMENT PLAN  
(CDIP)

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## 1.0 PURPOSE

- 1.1 The purpose of this report is to update the Health & Social Care Committee members on the HSCP priorities that will contribute to the delivery of the Council's strategic objectives.
- 1.2 Under the terms of the Public Bodies (Joint Working) (Scotland) Act 2014, all HSCPs are required to produce a Strategic Plan that outlines their priorities and sets their strategic direction over at least three years.
- 1.3 The Inverclyde HSCP Strategic Plan for 2016-19 was approved by the Integration Joint Board (IJB) on 15<sup>th</sup> March 2016, subject to a Financial Assurance Certificate being issued by the Chief Financial Officer (CFO) once in post. The Inverclyde CFO took up post on 22<sup>nd</sup> March 2016, and the financial framework is being reviewed so that the Assurance Statement can be developed.
- 1.4 The priorities outlined in the HSCP Strategic Plan form the basis of our proposed CDIP actions, and these have been derived from our existing planning architecture. That architecture reflects key national and local policy direction, and the Council's drive for a culture of continuous improvement.

## 2.0 SUMMARY

- 2.1 The proposed CDIP actions have been developed with Inverclyde stakeholders, and reflect our commitment to improved services that deliver better outcomes for the people who rely on our support.
- 2.2 There are some additional actions included in our CDIP, which aim to improve our ways of working. These additional actions will contribute to improved client and patient outcomes, but in an indirect way. However they align more directly with the Council's continuous improvement plan, hence their inclusion in our CDIP.

## 3.0 RECOMMENDATION

- 3.1 That the Health & Social Care Committee members approve the proposed CDIP actions, which are in line with the HSCP and Inverclyde Council objectives.

**Brian Moore**  
**Chief Officer**  
**Inverclyde Health & Social Care Partnership**

## 4.0 BACKGROUND

4.1 This report describes the proposed Inverclyde HSCP CDIP actions, in line with the HSCP Strategic Plan and the Council's strategic objectives.

4.2 The HSCP Strategic Plan is based on our vision of *Improving Lives*, and is underpinned by our values that:

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

4.3 The Strategic Plan must set out HSCP priorities so that we deliver on the nine national health and wellbeing outcomes. These 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.

4.4 In addition to the drivers of our values and the nine national health and wellbeing outcomes, we must also contribute to the delivery of the Council's strategic objectives and the NHS Board's Local Delivery Plan (LDP).

4.5 The Council's strategic objectives will be delivered by Directorate Plans that:

- Assess needs and demands;
- Develop a prioritised programme of action;
- Deploy and manage resources accordingly;
- Monitor and report on progress.

4.6 The four points at 4.5 are addressed by the HSCP Strategic Plan. That Plan has a companion Strategic Needs Assessment document, in recognition that the core intelligence data will be subject to change and updating over the lifetime of the Plan. It also includes a document wallet that contains all of our detailed service-level plans, but for ease of reference the key priorities from those plans are also summarised in the body of the Strategic Plan. The financial framework describes how the HSCP will deploy and manage financial resources, while the People Plan that will supplement the Strategic Plan aims to describe how we will develop and deploy the human assets that exist both within our services and the wider Inverclyde communities. The

Performance Framework describes how we will measure and report our performance against our key priorities and the nine National Wellbeing Outcomes.

#### 4.7 Directorate Plans should also:

- Assist accountability to Elected Members;
- Create a sense of direction;
- Determine and clarify priorities to be delivered;
- Align planning to resource management;
- Secure political approval and support for programmes / actions;
- Assist in managing and improving service delivery.

#### 4.8 The HSCP Strategic Plan has been shaped to meet all of the requirements laid out at section 4.7. The implementation of the Strategic Plan is overseen by the IJB, which has voting membership derived from Council Elected Members and NHS Board Non-Executive Directors. The CDIP actions will also be reported through the Health and Social Care Committee and other Council Committees that scrutinise delivery of all of the Council's CDIPs. Our Strategic direction is described through the five Strategic Commissioning Themes as described in our Strategic Plan. These are:

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

The priorities described at section 5 of this report describe our transformational actions and intentions, which will also meet these requirements. Further details can be found in the document wallet that is appendix 8 of the Strategic Plan. The financial framework ensures that robust financial management underpins our service planning, and our People Plan, which is due to be completed by March 2017, will ensure that our plans are built on a clear understanding of the people resource within Inverclyde. The priorities are based on agreed national and local policy, and have been developed in full consultation with Inverclyde communities, and with an express goal to improve service delivery and end-user outcomes. On that basis HSCP officers are confident that the programmes and actions therein, are framed in a way that will secure continuing political approval.

## 5.0 HSCP CDIP PRIORITIES

### 5.1 Children & Families and Community Justice

#### 5.1.1 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.

#### 5.1.2 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

#### 5.1.3 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 of 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

#### 5.1.4 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 1<sup>st</sup> 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.

#### 5.1.5 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.

## 5.2 **Mental Health, Addictions and Homelessness**

### 5.2.1 Implementation of the National Quality Standards for Drug and Alcohol Services

#### Aim

- The National Quality Standards aim to set core parameters for service improvement, with a focus on recovery. Inverclyde HSCP services will be inspected by the Care Inspectorate between April and June 2016, and the outputs from that inspection will inform further developments in our approach to service delivery and practice.

#### Impact

- People who use our services will have a stronger voice in influencing how the services are planned, delivered and developed.
- Third sector partners will be better informed, to shape their provision in line with the requirements of the National Quality Standards.
- We will further develop our provision of psychological therapies for people who use alcohol and drug services, including with third sector partners.

#### Outcomes

- Recovery will be supported through health and social care support that consistently meets the quality principles for drug and alcohol service users.
- People will have access to a wider range of support in their recovery.
- People will be supported to sustain recovery, and will have improved quality of life.

### 5.2.2 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.

### 5.2.3 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.

#### 5.2.4 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.

#### 5.2.5 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.

### 5.3 **Community Care Adult Services**

#### 5.3.1 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.

### 5.3.2 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.

### 5.3.3 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.

### 5.3.4 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.

### **5.4 Planning, Health Improvement and Commissioning (Including Business Support)**

#### **5.4.1 Implementation of the Inverclyde Learning and Development Plan**

##### Aim

- The Learning and Development Plan sets out the skills and learning 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.

#### **5.4.2 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.

#### 5.4.3 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.

#### 5.4.4 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.

#### 5.4.5 Implementation of the HSCP aspects of the Council's Records Management Plan, including improved business processes

##### Aim

- The Records Management Plan sets out a framework for ensuring that patient and client records are held securely and appropriately, and for no longer than is necessary.

##### Impact

- Services will work towards a single client record held electronically, with secure destruction taking place in line with the Council's Retention Policy.
- Business processes will be improved, and data will be more secure through the

move away from paper records to securely encrypted electronic format.

Outcomes

- Staff time currently used on organising paper-based systems will be diverted towards active face-to-face time with patients and service-users.

**6.0 IMPLICATIONS**

**Finance**

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

Financial Implications:

One off Costs

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

Annually Recurring Costs/ (Savings)

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

**6.2 Legal**

There are no legal implications in respect of this report.

**Human Resources**

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

**Equalities**

6.4 Has an Equality Impact Assessment been carried out?  
 Equality Impact Assessments have been carried out on the relevant plans that underpin the HSCP Strategic Plan.

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

## **Repopulation**

- 6.5 The HSCP plans and strategies take into account demographic trends to inform current and future plans for services for the people of Inverclyde.

## **7.0 CONSULTATION**

- 7.1 The consultation process was based on that undertaken relative to the preparation of the HSCP Strategic Plan.

## **8.0 LIST OF BACKGROUND PAPERS**

- 8.1 Inverclyde HSCP Strategic Plan 2016-19.

# Health & Social Care Partnership

## Corporate Directorate Improvement Plan 2016/19



# This document can be made available in other languages, large print, and audio format upon request.

## Arabic

هذه الوثيقة متاحة أيضا بلغات أخرى والأحرف الطباعية الكبيرة وبطريقة سمعية عند الطلب.

## Cantonese

本文件也可應要求，製作成其他語文或特大字體版本，也可製作成錄音帶。

## Gaelic

Tha an sgriobhainn seo cuideachd ri fhaotainn ann an cànanan eile, clò nas motha agus air teip ma tha sibh ga iarraidh.

## Hindi

अनुरोध पर यह दस्तावेज़ अन्य भाषाओं में, बड़े अक्षरों की छपाई और सुनने वाले माध्यम पर भी उपलब्ध है

## Mandarin

本文件也可应要求，制作成其它语文或特大字体版本，也可制作成录音带。

## Polish

Dokument ten jest na życzenie udostępniany także w innych wersjach językowych, w dużym druku lub w formacie audio.


## Punjabi


ਇਹ ਦਸਤਾਵੇਜ਼ ਹੋਰ ਭਾਸ਼ਾਵਾਂ ਵਿਚ, ਵੱਡੇ ਅੱਖਰਾਂ ਵਿਚ ਅਤੇ ਆਡੀਓ ਟੇਪ 'ਤੇ ਰਿਕਾਰਡ ਹੋਇਆ ਵੀ ਮੰਗ ਕੇ ਲਿਆ ਜਾ ਸਕਦਾ ਹੈ।

## Urdu

درخواست پر یہ دستاویز دیگر زبانوں میں، بڑے حروف کی چھپائی اور سننے والے ذرائع پر بھی میسر ہے۔

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<b>Table of contents</b>		<b>Page</b>
<b>1. Introduction by Chief Officer</b>		4
<b>2. Strategic Overview</b>		5
2.1 Purpose and scope of the HSCP		5
2.2 National and local context		7
2.3 Customer focus		20
2.4 Equality		21
2.5 Sustainability of the environment		21
2.6 Risk management		21
2.7 Competitiveness		22
<b>3. Summary of Resources</b>		23
<b>4. Self-Evaluation and Improvement Plan</b>		24
<b>5. Health &amp; Social Care Partnership Three Year Overview</b>		26
<b>6. Health &amp; Social Care Partnership Improvement Plan</b>		
6.1 Corporate Improvement Actions		27
6.2 Cross-Directorate Improvement Actions		30
6.3 Service Improvement Actions		33
6.3 Capital Projects		43
6.4 Corporate Governance Actions		45
<b>7. Health &amp; Social Care Partnership Performance Information</b>		47
<b>8. Appendix 1: Risk register</b>		49
<b>10. Appendix 2: Working groups structure</b>		51



## 1. Introduction by the Chief Officer

On behalf of the Health & Social Care Partnership, I am delighted to present our Directorate Improvement Plan for 2016 -19. The Directorate Improvement Plan is an integral part of the Council's strategic planning and performance management framework, and draws from the HSCP Strategic Plan, which is required under the terms of the Public Bodies (Joint Working) (Scotland) Act 2014. Both plans assist in describing the strategic direction and key programmes, actions and improvements which the Health and Social Care Partnership (HSCP) will deliver in the period 2016-19.

Over the coming years, the HSCP will face challenges in improving the lives of people who live in Inverclyde, none more so than tackling the unequal health and socio-economic outcomes experienced in some of Inverclyde's communities.

Our success or otherwise will be monitored by the Integration Joint Board, who will scrutinise our performance against the priorities within our Strategic Plan, and delivery against the nine National Wellbeing Outcomes that are written into the Public Bodies (Joint Working) (Scotland) Act 2014. These 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.

The Public Bodies (Joint Working) (Scotland) Act 2014 changes the governance landscape for community health and social care provision. It separates responsibility for service planning, delivery and prioritisation away from Health Boards and Councils, and into new legal bodies governed by Integration Joint Boards (IJB). These new HSCPs still retain links with their Councils and Health Boards, but are stand-alone entities that must change their focus, shifting from the traditional need to meet service output targets, moving towards being able to evidence that what we do makes a positive difference to people's lives. That evidence is to be based on the National Wellbeing Outcomes as noted above.

This Corporate Directorate Improvement Plan considers these new arrangements and how the HSCP interfaces with the Council's wider planning and improvement approach.

## 2. Strategic Overview

### 2.1 Purpose and scope of the Health & Social Care Partnership (HSCP)

The primary role of the HSCP is to bring together health and social care services so that the people who need these services will benefit from an efficient and effective experience that supports independence and makes the most of abilities rather than focusing on disabilities or impairments. The Public Bodies (Joint Working) (Scotland) Act 2014 prescribes that all local authority areas must develop an HSCP, however in Inverclyde we have had integrated health and social care arrangements since 2010. Under those arrangements, services operated under the stewardship of the Council and Health Board, however the new legislation takes us beyond those arrangements. The HSCP has been a separate, legally established Public Body in its own right since 1<sup>st</sup> April 2016.

The Inverclyde HSCP includes all health and social care services, including Adult Services; Children & Families Services and Community Justice Services. It is committed to delivering high quality professional and efficient services which are responsive to our customers' needs. Through clear priorities driven by the nine National Wellbeing Outcomes, we aim to deliver the outcomes that matter most to the people who need our support. We also aim to narrow the inequalities gap that has characterised Inverclyde for many years. We will do this by commissioning services, both internal and external, guided by our strategic commissioning themes. These are:

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

Our organisational values underpin the approach we aim to take in all that we do. These are:

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

By ensuring that all of our commissioning activity is guided by these themes and values, we will ultimately deliver on our vision of Improving Lives.

The HSCP is accountable to the Integration Joint Board (IJB), set up through statute, and with representation from Council Elected Members, NHS Non-Executive Board Members and a range of other key stakeholders. It is led by the Chief Officer, who has organised business into four streams, each led by a Head of Service as outlined below.

Clinical Director  
**Dr Hector  
MacDonald**

Inverclyde Health & Social Care Partnership  
**Chief Officer: Brian Moore**

Chief Financial  
Officer  
**Lesley Aird**

Health and  
Community  
Care (Adults)  
**Beth Culshaw**

Mental Health, Addictions  
and Homelessness  
**Deborah Gillespie**

Children & Families and  
Community Justice  
**Sharon McAlees**

Planning, Health Improvement  
and Commissioning  
**Helen Watson**

- District Nurses
- Allied Health Professionals
- Care at Home and Reablement Services
- Assessment and Care Management
- Adult Support and Protection
- Respite, Short Breaks & Day Care
- Community Learning Disabilities Team
- Telecare and Community Alarms
- Services for people with physical and sensory impairments
- Day Opportunities
- Centre for Independent Living

- Community Mental Health Team
- Older People's Mental Health Inpatient Service
- Older People's Mental Health Team
- Adult Mental Health Inpatient Service
- Outpatients Psychiatric Service
- Psychology Service
- Primary Care Mental Health Service
- Addictions Assessment & Treatment
- Addictions Psychological & Counselling Services
- Addictions Harm Reduction
- Homelessness Assessment & Support
- Accommodation Services

- Community Children's Nurses and Specialist Children's Services
- Skylark Health
- Adoption, Fostering and Kinship Care
- Speech & Language Therapy
- Children's Homes & Throughcare
- Health Visitors & School Nurses
- Youth Support & Youth Justice
- Community Justice Court and Fieldwork Service
- Unpaid Work
- MAPPA

- Health Improvement & Inequalities Services
- Advice and Welfare Rights Services
- Performance and Information Services
- Strategic Commissioning & Procurement Support
- Quality Assurance
- Learning and Practice Development
- Complaints
- Contract Monitoring
- Strategic Planning
- Performance Reviews
- Business support
- Information Systems
- Information Governance

## 2.2 National and Local Context

### Policy and the National Context

The main policy driver behind the Public Bodies (Joint Working) (Scotland) Act 2014 was to bring community-based health and social care sectors together, to promote joint working and improve care pathways from the perspective of the people who use services. Although the legislation is primarily focused on community health and social work, it also recognises that there are other important aspects that need to be considered when shaping the patient or service-user journey and promoting better and more equitable outcomes. For example, appropriate housing can be crucial to recovery and support to live independently. The legislation therefore requires that HSCPs work with Registered Social Landlords (RSLs) and Strategic Housing Authorities (the Council's Strategic Housing Service), to develop a Housing Contribution Statement outlining the joint working that will take place with these partners. The legislation also recognises that although most people live most of their lives in communities, from time to time some people will need to have a stay in hospital. Given that hospital stays are a very small but important part of most people's journey of care, HSCPs do not have management responsibility for hospital-based services. However hospitals need to have the right services in place to deliver their parts of the care pathway, and hospital discharge needs to take place in such a way that it supports the patient to the best possible outcome. This might be to get back to their former level of function, or even to improve on that, but to achieve this ambition the HSCP has a duty to work with the hospital sector to plan a core set of service areas.

These service areas include:

- 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.

This national policy direction continues to attract cross-party support, particularly because it brings health and social care together under the direction of a single Chief Officer, and into a separate public body that has been set up with a specific remit to deliver improved outcomes, against a challenging backdrop of reduced levels of public funding and increased need and demand as the population gets older.

### The Local Context - Opportunities arising from the Establishment of the HSCP

Although Inverclyde has had integrated health and social care services since October 2010, those arrangements were as an enhanced partnership between the Council and the Health Board, with the resultant CHCP being a sub-committee of both. Since 1<sup>st</sup> April 2016, the HSCP became a formal and legally separate entity, with accountability to the Integration Joint Board. The HSCP continues to deliver services on behalf of the Council and the NHS Board, but with a focus on delivering the National Wellbeing Outcomes. That said, the HSCP will also continue to contribute to the delivery of both the Council and Health Board strategic priorities.

The HSCP delivers a wide range of services and this is reflected in the complexity of need that we are trying to address by way of our improvement actions. These actions link with all five strategic commissioning themes, as well as the nine National Wellbeing Outcomes. They also support delivery of the themes of the Council's Corporate Plan, the Health Board's Local Delivery Plan, and the Community Planning Partnership's Single Outcome Agreement (SOA).

## Planning for Localities

A further strand of the legislative framework demands that HSCPs establish at least two localities. The purpose of this is to bring planning into the heart of local communities and ensure that local people have a say in how services are developed and shaped on their behalf. Inverclyde HSCP has adopted the three Wellbeing Localities that have been established through the Inverclyde Alliance – our local Community Planning Partnership. By adopting these localities, the HSCP will be able to harmonise its planning with a range of partners that goes beyond the statutory requirements as outlined above. More detail on these arrangements can be found in the HSCP Strategic Plan 2016-19, which can be found on our website at ([www.inverclyde.gov.uk/health-and-social-care](http://www.inverclyde.gov.uk/health-and-social-care)).

As has been stated, the HSCP has responsibility for delivering integrated health and social care services that improve outcomes and reduce inequalities. To meet these high-level objectives, the HSCP's services are organised onto four distinct areas as shown in the structure diagram on page 6.

## Adult Health & Community Care provide a range of services...

Services for all adults (including older people)

Assessment & Care Management

Adult Support & Protection

District Nurses

Allied Health Professionals (Dieticians, O.T.s, Physios)



Home Care & Reablement

Telecare & Community Alarms



Respite Care, Short Breaks & Day Care

Services for people with a learning disability



Community Learning Disabilities Team

Care and Support at Home

Day Opportunities

Services for people with physical & sensory impairments

Rehabilitation & Enablement Team



Centre For Independent living



## These services seek to...

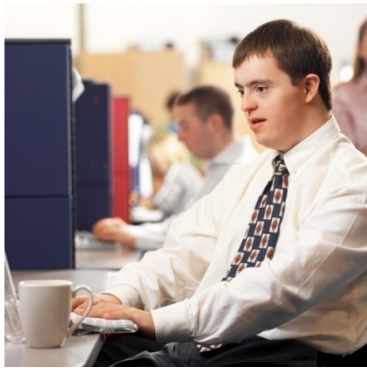


Work with individuals and families to help them to identify their support needs

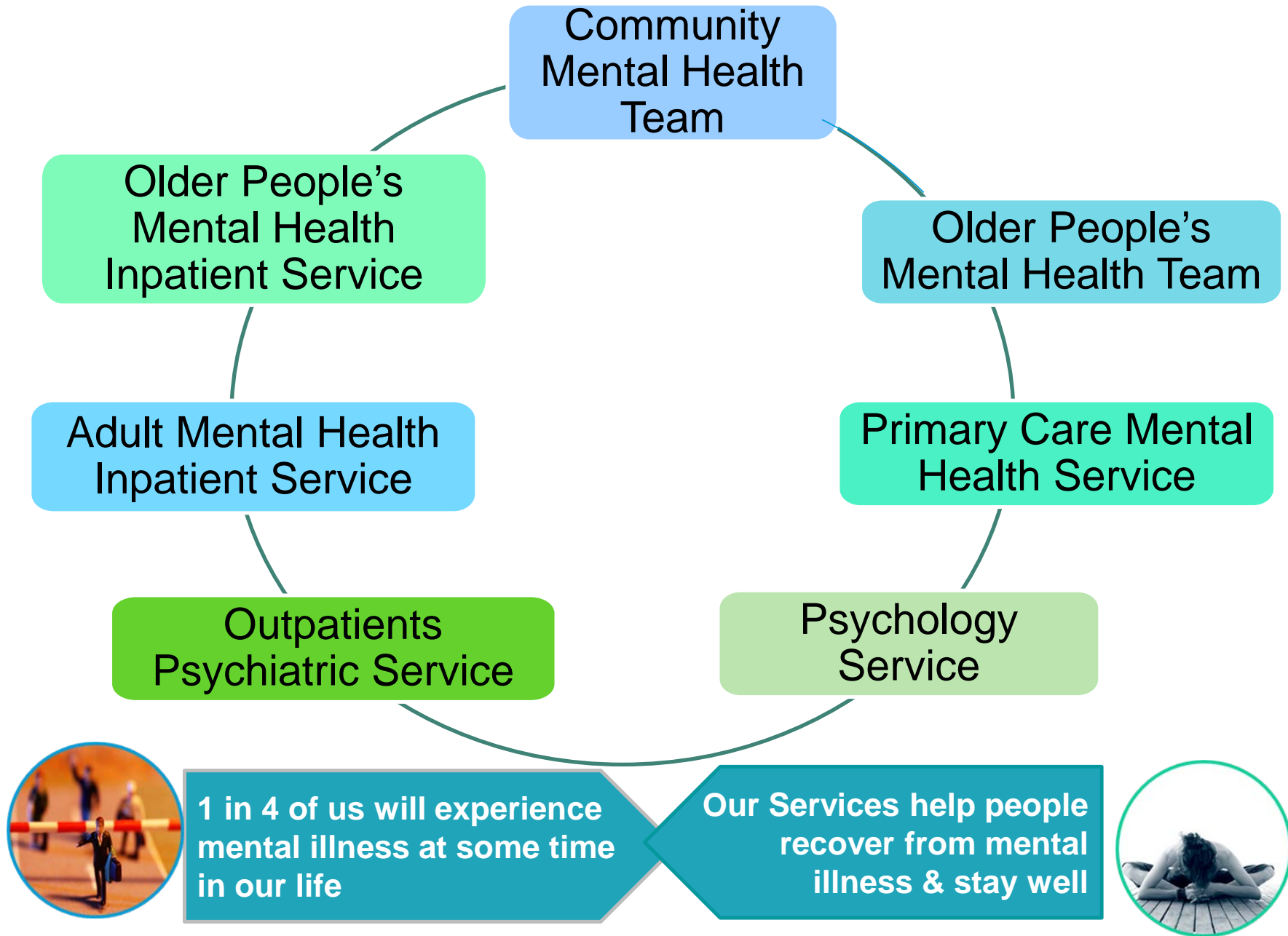
Provide services which promote health, independence and capacity to live in own home and community

Protect vulnerable adults from harm and ill treatment

Support carers to care



**Our Service also provides the strategic link to our independent providers such as GPs, Pharmacists & Dentists**





# Integrated Addiction Services offer...



**Culture change – harm reduction - promoting recovery – family support**

# Homelessness Services work to ...

Prevent  
Homelessness



Support  
homeless people



Explore housing  
options



Our services include....

Assessment and  
Support Services

Accommodation  
Services

Youth Support  
& Youth Justice

Children &  
Families Social  
Work

Adoption,  
Fostering &  
Kinship  
Care

## Children & Family

Children with  
Additional Support  
Needs



Children's  
Homes &  
Throughcare

Community  
Children's Nurses &  
Specialist Children's  
Services

Health Visitors  
& School  
Nurses

## Services

Skylark Health  
Development  
Centre

Speech &  
Language  
Therapists

**We have a range of services to help us to  
get it right for every child in Inverclyde**

# Children & Family Services

## .. seek to nurture children by..

Promoting positive outcomes for children through integrated assessments and plans

Providing services to support children's health and wellbeing

Providing specialist services to children with complex health needs and disabilities

Supporting parents by providing early assistance, parenting programmes and family support

Supporting young people showing distressed and offending behaviour

Protecting children at risk of significant harm

Supporting children cared for by using alternative carers or extended family members

Helping young people moving into adulthood, who need additional support



# Criminal Justice Services



**Court &  
Fieldwork  
Service**



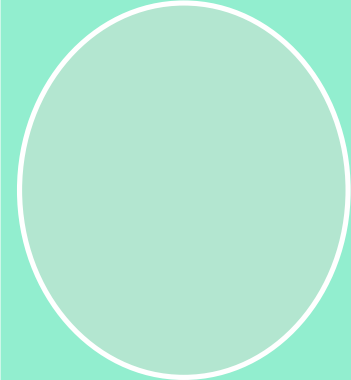
**Greenock  
Prison**



**Throughcare  
(between  
prison &  
community)**



**Unpaid  
Work**



**Multi Agency  
Public  
Protection  
Arrangements**



# Advice, Health Improvement and Quality & Development Services include....

Health Improvement & Inequalities



Advice Services



Performance & Information



Strategic Commissioning



Quality & Learning



Administrative & Business Support Services







## **Quality & Development**

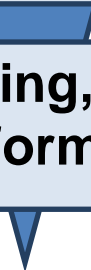
**Support across the HSCP ...**

**Workforce and Practice  
Development**

**Investigation, Monitoring and  
Resolution of Complaints**

**Commissioning, Monitoring and  
Review of External Services**

**Strategic Planning, Information  
Systems & Performance Reviews**



## **Health Improvement, Inequalities & Advice**

**We support our community to..**

**Access Welfare Benefits  
and Money Advice**

**Improve health & reduce  
inequalities across our  
population**



# ... and our Business Support Services seek to..



Offer consistent and responsive administrative support across the HSCP

Business Support Co-ordinators manage the admin support for each of the main sectors of the HSCP

Whilst our staff are located within particular teams we are one service

Our Services are wide-ranging and cover ...

Reception and direct services to the public

Financial processing

Information systems

Secretarial support

Producing documents and publications





Each of these service areas has their own priority actions, and these form the basis of this Corporate Directorate Improvement Plan. It is however important to note that, as we continue on our integration journey, we aim to integrate across these service areas too, in order to develop a more comprehensive “whole-person” approach that delivers on the nine National Wellbeing Outcomes. This will through a comprehensive approach, based on our vision and values and our strategic commissioning themes. Our vision is **Improving Lives**, and our values are:

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

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.

Together, by using these themes to the tenet of our values, we aim to improve the lives of the people of Inverclyde, and reduce the unequal outcomes that are often experienced by some of our most vulnerable communities.

## 2.3 Customer focus

The HSCP has responsibility for all statutory sector, community-based health and social care services in Inverclyde. We also commission services from the third and independent sectors, based on what support is needed by our customers. Our customer base is comprised of anyone who uses health and/or social care in Inverclyde, which covers just about every citizen. We see that customer base as a vast resource for ideas and suggestions about how we should shape services in the future. Indeed, our Strategic Plan 2016-19 and its priorities have been shaped through strong public engagement. The new responsibilities conferred by the integration legislation (requiring us to work more closely with the acute hospital and housing sectors) multiply the possibilities for improvement. Care pathways will not stop at the hospital doors or at the point where social landlords need to take action.



Customer engagement takes place through a number of formal and informal routes, however we have a statutory responsibility to include representation from service users and carers in a number of key areas. Importantly these include the Integration Joint Board, the Strategic Planning Group, and in our locality planning arrangements.

Many of our services routinely ask for feedback from their customers, and we use the information derived from complaints or concerns to develop Service Improvement Plans. These Service Improvement Plans also promote cross-service learning. Inspection reports from external bodies such as the Care Inspectorate also help us to improve our customer focus, and both internal and external audit bodies support us with self-assessment tools and a degree of scrutiny from beyond our own services.

By using the feedback from these areas, we are on a journey of continuous improvement, whilst keeping a customer and outcomes focus at the heart of everything we do.

## 2.4 Equality

The HSCP is committed to ensuring equality of opportunity in everything that it does. One of the strongest drivers for our services is the inequality of outcomes that has characterised Inverclyde for many years. We are committed to ensuring that no-one who needs our services is disadvantaged through having any of the nine protected characteristics as laid out in equalities legislation. As a Public Body in our own right, the HSCP is required to develop and publish equalities outcomes relating to these characteristics, under the terms of The Equality Act 2010. These will be published by 30<sup>th</sup> April 2016, however we are also concerned with the socio-economic inequalities that are inextricably linked to unequal life opportunities and unequal health outcomes. Services carry out equality impact assessments (EQIAs) on new or significantly changing policies, strategies and procedures, as well as on budget savings.

Both the Council and the Health Board, as Public Bodies, are also required to publish Equality Outcomes. While these will differ in detail from each other and from those of the HSCP, it is important that HSCP staff are familiar with the Council and Health Board Equality Outcomes. This is because HSCP staff are employed by either the Council or Health Board, and the employing bodies retain their Equalities Duties in respect of their employees. Details of the Council's Equality Outcomes can be viewed here  [Equality and Diversity](#) , and details of the Health Board's Equality Outcomes can be viewed here  <http://www.nhsggc.org.uk/your-health/equalities-in-health/>

## 2.5 Sustainability of the environment

The Council's flagship *Green Charter* environmental policy aims to reduce energy and waste and promote the sustainable use of resources across Inverclyde. For example, HSCP employees are encouraged to use the recycling facilities provided in Council premises or participate in the *Cycle to Work* scheme. The scheme is a Government-approved salary sacrifice initiative which allows staff to hire a bike and accessories to a value of £1,000 for the purpose of cycling to work (or for part of the journey). The project assists employees to reduce journey costs, traffic congestion and pollution; it also helps to support the reduction of CO<sub>2</sub> emissions, which can have an adverse effect on health, particularly for those with respiratory illness.

Our Accommodation Strategy works to reduce the number of buildings we operate from, which in turn reduces our use of fossil-based energy for heating, lighting etc. We do still require to have buildings, but over the past few years we have worked to retain those that are close together, developing a health and care "campus" in central Greenock. This makes it easier for our customers to access services, and also reduces travel between bases. In addition to these measures, employees are provided with information to help them reduce their energy consumption in the office and in their own homes. For example, by switching off monitors when not using PCs; turning lights off; buying recycled paper; restricting the use of colour printing; considering the environment before printing any documents and turning taps off after use.

By using modern, energy-efficient Multifunctional Devices (printers), we have also reduced our carbon footprint and emissions. We have also set all computers up to deliver secure printing as the default setting. This means that staff need to key in a security code before a document will actually print. It offers another opportunity for staff to think about whether or not they really need a paper copy of the document in question.

## 2.6 Risk management

The key risks that the HSCP faces include:

- Financial - financial pressures are affecting all public sector agencies and the HSCP needs to closely monitor budgets to ensure service delivery remains efficient, effective and value for money.
- Reputation - lack of synchrony between national performance frameworks could potentially lead to an HSCP focus on systems and outputs to meet targets, rather than the wellbeing outcomes as

these are more difficult to quantify. Non-delivery of the National Wellbeing Outcomes could lead to adverse external criticism resulting in a negative impact on the HSCP's reputation.

- Legal and regulatory – non-alignment of legislation could lead to non-compliance with some aspects due to compliance focus on other aspects or other legislation. Relevant legislation and statutory guidance that should be aligned includes The Public Bodies (Joint Working) 2014 Act; The Equality Act 2010; the Community Empowerment (Scotland) Act 2015; the Statutory Performance Indicators Direction 2015, and the NHS Local Delivery Plan Guidance 2016.
- Operational and business continuity - potential for lack of progress due to the wide range of partners that must agree on decisions before they can be implemented.

The risk register is attached as appendix 1.

## 2.7 Competitiveness

Competitiveness is a complex area and not simply an issue of delivering services for the least cost. In the HSCP, competitiveness can perhaps be better described as *challenge* and *improvement*, and these principles are central to our commissioning, procurement and contract monitoring. As part of the HSCP's approach to driving continuous improvement and best value, officers meet regularly with external providers to discuss any issues around finance or quality, and to consider options for future provision as we move to the outcomes focus stipulated within the Public Bodies (Joint Working) (Scotland) Act 2014.

The Council's self-evaluation guidance *Are we Getting it Right for Every Child, Citizen and Community?* is based on the Audit Scotland Best Value toolkit 2010, and supports the HSCP to carry out self-evaluation, which informs the development of improvement actions. .

In addition to that guidance, the HSCP uses a number of approaches to support the themes of improvement.

- Inspection Reports from external bodies;
- Service Improvement Plans derived from significant or critical incidents;
- Service Improvement Plans derived from complaints;
- Learning from other areas through professional networks;
- Learning from other areas through national publications (such as the Chief Social Work Advisor's Annual Report; Health Scotland's Annual Report etc.).
- Recommendations from the Clinical and Care Governance Forum, based on best evidence and latest Practise directives.

### 3. Summary of Resources

Pending confirmation of the 2016/17 HSCP 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.

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:

<b>Service Area</b>	<b>£million</b>
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
<b>Total Net Budget</b>	<b>120.0</b>

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.

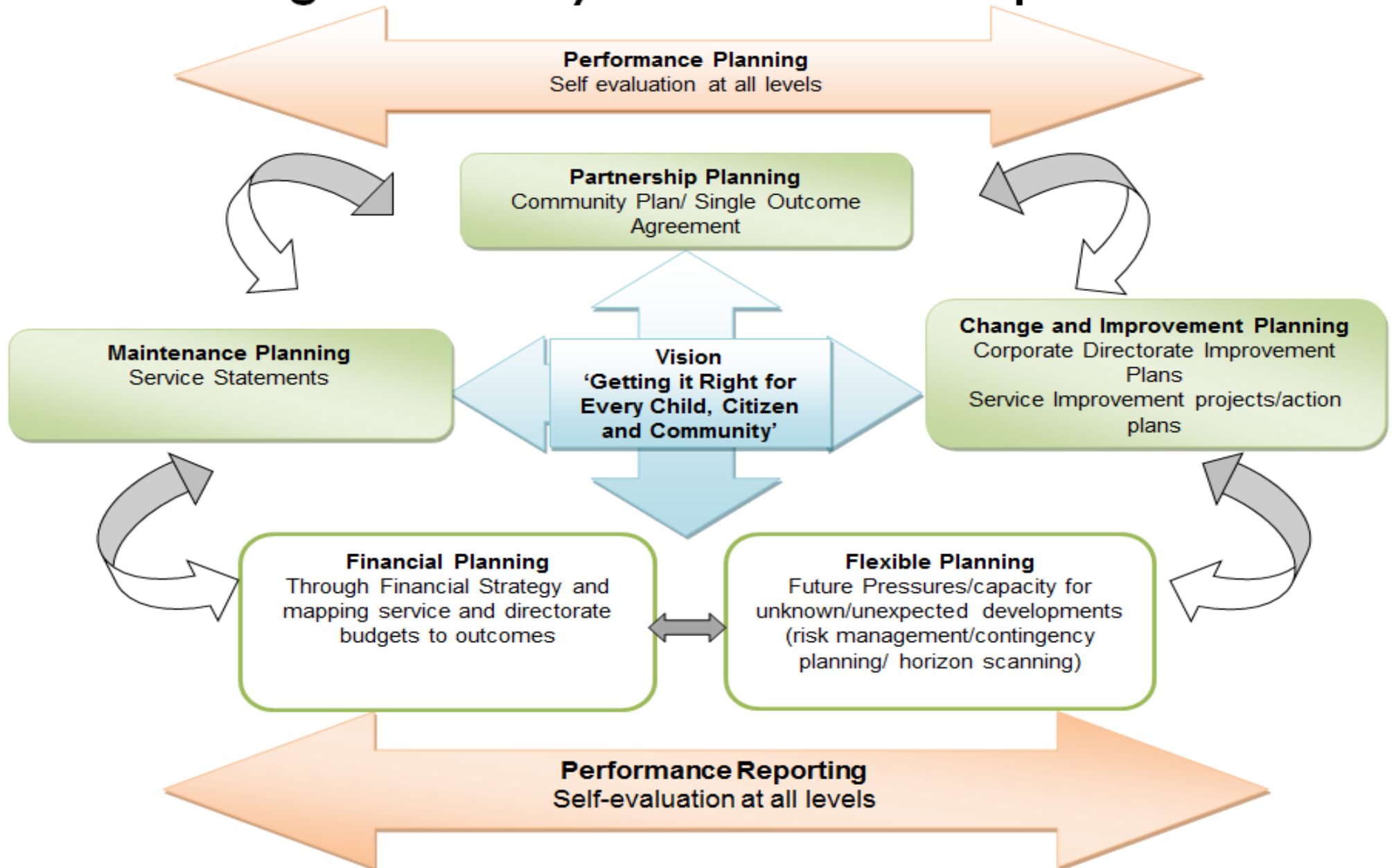
## 4. Self-Evaluation and Improvement Plan

The Improvement Plan for the HSCP is outlined at section 6. It has been developed based on the issues and priorities that have emerged through the development of the current HSCP and former CHCP's plans and strategies, as well as robust self-evaluation using both formal (such as external audit) and informal self-evaluation techniques (such as service self-assessment).

The majority of HSCP services have their own Improvement Plans, and the HSCP Strategic Plan 2016-19 aims to bring the key actions together, and set them within the context of the National Wellbeing Outcomes and the strategic commissioning themes. As noted in Section 2, our improvement regimen is underpinned by a number of dimensions that support best practise.

The diagram on the following page sets out the planning cycle for the Council, setting out the various levels of planning that take place across the Council. It will be noted that the HSCP Strategic Plan is not referenced within that schematic, however the HSCP is a significant contributor to the Council's overall planning.

# Planning for Delivery and to Secure Improvement



## 5 Health and Social Care Partnership Three Year Overview

A summary of the overarching three year improvement priorities for the HSCP are noted on the following pages. They have been expressed in the context of the nine National Wellbeing Indicators, as detailed on page 4.

In addition to our Improvement Priorities, there are also aspects of our work which are ongoing – work that is significant, but nonetheless can be classified as “Business As Usual”. Such aspects of work are captured in the service overviews for each service area (pages 9 - 19).

The improvement priorities and associated actions are very much focused on the improvements we plan to make over the next 3 years. Monitoring of the maintenance or ‘business as usual’ activity is undertaken by each Head of Service and their Service Management teams through the Quarterly Service Review (QSR) process. The Integration Legislation prescribes a specific annual performance reporting framework based on the nine National Wellbeing Outcomes and their associated suite of 23 National Indicators. We will supplement these through additional six-monthly Performance Exception Reports to the IJB. Although the legislation is prescriptive about what performance information must be reported and published by the HSCP, the NHS Local Delivery Plan (LDP) HEAT targets and the Scottish Government Local Government Benchmarking Framework (LGBF) both remain extant. The LDP and LGBF are not compatible with the National Wellbeing Indicators, and in some important ways could work against the delivery of the National Wellbeing Outcomes. This is because the Act requires a shift in focus, away from systems and processes, and towards improving lives. We are working with other HSCPs and the Scottish Government to try to resolve this contradiction, but while these frameworks are in place, we will do our best to provide useful or meaningful reporting within them.

## 6 Health & Social Care Partnership Improvement Plan

# Corporate Improvement Actions 2016 – 17



**6.1 Corporate Improvement Actions: Although the HSCP is a separate legal entity from both the Council and Health Board, it retains strong functional links with both. The HSCP has responsibility for areas of business that cut across the whole of Inverclyde Council.**

Ref no	Area of activity	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Who is responsible?	How much will it cost?	SOA and National Wellbeing Outcome
<b>CD1</b>	Information Governance	The HSCP Chief Officer is also the HSCP and Council Senior Information Risk Owner (SIRO). This means that the Chief Officer has responsibility for data security across both the HSCP and the Council. It also means that he has responsibility for overseeing the implementation of the Council's Records Management Plan (RMP), and development of the HSCP RMP.	All staff understand their responsibilities for information security; the implications of a security breach; and know what to do if they discover a security breach.	All staff will undergo mandatory information governance training and associated refresher training as required. This will be built into induction training for all new staff.	Regular staff surveys will highlight improved aspects of information governance awareness, as well as identifying any gaps. Training will be adapted and updated as required.	HSCP Chief Officer	To be mainstreamed into existing resources.	<ul style="list-style-type: none"> <li>•SOA 8</li> <li>•NWO 3, 8.</li> </ul>
<b>CD2</b>	Complaints	The HSCP Chief Officer has corporate responsibility for complaints, both within the HSCP and the Council.	A clear system is in place and is adhered to by all HSCP and Council staff.	Staff will be appropriately trained.	Complaints will be monitored in terms of volume, service area and adherence to agreed response timescales.	HSCP Chief Officer	To be mainstreamed into existing resources.	<ul style="list-style-type: none"> <li>•SOA 8</li> <li>•NWO 3, 8.</li> </ul>

<b>CD3</b>	Refugees and Resettlement	The HSCP works on behalf of the wider Council, co-ordinating multi-agency supports to enable refugee and displaced families to settle in Inverclyde. So far the Council committed to resettling 12 displaced Afghan families and 10 Syrian refugee families (the latter over a 5 year period. To date, 9 Afghan and 3 Syrian families have settled in Inverclyde.	We want to complete our commitment and then review the resettlement programme to identify if there is capacity or sufficient resource to offer resettlement to any other families.	Evaluation of the programme, and feedback from resettled families and their immediate communities.	Evaluation will be completed and management intelligence reports will be generated to inform next stages.	HoS: PHIC	To be ascertained through evaluation.	<ul style="list-style-type: none"> <li>•SOA 1, 6, 8</li> <li>•NWO 4, 5, 8.</li> </ul>
<b>CD4</b>	Veterans	The HSCP has responsibility for co-ordinating support and access to services for ex-Armed Forces personnel and their families.	We want to have a documented account of the main supports that are needed to ensure that ex-Armed Forces personnel can continue to resettle in Inverclyde.	The Veterans Advice and Support Officer is working with the HSCP Quality and Development Service to develop a service activity monitoring framework that will provide the required information.	Framework will be completed and management intelligence reports will be generated to inform next stages.	HoS: PHIC	To be ascertained through analysis of framework information.	<ul style="list-style-type: none"> <li>•SOA 1, 4, 8</li> <li>•NWO 4, 5, 8.</li> </ul>

# **Cross-HSPC Improvement Actions 2016 - 17**

## 6.2 Cross-HSCP Improvement Actions:

Ref no	Area of activity	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Who is responsible?	How much will it cost?	National Wellbeing Outcome
CD1	<b>Housing issues, including homelessness</b>	The Inverclyde Local Housing Strategy has been agreed.	To have a clear picture of 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.	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.	<ul style="list-style-type: none"> <li>•MHAH QSR will include the key actions.</li> <li>•The overall quality of housing in Inverclyde will be improved.</li> <li>•There will be a clear and accessible access route to housing support when this is required.</li> <li>•Levels of fuel poverty will be reduced through housing being made more energy-efficient.</li> </ul>	Head of Service: MHAH	To be mainstreamed into existing resources	2, 4, 5.
CD2	<b>Alcohol and Drugs</b>	The Inverclyde Alcohol & Drug Partnership (ADP) Strategy has been developed and agreed.	Reduced harm done to individuals, families and communities by the inappropriate or excessive use of alcohol and/or drugs.	<ul style="list-style-type: none"> <li>•Improved support to individuals, families and communities, with a stronger focus on prevention and early intervention.</li> <li>•A positive culture of responsible attitudes towards the use of alcohol and drugs will be fostered.</li> </ul>	<ul style="list-style-type: none"> <li>•MHAH QSR will include the key actions.</li> <li>•The harm done to health through alcohol and/or drugs will be reduced.</li> <li>•Social problems and crime rates associated with alcohol and/or drugs</li> </ul>	Head of Service: MHAH	To be mainstreamed into existing resources	1, 4, 5, 7.

					will be reduced. •The stigma and poverty associated with alcohol and/or drugs will be reduced.			
<b>CD3</b>	<b>Commissioning</b>	Governance meetings with external providers are in place, and internal services are reviewed through the QSR processes.	A clear view of what we need to commission and de-commission to enable the HSCP to deliver the National Wellbeing Outcomes, based on our Strategic Needs Assessment, which is a companion document to the HSCP Strategic Plan 2016-19.	Develop a Market Facilitation Statement by March 2017	Market Facilitation Statement will be in place, with a workplan to implement it.	Head of Service: PHIC		
<b>CD4</b>	<b>Property Assets Management Plan</b>	A review of HSCP properties has been undertaken, and opportunities for reconfiguration of services to support co-location are currently being scoped.	A plan for the future that allows services to have appropriate presence in each of the three Inverclyde wellbeing localities, but without an over-reliance on buildings and premises.	Complete the current scoping work then use it to develop our Property Assets Management Plan, by March 2017.	Property Assets Management Plan will be in place, with a workplan to implement it.	Head of Service: PHIC/ CFO		

# **HSCP Service Improvement Actions 2016 - 17**

### 6.3 HSCP Improvement Actions

Ref no	Area of HSCP activity	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Who is responsible?	How much will it cost?	National Wellbeing Outcome
01	<b>Children &amp; Families and Criminal Justice (CFCJ)</b>	Corporate Parenting Strategy, incorporating a commitment to the Scottish Care Leavers Covenant has been developed.	Strategy actions implemented to promote the wellbeing of children and young people who are looked after, and care leavers up to the age of 26 years.	<ul style="list-style-type: none"> <li>Implement the Strategy actions, overseen by the Steering Group.</li> <li>Looked after children and care leavers voices and views will be at the heart of policy and decision-making.</li> </ul>	<ul style="list-style-type: none"> <li>CFCJ QSR will include the key actions.</li> <li>Looked after children and care leavers will have improved physical health, emotional wellbeing, mental health and attainment.</li> <li>All eligible looked after young people are aware of their rights to Continuing Care.</li> <li>Corporate Parents recognise the vulnerability of looked after children and young people and care leavers, and prioritise them in policy.</li> </ul>	Head of Service: CFCJ	To be mainstreamed into existing resources	1, 3, 4, 5, 7.
02	<b>CFCJ</b>	Child Protection Committee Improvement Plan has been developed and agreed.	Children and young people are equipped to overcome the negative aspects of key social problems.	Deliver an action plan to improve outcomes in the following key priority areas: <ul style="list-style-type: none"> <li>Children affected by parental substance misuse;</li> <li>Children affected by</li> </ul>	<ul style="list-style-type: none"> <li>CFCJ QSR will include the key actions.</li> <li>The level of risk experienced by children and young people affected by parental substance</li> </ul>	Head of Service: CFCJ	To be mainstreamed into existing resources	3, 4, 5, 7.

				<p><i>parental mental health problems;</i></p> <ul style="list-style-type: none"> <li>•<i>Children affected by domestic abuse;</i></li> <li>•<i>Child sexual exploitation;</i></li> <li>•<i>Participation in child protection.</i></li> </ul>	<p>misuse, parental mental health problems, domestic abuse and Child Sexual Exploitation is reduced.</p>			
<b>03</b>	<b>CFCJ</b>	<p>The Children &amp; Young People (Scotland) Act 2014 specifies the requirement of the Named Person Service, so this must now be implemented.</p>	<p>Improved children's wellbeing from a much earlier stage, from birth to their 18th birthday.</p>	<p>Implement the Named Person Service, overseen by the Steering Group. Named persons identify children's needs at an early stage, and these are addressed appropriately.</p>	<ul style="list-style-type: none"> <li>•CFCJ QSR will include the key actions.</li> <li>•Children and young people are being supported within universal services for longer and are receiving targeted help for shorter periods of time.</li> <li>•There is enhanced coordination and collaboration between services when children and young people require early help.</li> <li>•Children's wellbeing is promoted, supported and safeguarded.</li> <li>•Children and young people receive early help to support the earlier identification of needs.</li> </ul>	<p>Head of Service: CFCJ</p>	<p>To be mainstreamed into existing resources</p>	<p>3, 4, 5, 9.</p>



04	CFCJ	Implementation of the Community Justice Transition Plan	We will have a plan in place that will support prevention of offending and reduce re-offending.	The new model of Community Justice will be developed under the auspices of the steering group and will be effective from 1st April 2017.	<ul style="list-style-type: none"> <li>•CFCJ QSR will include the key actions.</li> <li>•The plan will develop constructive alternatives to offending, applicable to those most vulnerable to becoming offenders.</li> <li>•Communities will benefit from reduced crime and fear of crime.</li> <li>•Those in the Criminal Justice system will experience improved health, education and employment opportunities, housing and social networks.</li> <li>•Supported desistance from offending.</li> </ul>	Head of Service: CFCJ	To be mainstreamed into existing resources	3, 5, 9.
05	CFCJ	Agreement has been reached to extend MAPPA arrangements to Category 3 Offenders.	MAPPA arrangements extended to Category 3 Offenders.	Category 3 offenders will have a co-ordinated approach to their supervision in the community.	<ul style="list-style-type: none"> <li>•CFCJ QSR will include the key actions.</li> <li>•Risk to the public will be reduced.</li> </ul>	Head of Service: CFCJ	To be mainstreamed into existing resources	6, 9.
06	<b>Mental Health, Addictions and Homelessness (MHAH)</b>	Agreement reached to replace Complex Care Mental Health Inpatient Beds	The existing inpatient facility will be closed, to be replaced by a new-build facility	New build will proceed in May 2017, and conclude early in 2017.	<ul style="list-style-type: none"> <li>•The facility will be built and occupied.</li> <li>•The quality of environment for people with</li> </ul>	Head of Service: MHAH		3, 4.

			The old Ravenscraig Hospital site will close completely.		complex mental health care needs will be significantly improved.			
07	MHAH	The Inverclyde Dementia Strategy has been developed and approved.	The Dementia Strategy aims to create a better understanding and awareness of dementia in Inverclyde.	<ul style="list-style-type: none"> <li>•There will be better respect and promotion of rights in all settings.</li> <li>•Communities will be more dementia-aware and dementia-friendly.</li> <li>•Stigma will be reduced.</li> </ul>	<ul style="list-style-type: none"> <li>•MHAH QSR will include the key actions.</li> <li>•There will be improved compliance with the legal requirements in respect of treatment.</li> <li>•Support to individuals and families will be improved, with a stronger focus on timely, accurate diagnosis.</li> </ul>	Head of Service: MHAH	To be mainstreamed into existing resources	1, 2, 3, 4, 5, 6, 7.
08	Health and Community Care (HCC)	Strategic Plan for Older People has been developed and approved.	To have a clear picture of 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.	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.	<ul style="list-style-type: none"> <li>•HHC QSR will include the key actions.</li> <li>•More people will undertake supported self-management of long-term conditions.</li> <li>•More older people will access Self-Directed Support (SDS).</li> <li>•Admission to a care home will be a measure of last resort</li> </ul>	Head of Service: HCC		

09	HCC	Inverclyde Autism Strategy and Action Plan has been developed and approved.	People with autism have improved outcomes in line with the National Wellbeing Outcomes.	<ul style="list-style-type: none"> <li>•We will develop clearer and more co-ordinated information and advice.</li> <li>•There will be more support to children in mainstream schools.</li> <li>•Best practice and minimum standards will be developed through evaluation and learning.</li> </ul>	<ul style="list-style-type: none"> <li>•HHC QSR will include the key actions.</li> <li>•People with autism will feel understood, valued and safe.</li> <li>•Children with autism will have improved capacity and resilience to cope with change.</li> <li>•Pathways for diagnosis will lead to better access to diagnostic assessment and post-diagnostic support.</li> </ul>	Head of Service: HCC	To be mainstreamed into existing resources	2, 4, 5, 6.
10	HCC	Redesign of services for People with Learning Disabilities is underway, based on the Keys to Life National LD Strategy.	Complete the local review focusing on improved outcomes rather than service outputs.	<p>The 52 recommendations of the national report have been grouped into four broad headings, to support an outcomes focus:</p> <ul style="list-style-type: none"> <li>•My health</li> <li>•Where I live</li> <li>•My community</li> <li>•My safety and relationships</li> </ul>	<ul style="list-style-type: none"> <li>•HHC QSR will include the key actions</li> <li>•People with a learning disability feel understood, valued and safe.</li> <li>•There will be a wider range of day opportunities for people with a learning disability.</li> </ul>	Head of Service: HCC	To be mainstreamed into existing resources	2, 3, 4, 5, 6.
11	HCC	Agreement that Inverclyde will develop and test “New Ways” in Primary Care	Agree a small suite of tests of change, to help transform how primary care is set up and used by patients.	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	<ul style="list-style-type: none"> <li>•HHC QSR will include the key actions</li> <li>•GPs will be freed up to spend more time with those patients who really need a doctor.</li> </ul>	Head of Service: HCC	To be mainstreamed into existing resources	1, 2, 5, 8, 9.

				always need to see a GP – there will be times when another professional will be more appropriate.	<ul style="list-style-type: none"> <li>•Health needs of individuals and communities will be more appropriately met through faster access to the right professional, rather than the GP by default.</li> <li>•Those patients who need a doctor (rather than another professional) should be able to access the doctor more quickly.</li> </ul>			
12	<b>Planning, Health Improvement and Commissioning (PHIC)</b>	Inverclyde HSCP Learning and Development Plan has been approved.	Develop a clear overview of the skills and leaning that will be needed so that our staff are equipped to support the delivery of outcomes, rather than focusing on systems' outputs and the previous associated targets.	Targets culture will be replaced by an outcomes-focused culture. Carers and third sector providers will have access to our staff training and development programmes, recognising that they are equal partners in care.	<ul style="list-style-type: none"> <li>•Our people will know what they are capable of and what is expected of them.</li> <li>•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.</li> <li>•We will have a competent, confident and valued workforce.</li> <li>•Staff and familial carers will have a strong partnership approach, through clarity of roles and expectations.</li> <li>•People who need</li> </ul>	Head of Service: PHIC	To be mainstreamed into existing resources.	4, 6, 8, 9.

					care and support will have it delivered by well-trained people.			
13	PHIC	The Inverclyde HSCP Strategic Plan has been approved.	The Strategic Plan sets out our approach to commissioning for outcomes, and the five strategic commissioning themes that will guide our future commissioning. We aim to embed the required shift in staff and managers' thinking, away from systems outputs and targets, towards what actually makes a difference in the lives of the people who need our services.	Staff will be trained and supported to think in terms of outcomes, and develop ways to evidence this beyond the nine national outcomes and their 23 associated indicators. The range of services and support available from the HSCP will change, in line with what is needed to deliver the outcomes that service users and carers tell us are most important to them.	<ul style="list-style-type: none"> <li>•Service users and carers feel included and involved, and are recognised as partners in the commissioning process.</li> <li>•People are supported to be in control of their own support when they want this to be the case.</li> <li>•Staff will feel supported to allow clients to make their own decisions about their own care, based on a position of informed understanding of potential risks and benefits.</li> </ul>	Head of Service: PHIC	To be mainstreamed into existing resources.	1, 2, 3, 4, 5, 8, 9.
14	PHIC	'Making Wellbeing Matter' - the Inverclyde Mental Health Improvement Strategy has been developed and approved.	All our staff should recognise that early mental health 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	<ul style="list-style-type: none"> <li>•Mentally healthy environments will be created.</li> <li>•Stigma and discrimination will be tackled.</li> <li>•The health inequalities gap will be reduced.</li> </ul>	<ul style="list-style-type: none"> <li>•Communities will be better equipped to prevent suicide, and people will be more confident to approach those whose lives are at risk to suicide.</li> <li>•Population mental wellbeing will be improved, which in turn will improve</li> </ul>	Head of Service: PHIC	To be mainstreamed into existing resources.	3, 4, 5.

			worsens.		quality of life. •People with mental ill-health will feel more socially included.			
15	PHIC	The Inverclyde Active Living Strategy has been developed and approved.	The Active Living Strategy aims to put in place supports to make the Inverclyde population the most active population in Scotland by 2022.	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.  Inverclyde will have the most active population in Scotland by 2022.	Head of Service: PHIC	To be mainstreamed into existing resources.	1, 4, 5.

# **Capital Projects 2016-17**

## 6.3 Capital Projects

Ref no	Area of HSCP activity	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Who is responsible?	How much will it cost?	National Wellbeing Outcome
01	MHAH	Current inpatient accommodation is of poor quality and in need of replacement.	New, purpose-build inpatient accommodation is required for people with complex mental health care needs.	Agreement for new-build has been secured and building is due to commence in May 2016, with an anticipated occupation date of August 2017.	The build project plan will be monitored so that any potential delays can be anticipated and remedial action taken.	HoS:MHAH		3, 7, 8.
02	PHIC	Current Greenock Health Centre is no longer fit for purpose in terms of size; layout and fabric of the building.	New, purpose-built Health & Care Centre is required.	Initial Agreement approved by SG (March 2016). OBC due by October 2016; FBC 2017; Financial Close December 2017; construction begins March 2018; Completion July 2019.	Workplan and timeline will be monitored by the Project Board.	HoS: PHIC	£19M	3, 7, 8.
03	CFCJ	Two Children's Units are no longer fit for purpose.	New, purpose-built Children's Units are required.	Replacement approved April 2014; design phase commenced March 2015; completion due March 2017.	Replacement units will be built and occupied.	HoS: CFCJ		3, 5, 7



# **Corporate Governance Improvement Actions 2016-17**

## 6.4 Governance Improvement Actions

Ref no	Area of HSCP activity	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Who is responsible?	How much will it cost?	National Wellbeing Outcome
01	<b>Governance and accountability</b>	The new HSCP has been established as of 1 <sup>st</sup> April 2016. Governance and accountability now lies with the IJB, however the HSCP still has a relationship to and with the Council and Health Board. How that relationship should function still needs to be fully clarified	Full clarity amongst all partners (IJB/ Council/ Health Board) as to their inter-relationships, authority and accountabilities.	Board Seminars and IJB Development Seminars focused on accountability and governance.	Officers, Elected Members, Non-executive Directors and IJB Members will understand which body is accountable for what, and will have developed a way of working that reinforces the spirit of the legislation.	Chief Officer, Council CEO and NHS CEO		<b>4, 8</b>

## 7. HSCP Performance Information

The Public Bodies (Joint Working) (Scotland) Act 2014 prescribes that HSCP performance should be measured based on the 23 National Indicators noted below. No all of these indicators have baselines at present, and information relating to them is not in all cases routinely collected yet. However the Scottish Government is working with colleagues at ISD Scotland to develop the required baselines and the HSCP has been assured that these will be issued before the end of the 2016/17 financial year.

Key performance measures	Performance				Target 2016/17	Lower limit/ alarm	2014/15 Rank/national average (where available)
	2012/13	2013/14	2014/15	2015/16			
Percentage of adults able to look after their health very well or quite well	Indicator under development by ISD Scotland, data to be provided to all partnerships prior to publication deadline of March 2017						
Percentage of adults supported at home who agreed that they are supported to live as independently as possible	Indicator under development by ISD Scotland, data to be provided to all partnerships prior to publication deadline of March 2017						
Percentage of adults supported at home who agreed that they had a say in how their help, care or support was provided	Indicator under development by ISD Scotland, data to be provided to all partnerships prior to publication deadline of March 2017						
Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	Indicator under development by ISD Scotland, data to be provided to all partnerships prior to publication deadline of March 2017						
Total % of adults receiving any care of support who rated it as excellent or good	Indicator under development by ISD Scotland, data to be provided to all partnerships prior to publication deadline of March 2017						
Percentage of people with positive experience of the care provided by their GP practice	Indicator under development by ISD Scotland, data to be provided to all partnerships prior to publication deadline of March 2017						
Percentage of adults supported at home who agreed that their services and support had an impact on improving or maintaining their quality of life	Indicator under development by ISD Scotland, data to be provided to all partnerships prior to publication deadline of March 2017						
Total combined % of carers who feel supported to continue in their caring role	Indicator under development by ISD Scotland, data to be provided to all partnerships prior to publication deadline of March 2017						

Key performance measures	Performance				Target 2016/17	Lower limit/ alarm	2014/15 Rank/national average (where available)
	2012/13	2013/14	2014/15	2015/16			
Percentage of adults supported at home who agreed they felt safe	Indicator under development by ISD Scotland, data to be provided to all partnerships prior to publication deadline of March 2017						
Percentage of staff who say they would recommend their workplace as a good place to work	Indicator under development by ISD Scotland, data to be provided to all partnerships prior to publication deadline of March 2017						
Premature mortality rate per 100,000 persons	Indicator under development by ISD Scotland, data to be provided to all partnerships prior to publication deadline of March 2017						
Emergency hospital admission rate (per 100,000 population)	11845	12783	13251 (P)	ISD Data not available			
Emergency hospital bed day rate (per 100,000 population)	92935	94966	92633	ISD Data not available			
Readmission to hospital within 28 days (per 1,000 inpatient population)	Data not available	Data not available	Data not available	Data not available			
Proportion of last six months of life spent at home or in a community setting	89.2%	89.2%	ISD Data not available	ISD Data not available			
Falls rate per 1,000 population aged 65+	Data not available	Data not available	Data not available	Data not available			
Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	Data not reportable in this format						
Percentage of adults with intensive care needs receiving care at home	28.8%	27.3%	36.5%	Awaiting Census week data from service			
Number of days people spend in hospital when they are ready to be discharged (per 1,000 inpatient population)	60.59	54.17	69.02	ISD Data not available			
Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency							
Percentage of people admitted to hospital from home during the year, who	50.4%	48.8%	69.02	25.45 Year Incomplete			

Key performance measures	Performance				Target 2016/17	Lower limit/ alarm	2014/15 Rank/national average (where available)
	2012/13	2013/14	2014/15	2015/16			
were discharged to a care home							
Percentage of people who are discharged from hospital within 72 hours of being ready	Indicator under development by ISD Scotland, data to be provided to all partnerships prior to publication deadline of March 2017						
Expenditure on end of life care, cost in last 6 months per death							

## 8. Appendix 1: Risk register

Corporate Directorate Improvement Plan: Health and Social Care Partnership		Risk Status as at 1 <sup>st</sup> April 2016 for 2016/2017 Activity							
Risk category: Financial (F), Reputational (R), Legal/Regulatory (LR), Operational/Continuity (OC)									
Improvement action	Risk no	Risk category	*Description of risk concern	Impact rating (A)	L'hood rating (B)	Quartile	Risk score (A*B)	Who is responsible? (name or title)	Additional controls/mitigating actions and time frames with end dates
All		F	There is a risk that as resources have been reduced from both Council and NHS, the HSCP will have difficulty in delivering on the nine National Wellbeing Indicators. In the context of financial constraint there is also a risk that the HSCP will be expected to resource everything it did in the past on behalf of the Council and the NHS, in addition to the new requirements brought in by the integration legislation.					Chief Officer	Regular review of capacity and priorities via Strategic Plan and performance reports to the IJB.

**Risk category: Financial (F), Reputational (R), Legal/Regulatory (LR), Operational/Continuity (OC)**

Improvement action	Risk no	Risk category	*Description of risk concern	Impact rating (A)	L'hood rating (B)	Quartile	Risk score (A*B)	Who is responsible? (name or title)	Additional controls/mitigating actions and time frames with end dates
FIN1-FIN3		R	Reputation - lack of synchrony between national performance frameworks could potentially lead to an HSCP focus on systems and outputs to meet targets, rather than the wellbeing outcomes as these are more difficult to quantify. Non-delivery of the National Wellbeing Outcomes could lead to adverse external criticism resulting in a negative impact on the HSCP's reputation.					Chief Officer	The Statutory Annual Performance Report to IJB relates to performance against the nine National Wellbeing Outcomes, as measured by the 23 National Indicators. This will be supplemented by six-monthly Performance Exception Reports, also relating to the 23 National Indicators. The Scottish Government has also retained the NHS LDP/HEAT targets and the LGBF, both of which run contrary to the required outcomes focus and related indicators. Having the multiple and conflicting frameworks in place will be confusing for our staff, communities and stakeholders, so we will separate out reporting against the NHS LDP/HEAT and LGBF, and these will be reported through the IJB's Audit Committee arrangements.
		LR	Non-alignment of legislation could lead to non-compliance with some aspects due to compliance focus on other aspects or other legislation. Relevant legislation and statutory guidance that should be aligned includes The Public Bodies (Joint Working) 2014 Act; The Equality Act 2010; the Community					Chief Officer	National Chief Officers' Forum to work to influence the Scottish Government towards better synchronisation of policy directives.

**Corporate Directorate Improvement Plan:  
Health and Social Care Partnership**

**Risk Status as at 1<sup>st</sup> April  
2016 for 2016/2017 Activity**

**Risk category: Financial (F), Reputational (R), Legal/Regulatory (LR), Operational/Continuity (OC)**

Improvement action	Risk no	Risk category	*Description of risk concern	Impact rating (A)	L'hood rating (B)	Quartile	Risk score (A*B)	Who is responsible? (name or title)	Additional controls/mitigating actions and time frames with end dates
			Empowerment (Scotland) Act 2015; the Statutory Performance Indicators Direction 2015, and the NHS Local Delivery Plan Guidance 2016.						
		OC	Potential for lack of progress due to the wide range of partners that must agree on decisions before they can be implemented.					Chief Officer, IJB Chair and IJB Vice-Chair	Focused programme of development work with IJB members to help them fully understand the context and business of the HSCP, and the outcomes it needs to deliver.

## 10. Appendix 2: Working Groups

